

Safeguarding & Child Protection Policy 2018



Unlocking Potential

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Local Authority Contacts

Local Authority Designated Officer: The Local Authority Designated Officer (LADO) is the contact person when there is a concern or allegation that a staff member or volunteer has: behaved in a way that has harmed a child/vulnerable adult, or may have harmed a child/vulnerable adult, or possibly committed a criminal offence against or related to a child/vulnerable adult or behaved towards a child/vulnerable adult in a way that indicates they are unsuitable to work with children/vulnerable adults.

All referrals to LADO in Brent should go through Family Front Door:

family.frontdoor@brent.gcsx.gov.uk

Tel: 020 8937 4300 - Option 1

Download the referral to LADO form here:

http://www.brentlscb.org.uk/article.php?id=468&menu=4&sub_menu=32

Advice and guidance can also be provided by Family Front Door as above.

All referrals in relation to vulnerable adults should go through the safeguarding adults team: safeguardingadults@brent.gov.uk Download the referral form here:

<https://www.brent.gov.uk/services-for-residents/adult-social-care/preventing-and-reporting-abuse/>

INTRODUCTION

The Trustees and staff of UP – Unlocking Potential fully recognise the responsibilities and duty placed upon them to have arrangements to safeguard and promote the welfare of all children & young adults, considering at all times what is in the best interests of the young person. We recognise that all staff, including volunteers, have a full and active part to play in protecting children & young adults from harm.

We believe that our Charity should provide a caring, positive, safe and stimulating environment in which young people can grow and the environment promotes the social, emotional and mental wellbeing of each individual beneficiary. The welfare of the beneficiary is paramount. All children and young people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse. This policy applies to all children and young people.

Working in partnership with children, young people, their parents and carers and other agencies is essential in promoting young people's welfare.

The Charity recognises its responsibilities and duties to report Child Protection concerns to the Social Services Department and to assist Social Services in Child Protection enquiries and in supporting Children in Need.

The policy is written with due regard to the national guidance

- Keeping Children Safe in Education (September 2018)
- Working Together to Safeguard Children (July 2018)
- London Child Protection Procedures (March 2018)
- GDPR & Data Protection Act (May 2018)

Our procedures for safeguarding children and young adults will always be compliant with the London Child Protection Procedures, 2016, produced by the London Safeguarding Children Board.

The Charity will raise Child Protection concerns with parents / carers at the earliest appropriate opportunity.

The Charity will ensure that all staff are given the opportunity to attend appropriate training in Child Protection and Safeguarding issues, as recommended in the guidance.

AIMS

- To raise awareness of all staff of the need to safeguard all children and young people, and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide all staff with the necessary professional development opportunities to enable them to identify children and young adults who may benefit from early help, to work with young people and their families to bring about positive change, and how to take appropriate action to safeguard children if necessary.
- To ensure that all parents, carers and young people are made aware of the risks they may face both inside and outside of the Charity, and what they can do to keep themselves and others safe.
- To emphasise the need for good communication between all members of staff in matters relating to safeguarding & child protection.
- To develop a structured procedure within the Charity which will be followed by all members of our community in cases of suspected abuse.
- To provide a systematic means of monitoring young people known or thought to be at risk of significant harm.
- To work openly and in partnership with families in relation to safeguarding and child protection concerns.
- To develop and promote effective working relationships with other agencies involved with safeguarding and promoting the welfare of young people.
- To ensure that all adults working within the Charity have been checked as to their suitability to work with children and young people.
- To integrate opportunities into our services for young people to develop the skills they need to recognise and stay safe from abuse, allowing for continuity and progression through the age groups.
- To take account of and inform policy in related areas, such as anti-bullying; conduct; health and safety; restraint procedures; procedures for dealing with allegations against staff and recruitment practice.

ROLES AND RESPONSIBILITIES

All members of staff within our Charity have a role to play in safeguarding and promoting the welfare of children. Specific members of staff also have additional roles and responsibilities too. This section outlines our Charity's expectations of our staff.

All members of staff...

- have a responsibility to provide a safe environment in which young people can thrive;
- will be prepared to identify young people who may benefit from early help;

- who become concerned about a young person's welfare should follow the processes set out in appendix 2. Staff may be required to support social workers and other agencies following any referral;
- will be aware of systems within the Charity which support safeguarding and these should be explained to them as part of staff induction. This should include:
 - this Safeguarding and Child Protection policy;
 - Keeping Children Safe in Education (September 2018);
 - the Safeguarding Code of Conduct in Appendix 1;
 - the role of the Designated Safeguarding Lead.
- will be given copies of the above as part of their induction process, as well as ensuring these policies can be accessed easily via the online People HR system;
- will receive appropriate safeguarding and child protection training which is regularly updated as required, but at least annually, to provide them with relevant skills and knowledge to safeguard young people effectively;
- will be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the Designated Safeguarding Lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment;
- will know what to do if a young person tells them he/she is being abused or neglected; Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the Designated Safeguarding Lead and children's social care. Staff should never promise a young person that they will not tell anyone about an allegation - as this may ultimately not be in the best interests of the young person;
- will be aware of the signs of abuse and neglect so that they are able to identify cases of children or young adults who may be in need of help or protection.
- will take allegations of peer on peer abuse seriously and ensure that all concerns are recorded and escalated as per this policy;
- are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the **best interests of the young person**;
- will always speak to the Designated Safeguarding Lead if they are unsure about identifying abuse and neglect;
- will maintain records about any concerns they have about a child or young adult.

Designated Safeguarding Lead

- is an appropriate senior member of staff from the Leadership team;
- takes Lead responsibility for Early Help, Safeguarding and Child Protection within the Charity;
- liaises with the local authority and works with other agencies in line with *Working Together to Safeguard Children*;
- (and or the deputy) should always be available (during working hours) for staff in the Charity to discuss any safeguarding concerns;
- undergoes training to provide them with the knowledge and skills required to carry out the role. The training is updated at least every year, and every time guidance and legislation are updated;
- will be given the opportunity to attend updates, and time to read new and updated research and briefings on safeguarding developments;
- has an understanding of Safeguarding Children Board procedures, as well as any bodies which replace those boards in the future;

- know about the signs and symptoms of abuse and know how abusers behave;
- keeps secure written records (in line with our data protection policy) of all concerns when noted and reported by staff or when disclosed by a child or young adult, ensuring that such records are stored securely and reported onward in accordance with this policy guidance, but kept separately from the individual's general file;
- consult initially with a statutory child protection agency; such as the local children's social care teams or the NSPCC's child protection helpline (0808 800 5000), to talk about any doubts or uncertainty;
- make a formal referral to a statutory child protection agency or police as necessary;
- notifies children's social care if a child with a child protection plan is absent for more than two days without explanation;
- ensures that when a child with a child protection plan leaves a service, the child's social worker is informed;
- attends and/or contributes to child protection conferences in accordance with local procedure and guidance;
- ensures that all staff sign to indicate that they have read and understood this policy;
- ensures that the safeguarding & child protection policy is updated annually;
- keeps a record of staff attendance at early help and child protection training;
- retains a record to show that staff have read Keeping Children Safe in Education (September 2018) Annex A, Part 1 and Part 5;
- makes this policy available to parents and family members.

The deputy Designated Safeguarding Lead(s) is appropriately trained and, in the absence of the Designated person, carries out those functions necessary to ensure the ongoing safety and protection of young people. In the event of the long-term absence of the Designated person, the deputy will assume all of the functions above.

The CEO

- ensures that the safeguarding and child protection policy and procedures are implemented and followed by all staff;
- allocates sufficient time and resources to enable the DSL and deputy to carry out their roles effectively, including the assessment of young people and attendance at strategy discussions and other necessary meetings;
- ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with whistle blowing procedures;
- ensures that safeguarding is addressed with all young people through delivery of the Charity's services.

The Board of Trustees (through the Designated Trustee for Safeguarding) ensures that the Charity has...

- Designated Safeguarding Leads who are members of the Leadership team and who have undertaken approved training for Designated Safeguarding Leads;
- safeguarding and child protection policy and procedures that are consistent with statutory requirements, reviewed annually and made available to parents and families on request;
- procedures for dealing with allegations of abuse made against members of staff including allegations made against the CEO;

- safer recruitment procedures that include the requirement for appropriate checks in line with national guidance;
- a training strategy that ensures all staff, including the CEO, receive early help and child protection training, with refresher training at regular intervals. The DSLs should receive refresher training at yearly intervals;
- arrangements to ensure that all temporary staff and volunteers are made aware of the Charity's arrangements for early help and child protection;
- a member of the board of trustees (normally the chair) to be responsible for liaising with the local authority and other agencies in the event of an allegation being made against the CEO.

TYPES OF ABUSE AND NEGLECT

All members of staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the DSL to decide how to proceed. It is very important that members of staff report concerns – they do not need 'absolute proof' that the child is at risk.

Abuse

A form of maltreatment of a young person. Somebody may abuse or neglect a young person by inflicting harm or by failing to act to prevent harm. Young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Physical Abuse

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

Bumps and bruises don't necessarily mean a child is being physically abused – all young people have accidents, trips and falls. There's isn't one sign or symptom to look out for that will say a young person is definitely being physically abused. But if a young person often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

Bruises

- commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body
- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object

Fractures or Broken Bones

- fractures to the ribs or the leg bones in babies

Burns or Scalds

- can be from hot liquids, hot objects, flames, chemicals or electricity
- usually oval or circular in shape
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds

Other Injuries & Health Problems

- scarring
- bite marks
- visible wounds, indentations or bruising from individual teeth.
- multiple fractures or breaks at different stages of healing
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning

Emotional Abuse

The persistent emotional maltreatment of a young person such as to cause severe and adverse effects on their emotional development. It may involve conveying to a young person 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 young person 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 young people. These may include interactions that are beyond a young person's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the young person participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing young people frequently to feel frightened or in danger, or the exploitation or corruption of young people. Some level of emotional abuse is involved in all types of maltreatment of a young person, although it may occur alone.

There often aren't any obvious physical symptoms of emotional abuse or neglect but you may spot signs in a young person's actions or emotions.

Changes in emotions are a normal part of growing up, so it can be really difficult to tell if a young person is being emotionally abused.

Young children who are being emotionally abused or neglected may:

- be overly-affectionate towards strangers or people they haven't known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc.
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect them to know for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends.

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 (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.

Children who are sexually abused may:

Stay away from certain people

- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them.

Show sexual behaviour that's inappropriate for their age

- a child might become
- sexually active at a young age
- they might be promiscuous
- they could use sexual language or know information that you wouldn't expect them to.

Have physical symptoms

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy.

Neglect

The persistent failure to meet a young person's basic physical and/or psychological needs, likely to result in the serious impairment of the young person's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a young person's basic emotional needs.

Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a young person. Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there's a serious problem.

Children and young people who are neglected may have:

Poor Appearance and Hygiene Issues

- be smelly or dirty
- have unwashed clothes
- have inadequate clothing, e.g. not having a winter coat
- seem hungry or turn up to without any money to buy food.

Health and Development Problems

- untreated injuries, medical and dental issues
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations
- poor muscle tone or prominent joints.

Housing and Family Issues

- living in an unsuitable home environment for example dog mess being left or not having any heating
- left alone for a long time
- taking on the role of carer for other family members
- skin sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- anaemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills.

Bullying (Including Online Bullying)

While bullying between children or young people is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying is thought to result in up to 12 child suicides each year. All incidences of bullying should be reported and will be managed through our anti-bullying procedures. All children and young people receive the anti-bullying procedures and the subject of bullying is addressed at regular intervals. If the bullying is particularly serious, or the anti-bullying procedures are deemed to be ineffective, the CEO and the DSL will consider implementing child protection procedures.

A child may be experiencing abuse online if they:

- spend lots, much more or much less time online, texting, gaming or using social media
- are withdrawn, upset or angry after using the internet or texting
- are secretive about who they're talking to and what they're doing online or on their mobile phone

- have lots of new phone numbers, texts or e-mail addresses on their mobile phone, laptop or tablet.

SPECIFIC SAFEGUARDING ISSUES

Children and young people are also impacted by specific safeguarding issues, incorporating events which encompass all of the above types of abuse. These issues are further compounded by children exhibiting behaviours such as drug taking, alcohol abuse, absence and sexting. Peer on Peer abuse is also an indicator that children may be exposed to bullying (including online bullying), gender-based violence/sexual abuse and sexting. Members of staff will challenge peer on peer abuse in conjunction with the DSL, Local Authority, Police and Parent/Carers.

Children Missing from Education

A Child Missing from Education (CME) is defined by the Department for Education as "a child of compulsory school age who is not on a school roll, nor being educated otherwise (e.g. privately or in alternative provision) and who has been out of any educational provision for a substantial period of time (usually four weeks or more)." A child going missing from education is a potential indicator of abuse or neglect. Members of staff will follow the Charity's attendance policy, early help and safeguarding policy and the local authority's Children Missing from Education policy, particularly when children are absent without reason on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future. It is also essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, Female Genital Mutilation and forced marriage.

Child Sexual Exploitation

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 does not 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 of the following signs may be indicators 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 do not take part in education

Referrals in relation to concerns of CSE must be made via the Family Front Door as per any normal safeguarding referral.

“Honour Based” Violence (HBV) and Female Genital Mutilation (FGM)

So-called ‘honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the Designated Safeguarding Lead. There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling cases of forced marriage.

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 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining children, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. See appendix 4 for further information.

The duty does not apply in relation to at risk or suspected cases (i.e. where the member of staff does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, members of staff should follow local safeguarding procedures.

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Referrals in relation to concerns of HBV and FGM must be made via the online Family Front Door as per any normal safeguarding referral.

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and

culture as a way to coerce a person into marriage. Our Charity can play an important role in safeguarding children from forced marriage.

Preventing Radicalisation

(See Appendix 5) Protecting young people from the risk of radicalisation should be seen as part of the Charity's wider safeguarding duties, and is similar in nature to protecting young people from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Some examples of signs that a child may be at risk of radicalisation are:

- Being overly secretive about their online viewing – for example this is one of the core ways in which ISIS is known to communicate and recruit.
- Displaying feelings of isolation or expressions of an 'us and them' mentality – a sign of the sense of social isolation.
- Becoming more argumentative or domineering in their viewpoints, being quick to condemn those who disagree and ignoring views that contradict their own.
- Questioning their faith or identity.
- Downloading or promotion extremist content.
- Social isolation – losing interest in activities they used to enjoy, distancing themselves from friends and social groups.
- Altered appearance – change in style of dress and/or personal appearance.
- Abnormal routines, travel patterns or aspirations.

We will meet our requirements by:

1. Assessing the risk of young people being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology;
2. Ensuring our early help and safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
3. Promoting active engagement with parent/carers as they are in a key position to spot signs of radicalisation. We will assist and advise families who raise concerns and point them to the right support mechanisms. We will also discuss any concerns about possible radicalisation with a child's parents in line with this policy unless we have specific reason to believe that to do so would put the child at risk.
4. Ensuring that as many members of staff as possible undertake preventing radicalisation training, with priority given to the Designated Safeguarding Lead.
5. Ensuring children are safe from terrorist and extremist material when access the internet.

Domestic Abuse and Violence

The Government's definition, amended in April 2013 to include 16 and 17 year olds, and coercive control is:

“Any incident or pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to, the following types of abuse”:

Psychological

Physical

Sexual

Financial

Emotional

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.

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.

Domestic abuse and violence can have a huge impact on affected children and young people. It can affect their safety, health and wellbeing, educational attainment, family and peer relationships, and their ability to enjoy healthy, happy, respectful relationships in the future. It is likely that there will be young people and staff within our Charity who are experiencing or perpetrating domestic abuse or sexual violence. Our Charity is responsible for making sure its beneficiaries and staff are safe and healthy.

Peer on peer abuse, including sexual violence & sexual harassment between children

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence (see appendix 6) and rituals.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of and act proportionately.

These issues affect men and women, but are mainly experienced by women and girls:

- 1.4 million women and 700,000 men aged 16-59 report experiencing incidents of domestic abuse in the past year, in England and Wales;
- younger women aged 16-24 are most at risk and a woman is killed every 2.4 days in the UK, with 148 UK women killed by men in 2014;
- 750,000 children and young people across the UK witness or experience domestic abuse every year and a significant proportion experience abuse in their own relationships;
- in a study by the NSPCC of young people in intimate relationships,

- 25 per cent of the girls and 18 per cent of the boys experienced physical abuse;
- 75 per cent of the girls and 14 per cent of the boys experienced emotional abuse; and
- 33 per cent of the girls and 16 per cent of the boys experienced sexual abuse.

It found that not only do girls experience more abuse, but they also experience more severe abuse more frequently and suffer more negative impacts on their welfare, compared with boys.

This is why it is so important that everyone in a position of responsibility in our Charity is aware of, and committed to, a joined-up approach to tackling peer on peer abuse. It is important to always consider peer on peer abuse as a possible explanation for any unusual behaviour. The following signs and symptoms can be warning signs that a child or young person is experiencing this abuse.

- Persistent absence
- Decline in behaviour, performance and engagement
- Self-harm
- Evidence that certain situation's trigger memories of traumatic experiences
- Eating disorders
- Depression
- Isolation
- Early/unwanted pregnancy
- Evidence of control over movement
- Evidence of being monitored by family or other adults
- Anxiety
- Substance misuse
- Attempted suicide
- Peer on Peer Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is "acting out"

which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of intervention. For some children and young people, educative inputs may be enough to address the behaviour. Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

The Designated Safeguarding Lead will act as the first point of contact for any concerns around Peer on Peer Abuse. Further details in relation to our recording of peer on peer abuse can be found in appendix 6.

Child Trafficking

Child trafficking is the recruitment and movement of children for the purpose of exploitation; it is a form of child abuse. Children may be trafficked within the Country, or from abroad. It overlaps with Sexual Exploitation and Private Fostering. Children may be trafficked for:

- Sexual exploitation
- Labour exploitation
- Domestic servitude
- Cannabis cultivation
- Criminal activity
- Benefit fraud
- Forced marriage
- Moving drugs

Private Fostering

Private Fostering arrangement is one that is made privately between two parties without the involvement of the Local Authority for a child under the age of 16 (18 if disabled). This arrangement would be with someone who is not a parent or close relative, and lasts 28 days or more.

Private Fostering is used as a form of childcare by parents who are not able to take care of their child on a day to day basis, for whatever reason. However, unreported Private Fostering Arrangements can be used in order to exploit children.

The Law requires that the Local Authority should be informed at least six weeks in advance of a Private Fostering arrangement or 48 hours after the arrangement has been made if in an emergency. Social Workers will:

- Check the suitability of the Private Foster Carers through checks and assessment;
- Make regular visits to the child and monitor the standard of care; and
- Ensure that Private Foster Carers and birth families have all the necessary information and advice they require.

Ritualistic Abuse

Some faiths believe that spirits and demons can possess people (including children). What should never be condoned is the use of any physical violence to get rid of the

possessing spirit. This is physical abuse and people can be prosecuted even if it was their intention to help the child.

Sexting

Definition: 'Youth produced sexual imagery' best describes the practice because:

- 'Youth produced' includes young people sharing images that they, or another young person, have created of themselves.
- 'Sexual' is clearer than 'indecent.' A judgement of whether something is 'decent' is both a value judgement and dependent on context.
- 'Imagery' covers both still photos and moving videos (and this is what is meant by reference to imagery throughout the document) The types of incidents which this advice covers are:
 - A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
 - A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
 - A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18

Legal Implications for young people

Sexting potentially breaches several civil laws concerned with the creation, possession and distribution of child pornography and indecent images. These are images which show partial (where breasts or genitals are exposed) or full nudity and/or feature sexual acts being performed. It is illegal for children to make and/or share images such as these, even if they are images of themselves, which have been taken personally or with consent. Young people who engage in sexting (to any extent) are at risk of receiving a police caution and/or being placed on a register for sexual offenders for a period of several years (which can have serious ramifications in adulthood with regards to employment, travel etc.). Sexting can also (in some cases) be viewed as a crime under the Malicious Communications Act.

Our duty

As staff, we have a responsibility to work with parents and carers as well as children and young people, by informing young people about safeguarding issues and providing young people with skills, attributes and knowledge to help them navigate risks. We want young people to be fully aware of the dangers and possible repercussions of sexting. This information will be communicated to young during information session and through workshops held in association with the local CEOP and police representatives.

Disclosures

Disclosures about youth produced sexual imagery can happen in a variety of ways. The young person affected may inform a member of staff or the DSL. He/she may report through an existing reporting structure, or a friend or parent may inform someone, or inform the police directly.

All members of staff should be aware of how to recognise and refer any disclosure of incidents involving youth produced sexual imagery. Any direct disclosure by a child should

be taken very seriously. A child who discloses he/she is the subject of sexual imagery is likely to be embarrassed and worried about the consequences. It is likely that disclosure is a last resort and they may have already tried to resolve the issue themselves.

Handling Incidents

The UKCCIS guidance recommends the following approach whenever an incident involving youth produced sexual imagery comes to a member of staff's attention.

- The incident should be referred to the DSL as soon as possible.
- The DSL should hold an initial review meeting with any appropriate staff.
- There should be subsequent interviews with the young people involved (if appropriate).
- Parents/carers should be informed at an early stage (if a child is involved) and involved in the process (unless there is good reason to believe that involving parents would put the child at risk of harm).
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.
- The DSL and staff should avoid viewing or deleting the image themselves

Referral to Police or Children's Social Care

The UKCCIS guidance recommends an immediate referral to police and/or children's social care should be made if at any stage there is a concern a young person has been harmed or is at risk of harm. Specifically, it recommends a referral if any of the following five factors are present:

- The incident involves an adult.
- There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to age or special educational needs).
- What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent.
- The imagery involves sexual acts and any child in the imagery is under 13.
- You have reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming.

However, if none of the above apply the UKCCIS guidance advises that we may decide to respond to the incident without involving the police or children's social care (we can choose to escalate the incident at any time if further information/concerns come to light). If such a decision is made then the DSL should be confident that he/she has enough information to assess the risks to young people involved and the risks can be managed within the Charity and, if appropriate, its local network of support.

EARLY HELP PROCEDURES

Keeping Children Safe in Education and Working Together to Safeguard Children (2018) set out a clear expectation that local agencies will work together and collaborate to identify those children and young people with additional needs and provide support as soon as a problem emerges.

Our Charity is committed to ensuring everything possible is done to prevent the unnecessary escalation of issues or problems.

The guiding principles of Early Help are:

- high quality early identification and intervention for all children and young people who need it, as well as effective integrated support for children with the most complex needs;
- preventative approach: we aim to work with families to enable them to **build resilience** and improve their capacity to help themselves should problems arise in the future;
- ‘early intervention may occur at any point in a child’s’ life;
- **children, young people and their families are listened to**, practice is focused on their needs which is captured in the Early Help Assessment:
- **The journey of the child is captured through their wishes and feelings**;
- to achieve better outcomes for children, young people and families, we see early intervention and prevention as a **shared responsibility**, where agencies work together, jointly ‘holding the baton’ for children and families;
- **safeguarding is everyone’s responsibility** and the welfare of the child/young person is paramount.

Staged intervention is an inclusive approach, involving parents/carers, children and young people, our Charity, relevant professionals and support services, which allows our Charity and practitioners to make informed and proportionate responses to need. There are four stages: Universal, Vulnerable, Complex and Acute. Each stage provides a solution focussed approach to meeting needs at the earliest opportunity, with the most appropriate and least intrusive level of intervention.

Our Charity will most likely provide support to children/young people and their families at Stage One (Universal) and Stage Two (Vulnerable) and Stage 3 (Complex) of the staged intervention approach. This means that we will work with young people and families at the earliest possible point to help them by listening to their needs and developing a support plan which takes into account any access that may be required to additional resources, expertise or to consider any adjustments that can be made in the Charity.

Our Charity will always seek to discuss our concerns with the young person’s family (and if appropriate, directly with the young person) to let them know what is going on and how we are trying to help. We will need consent to share information to access support. We recognise that families may also be able to explain, assist or resolve the issues themselves.

Stage One - Universal services for all children, young people and their families

Our offer of early help begins at Stage One with the personalisation of support to meet the needs of children/young people and their families. Our Charity has access to a variety of different sources of information, support and advice that we can use to meet the needs of each young person.

Stage Two - Targeted early help for vulnerable children, young people and families

As a Charity we provide a range of services. If we have tried to meet the child or young person's needs from within the full range of support we can offer without progress/success we will now need to engage additional support from other services. In doing so we will need to decide whether the help the child and/or family needs can be met by involving one other service or if multiple services may be required. We gain the family's consent to share information with another agency to access additional support. If we are able to decide that the child's need(s) can be met from one other service and we have consent, we refer to them directly.

If the family or young person will not consent to share information using an Early Help Assessment (CAF) or withdraws consent for early help, we will continue to support the needs of the young person and their family through ordinarily available support and personalised services. This will provide us with future opportunities to engage the child and family with additional support and also to continue monitoring the situation in case there are any safeguarding concerns (see child protection procedures).

Early Help Assessment

The Early Help Assessment is the assessment tool used to assess needs that are not being met through our existing personalised support and where a child and family would benefit from coordinated support from other services apart from our Charity. Once we have assessed the needs and strengths of the young person with the family, the Early Help Assessment can be shared with the services that we think need to be involved to meet the needs of the young person and their family. By doing this the family do not have to repeat their story more than once and the services we have identified have a clear understanding of how their services can be of help.

CHILD PROTECTION PROCEDURES

Our Charity procedures are in line with guidance issued by the Local Safeguarding Children Board, the Local Authority and the Secretary of State (related documents are listed in Appendix 1).

We will therefore ensure that:

- We have a Designated member of staff who has received appropriate training and support for this role.
- A member of staff who will act in the absence of the DSL.
- Every member of staff, volunteer and governor knows the name of the Designated senior leaders and their roles.
- All staff should develop their understanding of signs and indicators of abuse and understand their responsibilities in passing concerns to the Designated Safeguarding Lead.
- Staff must complete a Cause for Concern form and hand this to the DSL, after a disclosure or following a child protection concern.
- All staff are trained to respond correctly to a child who discloses abuse.
- All parents / carers are made aware of the responsibilities of staff members with regard to Child Protection procedures.
- Normally the DSL should ask the parents for their explanation of our concerns and tell them that we are going to make a referral to Children's Social Care. Members

of the Children's Workforce have a duty to act on child welfare concerns and their anonymity cannot be preserved.

- However, the DSL must not talk to the parents about concerns where it would jeopardise the child's safety, for example: there are concerns about Sexual Abuse; the child appears very frightened of their parents and fears reprisals.
- We will refer any child believed to have suffered or to be likely to suffer significant harm to the MASH team in Social Care on the same day of the disclosure, and will follow up any such referral in writing within 24 hours.
- The duty of care and all child protection procedures and policy issues extend to children on individualised timetables and induction programmes.
- We will develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attendance at CP case conferences wherever possible and providing reports as a matter of course (recommended format attached as appendix 2).
- Secure written records are kept of all concerns, whether or not there is a need to refer the matter immediately, these records are kept securely, separate from the main file and in locked locations. This is coordinated by the Designated Safeguarding Lead on site.
- Social Services are notified of any child on the Child Protection Register who is absent without explanation for more than 2 days.
- Any new concern or relevant information about a child on the Child Protection Register will be passed to the child's allocated social worker without delay
- If a child on the Child Protection Register leaves the child's social worker informed of the change

All staff must:

- Listen to what the child is saying without interruption and without asking leading questions
- Respect the child's right to privacy but not promise confidentiality
- Reassure the child that he/she has done the right thing in telling
- Explain to the child that in order to keep him safe from harm the information that that has been shared must be passed on
- Report what has been disclosed to the Designated person within the Charity
- Record, as soon as is practicable, what has been said using the child's actual words
- Sign and date the record, or store in an electronic file with time stamp.

Emergencies

If you believe a child is in immediate physical danger you should call the Police on 999.

If a child is injured or showing signs of illness, you should seek medical assistance and try to contact the child's carers, who will normally be able to consent to treatment. Depending on your degree of concern you may want to contact the London Ambulance Service immediately.

Dependent on age and understanding, the child may be able to consent to treatment, or medical staff may decide that the emergency is such that consent should be overridden.

It is your responsibility to access help and try to access the child's parent or carer, not to determine consent issues.

Disagreements About The Need For Referral

If staff and senior leaders disagree about the need for a referral, they should seek advice. If the matter cannot be resolved, members of staff can make a referral in their capacity as a citizen.

Dissatisfaction With The Response To Referral

If you are dissatisfied with the outcome of your referral and particularly if you are concerned that a child may be left at risk, you must talk to the CEO. If you continue to be concerned you may ultimately need to speak with the Safeguarding Trustee.

SPECIAL EDUCATIONAL NEEDS OR DISABILITIES

We recognise that young people with SEND may be especially vulnerable to abuse and expect staff to take extra care to interpret apparent signs of abuse or neglect.

- We will provide an environment in which all young people, including those with SEND, can feel confident and able to discuss their concerns. We will encourage self-esteem and self-assertiveness of all young people so that the young people themselves become aware of danger and risk and what is acceptable behaviour.
- We will display appropriate posters that detail contact numbers for child protection & safeguarding help-lines.
- The Designated Safeguarding Leads will work with all staff to ensure that all young people with autism and communication difficulties are responded to appropriately in the area of child protection and personal safety.
- Young people with autism are also vulnerable because of their:
 - Dependence on others for basic and social needs
 - Lack of control over their own life
 - Compliance and obedience ‘instilled’ as good behaviour
 - Inability to retain knowledge about social and sexual relationships and misunderstanding these areas
 - Inability to communicate experiences

ATTENDANCE

We are aware that a young person’s unexplained absence could mean that they are at risk from harm.

- We will always report an unexplained absence of a child with a Child Protection Plan to the child’s social worker on the same day
- We will always seek to clarify the reason for a young person’s absence with the child’s parent or carer (where appropriate) as soon as is practicable on the first day
- We will follow up on persistence non-attendance of young adults through home visits
- We will always report to the Education and Attendance Safeguarding Team the continued absence of a young person known or thought to have been taken overseas if the young person does not return on the expected return date.

CHILD & YOUNG ADULT INFORMATION

We recognise the importance of keeping up-to-date and accurate information about young people. We will regularly ask all young people or their parents/carers to provide us with the following information and to notify us of any changes that occur.

- names and contact details of persons with whom the young person normally lives
- names and contact details of all persons with parental responsibility emergency contact details
- details of any persons authorised to collect the child from Charity (if different from above)
- any relevant court orders in place including those which affect any person's access to the child (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)
- name and contact detail of GP
- any other factors which may impact on the safety and welfare of the child

CONFIDENTIALITY AND SHARING INFORMATION

All members of staff understand that safeguarding issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence.

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

Safeguarding information will be stored and handled in line with our Data Protection Policy.

SUPPORT FOR STAFF

- We recognise that staff working in the Charity who have been dealing with safeguarding issues may find the situation stressful or upsetting.
- We will ensure that opportunities are provided for staff to be supported in these circumstances and to talk through any anxieties they may have.
- Young people who have been through trauma may display challenging behaviour and may not have the usual social or sexual inhibitions. This may result in complex situations for staff. Staff will follow our policy on Physical Interventions and will record all incidents in the usual manner which will result in senior Leaders following up any difficult situations which may put young people or staff at risk. Staff will also adhere to the Safeguarding Code of Conduct (Appendix 1), with reference to the way they should behave when working with children and young people.

ONLINE SAFETY

See also E-Safety policy

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation - technology often provides the platform that facilitates harm. An effective approach to online safety empowers us to protect and educate the whole Charity community in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material

- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm

Filters and monitoring

The Board of Trustees and CEO will ensure the Charity has appropriate filters and monitoring systems in place. Whilst considering their responsibility to safeguard and promote the welfare of children and young people, and provide them a safe environment in which to thrive, the Board of Trustees and executive team will consider the age range of their young people, the number of young people, how often they access the IT system and the proportionality of costs vs risks.

The appropriateness of any filters and monitoring systems are a matter for the Charity and will be informed in part by the risk assessment required by the Prevent Duty.

The UK Safer Internet Centre has published guidance as to what “appropriate” might look like: <http://www.saferinternet.org.uk/advice-and-resources/teachers-and-professionals/appropriate-filtering-and-monitoring>

Guidance on e-security is available from the National Education Network- NEN. Whilst filtering and monitoring are an important part of the online safety picture for us to consider, it is only one part. We should consider a whole Charity approach to online safety. This will include a clear policy on the use of mobile technology in the building. Many young people have unlimited and unrestricted access to the internet via 3G and 4G in particular and the Charity should carefully consider how this is managed on their premises.

Whilst it is essential that we ensure that appropriate filters and monitoring systems are in place; they should be careful that “over blocking” does not lead to unreasonable restrictions as to what young people can access with regards to online teaching and safeguarding.

Staff training

The Charity will ensure staff undergo regularly updated safeguarding training and that online safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach.

MANAGING ALLEGATIONS OF ABUSE MADE AGAINST STAFF

Duties as an employer and an employee

This part of the policy is about managing cases of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with young people in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a member of staff (including volunteers) has:

- behaved in a way that has harmed a young person, or may have harmed a young person;
- possibly committed a criminal offence against or related to a young person; or
- behaved towards a young person or young people in a way that indicates he or she would pose a risk of harm to young people.

This section relates to members of staff who are currently working in our Charity regardless of whether the Charity is where the alleged abuse took place. Allegations against a member of staff who is no longer employed should be referred to the police. Historical allegations of abuse should also be referred to the police.

Our Charity also has a duty of care to our employees. We will ensure we provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. It is essential that any allegation of abuse made against a member of staff or volunteer in our Charity is dealt with very quickly, in a fair and consistent way that provides effective protection for the young person and at the same time supports the person who is the subject of the allegation.

Initial considerations

The procedures for dealing with allegations need to be applied with common sense and judgement. Many cases may well either not meet the criteria set out above, or may do so without warranting consideration of either a police investigation or enquiries by local authority social care services. In these cases, local arrangements should be followed to resolve cases without delay.

Some rare allegations will be so serious they require immediate intervention by children's social care services and/or police. The local authority Designated officer(s) (LADO) will be informed of all allegations that come to the Charity's attention and appear to meet the criteria so they can consult police and children's social care services as appropriate. The following definitions should be used when determining the outcome of allegation investigations:

- Substantiated: there is sufficient evidence to prove the allegation;
- Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- False: there is sufficient evidence to disprove the allegation;
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

In the first instance, the case manager – the CEO (or where the CEO or is the subject of an allegation, the chair of trustees) - will immediately discuss the allegation with the LADO. The purpose of an initial discussion is for the LADO and the case manager to consider the nature, content and context of the allegation and agree a course of action. The LADO may ask the case manager to provide or obtain relevant additional information, such as previous history, whether the young person or their family have made similar allegations previously and the individual's current contact with children. There may be situations when the case manager will want to involve the police immediately, for example if the person is deemed to be an immediate risk to young people or there is evidence of a possible criminal offence. Where there is no such evidence, the case manager will discuss the allegations with the LADO in order to help determine whether police involvement is necessary.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation or concern; in which case this decision and a justification for it should be recorded by both the case manager and the LADO, and agreement reached on what information should be put in writing to the individual concerned and by whom. The case manager should then consider with the

LADO what action should follow both in respect of the individual and those who made the initial allegation.

The case manager will inform the accused person about the allegation as soon as possible after consulting the LADO. It is extremely important that the case manager provides them with as much information as possible at that time. However, where a strategy discussion is needed, or police or social care services need to be involved, the case manager will not do that until those agencies have been consulted, and have agreed what information can be disclosed to the accused. We must consider carefully whether the circumstances of a case warrant a person being suspended from contact with children at the Charity or whether alternative arrangements can be put in place until the allegation or concern is resolved. All options to avoid suspension should be considered prior to taking that step. If there is cause to suspect a child is suffering or is likely to suffer significant harm, a strategy discussion should be convened in accordance with statutory guidance. If the allegation is about physical contact, the strategy discussion or initial evaluation with the police should take into account that members of staff are entitled to use reasonable force to control or restrain children in certain circumstances. Where it is clear that an investigation by the police or social care services is unnecessary, or the strategy discussion or initial evaluation decides that is the case, the LADO should discuss the next steps with the case manager. In those circumstances, the options open to our Charity depend on the nature and circumstances of the allegation and the evidence and information available. This will range from taking no further action to dismissal or a decision not to use the person's services in future. Suspension should not be the default position: an individual should be suspended only if there is no reasonable alternative. In some cases, further enquiries will be needed to enable a decision about how to proceed. If so, the LADO should discuss with the case manager how and by whom the investigation will be undertaken. In straightforward cases, the investigation should normally be undertaken by a senior Leader. However, in other circumstances, such as lack of appropriate resource within the Charity, or the nature or complexity of the allegation will require an independent investigator.

Supporting those involved

Our Charity also has a duty of care to our employees. We will act to manage and minimise the stress inherent in the allegations process. Support for the individual is vital to fulfilling this duty. Individuals will be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action, unless there is an objection by the social care services or the police. The individual will be advised to contact their trade union representative, if they have one, or a colleague for support. They should also be given access to welfare counselling or medical advice.

The case manager should appoint a named representative to keep the person who is the subject of the allegation informed of the progress of the case and consider what other support is appropriate for the individual, including occupational health or employee welfare arrangements. Particular care needs to be taken when employees are suspended to ensure that they are kept informed of both the progress of their case and current work-related issues. Social contact with colleagues and friends should not be prevented unless there is evidence to suggest that such contact is likely to be prejudicial to the gathering and presentation of evidence.

Parents or carers of a child or children involved should be told about the allegation as soon as possible if they do not already know of it. However, where a strategy discussion is required, or police or social care services need to be involved, the case manager should

not do so until those agencies have been consulted and have agreed what information can be disclosed to the parents or carers. Parents or carers should also be kept informed about the progress of the case, and told the outcome where there is not a criminal prosecution, including the outcome of any disciplinary process. The deliberations of a disciplinary hearing, and the information taken into account in reaching a decision, cannot normally be disclosed, but the parents or carers of the child should be told the outcome in confidence. In deciding what information to disclose, careful consideration should be given to the provisions of the Data Protection Act 1998, the law of confidence and, where relevant, the Human Rights Act 1998.

Parents and carers will also be made aware of the requirement to maintain confidentiality about any allegations made against members of staff whilst investigations are ongoing. If parents or carers wish to apply to the court to have reporting restrictions removed, they should be told to seek legal advice.

In cases where a young person may have suffered significant harm, or there may be a criminal prosecution, social care services, or the police as appropriate, should consider what support the child or children involved may need.

Confidentiality

It is extremely important that when an allegation is made, we make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. In accordance with the Association of Chief Police Officers' (ACPO) guidance the police will not normally provide any information to the press or media that might identify an individual who is under investigation, unless and until the person is charged with a criminal offence. (In exceptional cases where the police would like to depart from that rule, for example an appeal to trace a suspect, they must apply to a magistrates' court to request that reporting restrictions be lifted).

The case manager will take advice from the LADO, police and social care services to agree the following:

- who needs to know and, importantly, exactly what information can be shared;
- how to manage speculation, leaks and gossip;
- what, if any information can be reasonably given to the wider community to reduce speculation; and
- how to manage press interest if and when it should arise.

Managing the situation and exit arrangements

Resignations and 'settlement agreements'

If the accused person resigns, or ceases to provide their services, this should not prevent an allegation being followed up in accordance with this section. A referral to the DBS must be made, if the criteria are met. If the accused person resigns or their services cease to be used and the criteria are met it will not be appropriate to reach a settlement agreement. A settlement agreement which prevents the Charity from making a DBS referral when the criteria are met would likely result in a criminal offence being committed as the Charity would not be complying with its legal duty to make the referral.

It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children, including any in which the person concerned refuses to cooperate with the process. Wherever possible the accused should be given a

full opportunity to answer the allegation and make representations about it. But the process of recording the allegation and any supporting evidence, and reaching a judgement about whether it can be substantiated on the basis of all the information available, should continue even if that cannot be done or the accused does not cooperate. It may be difficult to reach a conclusion in those circumstances, and it may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete, but it is important to reach and record a conclusion wherever possible. 'Settlement agreements', by which a person agrees to resign if the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference, should not be used in cases of refusal to cooperate or resignation before the person's notice period expires. Such an agreement will not prevent a thorough police investigation where that is appropriate.

Record keeping

Details of allegations that are found to have been malicious will be removed from personnel records. However, for all other allegations, it is important that a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action taken and decisions reached, is kept on the confidential personnel file of the accused, and a copy provided to the person concerned.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference, where appropriate. It will provide clarification in cases where future DBS checks reveal information from the police about an allegation that did not result in a criminal conviction and it will help to prevent unnecessary re-investigation if, as sometimes happens, an allegation re-surfaces after a period of time. The record should be retained at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer.

The Information Commissioner has published guidance on employment records in its Employment Practices Code and supplementary guidance, which provides some practical advice on record retention.

http://ico.org.uk/for_organisations/data_protection/topic_guides/employment

References

Cases in which an allegation was proven to be false, unsubstantiated or malicious should not be included in employer references. A history of repeated concerns or allegations which have all been found to be false, unsubstantiated or malicious should also not be included in any reference.

Timescales

It is in everyone's interest to resolve cases as quickly as possible consistent with a fair and thorough investigation. All allegations should be investigated as a priority to avoid any delay.

Oversight and monitoring

The LADO has overall responsibility for oversight of the procedures for dealing with allegations; for resolving any inter-agency issues; and for liaison with Safeguarding Children Board on the subject. The LADO will provide advice and guidance to the case manager, in addition to liaising with the police and other agencies, and monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with

a thorough and fair process. Reviews should be conducted at fortnightly or monthly intervals, depending on the complexity of the case.

Police forces should also identify officers who will be responsible for:

- liaising with the Designated officer(s);
- taking part in the strategy discussion or initial evaluation;
- subsequently reviewing the progress of those cases in which there is a police investigation; and
- sharing information on completion of the investigation or any prosecution.

If the strategy discussion or initial assessment decides that a police investigation is required, the police should also set a target date for reviewing the progress of the investigation and consulting the Crown Prosecution Service (CPS) about whether to: charge the individual; continue to investigate; or close the investigation. Wherever possible, that review should take place no later than four weeks after the initial evaluation. Dates for subsequent reviews, ideally at fortnightly intervals, should be set at the meeting if the investigation continues.

Suspension

The possible risk of harm to children posed by an accused person should be evaluated and managed in respect of the young person/people involved in the allegations. In some rare cases that will require the case manager to consider suspending the accused until the case is resolved. Suspension should not be an automatic response when an allegation is reported; all options to avoid suspension should be considered prior to taking that step. If the case manager is concerned about the welfare of other young people in the community or the member of staff's family, those concerns should be reported to the LADO or police. Suspension is highly unlikely to be justified on the basis of such concerns alone.

Suspension should be considered only in a case where there is cause to suspect a young person or other young people at the Charity are at risk of harm or the case is so serious that it might be grounds for dismissal. However, a person should not be suspended automatically: the case manager must consider carefully whether the circumstances warrant suspension from contact with young people at the Charity or until the allegation is resolved, and may wish to seek advice from their HR provider and the LADO. In cases where we are made aware that the Secretary of State has made an interim prohibition order in respect of an individual at the Charity it will be necessary to immediately suspend that person from teaching pending the findings of the NCTL's investigation.

The case manager will also consider whether the result that would be achieved by immediate suspension could be obtained by alternative arrangements. In many cases an investigation can be resolved quickly and without the need for suspension. If the LADO, police and social care services have no objections to the member of staff continuing to work during the investigation, the case manager will be as inventive as possible to avoid suspension. Based on assessment of risk, the following alternatives will be considered by the case manager before suspending a member of staff:

- redeployment within the Charity so that the individual does not have direct contact with the young person or young people concerned;
- providing an assistant to be present when the individual has contact with young people;

- redeploying to alternative work in the Charity so the individual does not have unsupervised access to children.

These alternatives allow time for an informed decision regarding the suspension and possibly reduce the initial impact of the allegation. This will, however, depend upon the nature of the allegation. The case manager will consider the potential permanent professional reputational damage to employees that can result from suspension where an allegation is later found to be unsubstantiated or maliciously intended. If immediate suspension is considered necessary, the rationale and justification for such a course of action should be agreed and recorded by both the case manager and the LADO. This should also include what alternatives to suspension have been considered and why they were rejected. Where it has been deemed appropriate to suspend the person, written confirmation should be dispatched within one working day, giving as much detail as appropriate for the reasons for the suspension. It is not acceptable for the Charity to leave a person who has been suspended without any support. The person will be informed at the point of their suspension who their named contact is within the Charity and provided with their contact details. Social care services or the police cannot require the case manager to suspend a member of staff or a volunteer, although they should give appropriate weight to their advice. The power to suspend is vested in the board of trustees who are the employers of staff at the Charity. However, where a strategy discussion or initial evaluation concludes that there should be enquiries by the social care services and/or an investigation by the police, the LADO should canvass police and social care services for views about whether the accused member of staff needs to be suspended from contact with young people in order to inform the Charity consideration of suspension. Police involvement does not make it mandatory to suspend a member of staff; this decision should be taken on a case-by-case basis having undertaken a risk assessment.

Information sharing

In a strategy discussion or the initial evaluation of the case, the agencies involved should share all relevant information they have about the person who is the subject of the allegation, and about the alleged victim.

Where the police are involved, wherever possible we will ask the police to obtain consent from the individuals involved to share their statements and evidence for use in the Charity's disciplinary process. This should be done as their investigation proceeds and will enable the police to share relevant information without delay at the conclusion of their investigation or any court case.

Social care services should adopt a similar procedure when making enquiries to determine whether the young person or young people named in the allegation are in need of protection or services, so that any information obtained in the course of those enquiries which is relevant to a disciplinary case can be passed to the employer without delay.

Specific actions

Following a criminal investigation or a prosecution

The police should inform the Charity and LADO immediately when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to continue to prosecute the case after person has been charged. In those circumstances the LADO should discuss with the case manager

whether any further action, including disciplinary action, is appropriate and, if so, how to proceed. The information provided by the police and/or social care services should inform that decision.

The options will depend on the circumstances of the case and the consideration will need to take into account the result of the police investigation or the trial, as well as the different standard of proof required in disciplinary and criminal proceedings.

On conclusion of a case

If the allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his or her services, the LADO should discuss with the case manager whether the Charity will decide to make a referral to the DBS for consideration of inclusion on the barred lists is required; and in the case of a member of teaching staff whether to refer the matter to the National College for Teaching and Leadership (NCTL) to consider prohibiting the individual from teaching.

There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child. Where it is decided on the conclusion of a case that a person who has been suspended can return to work, the case manager should consider how best to facilitate that. Most people will benefit from some help and support to return to work after a stressful experience. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate. The case manager will also consider how the person's contact with the young person or people who made the allegation can best be managed if they are still attending the Charity.

In respect of malicious or unsubstantiated allegations

If an allegation is determined to be unsubstantiated or malicious, the LADO should refer the matter to the social care services to determine whether the child concerned is in need of services, or may have been abused by someone else. If an allegation is shown to be deliberately invented or malicious, the case manager should consider whether any disciplinary action is appropriate against the young person who made it; or whether the police should be asked to consider if action might be appropriate against the person responsible.

Learning lessons

At the conclusion of a case in which an allegation is substantiated, the LADO should review the circumstances of the case with the case manager to determine whether there are any improvements to be made to the Charity procedures or practice to help prevent similar events in the future. This should include issues arising from the decision to suspend the member of staff, the duration of the suspension and whether or not suspension was justified. Lessons should also be learnt from the use of suspension when the individual is subsequently reinstated. The LADO and case manager should consider how future investigations of a similar nature could be carried out without suspending the individual.

OTHER RELATED POLICIES & GUIDELINES

This policy has clear links to other policies and guidelines in our Charity, in particular to safer recruitment, data protection, e-safety, crisis management, staff handbook and

code of conduct for young people. Each of these policies is also concerned with the protection of all beneficiaries in the Charity from various kinds of harm.

Failure to comply with any requirement of this policy is likely to result in disciplinary action as confirmed in the Disciplinary Policy and Procedure and may result in your dismissal.

Appendix 1 – Code of conduct

This Code of Conduct is for all staff, trustees, volunteers, mentors and agency workers at UP – Unlocking Potential.

You must:

- Treat all children and young people equally and with respect
- Provide an example of good conduct you wish others to follow
- Ensure that, whenever possible, there is more than one adult present during activities with children and young people, or at least that you are within sight or hearing of others.
- If you are asked to talk in private ensure someone else knows where you are and leave a door ajar or stay in clear view. Always make a note of the conversation, tell the child or young person they are free to leave or stop talking at any time.
- Respect a young person's right to personal privacy.
- Encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like, with respect.
- Remember that someone else might misinterpret your actions, no matter how well intentioned.
- Be aware that physical contact with a child or young person may be misinterpreted.
- Recognise that special caution is required when you are discussing sensitive issues with children.
- Operate within the Charity's operational principles and guidance and any specific procedures which are applicable.
- Challenge unacceptable behaviour and report all allegations/suspensions of abuse.
- Remember to give guidance and support to inexperienced helpers. Staff relationships are based on mutual respect and it is everyone's responsibility to ensure a positive working environment.

You must not:

- Engage in sexual activity with any young person (even if they are over 18) you have met through your duties within the organisation, this would be an abuse of trust.
- Invite a child or young person to your home or arrange to see them outside set activity hours, as appropriate to your role.
- Give out personal contact details or contact them unnecessarily outside of activity hours.
- Give gifts personally. Any appropriate gifts should come from the Charity.
- You should not accept gifts from young people unless they are small token gifts appropriate to a celebration.
- All gifts, no matter how small, must be reported to your line manager.
- Lend or borrow any money or property.
- Allow yourself to be drawn into inappropriate attention-seeking behaviour.
- Make suggestive or derogatory remarks or gestures in front of young people.
- Jump to conclusions about others without checking facts.
- Either exaggerate or trivialise child abuse issues.
- Show favouritism to any individual.
- Rely on your good name or that of the Charity or any associates to protect you.
- Believe 'it could never happen to me'.

- Take a risk when common sense, policy or practice suggests a more prudent approach.
- Allow abusive peer activities e.g. initiation ceremonies, bullying or horse play.
- Leave dealing with a concern to someone else. If you are concerned, report it.

Appendix 2 – Safeguarding concern report form

Date:

Name of Young Person:

Please circle or highlight the box below that the concern relates to:

Violence Towards Staff or Peers	Affected by Peer on Peer Abuse	Drug and Alcohol Misuse
Affected by Emotional Abuse	Affected by Physical Abuse	Affected by Sexual Abuse
Affected by Domestic Violence	Affected by Neglect	Affected by Extreme Poverty or Deprivation
Bullying or Bullied	At Risk of Female Genital Mutilation (FGM)	At Risk of Forced Marriage
At Risk of Exploitation	Other:	At Risk of Radicalisation

- All Safeguarding Concern & Disclosures must be recorded immediately
- Once completed, this form needs to be **sent to a DSL by secure email**
- To send a secure email put _secure anywhere in the body of the email
- Where a Safeguarding Concern & Disclosure Form is raised, staff in all cases must adhere to UP’s Confidentiality and Data Protection Policies

Please describe your concern overleaf, and upon receipt, the Designated Safeguarding Lead will complete the box below.

Name of Designated Safeguarding Lead:	
Action taken:	
Date:	
Signature	

In the Event that the DSL is not available, or the matter requires escalation, please send this form to the CEO and back up with a phone call to 07814 646203.

Please write in your own words a summary of the concern you are raising, using where possible, the young person's own words. Keep your report factual, objective and avoid using any assumptions or judgments.
Any other written notes made in relation to this concern need to be attached to this form or in the accompanying email.

Name of person reporting this concern:

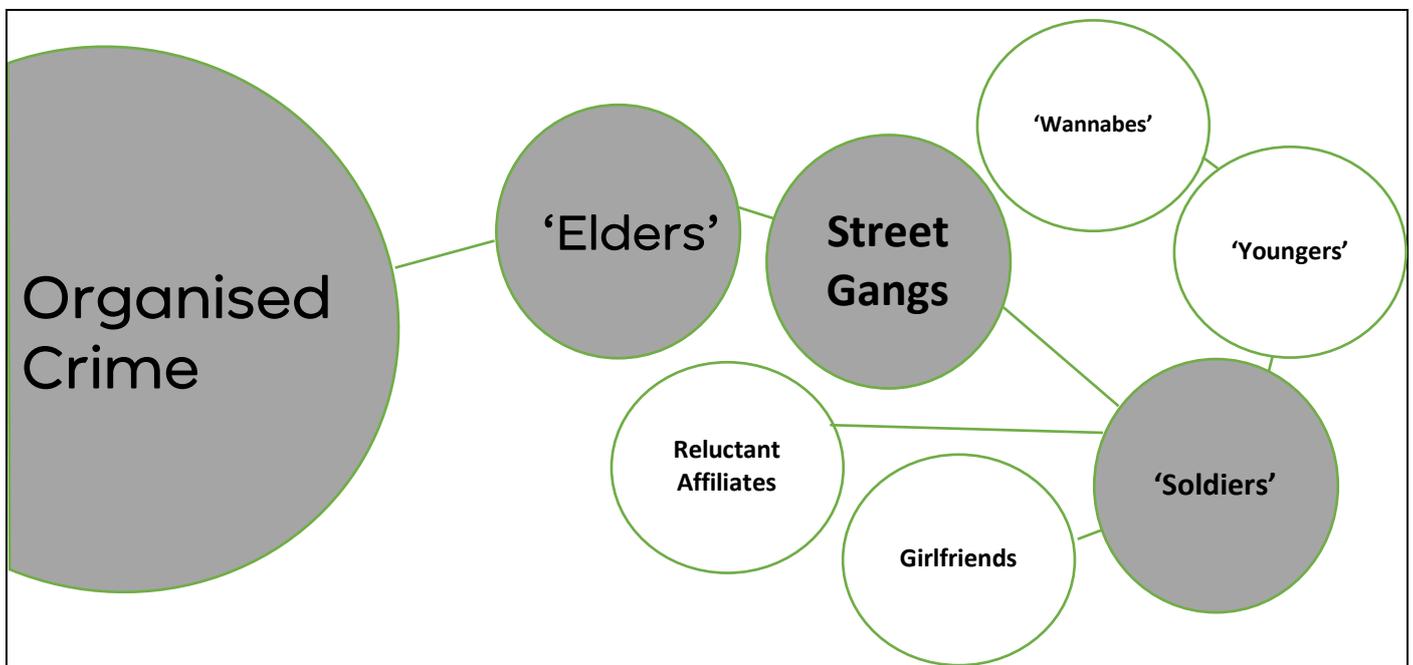
Role or Position:

Date:
Time:

Appendix 3 – County Lines (sometimes known as ‘Criminal Exploitation of Children’)

County lines is the organised criminal distribution of drugs from the big cities into smaller towns and rural areas using children and vulnerable people. The term ‘county lines’ has two likely origins. In America, the county sheriffs have to stop at the county line as they have no jurisdiction past that point. American rap music may have transferred the term to the UK. County lines can also simply mean the one telephone line in use to order illegal drugs, and shared often using social media, business cards, or even printed on the sides of giveaway cigarette lighters.

Although cannabis is occasionally linked to the county lines organisation, it is harder drugs that provide the focus: heroin, cocaine, and amphetamines. The county lines gangs use standard business techniques to develop their trade. In a new area, they need to offer discounts, a consistent quality product, and make sure it’s reliably delivered. The main county line gangs operate from London and Liverpool, but other groups work out of Reading, Birmingham and Manchester. Faces from the cities are not known by police in the quieter areas and can operate more easily. At least for a time.



The influence of county lines is nationwide. Metropolitan Police have found gang members from Islington in 14 different police areas. People from Liverpool have been arrested in Cumbria and Devon. Street gangs managed by elders and ultimately the shadowy organised crime gangs are the hub of county line activity. The further away from the street, the less likely are arrests or attention from the police. It is the so-called soldiers that are forced to ‘go country’, to distribute and deliver drugs. The soldiers identify and groom younger boys, often 9 or 10 years old; and there are always others who want to be part of the gang and its allure of ready cash, clothes, cars and respect. Entry is often by violent initiation.

Girlfriends are pulled into the gang, and are often subject to a high level of sexual violence. Others close to the gang members, their families, friends, and neighbours – reluctant affiliates – are drawn into the gang’s sphere of influence too.

The boys, typically 15 and 16, but sometimes younger, travel by coach, train, and taxi into a rural or coastal area. With only a 'burner', or disposable phone, often stolen, and a stash of drugs. For the gang's security each runner only knows one other phone number along the delivery chain.

At first, they might be offered £500 to go missing for a couple of days, but later, it could be two weeks, a month, or even longer. This is a dangerous time, attacks from rival gangs, an everyday struggle to survive, and the potential for arrest. Any lost drugs must be paid for, one way or another. Of course, the drug runner needs a place to stay and to do this the gang will take over the home of a vulnerable person, often after following them home. This is known as "cuckooing". Once in the property, drugs and weapons can be stored there along with a possible venue for dealing drugs and the sexual exploitation of girls and young women.

The vulnerable people whose homes have been taken over in this way are kept compliant by intimidation, violence, and threats that now they are involved they could be jailed too. The impact on local communities cannot be underestimated. Debt bondage further threatens the vulnerable person and keeps them from reporting the intruders. The vulnerable person is told that drugs or guns are missing, and that they have to pay for them. When they can't they have to pay off the debt through abusive or violent methods.

Children and young people most at risk are those with chaotic backgrounds, maybe some previous offending, poor school attenders and persistent absentees, and often children who are looked after. Signs that should prompt people to consider a young person's involvement in county lines include: being found in distant areas; unexplained new clothes, money, or phones; being associated with older people; and a significant change in behaviour or mental state.

Documents that provide further information and guidance include a detailed briefing document from the National Crime Agency, and a quicker read from the Home Office, the County Lines Guidance published in July 2017 (see appendix 6).

Appendix 4 - FGM

What is FGM?

FGM is illegal in the UK. It is an unacceptable practice for which there is no justification. **FGM is child abuse and a form of violence against girls and women.** Cases of FGM should be dealt with as part of existing child and adult safeguarding structures, policies and procedures.

FGM is a procedure where the female genital organs are injured or changed and for non-medical reasons. It's also known as 'female genital circumcision,' 'cutting,' 'initiation,' or 'sunna.'

FGM is a complex issue and a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. Individuals and families who support FGM give a variety of justifications and motivations for this – including, for example, religious, social or cultural reasons. However, FGM is child abuse. It is dangerous and a criminal offence.

The practice is not required by any religion, and there are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe immediate and/or long-lasting damage to physical and emotional health, including mental health problems, difficulties in child birth, causing danger to the child and mother and/or death.

Legislation

FGM has been a specific criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to:

- perform FGM overseas;
- assist a girl or woman to perform FGM herself overseas; and
- assist (from outside the UK) a non-UK national or UK resident to carry out FGM outside the UK on a UK national or UK resident.

Anyone found guilty of the FGM offences faces a maximum penalty of 14 years in prison.

The Female Genital Mutilation Act 2003 was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders (FGMPO). An FGMPO is a civil measure which can be applied for through a family court. The FGMPO offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGMPO is a criminal offence with a maximum sentence of up to 5 years' imprisonment. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment, a fine, or both.

The following can apply for an FGMPO:

- the person who is to be protected by the order;

- a relevant third party (such as the local authority); or
- any other person with the permission of the court (for example, teachers, health care professionals, police, family member).

From October 2015, the Female Genital Mutilation Act 2003 (as amended by section 74 of the Serious Crime Act 2015) introduced a mandatory reporting duty for all regulated health and social care professionals and teachers in England and Wales to make a report to the police, if, in the course of their professional duties they either:

- are informed by a girl under the age of 18 that she has undergone an act of FGM, or
- observe physical signs that an act of FGM may have been carried out on a girl under the age of 18, and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

The duty does not apply where a woman over the age of 18 discloses she had FGM when she was under 18.

The duty only applies in cases where the victim discloses. If someone else, such as a parent or guardian, discloses that a girl under 18 has had FGM, a report to the police is not mandatory. However, in these circumstances disclosures should still be handled in line with wider safeguarding responsibilities.

Complying with the duty does not breach any confidentiality requirement which might otherwise apply.

Professionals should make the report as soon after the case has been discovered. Best practice is within 1 working day, but in exceptional cases there is a maximum timeframe of 1 month from when the discovery is made.

If a girl has already undergone FGM she should be offered medical help and counselling. Professionals should take action to protect any other children in the family, and to investigate possible risk to others in the community.

Prevalence of FGM

FGM is a deeply rooted practice and is **prevalent in 30 countries**. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East and in some countries in Asia. However, FGM has also been documented in communities in Iran, Israel, Columbia, Oman, the United Arab Emirates, the Occupied Palestine Territories, India, Indonesia, Malaysia, Pakistan and Saudi Arabia. It has also been identified in parts of Europe, North America and Australia.

Prevalence of FGM in England and Wales

The prevalence of FGM in England and Wales is difficult to estimate because of the hidden nature of the crime. However, a 2015 study estimated that:

- approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM; and
- approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

Girls living in communities that practise FGM are most at risk. In the UK, the Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most at risk of FGM. FGM can happen anywhere in the UK. However, there are large populations of practising communities in London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.

There are an estimated 137,000 women and girls with FGM in England and Wales.

Safeguarding: Actions to take when concerned that a girl or woman may be at risk of FGM, or that she has had FGM

Key Points

- **FGM is illegal in England and Wales.** Professionals should intervene to safeguard girls and protect women who may be at risk of FGM or have been affected by it.
- The level of safeguarding intervention needed will depend on how imminent the risk of harm is. **An appropriate course of action should be decided on a case-by-case basis**, with expert input from all relevant agencies.
- **Working across agencies** as soon as a girl or woman is identified as being at risk of FGM is essential.

FGM: Part of Wider Safeguarding Responsibilities

FGM is not an issue where action or intervention can be determined by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. Fears of being branded 'racist' or 'discriminatory' should not weaken the protection that professionals provide.

Organisations should have local safeguarding protocols and procedures for protecting children.

Safeguarding Effectively

A girl at risk of FGM may need to be safeguarded over a significant proportion of her childhood, and it is therefore essential that agencies work together to determine the most appropriate safeguarding response. The importance of sharing information between practitioners and between agencies in relation to girls who may be at risk of FGM should not be underestimated. Potential signs of risk might be mentioned by a girl, her family or her friends to different professionals. For this reason, professionals should:

1. be aware and act upon the wide range of risk factors (see page [x]) in relation to FGM;
2. have a consistent approach to sharing information with partner agencies and reviewing the individual situation; and
3. put in place safeguarding actions which reflect the needs of the girl.

Equally, multi-agency working needs to be flexible and responsive to individual circumstances. Once a potential risk of FGM has been identified, this information should be shared between professionals and agencies to ensure that there is ongoing awareness of this risk.

Girl (under 18) who is suspected to have undergone FGM

If any individual associated with the Charity suspects that a girl has undergone FGM, they should act and report this in accordance with the Charity's Safeguarding Policy For Children, and **an immediate referral should be made by the Local Safeguarding Lead to the relevant local authority's children's social care department.**

When a girl is **suspected** to have already undergone FGM, the Local Safeguarding Lead should, in consultation with children's social care:

- document this in their notes;
- complete relevant risk assessment; and
- follow local multi-agency safeguarding procedures.

Girl (under 18) or vulnerable adult who is suspected to be at risk of FGM

All cases should be handled in accordance with local safeguarding procedures, and all relevant factors should be taken into account, as with all other forms of safeguarding risk to children or vulnerable adults. The initial referral should, in the case of a girl, be made to the relevant local authority's children's social care department (possibly via a Multi-Agency Safeguarding Hub if one is in place). In the case of a vulnerable adult, an initial referral should be made to adult social care.

Where there is an imminent risk or serious risk, an emergency response may be required, either an urgent referral to social care and/or potentially contacting the police. Where it is considered that there is an immediate risk to a girl or woman, the local authority should consider whether to apply for an FGMPO and/or an Emergency Protection Order.¹

Where a girl or woman, given her individual circumstances, is identified as being at risk of FGM, but the current situation does not indicate that the risk is imminent or significant **appropriate safeguarding actions should be taken, making sure that this information is shared appropriately.** This will help to make sure that, if other agencies or professionals have a wider scope or understanding of the child's or woman's

¹ Local authorities are 'relevant third parties' for the purposes of applying for an FGMPO, i.e. they can apply for such an order without seeking prior leave from the court to do so.

circumstances, they will be able to use the most up-to-date information to consider the risk the girl or woman currently faces.

Girl (under 18) or vulnerable adult who has previously been identified as at risk of FGM

With effective safeguarding and information sharing procedures in place, professionals will be able to see on a girl's or woman's record that she has previously been identified as potentially at risk of FGM. Professionals treating or supporting the girl or woman should make themselves aware of any relevant information and take appropriate action, as for other forms of abuse.

Professionals should always take opportunities to discuss and understand changes to the girl's/woman's family circumstances, and look out for whether there is a change in relation to any of the known risk factors. For example, if the professional becomes aware of new travel plans or the arrival of extended family members to live with the girl, this information should be shared with appropriate partner agencies. Local procedures should give advice of how to act in these circumstances.

FGM disclosed by or visually identified in a girl (under 18)

Where a case of FGM is disclosed by or visually identified in a girl under the age of 18, regulated health or social care professionals and teachers are legally required to make a report to the police under the **FGM mandatory reporting duty**.

Those who are not subject to the mandatory reporting duty should **discuss the case with their Local Safeguarding Lead** to agree an appropriate course of action.

Adult who has had FGM

There is no requirement for automatic referral of adult women with FGM to adult social care or the police. Professionals should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. A referral to the police should not be an automatic response for all adult women who are identified as having had FGM; cases must be individually assessed.

Professionals should seek to support women by offering referral to community groups who can provide support, or other services as appropriate.

In all cases it is also important to consider whether the individual and/or her family are known to social care, and whether there are any existing safeguarding arrangements in place.

Safeguarding other family members

Whenever a girl or woman is identified as having had, or being at risk of, FGM, consideration must be given not only to whether she is at risk of further harm, but also to whether there are other girls or women in her family or wider unit who may be at risk of FGM. Issues to consider may include the potential need to:

- share information about an adult related to or known to the child or vulnerable adult in relation to whom safeguarding action is being taken;
- share information about a girl or young woman who the professional does not have a direct relationship with, e.g. the elder daughter of a pregnant woman who a midwife is treating.

Women and girls from overseas

If the girl or woman is from overseas, and fleeing potential FGM, applying to remain in the UK as a refugee can be a complex process requiring professional immigration advice (see www.gov.uk/claim-asylum for more information about the asylum application process).

Many individuals, especially women, may be frightened by contact with any statutory agency, as they may have been told that the authorities will deport them and/or take their parents or children from them. Professionals need to be extremely sensitive to these fears when dealing with a victim or potential victim from overseas, whatever their immigration status, as they may not be aware of their true immigration position. These circumstances make them particularly vulnerable.

Professionals must not allow any investigation of immigration status to impede police enquiries into an offence that may have been committed against the victim or their children. Border Force officials and police officers may choose to establish an agreement or protocol about how any two simultaneous investigations may work.

Appendix 5 – Preventing radicalisation

Introduction

There is no place for extremist views of any kind in our Charity, whether from internal sources – young people, staff or trustees, or external sources – community, external agencies or individuals. Our young people see our Charity as a safe place where they can explore controversial issues safely and where our staff encourage and facilitate this – we have a duty to ensure this happens.

As a Charity, we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for young people, and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views, we are failing to protect our young people and to maintain a positive learning environment.

Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people.

The work we do is a powerful weapon against this; equipping young people with the self-belief, knowledge, skills and critical thinking, to challenge and debate in an informed way.

Definitions

Extremism is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

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

British Values are democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

People can be radicalised in different ways:

- They can be groomed either online or in person by individuals seeking to draw them into extremist activity. They might be radicalised over the internet or through the influence of their peer network – in this instance their parents or family might not know about this or may feel powerless to stop their radicalisation;
- They can be groomed by family members who hold harmful, extreme beliefs, including parents/carers and siblings who live with the individual and/or person(s) who live outside the family home but have an influence over the individual's life;
- They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable. In this way they are not being individually targeted but are the victims of propaganda which seeks to radicalise.

A common feature of radicalisation is that the person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation.

The harm people can experience ranges from an individual adopting or complying with extreme views which limits their social interaction and full engagement with, for example, their education, to being taken to war zones and being groomed for involvement in violence.

People at risk of harm as a result of involvement or potential involvement in extremist activity should be referred to local authority (LA) children's or adult's social care (as appropriate) and local safeguarding procedures should be activated.

Roles and Responsibilities

Role of all staff:

- To be aware of the risk factors and indicators for radicalisation and to be alert to the possibility that an individual they are in contact with may be being groomed for involvement in extremist activities;
- To understand this Policy and the Charity's Safeguarding Policy for Children and Safeguarding Policy for Adults with care and support needs and to ensure they act in accordance with them where they think that an individual may be at risk of or is being exploited in this way;
- To know who their Designated Safeguarding Leads, and how and when to contact them for advice or to report a concern/allegation in order for them to take the necessary and appropriate action;
- Be sufficiently knowledgeable and competent to contact LA children's social care or adult's social care (as appropriate), or the police, about their concerns directly and to complete the appropriate referral form - where for whatever reason it has not been possible to report the concern/allegation immediately to DSL.

Role of Senior Leaders:

- To ensure that the Charity and its staff respond to preventing radicalisation on a day-to-day basis.
- To ensure that staff conduct is consistent with preventing radicalisation.
- To provide oversight of the Charity's services to ensure that they are respecting democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.
- To ensure that appropriate sanctions are in place where any bullying or derogatory language or behaviour takes place.

Role of Designated Safeguarding Lead:

- To ensure that staff understand the issues of radicalisation, that they are able to recognise the signs of vulnerability or radicalisation and know how to refer their concerns.
- To receive safeguarding concerns about young people who may be vulnerable to the risk of radicalisation or are showing signs of radicalisation.

- To make referrals to appropriate agencies with regard to concerns about radicalisation
- To liaise with partners, including the local authority and the police

Staff Training

Staff will be given training to help them understand the issues of radicalisation, so that they are able to recognise the signs of vulnerability or radicalisation and know how to refer their concerns to the Safeguarding Designated Lead. This information forms part of our safeguarding training.

Appendix 6 – Peer-on-peer sexual harassment & sexual violence

This appendix focuses on child-on-child sexual harassment and sexual violence in light of amendments to Keeping Children Safe in Education in 2018.

The DfE released guidance on sexual violence and harassment between children in schools and colleges in December 2017. This guidance was subsequently updated in May 2018 (Sexual Violence & Sexual Harassment between Children in Schools and Colleges) and provides advice on:

- What sexual violence and harassment are;
- How to minimise the risk of them occurring;
- What to do when an incident occurs, or is alleged to have occurred.

Sexual violence or harassment can occur between 2 children (under 18) of any age and sex. They can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Finally, while it is more likely that girls will be the victims, and boys are more likely to be the perpetrators, abuse does not discriminate and boys should still be considered vulnerable to these issues.

Sexual Violence & Sexual Harassment between Children in Schools and Colleges (September 2018) shares the following harrowing statistics, collated by the DfE from research among children and young people:

- 64% of girls aged 13-21 surveyed in 2017 had experienced sexual violence or sexual harassment at school or college in the past year
- 39% of girls had had their bra strap pulled by a boy, and 27% had had their skirt pulled up – within the last week
- 37% of female students and 6% of male students at mixed-sex schools have personally experienced some form of sexual harassment at school
- 24% of female students and 4% of male students at mixed-sex schools have been subjected to unwanted physical touching of a sexual nature while at school
- Girls (14%) were significantly more likely than boys (7%) to report that their partner had pressured them to share nude images of themselves in the last year
- 31% of female respondents aged 13-17 said they had been victimised with unwanted sexual messages and images from their peers online in the last year, compared to 11% of male respondents
- In 2016/17 the NSPCC childline service provided over 3,000 counselling sessions to children and young people concerned about being sexually assaulted by their peers
- Children with special educational needs or disabilities are 3 times more likely to be abused than their peers

These statistics don't show the whole picture. For example, hazing (a form of initiation which is usually considered to be the preserve of university sports teams) is becoming increasingly common in schools. (See further information on hazing at the end of this appendix).

The DfE guidance also warns that children who are lesbian, gay, bi or trans – or perceived to be – can be targeted by their peers.

Key points for all members of staff to keep in mind:

1. Suspected abuse should be immediately reported to the DSL, who will refer to the police and/or children's social care
2. Internal reporting procedures must be followed, in line with this policy
3. Children abusing other children can be an indicator of abuse. The younger the child displaying inappropriate sexual behaviour, the clearer the link to abuse

Key definitions & terminology

Sexual violence – defined by the Sexual Offences Act 2003 as:

- Rape (of the vagina, anus or mouth by a penis)
- Assault by penetration (by a body part or anything else)
- Sexual assault (intentional sexual touching)

Sexual activity is an offence if:

- Person B (the victim) does not consent
- Person A (the perpetrator) does not reasonably believe Person B consents

Sexual harassment – defined by the DfE's guidance as:

“Unwanted conduct of a sexual nature’, that can occur online and offline.”

Sexual harassment is likely to:

- Violate a child's dignity, and/or
- Make them feel intimidated, degraded or humiliated, and/or
- Create a hostile, offensive or sexualised environment

Sexual harassment can include:

- Sexual comments, such as telling sexual stories, making lewd remarks, making sexual remarks about clothes and appearance, calling someone sexualised names
- Sexual “jokes” or taunting
- Physical behaviour, such as deliberately brushing against someone, interfering with someone's clothes (note that staff should consider when any of this crosses a line into sexual violence – talk to, and consider the experience of, the victim), or displaying pictures, photos or drawings of a sexual nature
- Online sexual harassment, which may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. This may include:
 - Non-consensual sharing of sexual images and videos
 - Sexualised online bullying
 - Unwanted sexual comments and messages, including on social media
 - Sexual exploitation; coercion and threats

Sexual abuse

- Involves forcing or enticing a child or young person to take part in sexual activities
- Does not necessarily involve a high level of violence
- The child may or may not be aware of what is happening

Sexual 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 creating, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse can happen between children (and can be committed by women; it is not solely perpetrated by adult males). Explain that the DfE uses the terms ‘victim’ and ‘alleged perpetrator’ for those directly involved in an incident.

Staff must recognise that not everyone who has been subjected to sexual violence and/or sexual harassment considers themselves a victim or would want to be described in this way. This is why it is important to consider the most appropriate use of language on a case-by-case basis.

Consent

Someone consents if they:

- Agree by choice
- Have the freedom and capacity to choose

An individual may:

- Agree to one type of sexual activity but not another
- Consent under certain conditions
- Withdraw consent at any time during the activity and each time it occurs

The legal age of consent is 16. A child under 13 can never consent to any sexual activity.

The NSPCC states:

“The age of consent (the legal age to have sex) in the UK is 16 years old. The laws are there to protect children. They are not there to prosecute under-16s who have mutually consenting sexual activity, but will be used if there is abuse or exploitation involved.

To help protect younger children the law says anyone under the age of 13 can never legally give consent. This means that anyone engaging in sexual activity with a child who is 12 or younger will be subject to penalties set out under the Sexual Offences Act 2003.”

Responsibilities of all staff:

Members of staff are not in a position to decide whether or not something is acceptable. Instead, staff must treat any form of sexual or sexualised contact between young people as a concern and refer accordingly, and in line with this policy.

Responsibilities of the DSL:

When there has been a concern raised in relation to sexual violence or sexual harassment, the DSL will carry out an immediate risk and needs assessment. The risk and needs assessment will consider:

The victim, especially their protection and support

The alleged perpetrator(s)

All other children (and others, e.g. staff and family members)

The DSL will liaise with other services. Where there has been a report of sexual violence it is likely that professional risk assessments by social services and/or the police sexual violence team will be required.

A note on hazing

Keeping Children Safe in Education (2018) highlights hazing as a form of abuse between children:

“peer-on-peer abuse ... can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing-type violence and rituals.”

The Collins Dictionary defines hazing as:

“a ritual practiced in some universities and other institutions, in which a new member of a club or society is humiliated or abused, or the bullying of a student in school.”

Hazing can include, but is not limited to:

- Physical violence
- Sexual coercion
- Pressure to consume things in dangerous combinations or quantities (e.g. alcohol, drugs)

It can happen in secret, but can also be garnered as an aspect of school life. It can change from relatively harmful rituals to very dangerous in a short period of time.

There are clear physical dangers and the emotional effects can be far-reaching and long-lasting.

What to do

Hazing is covered in this policy as a recognised form of peer-on-peer abuse. As part of the wider whole-school approach to safeguarding, all staff should:

- Make it clear that hazing is not acceptable and will not be tolerated. Never dismiss hazing as a “rite of passage” or “harmless fun”
- Foster a culture of open communication – reporting concerns must never be seen as “snitching”, and pupils need to be able to report concerns without being resented or mistrusted by their peers
- In the event of a known or suspected incident, follow the school’s safeguarding and behaviour policies and procedures – including reporting to the police and/or children’s social care if necessary

Remember: children who abuse others may have been subjected to abuse themselves.

Appendix 7 - References

[Adult Safeguarding: Sharing Information, January 2015](#)

[Caring for Young People and the Vulnerable. Guidance for Preventing Abuse of Trust, Home Office](#)

[Child Abuse Linked to Faith or Belief, The Met](#)

[County Lines Gangs Violence, Exploitation and Drug Supply \(NCA, 2016\)](#)

[Criminal exploitation of children and vulnerable adults: county lines \(Home Office, 2017\)](#)

[Health and Safety at Work Act 1974](#) Part I, Section. 2 (1) and (2) Health and Safety at Work Act 1974 Part I, Section.7

[Healthy Sexual Behaviour - NSPCC](#)

[Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers, 2018](#)

[Keeping Children Safe in Education, DfE, September 2018](#)

[London Child Protection Procedures, May 2018](#)

[London Multi-Agency Adult Safeguarding Policy and Procedures, August 2016](#)

[Multi-Agency Statutory Guidance On Female Genital Mutilation, April 2016](#)

[National Association for People Abused in Childhood](#)

[NSPCC Whistleblowing Advice Line](#)

[Protecting Children from Harmful Sexual Behaviour - NSPCC](#)

[Sexting in schools and colleges, UKCCIS, 2016](#)

[Sexual Offences Act 2003](#) Section 16-19 re-enacts and amends offence of abuse of position of trust

[Sexual Violence and Sexual Harassment between Children in Schools and Colleges, May 2018](#)

[The Prevent Strategy 2011](#)

[The Use of Social Media for Online Radicalisation, DfE, 2015](#)

[What To Do If You Are Worried a Child Is Being Abused Dept of Health publication - 31815](#)

[Working Together to Safeguard Children, July 2018](#)