

Safeguarding Children and Child Protection Policy

Named Safeguarding Lead: Lorraine Rowlands

Culture of Safety, Equality and Protection

1. SAFE Foundation (SAFE) works with children, parents and the community to ensure we support children's rights and create and maintain the safest possible environment for children.
2. We do this by:
 - Recognising that all children have the right to freedom from abuse and harm
 - Promoting joint working with parents and carers in the interest of children's welfare
 - Following safe recruitment procedures which ensure that staff are carefully selected, vetted and have the relevant qualifications and experience
 - Ensuring that all staff are aware of and accept responsibility for helping to prevent the abuse of child
 - Designating a safeguarding lead who takes specific responsibility for children's protection, safety and well-being
 - Supporting all staff in bringing concerns to the Designated Safeguarding Lead
 - Responding quickly and appropriately to all suspicions or allegations of abuse
 - Providing parents, carers, and children with the opportunity to voice any concerns they may have. This includes having knowledge of, and ensuring children have access to their preferred methods of communication and that staff are trained in a variety of communication tools.
 - Adopting positive behaviour management strategies which are non-violent and do not impose humiliation
 - Working in partnership with external organisations and professionals to ensure that children are protected
3. SAFE will not tolerate the abuse of children or young people in any of its forms and is committed to safeguarding children and young people from harm.
4. This policy outlines the steps SAFE will make to safeguard children and young people if they are deemed to be at risk. This policy sets out the roles and responsibilities of SAFE in working together with other professionals and agencies in promoting the child's welfare and safeguarding them from abuse and neglect.

Reporting Structure

5. The named Designated Safeguarding Lead (DSL) for SAFE is Lorraine Rowlands: lorraine@wearesafe.org.uk or 07923 230220.
6. All staff and volunteers should contact the DSL for any concerns/queries they have in regards to safeguarding children or young people.
7. Where they are unavailable, concerns should be reported to the Deputy Designated Safeguarding Lead, who will act in accordance with this policy. The Deputy DSL for SAFE is Lucy Skye, Programme Development Lead.
8. The Trustee responsible for Safeguarding is: Michael Peckham.
9. A log of the concern must be kept.

Designated Safeguarding Lead (DSL)

10. It is the role of the Designated Safeguarding Lead (DSL) to act as a source of support and guidance on all matters of child protection and safeguarding within the setting. It is not the role of the Designated Safeguarding Lead to decide whether a child has been abused or not. This is the task of the Devon Multi-Agency Safeguarding Hub (MASH) who have the legal responsibility. But it is the responsibility of the Designated Safeguarding Lead to ensure that concerns are shared and appropriate action taken.
11. The DSL will be responsible to make decisions about notifying the MASH if required and consider alternative actions, where necessary. The DSL will also ensure:
 - a. SAFE safeguarding children and young people policies and procedures are in place and up to date
 - b. A safe environment is promoted for staff and volunteers and adults and children accessing the service
 - c. They are up to date with safeguarding children and young people training.
12. The designated member of staff is responsible for:
 - a. Liaising with the Devon MASH
 - b. Ensuring that all staff receive appropriate child protection training so that they are up to-date with current legislation, policy and practice and are able to respond sensitively and appropriately to any child protection concerns
 - c. Ensuring that all staff new to the setting receive induction training to enable them to understand and adhere to the setting's policies, including reporting and whistle-blowing procedures
 - d. Ensuring that child protection referrals are made using the format agreed by the Devon MASH or the format required by other counties if the child is not a Devon resident
 - e. Ensuring SAFE child protection and safeguarding policies and procedures are maintained, up-to-date and are disseminated and adhered to by all staff
 - f. Agreeing a mechanism with the leadership team to ensure the procedures are adhered to (e.g. file audits, training audits, annual safeguarding reports etc.).

Procedures to follow if you suspect that a child is at risk of harm

13. SAFE has a statutory duty to notify agencies if we have a concern about children's safety and welfare (*Working Together to Safeguard Children*, 2018).
14. SAFE will:
 - a. Where there is a concern about a child's welfare or wellbeing or a concern that a child is in need of protection, this should be securely recorded and passed on to the Designated Safeguarding Lead for action (or if unavailable then seek advice from the Devon MASH)
 - b. Keep secure running records
 - c. Make all staff and volunteers aware that they must report concerns immediately
 - d. Confidentially and securely store all records of concerns, emails, notes of phone conversations and actions
 - e. Ensure staff know that when they have concerns about a child's welfare they need to focus on the needs of the child – their physical and emotional welfare, be sensitive, and talk it over with a designated member of staff
 - f. Display the flowchart for safeguarding referrals in the office and attach to this policy
 - g. Make this policy accessible to all parent carers on site

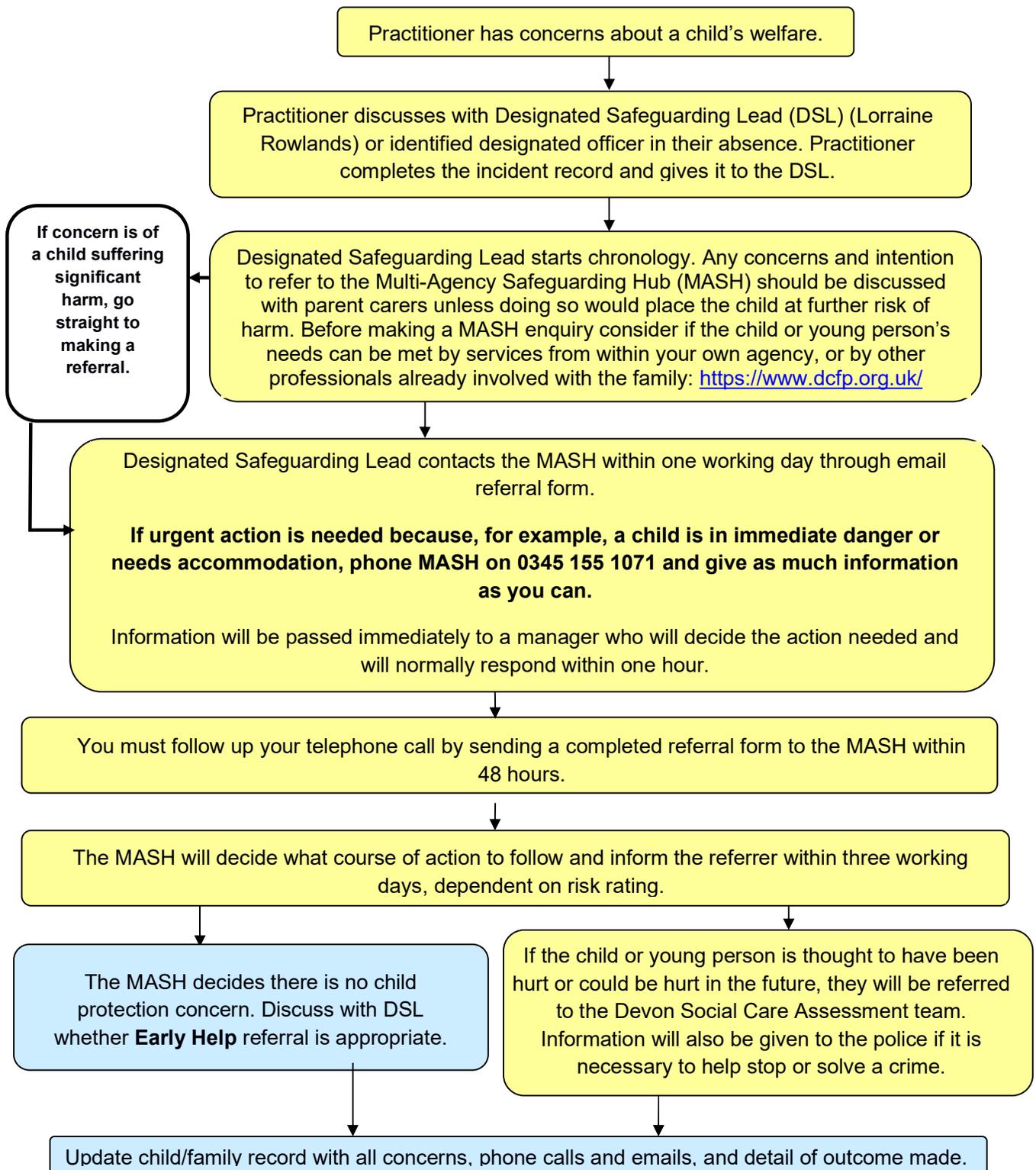
- h. Discuss concerns with parent carers unless this would put the child at further risk of serious harm
- i. Share records of concerns with parent carers unless advised otherwise by the Devon MASH

Managing a Disclosure

15. Staff should:
- a. Stay calm and listen to the child
 - b. Ask questions for clarification only. Avoid asking questions that suggest a particular answer
 - c. Consider how to explain to the child about our policies and procedures so that they know what is going to happen
 - d. Tell them who you are going to tell so that they can be made safe – children may fear that what they have said will be passed on to everyone and they need to know that this will not be the case
 - e. Control expressions of panic or shock
 - f. Use the child's language or vocabulary
 - g. Offer comfort bearing in mind the age and needs of the child
 - h. If the child has disclosed sexual abuse, ask them when it happened but nothing more. Whether a child is asked this question will depend upon the child's age and understanding
 - i. Tell them that they were right to tell you and it was not their fault and they are not bad
 - j. Do not be tempted to give false reassurances to the child but tell them that you will do your best to protect or help them
 - k. As soon as possible take care to record in writing what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given and other people present. Sign and date the record
 - l. Record any subsequent events and actions
 - m. It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the Designated Safeguarding Lead.
16. ***Children can only be interviewed once and this interview must be conducted by a trained police officer and social worker under Home Office 'Achieving Best Evidence' guidance. If a child has already been interviewed, it means that the police may not be able to pursue the matter.***
17. A child may recall former abuse once in a safe situation. Although they may be under no current threat to their safety, any disclosure must be raised with the Designated Safeguarding Lead and followed through appropriately.
18. You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child or young person, these concerns should be raised with the Designated Safeguarding Lead and followed through appropriately.

Recording and Reporting

19. Recording is a tool of professional accountability and is central to safeguarding and protecting children. It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, it is vital that concerns are recorded accurately so that they can be monitored and emerging patterns noticed.



20. Where there is or has been children and young people's service involvement, keep them informed of any new concerns. Share and gather information with other agencies as and when appropriate on a need to know basis.
21. Enquiries need to be made in writing using the MASH enquiry form. Keep the information on the referral form concise, factual, accurate and in bullet points, noting your observations and the content of the disclosure (if one was made). Keep your concerns and any information relevant to the specific child protection issue.
 - a. Mark the enquiry as urgent if you need an immediate response and ask for feedback on the RAG (red, amber, green) rating
 - b. Email the enquiry form using secure email to: mashsecure@devon.gcsx.gov.uk
 - c. Record all information securely.
 - d. Based on the RAG rating a decision will be made by the practice manager with 4 hours (red), by end of next working day (amber) or within 3 working days (green).
 - e. If there is no response from the MASH within the appropriate time frame based on the RAG rating, contact them to check status of the enquiry. You should hear back with a decision within three working days at least. If the practice manager decides that an initial assessment needs to be done, the allocated social worker should get in touch with the referrer.

Training

22. All members of staff will regularly access appropriate safeguarding training (depending on their responsibility) as set out by Devon Safeguarding Children Board (DSCB) and ensure their knowledge is up to date on safeguarding issues. SAFE will ensure that the training made available will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.

Safer recruitment

23. Safe recruitment and selection practice is vital to safeguarding and protecting children. Please refer to the SAFE Recruitment Policy for more detailed information.
 - a. All staff and volunteers are carefully selected. SAFE's recruitment procedures are in line with the Devon Safeguarding Children Board (DSCB) safer recruiting guidelines
 - b. DBS checks are carried out in accordance with legislation for all staff, student on placements, volunteers and agency supply workers before they are allowed to work with us
 - c. DBS disclosures are recorded in staff files
 - d. All new members of staff, volunteers, students on placement and agency staff complete the induction process and sign to agree they have understood our policies, procedures and basic safeguarding practices.

Responding to allegations made against a member of staff/volunteer

24. Despite all efforts to recruit safely there will be occasions when allegations are made of abuse by staff or volunteers against children. All staff must be vigilant in relation to inappropriate behaviour displayed by members of staff, or any other person working with the children. Examples include:
 - Inappropriate sexual comments
 - Excessive one-to-one attention beyond the requirements of usual roles and responsibilities

- Inappropriate sharing of images.
25. Staff should behave in accordance with the SAFE Code of Conduct.
 26. All concerns about staff should be reported immediately to the Designated Safeguarding Lead (DSL). It is the responsibility of the DSL to report allegations to, and otherwise liaise with, the local authority designated officer (LADO). The LADO has the responsibility to manage and have oversight of allegations against people who work with children in line with South West Child Protection Procedures: https://www.proceduresonline.com/swcpp/devon/p_alleg_against_staff.html
 27. All staff have a duty to protect children from abuse and keep children safe. Wanting to support a colleague or finding it difficult to believe what you have seen or heard must come second to that.
 - a. If any worker is concerned that no action is being taken, it is their responsibility to report the matter directly to the LADO
 - b. It is the responsibility of all staff to share concerns about the actions or attitudes of colleagues with the DSL, who will deal with the concerns appropriately
 - c. This often difficult issue should be discussed at staff meetings so that all staff understand what is meant by the term 'whistle-blowing' and their responsibilities with regards to it, and are able to raise concerns with the DSL
 - d. Staff must give management details of any incident, order, determination, conviction or any other possible issue which may impact on their suitability to work with children.
 - e. If any such event should lead to disqualification appropriate action will be taken to ensure the safety and well-being of children in the setting.
 - f. Details will be forwarded to OFSTED who, in certain circumstances, may consider a waiver of the disqualification in line with relevant legislation.

Children harming other children

28. It is part of our duty of care that we make sure children are protected from harm from other children. At SAFE, where we work with children under five and with children who have severe and complex needs, biting, pushing, scratching and hitting may occur at times.
29. If you think that a child is targeting another child it is important to raise this with your manager immediately.
30. In recording and reporting incidents it is important that the identity of the child that did the hurting is not disclosed. This is part of our duty of confidentiality to all children and families. If a parent carer asks who has hurt their child, show understanding of their upset, anger or pain but explain that we are not able to share this information.

E-safety and use of digital devices

31. Our aim is to:
 - a. Protect children and young people who receive SAFE services and who make use of information technology (such as mobile phones, games consoles and the internet) as part of their involvement with us
 - b. Provide staff and volunteers with the principles that guide our approach to e-safety
 - c. Protect professionals
 - d. Ensure that, as an organisation, we operate in line with our values and within the law in terms of how we use information technology.

32. We recognise that:
 - a. The welfare of the children/young people who come into contact with our services is paramount and governs our approach to the use and management of information communications technologies.
33. Mobile phones and digital devices can present a number of problems when not used appropriately:
 - a. Phones and personal devices can allow internet access and bypass the centre security settings and filtering
 - b. Mobile phones with integrated cameras could lead to child protection, bullying and data protection issues with regard to inappropriate capture, use or distribution of images of children or staff.

Internet

34. The internet is not to be made available to children on SAFE premises.
35. Parents are requested not to allow their children access to the internet on their personal devices while at SAFE.

Cameras

36. It is not the intention to prevent parent carers from taking pictures, but to ensure that photographic practices are monitored and to reduce the risks of inappropriate photography/filming.
37. No one is permitted to photograph or record images in the following areas:
 - Toilet areas
 - Children/young people can only be photographed if permission of parent carers is given
 - Those taking photos, including staff and volunteers must identify themselves
 - Staff should not use personal devices such as mobile phones or cameras to take photos or videos of the children and will only use designated equipment for this purpose
 - Photographers will be required to have formal identification which must be worn at all times
 - Children's/young people's images will not be used for promotional or press releases unless parent carers have consented
 - Unsupervised access to children and young people or one-to-one photo sessions are prohibited
 - Photo sessions outside SAFE premises or SAFE activities, or at a child or young person's home are not allowed
 - Personal details that might make a child or young person vulnerable, for example, address, email address, phone number, should never be revealed.

Mobile phones

38. Parent carers and visitors are requested not to use their mobile phones while on the premises. Staff will remind parent carers of the policy by asking them to leave the family room and take calls outside when necessary.
39. Parent carers are requested to avoid giving their children access to their mobile phones for other activities, particularly any that involve access to the internet.
40. Staff mobile phones should be kept in bags and used only when staff are on break time in the office or outside the setting.
41. Staff are not permitted to use their personal mobile phones for contacting SAFE families outside the setting in a professional capacity.

42. The SAFE landline should be used for staff expecting a personal call or as an emergency contact and the SAFE mobile may be used when working off site.

Understanding and identifying abuse and neglect

43. The four main categories of abuse are **physical, emotional abuse, sexual abuse and neglect.**

a. 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 fabricates the symptoms of, or deliberately induces illness in a child.

Some possible signs of physical abuse:

- Unexplained injuries, for example, bruising, bite marks, burns and fractures, particular if recurrent.
- Improbable explanations given for injuries.
- Several explanations provided for an injury.
- Refusal to discuss injuries.
- Untreated injuries.
- Withdrawal from physical contact.
- Admission of punishment which seems excessive or inappropriate
- Shrinking from physical contact or flinching
- Fear of going home or of a parent/carer being contacted
- Fear of undressing or changing or being changed
- Fear of medical help
- Aggression/bullying
- Over-compliant behaviour or a 'watchful attitude'
- Running away
- Significant changes in behaviour with no explanation
- Unexplained patterns of attendance
- Covering up i.e. wearing seasonally inappropriate clothing
- Signs of physical discomfort without explanation
- Female genital mutilation- partial or total removal of the external female genitalia or injury to the female genital organs.

b. Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to 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 that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another e.g. where there is domestic 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 occur alone.

Some possible signs of emotional abuse:

- Continual self-deprecation, low self esteem
- Fear of new situations, beyond what would be appropriate
- Inappropriate emotional responses to new, difficult or painful situations
- Self-harm (this can present in young children as well as older ones)
- Compulsive stealing, scrounging
- Obsessive behaviours such as rocking or thumb-sucking
- Detachment – ‘Don’t care’ attitude
- Social isolation – does not join in and does not have friends
- Attention-seeking behaviour beyond what would be age appropriate
- Eating problems including lack of appetite or over-eating
- Depression, withdrawal
- Inability to concentrate
- Obsessive masturbation in public
- Acting out aggression between parents or talking about domestic violence at home
- Attaching inappropriately to strangers or people that they do not know well.

c. Sexual Abuse and Exploitation

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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under Section 5 Sexual Offences Act 2003.

Some possible signs of sexual abuse:

- Continual or excessive masturbation
- Asking if you will keep a secret if they tell you
- Unexplained sources of money, sweets or presents
- Reluctance to get changed for an activity
- Chronic ailments such as stomach ache or headaches
- Involving other children in sexual activity
- Self-harm
- Bruises, bites or marks on the body
- Scratches, abrasions or persistent infections in anal or genital regions
- Age-inappropriate sexual awareness, may be evident in play, drawings, vocabulary, writing or behaviour towards children or adults
- Attempts to teach other children about sexual activity
- Attempting to coerce other children into sexualised games or behaviours
- Refusal to stay with certain people or to go to certain places
- Aggression, anger, anxiety, tearfulness.

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some possible signs of sexual exploitation:

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

d. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected. Once a child is born, neglect may involve a parent 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)
- Ensure access to appropriate medical care or treatment.

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

Some possible signs of neglect:

- Constant or frequent hunger
- Small stature or growth or, in babies or young children, not meeting milestones with no medical explanation
- Poor personal hygiene – in babies or young children this might present as always having nappy rash or regularly being left in dirty, soiled clothes/underwear
- Frequently being sent to school or nursery when ill
- Inappropriate clothing (too large, too small, clothes for the opposite gender)
- Frequent lateness or non attendance
- Medical needs not met or treatment not sought
- Low self esteem, sense of unworthiness
- Poor social and peer relationships
- Constant tiredness or hunger
- Compulsive stealing or scrounging
- Constant lack of response or interest from parent/carer
- Under-achieving at school or nursery

- High and unusual levels of anxiety or being preoccupied.

44. Bullying

Bullying can also be a type of abuse. Bullying is the abuse and/or intimidation by a person, people or an organisation against another or others. It may be a specific act or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children. Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, e-bullying, through texting, filming on mobiles and posting on social networks. Whatever its form it is unacceptable. It must be challenged and appropriately addressed.

Some possible signs of bullying:

- Reluctance to attend activities previously enjoyed
- Tearfulness, depression, erratic emotions, loss of concentration
- Stomach aches, headaches, difficulty in sleeping, bed-wetting, bruising, cuts scratches, damaged clothing, bingeing on food, alcohol or cigarettes
- Shortage of money, frequent loss of possessions
- Asks for money or starts stealing (to pay bully/ies)
- Drop in performance.

45. Domestic Violence

The Home Office definition of Domestic violence and abuse was updated in May 2018 as

‘Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality’.

The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional.

46. **Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

47. **Coercive behaviour** is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition includes so called *honour* based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

All agencies need to work together to identify and protect these children/young people.

It has been widely understood for some time that coercive control is a core part of domestic violence and it is important to recognise coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control.

The main characteristic of domestic violence is that the behaviour is intentional and is

calculated to exercise power and control within a relationship. Seeing or overhearing violence to another person in the home has adverse effects on a child's development and welfare. Unborn children are also at increased risk, domestic violence is a prime cause of miscarriage, still birth, premature birth, foetal psychological damage, foetal physical injury and foetal death.

Children of all ages living with a parent, most often the mother, who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect.

Significant harm

48. The legal definition of significant harm includes “the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home”.
49. Professionals should apply the Devon Safeguarding Children Board guidance to all situations of domestic violence, for example, where it is perpetrated by women or girls against men and boys, within same sex relationships and from a child. Professionals should be aware of the possibility that adolescents could be experiencing violence within intimate partner relationship.
50. If it is known that a child or young person has been abused by the partner of the parent carer or has been seriously affected by living with violence, the worker will discuss the situation with the parent carer and explain that in these circumstances the Devon Multi-Agency Safeguarding Hub (MASH) will have to be informed if she/he returns to the abuser.
51. As the safety of the child or young person is involved, the Devon MASH will be notified even if there has been insufficient time or opportunity to explain our policies on confidentiality and safeguarding to the parent/carer or to discuss the implications of her/him returning to the abuser.
52. Domestic violence and abuse often starts or increases in frequency or intensity during pregnancy and this can often lead to potential risks of harm for the unborn child. Any suspicions of such abuse must be referred to the MASH in the usual way. The increased risks of domestic violence and abuse during pregnancy must be taken into account at all times in any dealings with pregnant women.
53. The mother's use of drugs and/or alcohol can also be a form of abuse to the unborn child and SAFE workers, in consultation with the Designated Safeguarding Lead will need to assess when this may require a referral to the MASH.

Female Genital Mutilation (FGM)

54. The World Health Organisation defines FGM as: “all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons.
55. FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse.
56. Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

Spirit Possession or Witchcraft

57. Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the evil force to harm others.

58. A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. Dismissing the belief may be harmful to the child involved.

Forced Marriage

59. Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.
60. Suspicions that a child may be forced into marriage include:
- A family history of older siblings leaving education early and marrying early
 - Depressive behaviour including self-harming and attempted suicide
 - Being kept at home
 - Being unable to complete their education
 - A child always being accompanied including to school and doctors' appointments
 - A child talking about an upcoming family holiday that they are worried about
 - A child directly disclosing that they are worried they will be forced to marry.
61. Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim, so an appropriate initial response is vital. Professionals should not minimize the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact the Designated Safeguarding Lead.

Honour Based Abuse

62. The Devon and Cornwall Police definition of so-called honour-based abuse is "the action taken when a family or a community believes that the victim has breached the family's honour or the honour code, or it is believed that the victim may have brought shame or dishonour to the family or community".
63. Honour based violence cuts across all cultures and communities. The behaviours which could precipitate abuse include:
- Inappropriate make-up or dress
 - The existence of a boy/girlfriend
 - Kissing or intimacy in a public place
 - Rejecting a forced marriage
 - Pregnancy outside of marriage
 - Being a victim of rape
 - Interfaith/culture relationships
 - Leaving a spouse or seeking divorce.
64. A child who is at risk of honour-based abuse is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.
65. Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. These include:
- House arrest and excessive restrictions
 - Denial of access to the telephone, internet, passport and friends
 - Threats to kill
 - Pressure to go abroad.

66. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.
67. When receiving a disclosure from a child, professionals should recognise the seriousness/immediacy of the risk of harm. Professionals should not minimise the potential risk of harm or attempt to be a mediator.

Vulnerability of Disabled Children

68. Research indicates that children with special educational needs or disabilities are more vulnerable to abuse. This may be for the following reasons:
 - Attitudes and assumptions can lead to the denial or failure to report abuse
 - Reluctance to challenge carers – misplaced empathy
 - Seeing abuse as attributable to the stress and difficulties of caring for a disabled child
 - Beliefs that abuse does not impact on disabled children in the same way
 - Double standards – unsatisfactory situations accepted for disabled children
 - Dependency – exposure to a wide range of carers for personal and intimate care
 - Isolation – easier for abuse and neglect to remain hidden
 - Lack of participation and choice in decision making – disempowered and less likely to complain
 - Especially vulnerable to bullying and intimidation
 - Behaviours misconstrued as part of child's disability
 - Communication barriers – may make it difficult to tell others what is happening
 - Judgements made about a child's ability to communicate not based on accurate information and specialist advice
 - Child's preferred method of communication not recognised/equipment and/or facilitation not available
 - Communication aids don't contain the necessary words to help a child describe an experience of abuse.
69. In addition to the above some possible signs of abuse for disabled children are:
 - Bruising on sites that may not be concerning on a non-disabled child
 - Not getting enough help with feeding
 - Over or under medicating
 - Poor hygiene and personal care arrangements
 - Rough handling / excessive restraint
 - Lack of stimulation
 - Unwillingness to learn a child's means of communication
 - Ill-fitting equipment/invasive procedures which are unnecessary or carried out against the child's will