



Safeguarding & Child Protection Policy

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Learning through Landscapes

Safeguarding policy

The purpose and scope of this policy statement:

At Learning through Landscapes we all share a commitment to:

- provide adults whom children can approach for help when needed
- recognise signs and symptoms of suspected abuse
- have clear procedures and lines of communication
- work closely with schools and other agencies
- provide child protection training to staff

The purpose of this policy statement is:

- To protect children and young people who receive work with our are educated by The learning through Landscapes [name of group/organisation]'s services from harm. This includes the children of adults who use our services
- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of The Learning through Landscapes Trust , including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.

Legal framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England/Northern Ireland/Scotland/Wales

We believe that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

We recognise that:

- the welfare of children is paramount in all the work we do and in all the decisions we take
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- Appointing a nominated child protection lead for children and young people and lead trustee/board member for safeguarding
- Adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- Developing and implementing an effective online safety policy and related procedures
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- Recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made
- Recording and storing and using information professionally and securely, in line with data protection legislation and guidance [more information about this is available from the Information Commissioner's Office: [ico.org.uk/for organisations](http://ico.org.uk/for-organisations)]
- Sharing information about safeguarding and good practice with children and their families via leaflets, posters, group work and one-to-one discussions
- Making sure that children, young people and their families know where to go for help if they have a concern
- Using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- Ensuring that we have effective complaints and whistleblowing measures in place
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in
- Accordance with the law and regulatory guidance building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

Definitions:

- Should and Must are used throughout KCSIE – must is used when a person is legally required to do something, should is used with advice set out which should be followed unless there is a good reason not to.
- Safeguarding is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.
- The term staff applies to all those working for or on behalf of The Learning through Landscapes Trust , full time or part time, in either a paid or voluntary capacity or as a trustee or Parton
- Parent refers to birth parents and other adults in a parenting role, for example adoptive parents, guardians, step parents and foster carers.

Types of Abuse

Abuse is a form of maltreatment of a child, 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/s or by another child or children.

Physical abuse is 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.

- Black eyes - these cannot be caused by a fall on a flat surface - two black eyes are particularly suspect, especially if the lids are swollen and tender or there is no bruise on the nose or forehead.
- Bruised ears, sometimes with bleeding from the ear canal from a ruptured ear drum.
- Bruises of upper lip, torn frenulum of upper lip and injuries under the tongue.
- Bruising around the mouth or chin - may have finger bruises, up to three or four on one side and one on the other.
- Flat hand marks, particularly on cheeks, buttocks and lateral thighs.
- Bruises on scalp and 'bald patches'.
- Finger bruises on shoulders, upper arms or on the trunk or legs of babies.
- Linear marks or bruises - often seen on buttocks or backs of thighs.
- Bruises or weals curving around the body. Sometimes buckle or loop marks noted.
- Bizarre shaped bruises with sharp borders, eg., from hair brush, comb or slipper.
- Bruises on abdomen - unlikely to be accidental.
- Ligature and choke marks - red mark or bruising around wrist, ankles or neck (in the latter area may be due to sudden pulls on T shirt).
- Bite mark - two crescent shaped marks or bruises - if more than 3 cm apart they may be caused by an adult or an older child.
- Human nail marks - these show piled up skin at end of marks and are unlike abrasion from falls on rough surfaces or may just be linear bruises.
- **Burns**
- Scalds - glove or stocking scalds to hands and/or feet caused by dunking in water.
- Scalded buttocks - children cannot scald their buttocks accidentally without also scalding their feet and legs.
- Splash marks - look at directions of splash to see if it is compatible with story or might indicate hot liquid being thrown at a child.
- Cigarette burns - small circular burns most typically on the back of hands or forearms seen in clusters and often of different ages.

- Contact burns - child held against heaters, irons, cookers - well demarcated burn following contours of hot objects

Emotional abuse refers to 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.

The following are possible indications of sexual abuse.

- Continual open masturbation, aggressive, inappropriate and explicit drawing and sex play (masturbation and some exploration are a normal part of growing up but it is the type of persistence of these activities that cause concern)
- Precocious knowledge of adult sexual behaviour
- behaves in a sexually precocious way
- Inappropriate displays of affection between parent and child behaving more like lovers.
- Fear of undressing.
- Some physical conditions may also be indicators of sexual abuse, but not necessarily so.
- Difficulty in walking or sitting.
- Pain in passing water.
- Recurrent urine infections.
- Soiling.
- Recurring bed wetting.
- Psychosomatic problems such as recurrent tummy ache or headache.

- Sudden change in mood or behaviour
- Changes in eating patterns: loss of appetite, faddiness or excessive preoccupation with food.
- Severe sleep disturbance with fears, vivid dreams or nightmares, sometimes with overt or veiled sexual content.
- Withdrawal and depression, learning failure, mutism, self injury, suicide attempts.
- Temper, aggression, disobedience and attention seeking anxiety or restless behaviour.

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, 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.

The Trigger Trio is a term used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred. They are viewed as indicators of increased risk of harm to children

Contextual Safeguarding:

All staff/volunteers should be aware that safeguarding incidents and/or behaviours can be associated with factors outside a school and/or can occur between pupils outside of the environment that LtL work with them. They need to consider whether pupils are at risk of abuse or exploitation in situations outside their families.

Child Sexual Exploitation (CSE): This is a form of sexual abuse and can be a one-off occurrence or might happen over time. All children and young people, including 16- and 17-year-olds, can experience child sexual exploitation. CSE involves children being in situations, contexts or relationships where they (or a third person) receive 'something' as a result of them performing sexual activities. The something can include food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money. Child sexual exploitation can happen via technology without the child's being aware; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability. Victims can be exploited even when activity appears to be consensual.

Indicators a child may be at risk of CSE include

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;

- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

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 victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism 98 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;
- 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; and 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.
- Any person who works for LtL who has concerns that may include criminal exploitation of a pupil should report their concern to the DSL at LtL or at the school the child attends without delay.

Trafficked Children: Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK. There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults.

These are as follows:

Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy;

Has a history with missing links and unexplained moves;

Is required to earn a minimum amount of money every day;

Works in various locations;

Has limited freedom of movement;

Appears to be missing for periods;

Is known to beg for money;

Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good;

Is one among a number of unrelated children found at one address;

Has not been registered with or attended a GP practice;

Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault);
- Prevalence of a sexually transmitted infection or unwanted pregnancy;
- Reports from reliable sources suggesting the likelihood of involvement in
- sexual exploitation / the pupil has been seen in places known to be used for

- sexual exploitation;
- Evidence of drug, alcohol or substance misuse;
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people;
- Relationship with a significantly older partner;
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for despite having not been at home;
- Having keys to premises other than those known about;

Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity;
 Truancy / disengagement with education;
 Entering or leaving vehicles driven by unknown adults;
 Going missing and being found in areas where the young person has no known links; and/or

- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a pupil is being trafficked, but should be considered as indicators that this may be the case. If staff believe that a pupil is being trafficked, this will be reported to the Designated Safeguarding Lead for referral to be considered to Children's Social Care.

Disclosure and Barring checks

At Learning through Landscapes all new employees and volunteers are checked for criminal records every three years. In England, on-line Disclosure and Barring applications are processed through CRB Disclosure Services and in Scotland the governing body is Disclosure Scotland. The Head of HR and Business Services and the Scotland Director are counter-signatories for criminal records checks applications. Disclosure certificates are filed securely at the LtL office, separately from Personnel files.

The work of LtL is sometimes carried out by accredited facilitators, known as the LtL network. It will be the responsibility of the school or setting to ensure that network members selected from the LtL website's on-line directory to work with them, have a valid disclosure certificate.

When LtL employs a sub-contractor for a specific project, the sub-contractor will be expected to provide details of their DBS/disclosure certificate and to advise LtL immediately if they are charged with a criminal offence (other than a road traffic offence).

Role of the safeguarding team:

Learning through Landscapes has senior members of staff appointed as Designated safeguarding Lead and Safeguarding officers. The names of the DSL/DSO is on the front page of this document. It will be the DSL/DSO's duty to:

- act as the focal point for reference and advice to staff
- be the first line of discussion of reported concerns from staff
- to liaise and advise with the school or other agencies on any matters in respect of reported or suspected abuse

- to provide training to all staff on procedures to be followed in cases of child abuse
- to provide information to all staff on the identification of child abuse

Role of the designated safeguarding lead

Organisations proprietors should ensure an appropriate senior member of staff, from leadership team, is appointed to the role of designated safeguarding lead. The designated safeguarding lead should take lead responsibility for safeguarding and child protection. This should be explicit in the role holder's job description.

The designated safeguarding lead should have the appropriate status and authority within the organisation to carry out the duties of the post. The role of the designated safeguarding lead carries a significant level of responsibility, and they should be given the additional time, funding, training, resources and support they need to carry out the role effectively. Their additional responsibilities include providing advice and support to other staff on child welfare, safeguarding and child protection matters, taking part in strategy discussions and inter-agency meetings, and/or supporting other staff to do so, and to contributing to the assessment of children.

Deputy designated safeguarding leads

LtL has both a DSL and x2 DSO. Any deputies should be trained to the same standard as the designated safeguarding lead and the role should be explicit in their job description. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead, this lead responsibility should not be delegated.

Availability

Safeguarding lead (or a deputy) should always be available for staff to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person or availability via phone and or Skype or other such media. It is a matter for the leadership team and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

Manage referrals

The designated safeguarding lead is expected to refer cases:

- Of suspected abuse and neglect to the local authority children's social care as required and support staff who make referrals to local authority children's social care;
- To the Channel programme where there is a radicalisation concern as required and support staff who make referrals to the Channel programme;
- Where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- Where a crime may have been committed to the Police as required. [NPCC - When to call the police](#) should help understand when to consider calling the police and what to expect when working with the police.

Working with others

The designated safeguarding lead is expected to:

- Act as a source of support, advice and expertise for all staff;
- Act as a point of contact with the safeguarding partners;

Raising Awareness

The designated safeguarding lead should:

- Ensure each member of staff has access to, and understands, the Ltl child protection policy and procedures, especially new and part-time staff;
- Ensure the Ltl's safeguarding and Child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly
- Link with the safeguarding partner arrangements to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements; and

Training, knowledge and skills

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 (and any deputies) should undertake Prevent awareness training. Training should provide designated

safeguarding leads with a good understanding of their own role, how to identify, understand and respond to specific needs that can increase the vulnerability of children, as well as specific harms that can put children at risk, and the processes, procedures and responsibilities of other agencies, particularly local authority children's social care, so they:

- Understand the lasting impact that adversity and trauma can have, including on children's behaviour, mental health and wellbeing, and what is needed in responding to this in promoting educational outcomes;
- Are alert to the specific needs of children in need, those with special educational needs and disabilities (SEND), those with relevant health conditions and young carers [154];
- Understand the importance of information sharing, both within the school and college, and with the safeguarding partners, other agencies, organisations and practitioners;
- Understand and support the school or college 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 at school or college;
- Can recognise the additional risks that children with special educational needs and disabilities (SEND) face online, for example, from bullying, grooming and radicalisation and are confident they have the capability to support children with SEND to stay safe online;
- Obtain access to resources and attend any relevant or refresher training courses; and
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

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.

Providing support to staff

Training should support the designated safeguarding lead in developing expertise, so they can support and advise staff and help them feel confident on welfare, safeguarding and child protection matters. This includes specifically to:

- Ensure that staff are supported during the referrals processes; and
- Support staff to consider how safeguarding, welfare and educational outcomes are linked, including to inform the provision of academic and pastoral support.

Holding and sharing information

The critical importance of recording, holding, using and sharing information effectively is set out in Parts one, two and five of this document, and therefore the designated safeguarding lead should be equipped to:

- Understand the importance of information sharing, with the safeguarding partners, other agencies, organisations and practitioners;
- Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR); and
- Be able to keep detailed, accurate, secure written records of concerns and referrals and understand the purpose of this record-keeping.

Full details in Chapter one of [Working Together to Safeguard Childre](#)

Dealing with disclosures and concerns about a child or young person

Why children reveal abuse

There are lots of reasons why a child or young person might to tell someone they're being abused, including:

- realising the abuse is wrong
- not being able to cope any more
- the abuse getting worse
- wanting to protect other children
- wanting the abuser to be punished
- trusting someone enough to tell them
- someone asks them directly.

It can be very hard for them to open up about what's happened to them. They might be worried about the consequences or that nobody will believe them. They might've told someone before and nothing was done to help them. Sometimes they might not know what's happening to them is abuse and struggle to share what they're feeling. Some children don't reveal they're being abused for a long time, some never tell anyone.

If a child is in immediate danger, call the police on 999 straight away.



What to say to a child and how to respond

1. Listen carefully to what they're saying

Be patient and focus on what you're being told. Try not to express your own views and feelings. If you appear shocked or as if you don't believe them it could make them stop talking and take back what they've said.

2. **Give them the tools to talk**
If they're struggling to talk to you, show them [Childline's letter builder tool](#). It uses simple prompts to help them share what's happening and how they're feeling.
3. **Let them know they've done the right thing by telling you**
Reassurance can make a big impact. If they've kept the abuse a secret it can have a big impact knowing they've shared what's happened.
4. **Tell them it's not their fault**
Abuse is never a child's fault. It's important they hear, and know, this.
5. **Say you'll take them seriously**
They may have kept the abuse secret because they were scared they wouldn't be believed. Make sure they know they can trust you and you'll listen and support them.
6. **Don't confront the alleged abuser**
Confronting the alleged abuser could make the situation worse for the child.
7. **Explain what you'll do next**
For younger children, explain you're going to speak to someone who will be able to help. For older children, explain you'll need to report the abuse to someone who can help.
8. **Report what the child has told you as soon as possible**

Report as soon after you've been told about the abuse so the details are fresh in your mind and action can be taken quickly. It can be helpful to take notes as soon after you've spoken to the child. Try to keep these as accurate as possible.

Reporting Procedures

The welfare of the child is paramount. You should not delay in making a referral.

All staff have a duty to report suspicious, concern or disclosures of abuse to children directly to the DSL/DSO.

Concerns or suspicions should be discussed with the DSL/DSO. A decision will be made to report the matter to the school DSL, social services or police

The LtL DSL/DSO will report a disclosure or clear evidence of abuse directly to the school DSL or social services. If it is an emergency and the child is in immediate danger, the police will be informed.

If a child makes a disclosure of abuse, or through comment suggests that there may be abuse, this should be reported to the DSL/DSO immediately. The conversation should be recorded in writing (preferably immediately or at the latest within 24 hours).

Care should be taken with questioning to avoid leading the child.

Avoid comments like: 'Tell me what happened'. & 'What happened next?'

It is ok to clarify details: "so I understand you said this happened at home two nights ago"

Key points to remember during a disclosure.

- Remain calm
- Try and remember as much detail about the conversation as possible
- Clarify that you will have to speak to another adult about what they have told you,
- You can not keep it secret. Do not make promise you can not keep

If you feel the child is in immediate danger do not let them leave, refer to the school DSL or LtL DSL , or a local MASH team or if appropriate the police

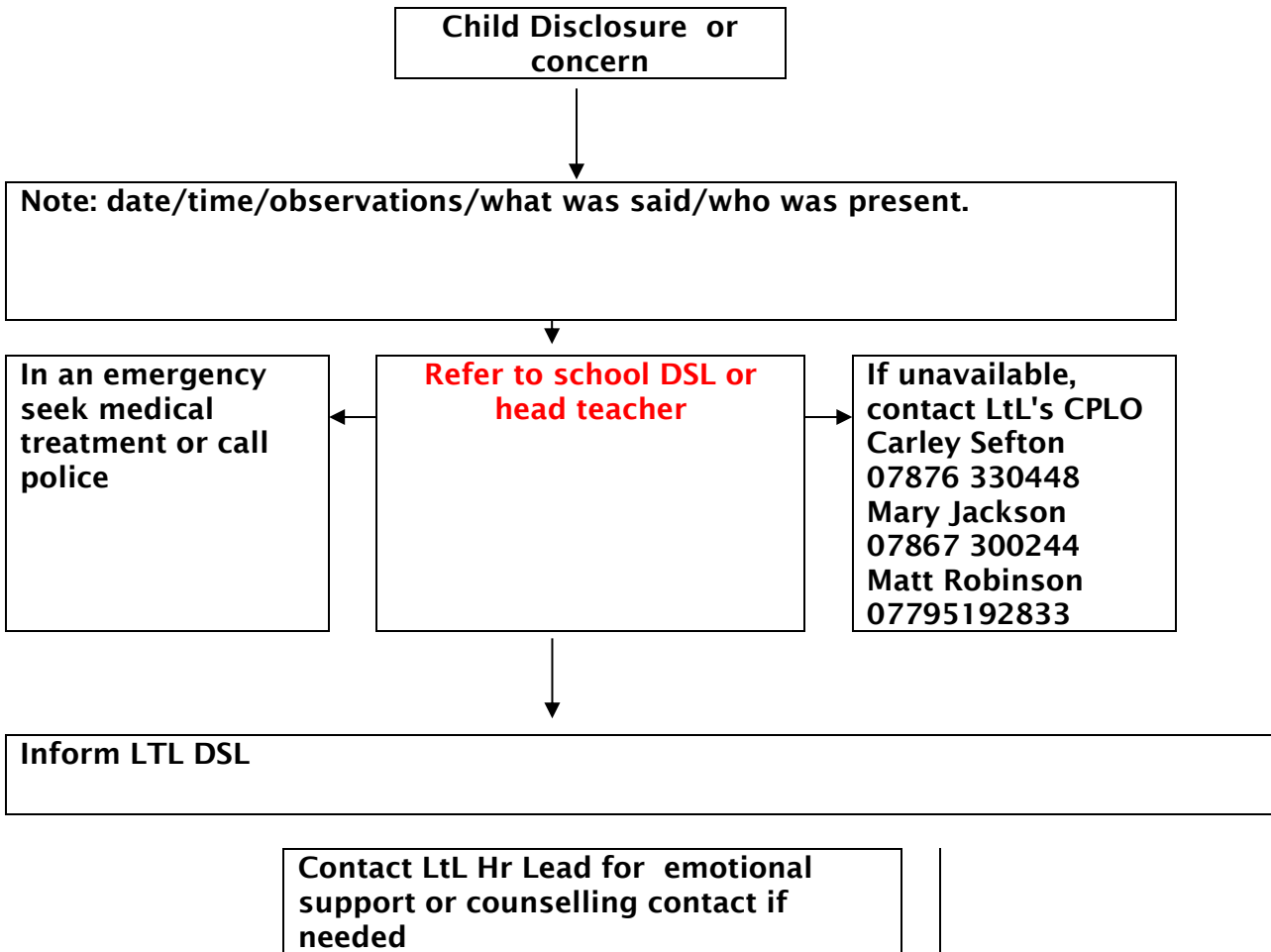
Confidentiality: Do not discuss the disclosure with any other colleague other than members of the DSL/DSO

When writing up the incident use direct quotes from the child, do not interpret their worlds into your language.

Disclosure notes form

Notes after Disclosure		Learning through Landscapes		
Name:	School	Date & time		
Area for concern: (delete as necessary)	Physical	Sexual	Emotional	Neglect
Circumstances leading up to conversation				
Outline of disclosure				
Follow up action Taken				

Child disclosure or concern flow chart



Allegation of child abuse made against a member of staff

All allegations of abuse of children by those who work with children must be taken seriously. Allegations against any person who works with children, whether in a paid or unpaid capacity, can cover a wide range of circumstances.

This procedure should be applied when there is an allegation or concern that a person who works with children, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The last bullet point above includes behaviour that may have happened outside an organisation that might make an individual unsuitable to work with children, this is known as transferable risk.

An allegation can relate to an adult's behaviour outside work, and their relationships with others, if they:

- Have behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include an arrest for the possession of a weapon;
- Have, as a parent or carer, become subject to child protection procedures;
- Are closely associated with someone in their personal lives (e.g. partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the adult is responsible in their employment/volunteering.

The concerns should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These will include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 [Sexual Offences Act 2003](#));
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 [Sexual Offences Act 2003](#));
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socialising etc.);
- Possession of indecent photographs / pseudo-photographs of children.

If concerns arise about the person's behaviour in relation to their own children, the police and/or Children's Social Care must consider informing the employer / organisation in order to assess whether there may be implications for children with whom the person has contact at work / in the organisation, in which case this procedure will apply.

Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to refer to the Local Authority Designated Officer. Decisions regarding informing the person's current employer or voluntary organisation should be made in consultation with the LADO.

The difference between an allegation and concern

It might not be clear whether an incident constitutes an 'allegation'. It is important to remember that to be an allegation the alleged incident has to be sufficiently serious as to suggest that harm has or may have been caused harm to a child/ren or that the alleged behaviour indicates the individual may pose a risk of harm to children (or otherwise meet the criteria above).

If it is difficult to determine the level of risk associated with an incident the following should be considered:

- Was the incident a disproportionate or inappropriate response in the context of a challenging situation?
- Where the incident involved an inappropriate response to challenging behaviour, had the member of staff had training in managing this?
- Does the member of staff understand that their behaviour was inappropriate and express a wish to behave differently in the future? For example, are they willing to undergo training?
- Does the child or family want to report the incident to the police or would they prefer the matter to be dealt with by the employer?
- Have similar allegations been made against the employee – is there a pattern developing?

Incidents which fall short of the threshold could include an accusation that is made second or third hand and the facts are not clear, or the member of staff alleged to have done this was not there at the time; or there is confusion about the account.

Where it is decided that the incident does not meet the threshold of harm/risk of harm and is a concern only, then the employer should take steps to ensure any conduct or behaviour issues are addressed with the member of staff through normal employment practices.

All references in this document to 'staff or members of staff' should be interpreted as meaning all paid or unpaid staff / professionals and volunteers, including for example foster carers, approved adopters, child minders and supply staff. This chapter also applies to any person, who manages or facilitates access to an establishment where children are present.

Roles and Responsibilities

Working Together to Safeguard Children requires that:

County level and unitary local authorities ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner.

Local authorities should have a designated officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people that work with children. The designated officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay. Local authorities should put in place arrangements to provide advice and guidance to employers and voluntary organisations and agencies on how to deal with allegations against people who work with children to employers

and voluntary organisations. Local authorities should also ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Each Safeguarding Partnership member organisation should identify a named senior officer with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with this procedure;
- Resolving any inter-agency issues;
- Liaising with the Safeguarding Children Partnership on the subject.

The local authority have assigned a Local Authority Designated Officer or team of Designated Officers (LADO) to:

- Receive reports about allegations and to be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations and agencies;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process;
- Provide advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as Ofsted, the GMC etc.

Employers should appoint:

- A designated senior manager to whom allegations or concerns should be reported;
- A deputy to whom reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern.

The police detective inspector with responsibility for the child abuse investigation will:

- Have strategic oversight of the local police arrangements for managing allegations against staff and volunteers;
- Liaise with the Safeguarding Children Partnership on the issue;
- Ensure compliance with these procedures.

The police should designate a detective sergeant/s to:

- Liaise with the local authority designated officer (LADO);
- Take part in strategy meetings/discussions;
- Review the progress of cases in which there is a police investigation;
- Share information as appropriate, on completion of an investigation or related prosecution.

General Considerations Relating to Allegations Against Staff

Persons to be notified

The employer must inform the local authority designated officer (LADO) within **1 working day** when an allegation is made and prior to any further investigation taking place.

The LADO will advise the employer whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that

the information can be fully or partially shared, the employer should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).

The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

The employer should seek advice from the LADO, the police and/or Children's Social Care about how much information should be disclosed to the accused person.

Subject to restrictions on the information that can be shared, the employer should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the DBS or regulatory body).

The accused member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
- If suspended, be kept up to date about events in the workplace.

Ofsted should be informed of any allegation or concern made against a member of staff in any day care establishment for children under 8 or against a registered child minder. They should also be invited to take part in any subsequent strategy meeting/discussion.

Children's Social Care should inform Ofsted of all allegations made against a foster carer, prospective adopter, or member of staff in a residential child care facility.

Confidentiality

Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information should be restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes.

The police should not provide identifying information to the press or media, unless and until a person is charged, except in exceptional circumstances (e.g. an appeal to trace a suspect). In such cases, the reasons should be documented and partner agencies consulted beforehand.

Section 13 of the Education Act 2011 introduced restrictions implemented in September 2012 on the publication of any information that would identify a teacher who is the subject of an allegation of misconduct that would constitute a criminal offence, where the alleged victim of the offence is a registered pupil at the school.

Such restrictions remain in place unless or until the teacher is charged with a criminal offence, though they may be dispensed with on the application to the Magistrates' Court by any person, if the court is satisfied that it is in the interests of justice to do so, having regard to the welfare of:

- a. The person who is the subject of the allegation; and
- b. The victim of the offence to which the allegation relates.

There is a right of appeal to the Crown Court.

This restriction will apply to allegations made against any teacher who works at a school, including supply and peripatetic teachers. 'School' includes academies, Free Schools, independent schools and all types of maintained schools.

There is a new offence of publishing any information in breach of these restrictions. Publication includes any communication, in whatever form, which is addressed to the public at large or any section of the public.

It is a defence to show that the person publishing was not aware of the allegation having been made as set out in section 141H 'Defences' of the Act.

Support

The organisation, together with Children's Social Care and / or police, where they are involved, should consider the impact on the child concerned and provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed.

As soon as possible after an allegation has been received, the accused member of staff should be advised to contact their union or professional association. Human resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee welfare arrangements.

Suspension

Suspension is a neutral act and it should not be automatic. It should be considered in any case where:

- There is cause to suspect a child is at risk of harm; or
- The allegation warrants investigation by the police; or
- The allegation is so serious that it might be grounds for dismissal.

The possible risk of harm to children should be evaluated and managed in respect of the child/ren involved and any other children in the accused member of staff's home, work or community life.

If a strategy meeting / discussion is to be held or if Children's Social Care or the police are to make enquiries, the LADO should canvass their views on suspension and inform the employer. Only the employer, however, has the power to suspend an accused employee and they cannot be required to do so by a local authority or police.

If a suspended person is to return to work, the employer should consider what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor), and also how best to manage the member of staff's contact with the child concerned, if still in the workplace.

Resignations and 'compromise agreements'

Every effort should be made to reach a conclusion in all cases even if:

- The individual refuses to cooperate, having been given a full opportunity to answer the allegation and make representations;
- It may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete.

Compromise agreements' must **not** be used (i.e. where a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed). A settlement/compromise agreement which prevents the employer from making a DBS referral when the criteria are met for so doing would likely result in a criminal offence being committed for failure to comply with the duty to refer. The organisation must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list. This applies irrespective of whether a referral has been made to local authority Children's Social Care and/or the designated officer or team of officers. It is an offence to fail to make a referral without good reason.

Organised abuse

Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions. They should consider whether the matter should be dealt with in accordance with complex abuse procedures which, if applicable, will take priority. See [Organised and Complex Abuse Procedure](#).

Whistleblowing

All staff should be made aware of the organisation's whistleblowing policy and feel confident to voice concerns about the attitude or actions of colleagues.

If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by their organisation, they should report the matter to the LADO.

Timescales

It is in everyone's interest for cases to be dealt with expeditiously, fairly and thoroughly and for unnecessary delays to be avoided.

Initial Response to an Allegation or Concern

An allegation against a member of staff may arise from a number of sources (e.g. a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent). It may also arise in the context of the member of staff and their life outside work or at home.

Initial action by person receiving or identifying an allegation or concern

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

They should:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;

- Immediately report the matter to the designated senior manager, or the deputy in their absence or; where the designated senior manager is the subject of the allegation report to the deputy or other appropriate senior manager.

Initial action by the designated senior manager

When informed of a concern or allegation, the designated senior manager should not investigate the matter or interview the member of staff, child concerned or potential witnesses.

They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving (not the child / adult making the allegation);
- Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses.

Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

The designated senior manager should report the allegation to the LADO and discuss the decision in relation to the agreed threshold criteria in [Section 1, Introduction and Criteria](#) within 1 working day. Referrals should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

If an allegation requires immediate attention, but is received outside normal office hours, the designated senior manager should consult the Children's Social Care emergency duty team or local police and inform the LADO as soon as possible.

If a police officer receives an allegation, they should, without delay, report it to the designated detective sergeant with responsibility for the child abuse investigation. The detective sergeant should then immediately inform the LADO.

Similarly an allegation made to Children's Social Care should be immediately reported to the LADO.

Initial consideration by the designated senior manager and the LADO

There are up to three strands in the consideration of an allegation:

- A police investigation of a possible criminal offence;
- Children's Social Care enquiries and/or assessment about whether a child is in need of protection or services;
- Consideration by an employer of disciplinary action.

The LADO and the designated senior manager should consider first whether further details are needed and whether there is evidence or information that establishes that the allegation is false. Care should be taken to ensure that the child is not confused as to dates, times, locations or identity of the member of staff.

If the allegation is not demonstrably false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the LADO should refer to Children's Social Care and ask them to convene an immediate strategy meeting / discussion:

- If a child is not believed to have suffered, or to be likely to suffer Significant Harm but a police investigation will continue, the Local Authority Designated Officer (LADO) should

- conduct this discussion with the police, the designated senior manager and any other agencies involved to evaluate the allegation and decide how it should be dealt with;
- This Evaluation discussion should take place within 1 working day and must consider how to take matters forward in a criminal process parallel with a disciplinary process or whether any disciplinary action will need to await the completion of the police enquiries and/or prosecution. The progress should be reviewed by the police no later than 4 weeks after the initial evaluation meeting and thereafter at fortnightly or monthly intervals.

Strategy meeting / discussion

Wherever possible, a strategy meeting / discussion should take the form of a meeting. However, on occasions a telephone discussion may be justified. The following is a list of possible participants:

- LADO;
- Social care manager to chair (if a strategy meeting);
- Relevant social worker and their manager;
- Detective sergeant;
- The Designated and/or named Safeguarding Children Health Professional (ICB); and always when an allegation concerns a health agency worker /professional;
- Consultant paediatrician;
- Designated senior manager for the employer concerned;
- Human resources representative;
- Legal adviser where appropriate;
- Senior representative of the employment agency or voluntary organisation if applicable;
- Manager from the fostering service provider when an allegation is made against a foster carer;
- Supervising social worker when an allegation is made against a foster carer;
- Those responsible for regulation and inspection where applicable (e.g. CQC, GMC or Ofsted);
- Where a child is placed or resident in the area of another authority, representative/s of relevant agencies in that area;
- Complaints officer if the concern has arisen from a complaint.

The strategy meeting / discussion should:

- Decide whether there should be a Section 47 Enquiry and / or police investigation and consider the implications;
- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information;
- Consider the current allegation in the context of any previous allegations or concerns;
- Where appropriate, take account of any entitlement by staff to use reasonable force to control or restrain children (e.g. [section 93, Education and Inspections Act 2006](#) in respect of teachers and authorised staff);
- Consider whether a complex abuse investigation is applicable; see [Organised and Complex Abuse Procedure](#);
- Plan enquiries if needed, allocate tasks and set timescales;
- Decide what information can be shared, with whom and when.

The strategy meeting / discussion should also:

- Ensure that arrangements are made to protect the child/ren involved and any other child/ren affected, including taking emergency action where needed;
- Consider what support should be provided to all children who may be affected;
- Consider what support should be provided to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation;
- Ensure that investigations are sufficiently independent;

- Make recommendations where appropriate regarding suspension, or alternatives to suspension;
- Identify a lead contact manager within each agency;
- Agree protocols for reviewing investigations and monitoring progress by the LADO, having regard to the target timescales;
- Consider issues for the attention of senior management (e.g. media interest, resource implications);
- Consider reports for consideration of barring;
- Consider risk assessments to inform the employer's safeguarding arrangements;
- Agree dates for future strategy meetings / discussions.

A final strategy meeting / discussion should be held to ensure that all tasks have been completed, including any referrals to the DBS if appropriate, and, where appropriate, agree an action plan for future practice based on lessons learnt.

The strategy meeting / discussion should take in to account the following definitions when determining the outcome of allegation investigations:

1. **Substantiated**: there is sufficient evidence to prove the allegation;
2. **Malicious**: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
3. **False**: there is sufficient evidence to disprove the allegation;
4. **Unsubstantiated**: this is not the same as a false allegation. It means that there is insufficient evidence to either prove or disprove the allegation; the term therefore does not imply guilt or innocence;
5. **Unfounded**: to reflect cases where there is no evidence or proper basis which supports the allegation being made.

Allegations against staff in their personal lives

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in these procedures will still apply.

The strategy meeting / discussion should decide whether the concern justifies:

- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm; and / or
- Inviting the employer to a further strategy meeting / discussion about dealing with the possible risk of harm.

If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint strategy meeting / discussion convened.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a strategy meeting / discussion should be convened to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren;
- Whether measures need to be put in place to ensure their protection;
- Whether the role of the member of staff is compromised.

Disciplinary Process

Disciplinary or suitability process and investigations

The LADO and the designated senior manager should discuss whether disciplinary action is appropriate in all cases where:

- It is clear at the outset or decided by a strategy meeting / discussion that a police investigation or LA Children's Social Care enquiry is not necessary; or
- The employer or LADO is informed by the police or the Crown Prosecution Service that a criminal investigation and any subsequent trial is complete, or that an investigation is to be closed without charge, or a prosecution discontinued.

The discussion should consider any potential misconduct or gross misconduct on the part of the member of staff, and take into account:

- Information provided by the police and / or Children's Social Care;
- The result of any investigation or trial;
- The different standard of proof in disciplinary and criminal proceedings.

In the case of supply, contract and volunteer workers, normal disciplinary procedures may not apply. In these circumstances, the LADO and employer should act jointly with the providing agency, if any, in deciding whether to continue to use the person's services, or provide future work with children, and if not, whether to make a report for consideration of barring or other action. See [Section 8, Substantiated Allegations and Referral to the DBS](#).

If formal disciplinary action is not required, the employer should institute appropriate action within 3 working days. If a disciplinary hearing is required, and further investigation is not required, it should be held within 15 working days.

If further investigation is needed to decide upon disciplinary action, the employer and the LADO should discuss whether the employer has appropriate resources or whether the employer should commission an independent investigation because of the nature and/or complexity of the case and in order to ensure objectivity. The investigation should not be conducted by a relative or friend of the member of staff.

The aim of an investigation is to obtain, as far as possible, a fair, balanced and accurate record in order to consider the appropriateness of disciplinary action and / or the individual's suitability to work with children. Its purpose is not to prove or disprove the allegation.

If, at any stage, new information emerges that requires a child protection referral, the investigation should be held in abeyance and only resumed if agreed with LA Children's Social Care and the police. Consideration should again be given as to whether suspension is appropriate in light of the new information.

The investigating officer should aim to provide a report within 10 working days.

On receipt of the report the employer should decide, within 2 working days, whether a disciplinary hearing is needed. If a hearing is required, it should be held within 15 working days.

Sharing information for disciplinary purposes

Wherever possible, police and Children's Social Care should, during the course of their investigations and enquiries, obtain consent to provide the employer and/or regulatory body with statements and evidence for disciplinary purposes.

If the police or CPS decide not to charge, or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the employer without delay.

If the person is convicted, the police should inform the employer and the LADO straight away so that appropriate action can be taken.

Record Keeping and Monitoring Progress

Employers should keep a clear and comprehensive summary of the case record on a person's confidential personnel file and give a copy to the individual. The record should include details of how the allegation was followed up and resolved, the decisions reached and the action taken. It should be kept at least until the person reaches normal retirement age or for 10 years if longer.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference if the person has moved on. It will provide clarification where a future DBS request reveals non convicted information, and will help to prevent unnecessary reinvestigation if an allegation re-surfaces after a period of time. In this sense it may serve as a protector to the individual themselves, as well as in cases where substantiated allegations need to be known about to safeguard future children.

Details of allegations that are found to be malicious should be removed from personnel records. For Education services, see [Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges](#).

Monitoring progress

The LADO should monitor and record the progress of each case, either fortnightly or monthly depending on its complexity. This could be by way of review strategy meetings / discussions / initial evaluations or direct liaison with the police, Children's Social Care, or employer, as appropriate. Where the target timescales cannot be met, the LADO should record the reasons.

The LADO should keep comprehensive records in order to ensure that each case is being dealt with expeditiously and that there are no undue delays. The records will also assist in monitoring and evaluating the effectiveness of the procedures and processes for managing allegations.

If a police investigation is to be conducted, the police should set a date for reviewing its progress and consulting the CPS about continuing or closing the investigation or charging the individual. Wherever possible, this should be no later than 4 weeks after the strategy meeting / discussion / initial evaluation. Dates for further reviews should also be agreed, either fortnightly or monthly depending on the complexity of the investigation.

Unsubstantiated and False Allegations

Where it is concluded that there is insufficient evidence to substantiate an allegation, the Chair of the strategy meeting / discussion or initial evaluation should prepare a separate report of the enquiry and forward this to the designated senior manager of the employer to enable them to consider what further action, if any, should be taken.

False allegations are rare and may be a strong indicator of abuse elsewhere which requires further exploration. If an allegation is demonstrably false, the employer, in consultation with the LADO, should refer the matter to Children's Social Care to determine whether the child is in need of services, or might have been abused by someone else.

If it is established that an allegation has been deliberately invented, the police should be asked to consider what action may be appropriate.

Substantiated Allegations and Referral to the DBS

Substantiated allegations

The [Disclosure and Barring Service \(DBS\)](#) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The relevant legislation is set out in the [Protection of Freedoms Act 2012](#).

If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's service or the person resigns or otherwise ceases to provide his/her services, the LADO should discuss with the employer whether a referral should be made to the Disclosure and Barring Service (DBS).

If a referral is to be made; it should be submitted within 1 month of the allegation being substantiated.

Bodies with a legal duty to refer

The following groups have a **legal duty to refer** information to the DBS:

- Regulated Activity suppliers (employers and volunteer managers);
- Personnel suppliers;
- Groups with a power to refer.

Bodies with the power to refer

The following groups have a **power to refer** information to the DBS:

- Local authorities (safeguarding role);
- Health and Social care (HSC) trusts (NI);
- Education and Library Boards;
- Keepers of registers e.g. General Medical Council, Nursing and Midwifery Council;
- Supervisory authorities e.g. Care Quality Commission, Ofsted.

If the person being referred to the DBS is a teacher in England they should also be referred to the [Teaching Regulation Agency](#).

Learning Lessons

The employer and the LADO should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice.

Procedures in Specific Organisations

It is recognised that many organisations will have their own procedures in place, some of which may need to take into account particular regulations and guidance (e.g. schools and registered child care providers). Where organisations do have specific procedures, they should be compatible with these procedures and additionally provide the contact details for:

- The designated senior manager to whom all allegations should be reported;
- The person to whom all allegations should be reported in the absence of the designated senior manager or where that person is the subject of the allegation;
- The LADO.

Safeguarding children who come from Black, Asian and minoritised ethnic communities

Many children and young people who come from Black, Asian and minoritised ethnic communities experience racism, bias, stereotyping or cultural misunderstanding as they grow up. It might happen at an individual, institutional or societal level and might be displayed consciously or unconsciously.

This can result in some children being more likely to come to the attention of child protection services, while other children are less likely to receive effective support (Nuffield Foundation, 2020).

When we talk about people from Black, Asian and minoritised ethnic communities we're referring to a wide range of people from a variety of backgrounds with different individual experiences, including different experiences of racism. This includes groups such as Gypsy, Traveller and Roma communities.

To make sure children from Black, Asian and minoritised ethnic communities get the help and support they need, the adults working or volunteering with them and their families need to:

- understand the challenges they face
- build trusting relationships
- take appropriate action to help keep children safe
- use a strength-based approach to empower parents and carers from Black, Asian and minoritised ethnic communities to take steps to keep their children safe.

Understanding racism, bias and stereotypes

Everyone has beliefs and prejudices about other people that are formed with or without our conscious awareness.

Unconscious bias might take the form of:

- racist stereotypes
- confirmation bias (seeking or favouring information that confirms your existing beliefs)
- judging people according to first impressions.

This might result in people making harmful generalisations about specific communities, or generalising all ethnic minorities as having similar traits, practices and beliefs. This in turn is likely to result in children and families not receiving the appropriate level of support and protection.

Unconscious bias

If adults working or volunteering with children are unaware that they have unconscious bias or do not act to mitigate it, this may have a negative impact on their ability to identify and respond appropriately to child abuse (IICSA, 2020).

For example, practitioners may sometimes have preconceived concerns about whether a child's parents or carers are legal immigrants (IICSA, 2020). By focusing on the parents' residency rather than their child's welfare, practitioners might not consider the lived experience of that child and miss indicators of abuse.

Unconscious bias might also lead practitioners to interpret behaviour differently depending on the ethnicity of the person displaying it. For instance, if a child from a Black, Asian and minoritised

ethnic communities shows fear around a family member, this may be interpreted as a cultural expression of respect rather than an indicator of abuse (SCRA, 2017).

Practitioners might also have unconscious bias about who experiences different types of abuse, for example by connecting specific abuse types with specific groups of people. Without acknowledging and challenging these perceptions, practitioners might overlook the risk to children who do not fit the stereotype.

Adultification

Adultification is a form of bias where children from Black, Asian and minoritised ethnic communities are perceived as being more 'streetwise', more 'grown up', less innocent and less vulnerable than other children. This particularly affects Black children, who might be viewed primarily as a threat rather than as a child who needs support (Davis 2022; Davis and Marsh, 2020; Georgetown Law Center on Poverty and Inequality, 2019).

Children who have been adultified might also be perceived as having more understanding of their actions and the consequences of their actions. For example, an analysis of case reviews found that practitioners assumed Black boys who were involved in gangs would be able to protect themselves from harm, even after they had been reported missing from home or care. This resulted in the practitioners not acting to protect the boys from sexual exploitation, youth violence and drug and alcohol misuse (Bernard and Harris, 2019).

Overlooking child protection concerns

Having conscious or unconscious bias can lead to professionals not taking child protection concerns about children from Black, Asian and minoritised ethnic communities as seriously as they might do for children from other communities. Professionals might dismiss certain behaviours or practices as being part of that community's culture and as a result not take the necessary protective action (IICSA, 2020).

Some practitioners might worry about being perceived as culturally insensitive or racist if they raise concerns about children in Black, Asian and minoritised ethnic communities. This can also lead to them ignoring child protection concerns (IICSA, 2020; SCRA, 2017). Because they are worried about stereotyping, some people might try not to acknowledge another person's race or ethnicity. They might believe this helps them treat everyone equally. But this can result in practitioners applying a 'universal' approach to all families, without considering or finding out about parenting practices and beliefs in the child's family and culture (SCRA, 2017). This can prevent practitioners from asking open questions about a child's lived experiences, building up a picture of the child's life and identify any concerns.

Criminal justice system

Data shows that Black and mixed-race children are disproportionately represented within the youth justice system (Ministry of Justice and Youth Justice Board for England and Wales, 2021).

There are many complex reasons for this disparity between groups of children (Lammy Review, 2017). One reason might be that Black and mixed-race children are sometimes adultified and held to a more mature standard of behaviour than their peers. This might lead to children receiving a criminal justice response from the adults around them, rather than a child protection response (Davis and Marsh, 2020).

There are higher than average rates of school exclusion amongst children from some communities – particularly those from Black Caribbean, Gypsy, Traveller and Roma backgrounds; whilst there are lower than average rates amongst other communities. These include Chinese, Indian and Bangladeshi communities (Department for Education (DfE), 2020). Being excluded from school can lead to long-term negative outcomes for a child, including:

- criminal exploitation
- exposure to anti-social behaviour
- mental health issues
- behavioural issues

(SecEd, 2018).

School staff, including teachers, see and interact with children daily. This means staff are often well placed to monitor and understand a child's wellbeing and respond to any child protection concerns. Exclusion from school makes it harder for teachers to understand what may be going on in a child's life and how to support them.

Learning for practitioners: anti-discriminatory practice

There are steps you can take to mitigate conscious and unconscious bias in your direct work with children and families.

Make sure the needs of each individual child remain paramount. All children are vulnerable and need protection and support.

If a child is displaying behaviour perceived to be challenging, consider the reasons behind it and explore what is happening in their life that might be having an impact on them.

When you're carrying out risk assessments with children and families from Black, Asian and minoritised ethnic communities, make sure:

- you use the same process for all children
- you include all the factors that affect the child's life
- your decisions are evidence-based.

Acknowledge that child-rearing practices may be different between and within communities. Find out about the practices and beliefs being followed by each child's parents or carers, and consider how this may impact on the child's safety (Bernard and Harris, 2019). Talk and listen to parents and carers to understand what's happening in their family and empower them to make decisions that will help keep their child safe.

Improving communication

All children and young people can find it hard to tell someone if something isn't right. But for children and adults from Black, Asian and minoritised ethnic communities there may be additional barriers to asking for help.

Fear of speaking out

Speaking out about experiencing abuse doesn't always lead to getting the necessary support. Some adults who experienced sexual abuse in childhood have reported being shunned by their communities after disclosing the abuse. The risk of being cut off from family and support networks can deter children from asking for help (IICSA, 2020).

Children might also worry that they won't be believed or will be blamed for the abuse.

Honour and reputation

Some communities place high importance on female honour, linked to virginity and marriage. Girls who have been sexually abused might worry that family and community members would

consider them to be “damaged”, or that they will be blamed for behaving in a way that is perceived to be immodest or provocative.

Boys might feel ashamed if their culture places value on male strength, or has a strong belief that only girls experience sexual abuse. Some adults who experienced sexual abuse in childhood have reported that they felt unable to speak out about their experiences because they felt they needed to uphold their family’s honour (IICSA, 2020).

Children may also be worried that speaking out about abuse will result in their community’s reputation being damaged. This may be because they have experienced racist stereotyping in the past (IICSA, 2020), or because there is a strong sense of honour in their community (Community Care, 2020a).

In any community, people might believe that problems should be dealt with in the community or their families. This can make people less likely to report concerns about abuse to child protection services and feel wary about bringing in ‘outsiders’ such as the police.

Taboos around sex and relationships

Within some communities and cultures, there are taboos around discussing sex, relationships and abuse, either within families or the wider community. This might include topics such as:

- puberty and periods
- what healthy relationships look like
- anything related to sex or sexual relationships.

Not all communities have the language to describe sexual abuse or the language they use might not distinguish between consensual sexual activity and abuse.

If these issues are not discussed openly, children might have less understanding of what is abuse and what is not. They might also feel less able to speak out if something happens to them they’re not comfortable with.

Adults who have been raised in communities where sex, relationships and abuse aren’t spoken about might also be unaware of how to identify or raise concerns about abuse. As a result, practitioners might find it challenging to start conversations about keeping children safe.

Different perceptions about abuse

Some communities may have different perceptions of what constitutes child abuse. Children may not realise they are being abused, for example if they are growing up in a culture that routinely uses physical punishment. Or they may feel that there is no point in speaking out because the adults around them are unlikely to stop the abuse.

“I misbehaved at school today and when my mum found out she shouted at me and hit me. My mum’s done this before when I didn’t get a good mark at school. I’ve told other members of my family but they told me that this is African culture so they won’t do anything to stop it.”

Childline counselling session with a boy aged 10

Adults might not realise some practices are illegal in the UK, particularly if their culture considers that practice to be protective. An example of this is the harmful practice of breast ironing or breast flattening, a practice which aims to delay the development of girls’ breasts to ostensibly protect them from harassment, rape, abduction and early forced marriage and keep them in education (National FGM Centre 2021).

Building relationships

Sometimes a difference in cultural values can make it challenging for practitioners to build trusting relationships with children and families. This can make it difficult to speak out about sensitive issues. For example, it may not be considered appropriate for a male practitioner to work directly with mothers and children, and women may not feel comfortable discussing parenting practices with a man.

If practitioners have a bias based on stereotypes, they might view certain groups as 'other' or intrinsically different. This might lead them to treat some communities differently. In turn, this might create mistrust between the agency and the community and make people in that community less likely to speak out about abuse (IICSA, 2020).

Interpretation and translation

When practitioners, children and families do not share the same language, interpretation is vital to gain an understanding of need and risk. But interpretation does not automatically lead to understanding. Practitioners need to be aware of issues surrounding interpretation.

Children and families may have concerns about confidentiality if the interpreter is a community member, particularly if the community is small and there are notions of shame and honour. This might lead to them not speaking openly about what they have experienced.

Sometimes interpreters might inadvertently leave out important information because they do not realise its significance. And if the interpreter has perpetrated abuse or is trying to protect a perpetrator, they might withhold information from either the family or the practitioner (SCRA, 2017).

Some languages have several different dialects. If parents, carers, practitioners or interpreters do not speak the same dialect, they might not fully understand what is being said. This can make it challenging for practitioners to fully understand a family's situation (Community Care, 2020c).

Interpreters are not always present when a practitioner is having informal contact with communities. This can make it more challenging for practitioners to form trusting relationships with families from certain communities, understand child protection risks and be available to hear parent concerns (SCRA, 2017).

Sometimes, practitioners might feel overwhelmed and perceive language barriers to be an insurmountable obstacle. This may lead to the misconception that some communities are 'insular' and practitioners might perceive it to be too challenging to engage with a particular group.

Learning for practitioners: improving communication

Talk and listen to the families and children you work with, directly or through an appropriate third party. Aim to understand the lived experience of each family and child.

All families and children have different barriers to speaking out. Through building an understanding of their lives, you can find out if there are any specific barriers that might affect the children and families you are working with. You will then be better placed to consider how you can overcome these barriers.

Think about how to build trust with individuals in a culturally sensitive way. For example, if you're a male practitioner who needs to speak to a mother and it's not appropriate for you to do so alone, you could arrange a suitable chaperone. If you're working with a child, it might help to meet them with a trusted non-abusive adult, such as a school counsellor, youth worker or a family member.

You could also ask people to suggest a meeting place or activity, on their terms. This may help them feel more comfortable and help to develop a trusting relationship (Community Care, 2020b).

Acknowledge the challenges that children and young people might face and ask them about their lived experience.

Engaging with communities

It can be challenging for practitioners to engage with children and families and there can be extra challenges when working with people from a different community to your own.

Cultural awareness

Being aware of different cultures can help practitioners identify and understand risks to children's safety. But focusing too much on community-specific risks might mean overlooking other forms of abuse and neglect.

If practitioners don't understand the culture of the community they are working with, they might cause offence without meaning to. This might make it more difficult for them to engage with the community and understand any child protection risks.

Sometimes, worries about culture and beliefs can lead practitioners to be afraid of working with different communities (Duncan and Norfolk Safeguarding Children Partnership, 2020). This might make them less confident to assess risk and ask pertinent and challenging questions.

Practitioners might believe that some communities are 'hard to reach'. This perception might arise if:

- practitioners don't know much about the community
- their organisation has had inconsistent or limited engagement with the community in the past
- practitioners are not equipped to overcome cultural or communication barriers.

Labelling communities 'hard to reach' can lead to the idea that it's not possible to improve engagement with them. This can prevent practitioners from taking steps to build relationships with that community.

Perceptions of organisations

If an agency or organisation isn't culturally diverse, this may be off-putting to people from Black, Asian and minoritised ethnic communities (IICSA, 2020). They may not feel that practitioners, agencies and services from a different background can fully understand the dynamics of their community.

Children and adults from Black, Asian and minoritised ethnic communities may not have had positive experiences with 'official' agencies in the past. This can change their perceptions of whether practitioners can help and support them, and cause them to be suspicious or fearful of future interactions.

For example, if a child or their family have had negative experiences with the police, they may be reluctant to contact the emergency services if they need urgent help. If practitioners keep suggesting this as a course of protective action, the child may feel misunderstood and start to believe there is no way for them to get support.

Some families might be worried that being engaged with any statutory or 'official' agency will lead to deportation, children being removed, or eviction from a Traveller site (SCRA, 2017).

Learning for practitioners: cultural competence

Cultural competence means being able to work effectively with people from different backgrounds, valuing diversity, being aware of personal assumptions and biases and thinking about how to overcome barriers (Larson and Bradshaw, 2017). Rather than focusing on someone's knowledge of a specific culture, cultural competency highlights interpersonal skills such as openness, respect and willingness to learn.

Cultural competence helps professionals build on their existing cultural awareness by working with other people in a sensitive, positive way to develop a deeper understanding of their beliefs, attitudes and cultures.

When working with people from a Black, Asian and minoritised ethnic community, keep an open and inquisitive mind. Don't compare their culture to other cultures or your own. Aim to build up a non-judgemental knowledge of the community's dynamics, which will help you work with children and adults sensitively and appropriately (Duncan, A and Norfolk Safeguarding Partnership Board, 2020). Ways to do this can include:

- acknowledging and challenging any preconceptions you have about the community you are working with
- asking about the community's cultural traditions and values
- attending events in the community and build a good working relationship with those in positions of influence and power
- finding out about the community's specific needs and what services are most relevant
- exploring the lived experience of each family you work with by asking questions about what their culture means to them.

For example, faith plays an important role in the lives of many children and communities, so it's important to make sure you understand the dynamics of a child's and family's religious background. Ask open questions about what their faith means to them and how it affects their daily life.

Find out how people in a community define their identity and culture. This will help you to build trust and minimise the risk of causing offence. Use specific terms to refer to the communities and backgrounds of the children and families you're working with instead of generalised terms of acronyms such as BME or BAME. Generalised terms do not reflect specific groups and people, and are unlikely to be used by individuals to describe themselves (Community Care, 2019).

Make sure you understand the language and rites of passage in a community. For example, in some Gypsy, traveller and Roma communities 'running away' is a traditional marriage practice where children leave their community and return married. Understanding this will help practitioners carry out fully informed risk assessments and respond proportionately to any concerns.

Find respectful solutions to differences in cultural practices. If you're discussing a harmful practice which the community considers to be protective, bear this in mind and speak with respect. But remember you must also be honest about the impact of child abuse and act immediately if you have any child protection concerns.

Taking an intersectional approach

Children and young people from Black, Asian and minoritised ethnic communities, like all children, have diverse identities. As well as experiencing prejudice or bias related to their ethnic background, they might experience challenges relating to other parts of their identity, such as:

- gender

- sexuality
- disability
- mental health
- having been in care
- where they live, how much money they have and how much access they have to education.

The way these challenges interact is known as intersectionality.

For example, Black girls might experience adultification, racism and sexism at the same time. Practitioners' biases and perceptions of the way different characteristics interact can affect the way they assess the risk to a child. This in turn will have an impact on the support that is put in place to help keep the child safe.

A child's culture may also interact with an aspect of their identity, for example if the culture does not accept the child's sexuality or gender identity. It can be difficult for children to cope with this and it can have a negative impact on their welfare.

"I'm upset because I came out to my family as transgender and they're refusing to support me. My family are from Pakistan and don't want me to dress in girl's clothes because they say it will bring shame to the family. I've been self-harming and recently the pressure from my family has been so much that I'm feeling suicidal again, I don't know what to do".

Childline counselling session with a transgender girl aged 16

Learning for practitioners: understanding the child

When you're working with a child, consider all the factors that might influence their safety and wellbeing. Take the time to get to know them, understand their lived experience and how they might face risks due to how other might perceive their identity.

You could consider creating safe spaces for children who have similar identities and come from the same community. This might help them talk about their experiences and get peer support.

Safeguarding LGBTQ+ children and young people

All children and young people have the right to be protected and kept safe from abuse and neglect.

LGBTQ+ children and young people face the same risks as all children and young people, but they are at greater risk of some types of abuse. For example, they might experience homophobic, biphobic or transphobic bullying or hate crime. They might also be more vulnerable to or at greater risk of sexual abuse, online abuse or sexual exploitation (Barnardo's and Fox, 2016; McGeeney et al, 2017; Xu and Zheng, 2014).

What does LGBTQ+ stand for?

LGBTQ+ stands for lesbian, gay, bisexual, transgender, queer or questioning and more. This term covers a broad range of people who have different lived experiences and may be at different stages in exploring their identity. It includes people who are asexual or have differences in sex development (sometimes known as being intersex).

There are a wide variety of terms people might use to describe their sexuality (who they feel attracted to) or their gender identity (their personal, internal perception of their own gender). For example, someone who has a different gender identity from the gender that was registered at

their birth might identify as trans or transgender. Other people whose gender identity doesn't sit comfortably with 'boy' or 'girl' might identify as non-binary, agender, gender fluid or genderqueer (Government Equalities Office, 2018).

Children and young people might identify as LGBTQ+ in more than one way, for example they could be gay and transgender. Children who are LGBTQ+ might also have other characteristics that mean they face additional challenges or need extra support, for example being in care, being disabled or being from a Black, Asian or minoritised ethnic group.

Adults who work with LGBTQ+ children and young people need to understand the challenges they might experience and know what action to take to support and help keep them safe.

Adversities faced by LGBTQ+ children and young people

People's perceptions of, or ideas about, LGBTQ+ young people's identity can make children more vulnerable to negative experiences or interactions. These might include:

- experiencing homophobia, biphobia and transphobia (The Children's Society, Victim Support and National Police Chiefs Council, 2018; LGBT Health & Wellbeing et al, 2018; McDermott, Hughes and Rawlings, 2018; Scottish Government, 2021)
- feeling the pressure of sexual and gender norms (McDermott, Hughes and Rawlings, 2018; Scottish Government, 2021)
- having to manage their sexual and gender identity across different life areas (for example, coming out at school but not at home) (McDermott, Hughes and Rawlings, 2018)
- feeling isolated or 'different' from their family and friends (The Children's Society, Victim Support and National Police Chiefs Council, 2018; LGBT Health & Wellbeing et al, 2018)
- feeling like they can't express their identity because they're worried about people's responses (LGBT Health & Wellbeing et al, 2018)
- having complicated or negative feelings about their gender identity or sexuality (McDermott, Hughes and Rawlings, 2018)
- experiencing gender dysphoria (NHS, 2021).

"I am transgender but it's so hard living like this when there are so many ignorant people out there. It's really stressing me out and sometimes I wish I wasn't here. I wish people would just accept me for who I am and that I could feel normal"

Childline counselling session with a child, age unknown.

These negative experiences and interactions can impact on all areas of a young person's life.

Family relationships

Some young people who talk to Childline about gender and sexuality also talk about their family relationships. Topics discussed include:

- experiencing negative reactions from family members after coming out
- being afraid of not being accepted by their family
- worrying about not being able to be themselves at home.

"I came out to my parents recently and they were really shocked and shouted at me which really upset me. I feel uncomfortable and I don't like being at home as I am having to constantly hide how I am feeling. I have been going to the LGBT club at school and find it really helpful. It provides a safe space for me to be who I am. I feel I can talk to the teacher who runs the club about my feelings as they are so supportive and understanding"

Childline counselling session with a 13-year-old child.

Homelessness

LGBTQ+ young people are more likely to become homeless than their non-LGBTQ+ peers. This might be because of:

- parental rejection
- being subject to physical, emotional or sexual abuse from family members
- family violence

(Albert Kennedy Trust (AKT), 2015).

If they are homeless, LGBTQ+ young people are more likely to experience targeted violence and be exposed to sexual exploitation. For example, perpetrators might offer a child a safe space to stay in order to sexually exploit or abuse them (The Children's Society, Victim Support and National Police Chiefs' Council, 2018).

Mental health

Puberty can be a distressing and sometimes traumatic time for LGBTQ+ children and young people as their body and hormones start to change. They might start to have new or confusing feelings about their gender or sexuality. This can be particularly distressing if young people don't have anyone to talk about things with or don't feel supported.

Research suggests that LGBTQ+ children and young people might be at higher risk than their non-LGBTQ+ peers of:

- self-harm
- experiencing suicidal thoughts and feelings
- anxiety
- depression

(McDermott, Hughes and Rawlings, 2018; LGBT Health & Wellbeing, Scottish Trans, Equality Network, LGBT Youth Scotland and Stonewall Scotland, 2018; Becerra-Culqui, 2018).

Isolation or barriers to speaking out

There are some factors that might mean LGBTQ+ children and young people feel less able to speak out about any worries or negative experiences they're having.

Barriers include:

- worrying that telling someone will 'out' them before they're ready
- fearing that it will make the bullying or abuse worse
- thinking no one will believe them
- feeling they are to blame for what they're experiencing
- worrying that adults will think their gender identity or sexuality is to blame for their experience of abuse

(Bradlow et al, 2017; The Children's Society, Victim Support and National Police Chiefs Council, 2018; Stonewall and Childnet International, 2021).

Young people who are questioning or exploring their sexuality or gender identity might have confusing or difficult feelings. They might worry they will face discrimination if they come out or not feel able to talk to anyone about what they're going through. All of this can cause mental distress (Becerra-Culqui et al, 2018).

Risks of harm

Evidence suggests that LGBTQ+ children and young people might be at increased risk of some forms of harm.

Child sexual exploitation

LGBTQ+ relationships are underrepresented in educational resources and the media (Barnardo's and Fox, 2016). This means there are fewer examples of relevant, healthy relationships available to LGBTQ+ young people. If LGBTQ+ young people are not taught about healthy and unhealthy relationships, it might be easier for an abuser to groom them into believing an abusive relationship is normal.

If LGBTQ+ young people are unable to get information about sex and relationships from school or family, they might seek advice and support from people in adult spaces, such as gay clubs. This is particularly true of young people who live in rural areas or in communities where their gender identity or sexuality is not accepted. Adult spaces don't have the same safeguarding and child protection measures in place as spaces specifically for children. Children might be pressured or coerced into doing something they don't want to do, particularly if they are already isolated and don't have anywhere else to turn for support (Barnardo's and Fox, 2016).

The adults around a child can sometimes assume that it's normal for LGBTQ+ young people to have sex at a younger age as part of exploring their identity. This means the adults might not consider being involved in underage sexual activity as a possible sign of abuse, and do not take appropriate action to protect the child. Similarly, professionals might not always consider the possibility that an adult woman is sexually exploiting a girl (Barnardo's and Fox, 2016).

Online abuse

The internet can be a great place of advice, support and community for young LGBTQ+ people. However, there are also risks associated with using the internet.

LGBTQ+ children might use adult dating apps to meet other LGBTQ+ people, especially if they can't find inclusive offline spaces or communities nearby. These apps are designed for adults and are not moderated in the same way as platforms designed specifically for children. This means the young people using them might encounter sexual content which could be harmful, and are likely to come into contact with adults who are looking for a sexual relationship (Internet Matters, 2021).

"I am really struggling with my emotions. I met someone online and we got on really well. We talked a lot and he knew I was desperate for money so offered to pay me for nudes. I trusted him and really needed the money, so I sent them. I immediately regretted it afterwards and got scared so I have blocked him and deleted everything to do with the account and images. I feel so disgusting and vile about it. I just want to be able to live with myself and not feel constantly guilty. I am ashamed and have learnt a lesson from it and will never let myself be manipulated like this again".

Childline counselling session with a 15-year-old boy

There is some evidence to suggest that LGBTQ+ children and young people are more likely to meet a partner or ask someone out online (McGeeney et al, 2017). The research suggests this could be because young people find it hard to meet other openly LGBTQ+ people in their community, or because they don't want to come out to people in their offline lives (McGeeney et al, 2017). This research also showed that gay and lesbian young people were significantly more

likely to meet up with someone offline who they had first met online and who was not who they said they were (McGeeney et al, 2017).

Online grooming could happen to any child or young person. But if an LGBTQ+ child or young person hasn't come out, or feels that their gender identity or sexuality needs to be kept secret, perpetrators can take advantage of this to prevent the child from telling anyone about the relationship or to coerce them into meeting offline without telling anyone else.

Any young person might become involved in sending or receiving sexual photos or messages online. They might do this consensually, or they could feel pressured by their peers or adults. Once an image is shared online, young people have no control over how other people might use it. Some adults online might target LGBTQ+ young people to groom or blackmail them into sending explicit images or videos of themselves (Internet Matters, 2021).

Children and young people might also encounter non-sexual harmful content on the internet.

They might seek information about a range of LGBTQ+ issues online, particularly if they don't have any other sources of information. While doing so, they might come across inaccurate material, hate comments or content that isn't age appropriate. All of these can cause children distress (Government Equalities Office, 2018; Ofsted and Brown, 2021).

Children might see anti-LGBTQ+ posts or homophobic, biphobic and transphobic comments even if they aren't specifically looking for information about LGBTQ+ issues. These can be distressing whether or not the child or young person is directly being targeted (Internet Matters, 2021).

Bullying

Homophobic, biphobic and transphobic (HBT) bullying is based on prejudice or negative attitudes about gay, lesbian bisexual or transgender people. This can include name calling, using offensive language and negative stereotyping. Bullying can happen anywhere, including at home, at school or online (cyberbullying).

HBT bullying can affect children who have come out as LGBTQ+, who are questioning their gender identity or sexuality or who don't conform to gender stereotypes and are seen as 'different' (Scottish Government, 2021). It might also affect children and young people who have LGBTQ+ family members.

"People in my school bully me. They push me around, hit me and spit at me and call me names. I go to the LGBTQ+ club at school to avoid them, but they follow me and keep shouting names at me. I feel stressed and annoyed and like I am not part of the school or welcomed anymore. I am too scared to tell on the bullies because last time I reported them it made the bullying worse."

Childline counselling session with a 13-year-old child

Some children have reported experiencing HBT bullying, verbal assault and physical assault in school because of their gender identity or sexuality. This can leave them feeling unsafe in school environments (Government Equalities Office, 2018; Ofsted, 2021; Scottish Government, 2021).

Children and young people who experience HBT bullying can be more likely to have suicidal thoughts and feelings, or self-harm (McDermott, Hughes and Rawlings, 2017).

Taking an intersectional approach

LGBTQ+ children, like all children, have diverse identities. As well as experiencing prejudice or bias related to their gender identity or sexuality, they might experience challenges relating to other parts of their identity, such as:

- ethnicity

- disability
- mental health
- having been in care
- where they live, how much money they have and how much access they have to education.

The way these challenges interact is known as intersectionality.

For example, a child may be growing up in a culture which does not accept their sexuality or gender identity. It can be difficult for children to cope with this and it can have a negative impact on their welfare.

“I’m upset because I came out to my family as transgender and they’re refusing to support me. My family are from Pakistan and don’t want me to dress in girl’s clothes because they say it will bring shame to the family. I’ve been self-harming and recently the pressure from my family has been so much that I’m feeling suicidal again, I don’t know what to do”

Childline counselling session with a transgender girl aged 16.

Learning for practitioners: understanding the child

When you’re working with a child, consider all the factors that might influence their safety and wellbeing. Take the time to get to know them, understand their lived experience and how they might face risks due to how other might perceive their identity.

You could consider creating safe spaces for children who have similar identities and come from the same community. This might help them talk about their experiences and get peer support.

Supporting children and young people

There are a range of ways you can help support and protect the LGBTQ+ children, young people and families you work with.

Understanding a child’s lived experience

It’s important to remember that any child or young person you’re working with could be LGBTQ+, whether or not they have told you about their identity. You should aim to understand the lived experience of every child, the risks that might be present and how that interacts with their life and identity.

Make it clear to the children and young people you work with that you’re someone they can talk to about their identity and feel safe with. Be open minded and don’t make assumptions about a child’s sexuality or gender identity. Always consider how gender identity or sexuality could impact on their life and any risks they might face.

You could ask children and young people their pronouns, chosen name and how they would like to be referred to.

Relationships and sex education

Some young people who are exploring or questioning their sexuality or identity might struggle to accept themselves if they have insufficient knowledge about being LGBTQ+. This can contribute to low wellbeing or mental health issues (Ofsted and Brown, 2021).

LGBTQ+ people and families should be reflected throughout the curriculum to help LGBTQ+ children feel safe and included (Scottish Government, 2021). It is important that children and young people are taught about all kinds of relationships, including LGBTQ+ relationships. When having discussions about relationships, make it clear to children and young people that same sex relationships and different gender identities are valid and should be respected. Talk to them about what a healthy relationship looks like, and make sure they know who to talk to if they are ever worried about anything.

Each nation in the UK has guidance on how schools should deliver relationships and sex education.

Children and young people can learn more about [gender identity](#) and [sexuality](#) on the Childline website.

Parents and carers can find out how to support children who are questioning or exploring their [gender identity](#) and [sexuality](#) on the NSPCC website.

Mental health

Guidance on supporting LGBTQ+ children and young people in schools

Across the UK there is guidance and best practice information on supporting LGBTQ+ children and young people in schools. Organisations in other sectors might also find this helpful.

The House of Commons Library has published a [briefing](#) on bullying in schools in the UK, which provides information and signposts guidance on how schools can tackle homophobic, biphobic and transphobic (HBT) bullying (House of Commons Library, 2020a).

The House of Commons Library has also published a [briefing](#) giving an overview of provisions to support transgender children and young people in schools across the UK. It covers the Equality Act 2010, toilet facilities and changing rooms, sports, school uniforms, the curriculum and bullying (House of Commons Library, 2020).

In **England**, the Department for Education (DfE) has published [non-statutory guidance for schools on the Equality Act 2010](#). This provides guidance on how schools should ensure that children and young people aren't discriminated against because of their sexual orientation or gender reassignment (DfE, 2014).

Ofsted has published [a research commentary on teaching about sex, sexual orientation and gender reassignment](#). This shares examples of good practice and covers school culture, the curriculum, teaching about sexuality and gender and engaging with parents. It also includes good practice examples from faith schools (Ofsted and Brown, 2021).

In **Northern Ireland**, the Education Authority (EA) has published guidance for schools and other education settings on [supporting transgender children and young people](#). This includes information on creating an inclusive environment, the curriculum, bullying and practical considerations such as toilets, changing rooms and uniforms (EA, 2019).

In **Scotland**, the Scottish Government has published [non-statutory guidance for schools on supporting transgender young people](#). This guidance includes information on:

- child protection, confidentiality and information sharing
- bullying and safety
- language

- mental health
- the curriculum
- a whole-school approach to supporting transgender young people
- working with parents and carers
- practical considerations such as toilets, physical activity and uniforms

(Scottish Government, 2021).

LGBT inclusive education has been a national requirement for schools in Scotland since 2021. The Scottish Government has created an [online toolkit](#) to help teachers embed LGBT learning themes throughout the Scottish curriculum (Scottish Government and Time for Inclusive Education (TIE), 2021).

In **Wales**, Estyn has published [guidance on how schools can support LGBTQ+ children and young people and create an inclusive environment \(PDF\)](#) (Estyn, 2020).

Safeguarding children with special educational needs and disabilities (SEND)

We are using the term special educational needs and disabilities (SEND) to refer to children who have disabilities or additional needs. Other terms may be used in your organisation, including:

- additional needs
- additional support for learning
- additional learning needs.

> [Read more about terminology used in the four UK nations](#)

Adults who work with children and young people with SEND should be aware of the additional needs children may have that could mean they are more vulnerable to abuse and/or less able to speak out if something isn't right.

Some children may be vulnerable because they:

- have additional communication needs
- they do not understand that what is happening to them is abuse
- need intimate care or are isolated from others
- are dependent on adults for care.

Safeguarding and child protection

All schools in the UK should have a safeguarding and child protection policy and procedures which set out how they will keep children safe.

Schools need to be aware of the additional vulnerabilities of some children, including children with special educational needs and disabilities (SEND), and your policies and procedures should ensure that all children get the support they need.

In the UK, statutory guidance for safeguarding and child protection in schools sets out considerations for keeping children with disabilities safe.

> [Read more about legislation and guidance for safeguarding children with SEND](#)

Relationships and sex education (RSE)

All schools are required to offer accessible and inclusive [relationships and sex education](#) to all students, including those with special educational needs and disabilities (SEND) (Council for the Curriculum, Examinations and Assessment (CEA), 2015a; CEA, 2015b; Department for Education, 2019; Scottish Government, 2014; Welsh Assembly Government, 2010).

You should use suitable communication methods and consider ways to check that children have understood learning around relationships and sex education. Key messages should be delivered in an age appropriate, sensitive way, taking account of individual communication and learning needs.

It's also important to let parents and carers know what children are being taught so that messages can be mirrored at home (Franklin, Toft and Goff, 2019).

Online safety

The online world has opened up many opportunities for children with SEND and can be a positive place where they can chat to friends, play games or find support.

However, children with SEND can be particularly vulnerable to [online grooming](#), especially being manipulated by somebody they know (Katz, El Asam and Internet Matters, 2019).

It's important to encourage conversations about the benefits and dangers of the internet and create an open environment for children and young people to ask questions.

Empowering children

Social attitudes and assumptions about disability can have an impact on children's self-confidence.

Getting to know a child or young person with SEND and finding the best way to communicate with them is a positive way of building a child's self-esteem. This can show the child that there is someone they can trust and communicate with and help them feel confident about letting someone know if they experience something that makes them feel uncomfortable.

Help empower children with SEND by:

- providing them with communication support and opportunities to express themselves
- helping them to build a supportive relationship with a trusted person
- consulting them on their views and wishes about their life and care in order to meet their needs
- providing accessible education on topics such as keeping safe, sex and relationships and online safety
- providing information in accessible formats
- providing opportunities for peer support and social activities
- giving them opportunities to express themselves creatively through activities like art and music
- giving them access to advocacy services.

Useful resources

[Relationships, health and sex education statutory guidance](#)

Download our [briefing on relationships and sex education](#) in England which sets out the key points covered in statutory guidance published by the Department for Education (DfE).

[Promoting healthy relationships](#)

Teach children and young people about [healthy relationships](#) using our tips and advice for different ages, including children with SEND.

[Love Life resources](#)

Our [Love Life resources](#) for young people with learning disabilities cover healthy relationships and online safety and can help young people develop strategies for staying safe.

[Supporting young people with learning disabilities](#)

Prefer interactive learning? Take [our eLearning course](#) to better understand online risks and how they affect children and young people.

Taking an intersectional approach

Children with special educational needs and disabilities (SEND), like all children, have diverse identities. As well as experiencing prejudice or bias related to their special educational needs or disabilities, they might experience challenges relating to other parts of their identity, such as:

- ethnicity
- sexuality
- gender
- mental health
- having been in care
- where they live, how much money they have and how much access they have to education.

The way these challenges interact is known as intersectionality.

It can be difficult for children to cope with this, and it can have a negative impact on their welfare.

“I have ADHD and have been diagnosed with depression. I’ve been having a hard time at school, which has got worse since I came out as gay. The guys who bully me do it in the playground and online in the evenings when I’m trying to relax. When I get stressed, I make sudden movements and shout out things, which I can’t control. Sometimes I also hurt myself when I act like this.”

Childline counselling session with a boy aged 14

Learning for practitioners: understanding the child

When you’re working with a child, consider all the factors that might influence their safety and wellbeing. Take the time to get to know them, understand their lived experience and how they might face risks due to how others might perceive their identity.

You could consider creating safe spaces for children who have similar identities or come from the same community. This might help them talk about their experiences and get peer support.

Safeguarding d/Deaf and disabled children and young people

Guidance on protecting d/Deaf and disabled children and young people from abuse

We all have a responsibility to keep all children and young people safe. A child having a disability, being d/Deaf or needing additional support should never stop someone acting on child protection concerns.

We're using the term 'disabled children' to refer to children and young people with a range of very different conditions and identities, some of whom may not identify as being disabled. This includes children who:

- are d/Deaf
- are on the autistic spectrum
- have a condition such as attention deficit hyperactivity disorder (ADHD)
- have a learning disability
- have a physical disability such as cerebral palsy
- have visual impairment
- have a long-term illness.

Children and young people may use different language to describe themselves and their needs. You should ask what terms they would prefer and use these when talking to them.

Children and young people who have disabilities are at an increased risk of being abused compared with their non-disabled peers (Jones et al, 2012) and are also less likely to receive the protection and support they need when they have been abused (Taylor et al, 2014).

Professionals sometimes have difficulty identifying safeguarding concerns when working with d/Deaf and disabled children (NSPCC, 2016).

It's vital that everyone who works with d/Deaf and disabled children understands how to protect them against people who would take advantage of their increased vulnerability.

Who is at most risk of abuse?

Disabled children at greatest risk of abuse are those with behaviour or conduct disorders. Other high-risk groups include:

- children with learning difficulties/disabilities
- children with speech and language difficulties
- children with health-related conditions
- d/Deaf children

(Miller and Brown, 2014).

Why are disabled children at greater risk of abuse?

There are several factors that contribute to disabled children and young people being at a greater risk of abuse.

Communication barriers

Children and young people with speech, language and communication needs (including those who are d/Deaf, or have a learning disability or physical disability) face extra barriers when it comes to sharing their worries and concerns.

- Adults may have difficulty understanding a child's speech so they may not realise when a child is trying to tell them about abuse.
- Adults may not have the knowledge and skills to communicate non-verbally with a child, which can make it harder for children to share their thoughts and feelings.
- Communicating solely with parents or carers may pose a risk if the child is being abused by their parent or carer.
- It can be difficult to teach messages about what abuse is or how to keep safe to children with communication needs. Without this knowledge children may not recognise that they are being abused or won't know how to describe what's happening to them.

Misunderstanding the signs of abuse

It's not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of a child's disability.

- A child experiencing abuse or attempting to disclose abuse may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action.
- Injuries such as bruising may not raise the same level of concern as they would if seen on a non-disabled child. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility.

Lack of education on staying safe

Personal safety programmes and relationships and sex education (RSE) are not always made accessible to d/Deaf and disabled children, and not always taught in special schools. This can be for a number of reasons:

- teachers may not realise they need to teach RSE to children with disabilities
- parents and professionals may think young people with learning disabilities shouldn't have relationships or sex
- teachers may feel they need more training about how to deliver RSE to children with disabilities
- school governors may not approve RSE being taught in a different, more accessible way
- the school may prioritise other subjects over RSE
- sex and relationships education may not be taught in a way that makes sense to young people with learning disabilities

(Garbutt et al, 2010).

As a result, a disabled child may not know how to recognise abuse or who to tell.

Increased isolation

Disabled children may have less contact with other people than non-disabled children, because they have:

- fewer out of school opportunities than their peers
- fewer opportunities for spontaneous fun with friends
- less access to transport
- less provision for appropriate toilets and changing facilities
- difficulty finding out about accessible events

(Franklin, 2016).

This means they have fewer people to turn to if they need help or support.

They may be further isolated if they:

- need carers to take them out
- have restricted independence because they use a wheelchair or require a sign language interpreter
- live away from home at a residential school.

Disabled children and their families may have limited access to support systems. Support may not be available due to lack of funding or it may not be appropriate for the child's physical, emotional or cultural needs. This can make it difficult for parents to provide the care their child needs and add to the pressure of caring for a disabled child.

Dependency on others

Children with disabilities may have regular contact with a wide network of carers and other adults for practical assistance in daily living including personal intimate care. This can increase the opportunity for an abusive adult to be alone with a child.

If a child is abused by a carer they rely on, they may be more reluctant to disclose abuse for fear that the support service will stop.

Caring for a child with little or no support can put families under stress. This can make it difficult for parents to provide the care their child needs and can lead to a child being abused or neglected.

Inadequate support

It can be difficult for any child who has experienced abuse to get the support they need, but disabled children may face extra problems.

- Disabled children are less likely to tell someone about experiencing abuse and more likely to delay telling someone than their non-disabled peers (Hershkowitz, Lamb and Horowitz, 2007).
- Adults may not understand or respond to a disabled child's safeguarding needs.
- Communication barriers may prevent adults fully understanding what the child is telling them.
- Some adults may not focus on a disabled child's views.

- If abuse is reported to the police and/or children’s social care, the response may be affected if professionals lack skills or experience in working with disabled children.

Taking an intersectional approach

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Intimate care

Children with certain disabilities or medical issues may need help and support with intimate personal care including going to the toilet and washing.

Medication

Some children and young people with disabilities may need medication. Schools and residential care settings should have a policy in place on administering medication.

A medication policy should cover:

- how medicines will be stored
- how children will access their medication
- how records will be kept of any medication administered or refused
- what training those administering medication need to have
- how your organisation will receive medicines

You can find specific guidance on administering medication in different settings in the [legislation and guidance tab](#).

Where appropriate, children and young people should be encouraged to take responsibility for their own healthcare, including administering medication.