



SAFEGUARDING CHILDREN AND CHILD PROTECTION POLICY

1. PURPOSE OF POLICY AND GUIDING PRINCIPLES

Safeguarding children from abuse or neglect is everybody's business. In the Guardian Family Network, the welfare of the children living with our guardian families is paramount and we fully recognise our responsibilities to protect and safeguard the welfare of those children. We are committed to working together with other agencies to ensure adequate arrangements within the organisation to identify, assess, and support those children who are suffering or likely to suffer harm.

All primary carers and Guardian Family Network staff have a responsibility to report at the first available opportunity any concerns that they have that a child is suffering, or is likely to suffer, from abuse or neglect. The concerns should be shared with the staff identified by this policy, who will ensure that all allegations and concerns are taken seriously, and consider sharing the concerns with the appropriate service such as the local children's social care directorate, the police, Ofsted, the local authority designated officer (the LADO), or the NSPCC.

Action on safeguarding concerns does not necessarily mean that the child will be subject to child protection processes. Early intervention in such circumstances may result in the child and their carers being provided with necessary support to prevent the situation from worsening, and therefore improving the child's outcomes.

The procedures below are compulsory and apply to all our staff, guardian families, and any other persons working with the organisation whether on a paid, voluntary, or temporary basis. Any failure to comply with them will be addressed through the appropriate Guardian Family Network disciplinary procedures.

The Guardian Family Network's commitment to safeguarding includes:

- a. Ensuring that we practice safe recruitment of our staff and guardian families by checking their suitability to work with and care for children placed in our care.
- b. Raising awareness of child protection issues with guardian families and giving them the information they need to know including what action to take when they have concerns.

- c. Giving birth parents, via the relevant overseas agency in the child's country of origin (hereinafter referred to as the placement agency); and children the information that they need on what action to take if they have concerns.
- d. Appointing a Designated Safeguarding Officer and Deputy Designated Safeguarding Officer and ensuring that they undergo the appropriate DSO training every 2 years.
- e. Through training, raising awareness of our staff of the need to safeguard children and their responsibilities in safeguarding and the relevant policies and procedures. This training will be reviewed and refreshed at least every 3 years and we will ensure that all new staff have access to the training within the first 3 months of their employment.
- f. Developing and implementing all relevant policies and procedures and ensuring annually that staff, guardian families, parents and children are aware of them and how to access them.
- g. The Directors have agreed that this policy will be reviewed every year. This review will take into consideration all aspects of applicable legislation and advice current at the time of the review. The next 'Period of Review' will be March 2019.

Appendix 1 provides the definitions of terms relevant to our safeguarding procedures.

As the children having contact with our organisation live in different areas of the UK, they are subject to different safeguarding arrangements according to the local authority area in which they live. Further information is available via the Local Safeguarding Children Board (LSCB) procedures for the area in which the child is living. These can be found by conducting an internet search for 'Local Safeguarding Children Board procedures' and the name of the town, city or area in which the child is living.

2. RELEVANT GUIDANCE

In the drafting of this policy we have taken into consideration the following legislation and guidance:

[Working Together to Safeguard Children 2015 \(HM Government\)](#)

[Keeping Children Safe in Education 2016 \(Department for Education\)](#)

[What to do if you're Worried a Child is being Abused: Advice for Practitioners \(Department for Education\) 2015](#)

[Children Act 1989](#)

[Children Act 2004](#)

[Guidance for Safer Working Practice for Adults Who Work with Children and Young People \(2015\)](#)

[Information Sharing: Guidance for practitioners and managers. HM Government \(2015\)](#)

This policy should be read in conjunction with our other relevant safeguarding policies.

3. SAFEGUARDING AND CHILD PROTECTION RESPONSIBILITIES

In ensuring that our organisation is prepared for and able to discharge its safeguarding responsibilities we will ensure that:

We have a Designated Safeguarding Officer (and Deputy to act in their absence) and that all children, guardian families, staff and volunteers are aware of the named person and process of reporting concerns to them. The name of the Designated Safeguarding Staff and their contact details are included at Appendix 2 of this policy.

The role of the DSO includes:

- Monitoring and recording concerns about the well-being of a child or young person
- Giving advice to staff and guardian families
- Being an identifiable point of contact both inside and outside of the organisation
- Making referrals to the Local Authority Children's Services and the police
- Liaising with other agencies such as schools
- Arranging training for staff / volunteers
- Drafting, implementing, and reviewing policies and procedures
- Ensuring safer recruitment practices are followed
- Liaising with the Designated Safeguarding Director

We have procedures for reporting, recording, and reviewing cases where suspected abuse or neglect has been identified.

All staff and guardian families have a clear understanding of our Code of Conduct.

At least one director has Designated Safeguarding responsibility as part of their role, including governance and scrutiny of policies and procedures, day to day management of safeguarding concerns, information sharing and recording, handling allegations made against staff, and generally supporting the work of the DSO.

The DSO contacts each relevant LSCB to make them aware of the activities undertaken by the Guardian Family Network in their area via email, letter or telephone.

The DSO makes contact and liaises with their counterparts in each of the partner schools attended by children placed with the Guardian Family Network.

Where there is a safeguarding concern, the DSO liaises with the child's school, local children's social care, police, and the LSCB as necessary, and ensures that all local inter-agency procedures relevant to the area in which the child is living are followed and documented.

Where there are safeguarding concerns, written records are created. Such records will be kept in a secure manner, and in accordance with retention policies of the organisation.

4. DEFINING CHILD ABUSE AND NEGLECT

What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

All staff and guardian families should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), gender-based violence / sexual assaults and sexting. It is important that this is recognised as and responded to as a safeguarding issue.

Someone might become concerned for a child because of:

- comments made by the child, parent, primary carer, guardian family members, school staff or friends;
- changes in a child's behaviour or mood which may indicate abuse or neglect;
- indications that the guardian family is under extreme stress, which may be because of issues such as financial pressures, relationship difficulties, domestic abuse or violence;
- by a series of events, which, may not be thought to be of concern individually, but when they are viewed together can be considered as significant.

4.2 Who Abuses Children?

Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger (for example, via the internet). They may be abused by an individual adult or a group, or another child / children. Children who are living away from their families are especially vulnerable to being abused.

Children may be also experience abuse when attending clubs or associations; and at leisure or sporting facilities, events, or activities.

4.3 Categories of abuse and neglect

There are four defined categories of child abuse, which are forms of significant harm. These are:

- neglect;
- physical abuse;
- emotional abuse;

- sexual abuse.

Neglect

Neglect is the persistent failure of a parent or carer to meet a child's basic physical and / or psychological needs, which is likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy because of a mother's drug or alcohol misuse, parental mental ill health, learning difficulties, or because of a combination of these factors. Where a parent or carer is suffering domestic abuse or violence, the needs of the child may be neglected.

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

- provide adequate food, clothing and shelter (including excluding the child from the home or abandoning them elsewhere);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision, including using inappropriate people to care for the child;
- ensure access to appropriate medical care or treatment, as required.

It may also include neglecting, or being unresponsive to, a child's basic emotional, social and educational needs.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent makes up symptoms of, or deliberately makes a child ill (also known as fabricated or induced illness).

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. It may not necessarily involve violence. Sexual abuse may involve physical contact, including assault by penetration (vaginal, anal or oral); or non-penetrative acts such as masturbation, kissing and rubbing, including touching the child's body outside of their clothing.

Sexual abuse includes non-contact actions, such as involving children in looking at or in the production of pornographic materials, watching sexual activities, or encouraging them to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse can take place via the internet and mobile phone technology. It is not just perpetrated by adult males; women can also sexually abuse, as can other children.

Sexual abuse includes children being abused through organised networks of perpetrators or peers via gang membership or association.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child, which can have significant and long-standing effects on their emotional development. This may include:

- telling children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- imposing age or developmentally inappropriate expectations on children. These may include interactions beyond the child's developmental capability, as well as overprotection, limiting exploration, and learning or preventing the child participating in normal social interaction;
- seeing or hearing the ill-treatment of another for example where there is domestic violence and abuse;
- serious bullying, causing children frequently to feel frightened or in danger;
- exploiting and corrupting children.

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

A list of possible indicators of abuse and neglect is included at Appendix 3.

4.4 Children in Specific Circumstances

The Guardian Family Network will, where necessary, have due regard to the government guidance for children in specific circumstances as outlined below:

- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- preventing radicalisation
- 'sexting' and online safety
- teenage relationship abuse
- trafficking

Further information on some of these issues is contained at Appendix 4. The Government guidance can be found at www.gov.uk

5. ACTING ON CONCERNS

Primary carers, guardian families, and Guardian Family Network staff need to be vigilant about safeguarding concerns and act appropriately when dealing with such concerns.

It should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the child. Everyone has a duty of care to pass on their concerns and therefore would be failing in this duty if they did not do so.

5.1 Taking Immediate Action

Anyone concerned that a child may be suffering, or is at risk of experiencing, abuse or neglect should ensure the safety and wellbeing of the child and / or others. Depending on each individual situation, the following should be considered:

- Making an immediate evaluation of the risk and taking steps to ensure that the child is in no immediate danger;
- Where appropriate, dialling 999 for an ambulance or taking other appropriate action if there is need for medical assistance or treatment;
- Contacting the police if a crime has been or may have been committed;
- Contacting the DSO to discuss the situation and receive advice;
- Making a written record using the organisation's cause for concern form (shown at Appendix 5);
- If the DSO or the deputy DSO cannot be contacted, and the person concerned is worried about the immediate safety of the child, advice should be sought directly from children's social care or the police in the area where the child is living. The relevant details of who to contact can be found on the local safeguarding children board, local authority, and police websites in the area in which the child is living.

All primary carers, their family members, and Guardian Network staff are authorised to call emergency services, without referral to a manager, to ensure that there is no delay. In these circumstances they should contact the DSO as soon as is practicable afterwards to inform them of the situation and seek further advice.

Although all staff and primary carers should do what they can to ensure the immediate safety of a child, they must not put themselves in risky or dangerous situations.

5.2 Preserving Evidence

The police are responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm. Where it is likely that a criminal act has been committed against a child, the police should be contacted immediately.

The first concern is always to ensure the safety and wellbeing of the alleged victim. However, in situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and

preserved. The police will attend the scene, and agencies and individuals can ensure evidence is not contaminated by:

- disturbing a 'scene' as little as possible, sealing off areas if possible;
- discouraging washing / bathing / eating / drinking / smoking and use of the toilet in cases of sexual assault;
- not cleaning or allowing further use by others of a toilet used by the victim since the alleged incident in cases of sexual assault;
- not handling items which may have DNA evidence on them;
- putting any bedding, clothing which has been removed, or any significant items given to them (weapons etc) in a safe, dry place in bags (for example bin liners or paper bag).

Primary carers and other staff can also contribute to evidence by recording their observations in relation to what the child has said, the appearance and behaviour of the child, anyone else involved, and any actions taken by them or others.

5.3 Responding to Disclosures

Disclosures by the child should be listened to and recorded carefully as soon as possible, using their own words where possible. Primary carers and other staff should also:

- give assurances that they are taking the concerns seriously;
- listen carefully to what the child is saying, staying calm, getting as clear a picture as possible, and avoid asking leading questions (questions which suggest an answer to the child) or speculating about what has happened to the child or who has harmed them;
- not give promises of confidentiality.

The child should not be questioned in detail by the primary carer or others at this stage, to avoid creating unnecessary stress through repeatedly describing events or creating a perception that they are not believed. Such questioning can also risk the contamination of evidence. This should not detract from the initial seeking of information to establish basic facts.

The person alleged to have caused harm should not be contacted, unless this is part of an emergency action to safeguard the child or others (for example, if it is necessary to suspend a primary carer or other member of staff following allegations of abuse or neglect – see Allegations against a Person who works with Children and Young People).

A written record of the disclosure should be made as soon as possible (see Section 6 below).

5.4 Referrals to Children's Social Care

When concerns are raised by staff, children, parents or guardian families, the DSO should:

- ascertain whether the situation might fall within the definitions of abuse outlined in this policy;
- ascertain any immediate action required;
- ascertain whether an internal investigation is necessary (for example if an allegation has been made against a guardian family or member of staff) and ensure that the procedures set out in the relevant policy are followed, and that the Local Authority Designated Officer is informed;
- where abuse is suspected, make a referral to the appropriate agency (such as Children's Social Care/police);
- consider how to preserve any evidence;
- consider how best to support the child and any staff involved;
- where needed, seek advice (for example from the NSPCC).

Where the DSO makes a referral to Children's Social Care the following should be taken into consideration:

- Whether the consent of the parent is necessary (although refusal should never be a barrier to sharing information where there are concerns about a child). Consent should not be sought where doing so would place a child at further risk of harm, cause delay, impede a criminal investigation or place any other person at risk of harm.
- Any information shared over the telephone needs to be followed up in writing in accordance with LSCB procedures (usually within 24 hours).
- Where feedback concerning the referral is not received, this should be sought no later than 3 working days after referral.
- Where the DSO is not satisfied with the outcome of the referral, the escalation policy in the relevant local authority should be implemented.
- Following the referral, the DSO should consider what action is necessary to continue to safeguard and support the child, staff and, where appropriate, guardian family.
- Where required, the DSO should attend any relevant multi-agency meetings, contribute to any plans concerned the child, and liaise with the child's school, and birth family via the placement agency.
- The DSO should also ensure that careful written records are made of the concern raised, action taken, information shared, and any further action points to be taken in the future.

6. RECORDING CONCERNS

It is vital that the primary carer or other member of staff makes a written record of any incident or allegation as soon as possible after the information is obtained.

Written records must reflect as accurately as possible what was said and done by those initially involved in the incident either as a victim, suspect or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to the police and/or a court.

The record should include:

- date and time of the incident;
- exactly what the child said, using their own words (their account), where possible, about the abuse and how it occurred or exactly what has been reported;
- appearance and behaviour of the child including any changes noticed;
- any injuries observed;
- any evidence such a screen shot from a mobile phone or computer, and anything the child has written or drawn;
- any actions taken (for example contacting police or other emergency services);
- name and signature of the person making the record.

The record should be factual. However, if the record does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

7. WORKING WITH PARENTS

Parents/carers should be aware that our organisation will take any reasonable action to safeguard the welfare of children in our care. In cases where the Guardian Family Network has reason to be concerned that a child may be suffering significant harm, ill treatment or neglect or other forms of harm, staff will follow the procedure as detailed earlier in this policy.

Where appropriate, we will approach parents through the placement agency after consultation with the Designated Safeguarding Officer. However, there may be occasions when we may need to contact another agency before informing parents of the situation and action taken.

We recognise that parents have placed considerable faith and trust in us to care for their children. We will ensure that the placement agency is given a named person in the organisation to speak to concerning any safeguarding issue raised in connection with a child, so that the placement agency can liaise with the parents and keep them informed.

Date of policy –

Date to be reviewed –

APPENDIX 1: Key Terms

A Child

A child is defined by the Children Act 1989 as anyone who has not yet reached their 18th birthday.

Safeguarding and promoting the welfare of children

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- undertaking that role to enable those children to have optimum life chances and to enter adulthood successfully.

Child in need

Under the Children Act 1989, a child is defined as a child in need if:

- they are unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- their health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- they are disabled.

Child protection

Child protection is a part of the overall concept of safeguarding and promoting the welfare of children. This refers to professional action that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Significant harm

The Children Act 1989 introduced significant harm as the threshold that justifies compulsory intervention in family life by specific professionals, in the best interests of children.

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in the Adoption and Children Act 2002 to include, "impairment suffered from seeing or hearing the ill treatment of another".

Suspensions or allegations that a child is suffering or likely to suffer significant harm should result in an assessment by the local authority in which the child is living. This may include a Section 47 enquiry.

Physical abuse, sexual abuse, emotional abuse, and neglect are all categories of significant harm.

There are no absolute criteria which can be applied when deciding what constitutes significant harm. Sometimes it can be a single episode, but it is more likely to be an accumulation of significant events, both acute and longer term, which can interrupt, damage or alter the child's development.

APPENDIX 2: USEFUL CONTACT NUMBERS

Guardian Family Network

Designated Safeguarding Director – Siobhan Skaife (07961 490673)

Deputy DSO – Emily Cavender-Dengel (07539 021684)

NSPCC 0808 800 5000

Whistleblowing advice line: For anyone concerned about how workplace child protection issues are being handled: 0800 028 0285 – 8:00 AM to 8:00 PM, Monday to Friday

Childline 08001111

APPENDIX 3: INDICATORS OF ABUSE

Indicators of Physical Abuse

Injuries in unexpected places or injuries that look like something (i.e. a cigarette burns, finger marks etc.). Unexplained recurrent injuries

Improbable explanations or inability to explain injuries

Wearing clothes to cover injuries, even in hot weather

Fear of medical help or examination

Aggression towards others or self

Fear of physical contact – shrinking back if touched

Admitting that they are punished

Fear of suspected abuser being contacted

Indicators of Sexual Abuse

Sexual health issues such as urinary tract infections, STIs, repeated pregnancy tests or termination of pregnancies

Other reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia or eating disorder

Age inappropriate sexual knowledge/behaviour

Displaying inappropriate sexual behaviour towards others

Behaving in a sexually provocative way

Learning problems, poor concentration

Wetting/soiling

Sleeplessness, nightmares, fatigue

Psychosomatic symptoms like abdominal pain

Multiple sexual partners

Obsessive cleanliness

Compulsive vomiting

Unwillingness to undress in front of others

Lack of trust or fear of someone they know well, such as not wanting to be alone with an individual

Indicators of Neglect

Constant hunger

Poor personal hygiene

Constant tiredness

Poor state of clothing or general appearance

Emaciation

Untreated medical problems

No social relationships

Compulsive scavenging

Destructive tendencies

In younger children:

- Short stature and underweight
- Red/purple mottled skin or poor skin
- Swollen limbs with sores that are slow to heal
- Constant tiredness
- Dry sparse hair
- General physical apathy
- Unresponsiveness or indiscriminate in relationships with adults
- Poor dental health
- Medical needs not attended to
- Poor or inappropriate diet leading to diarrhoea, or abnormally voracious appetite indicating hunger
- Poor personal hygiene

- Severe nappy rash
- Emaciation
- Compulsive stealing
- Scavenging for food or clothes
- Inappropriate drinking patterns, e.g. from drains
- Not reaching developmental milestones
- Disordered behaviour
- Low self-esteem
- No social relationships
- Poor intellectual development and underachieving
- Repeated accidents or ingestion of harmful substances arising from inadequate supervision
- Failure to thrive, without an organic reason

Indicators of Emotional Abuse

Sudden speech disorders

Continual self-deprecation

Overreaction to mistakes

Extreme fear of any new situation

Inappropriate response to pain ('I deserve this')

Neurotic behaviour (rocking, hair twisting)

Extremes of passivity or aggression

Fear of parents being contacted

Self-harm

Wetting/soiling

Substance misuse

Chronic running away

Inability to play

Compulsive stealing

Low self esteem

Apathy

Excessively clingy or attention seeking behaviour

Poor growth

Distractibility and delayed language development

Carers' responses to the child or adult may also give cause for concern: -

- Scapegoating
- Ostracising from activities
- Indifference to the person's needs
- Hostility towards the victim
- Ridicule, sarcasm, deliberate frightening, threatening
- Cruelty, like being locked up in cold, dark surroundings or deprived of something
- Encouraging others to respond to the victim in any of these ways

APPENDIX 4: SPECIFIC SAFEGUARDING CONCERNS

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Radicalisation and Extremist behaviour

See the Radicalisation and Extremism policy and procedure.

Radicalisation can be defined as the action or process of causing someone to adopt radical positions on political or social issues. Signs that may indicate a child is being radicalised include:

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

Peer on Peer Abuse

Peer on peer abuse can include: all forms of bullying, being coerced into sending sexual images (sexting), physical or sexual assaults, child sexual exploitation or teenage relationship abuse.

Peer on peer abuse is a defined safeguarding issue and should be responded to in the same way as any other concern about a child.

Children Missing from Home and Education

See the Children Missing from Home and Education policy and procedure.

Children are best protected by regularly attending school where they will be safe from harm and where there are professionals to monitor their well-being. Any absence by a child from their guardian family or school could be indicative of other safeguarding issues such as bullying, peer on peer abuse, emotional abuse, child sexual exploitation and radicalisation, and should be responded to by following the LSCB procedures for the area in which the child lives.

Self-Harm

The Guardian Family Network guardian families can play an important role in preventing self-harm and supporting children currently engaging in self-harm.

Anyone who is aware of a child engaging in or suspected of being at risk of engaging in self-harm should **always** consult with the DSO.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon certain professionals to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. In addition, it is illegal for someone to arrange for a child to have this procedure. Therefore, if concerns are raised about the possibility of this taking place Children's Social Care and/or the Police will be notified. **Refer to the Home Office guidance - Mandatory Reporting of Female Genital Mutilation – procedural information, October 2015.**

Forced Marriages

A forced marriage is a marriage in which one or both spouses do not (or, in the case of children and some adults at risk, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. Guardian families may encounter situations where a child is expressing worry or unhappiness over a forthcoming family trip, celebration, or meeting and any concerns regarding this should be raised with the DSO immediately so that any necessary action to protect the child can be undertaken.

Child's emotional well-being and mental health

Children placed with the Guardian Family Network may be vulnerable through issues such as:

Missing their birth family

Missing their home country and friends

Struggling to adapt to a new country, its language, and customs

Feeling isolated at their school

Pressure to perform well academically

Nearly all safeguarding issues that involve targeting, befriending, or grooming (such as child sexual abuse and exploitation) concern children who are unhappy, vulnerable or feel isolated. Other safeguarding issues such as going missing or self-harm, can be as a direct result of these issues. In such cases, the Guardian Family Network has the opportunity to identify early warning signs, and through work with partnership agencies, formulate an early intervention plan that stops the problem from escalating and causing long term harm to the child. Any member of staff or any guardian family who has concerns about a child's well-being should discuss this with the DSO as soon as possible.

APPENDIX 5: SAMPLE CAUSE FOR CONCERN FORM

Confidential Safeguarding Record Form

Person reporting incident or cause for concern:

Role:

Date reported:

Date of incident (if applicable):

Student name:

Incident/reason for concern
Evidence to support concern- previous existing Injury/accident, sickness/absence forms
Name of witnesses and any other information

Witness statement and date taken:
Other agencies involved with the child (if applicable)
Action taken
Date Inter-agency referral took place and any other information

Signature

Date:

This record is strictly confidential and should only be shared with individuals on a need to know basis.

Practitioners have a duty to safeguard all children. All concerns must follow the Guardian Family Network Ltd Safeguarding and Child Protection Policy.

This form will need to be used as evidence when a Safeguarding referral takes place.

Please ensure all information is stored in accordance with Data protection procedures.