

EBP

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The EBP

Safeguarding Children and Young People Policy and Procedures

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Section 1: Overall Purpose

To ensure that all children and young people accessing services and activities have their safety and welfare promoted.

To ensure any concerns, allegations or disclosures about a child are followed up in the right way.

For all staff and volunteers to understand their safeguarding responsibilities and work within The EBP Safeguarding Children Policy.

To ensure The EBP operates safer recruitment practices and procedures for managing allegations and complaints regarding staff and volunteers.

Policy Statement

All children and young people have a right to protection from harm and abuse, to be treated with respect and be listened to when they have concerns, report allegations or make disclosures. Young people have a right to participate in decisions which impact upon them and their lives.

The EBP's aim is to create a culture that respects and values differences, promotes diversity and equality, and encourages young people to develop and maximise their true potential. The EBP aims to remove any barriers, bias or discrimination that prevents individuals or groups from realising their potential.

The EBP has a duty of care to safeguard and promote the welfare of all children and young people who access their services and activities. This policy outlines The EBP's framework for protecting children and young people at risk from harm, abuse and exploitation. It details the action that will be taken within The EBP in response to concerns about children and young people at risk, and to allegations of harm, abuse or exploitation.

This policy is relevant and applicable to all employed staff, contracted staff and all volunteers, including the board of directors and leadership team. Every member of staff employed or volunteering for The EBP has safeguarding responsibilities, a role to play in safeguarding children and taking action in line with this policy.

Key Contacts for safeguarding in The EBP

Designated Safeguarding Lead

Tara Lawson: Safeguarding Manager: 01522 574141-07867 356849

In the absence of the Designated Safeguarding Lead

Andy Jeffcutt: The Head of People Services: 01522 574116 – 07818 598471

Section 3: Early Help - The EBP process for responding to children who may need help

Overall responsibility for Safeguarding and the person to contact should concerns relate to the safeguarding lead: Elaine Lilley Chief Executive: 01522 574158 – 07721 499517

Relevant EBP policies and procedures available via the website or on request from Human Resources

- Lone working policy
- Anti-bullying and Harassment policy
- Whistleblowing procedure
- Complaints procedure
- Health and Safety Policy
- Safer Recruitment policy
- Social Media Policy
- Data protection policy
- Information Systems and Security Policy

For the NCS Trust programme only;

- NCS Trust Child Safeguarding Policy and Procedures
- NCS Critical Incident Plan
- NCS Mentor Workbook

Legal Context

The Children's Act 2004 (which built upon the Children's Act 1989) states that anyone who is involved in the care of young people should "do what is reasonable, in the circumstances, for the purpose of safeguarding or promoting the child's welfare". This legal obligation is underpinned by the HM Government guidance 'Working Together to Safeguard Children (2015) which sets out how organisations and individuals should work together

Section 11 of the Children Act 2004 places a duty on key people and bodies to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

Safeguarding and promoting the welfare of children is defined in Working Together 2015 and section 11 Statutory Guidance¹as:

- Protecting children from maltreatment;
- Preventing impairment of children's health and development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

¹ Company compliance is in line with Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004

- Taking action to enable all children to have the best outcomes.

Definition of terms

Vulnerable adults in the context of this procedure refers to the young adults between the ages of 18 and 25 years with disabilities.

Parents refers to parents, carers or guardians of a child or young person.

Designated Safeguarding Lead in The EBP is The Safeguarding Manager.

Designated Officer (DO) is the designated officer in the local authority, this can be an individual or a team of officers.

Section 2: Safeguarding Roles and Responsibilities

Chief Executive

- Overall (executive) responsibility for Safeguarding

Designated Safeguarding Lead

- First point of contact for all staff and volunteers to go to for advice if they are concerned about a child, this includes out of hours cover when applicable.
- Ensures all staff are trained in line with LSCB Training Strategy.
- Supports staff through the process of managing concerns they may have about a child/young person. Only the Designated Safeguarding Lead or the deputy in their absence, are to make referrals to Children's Services.
- Monitors responses from documented referrals and escalate as necessary.
- Consults and liaises with Statutory Agencies, Pharos (NCS Specific) and NSPCC as applicable.
- Refers allegations against staff members/volunteers to the Designated officers (DOs) in the respective local authorities
- Ensures that concerns are logged and stored securely
- Ensures that The EBP's safeguarding policy and procedures are followed and updated annually.

Deputy Designated Safeguarding Lead

- Will deputise operationally in the event of the Designated Safeguarding Lead being unavailable.

This policy is available through The EBP's website and this information is shared with parents/carers through confirmation letters to ensure that they can access the policy and procedures.

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Key Safeguarding Contacts

The EBP Chief Executive Overall responsibility for safeguarding	Elaine Lilley	01522 574158 07721 499517
The EBP Designated Safeguarding Lead	Tara Lawson Safeguarding Manager	01522 574141 07867 356849
The EBP Deputy Designated Safeguarding Lead	Andy Jeffcutt Head of People Services	01522 574116 07818 598471
Lincolnshire Children Services (including Designated Officer) Vulnerable Adults Early Help	No named individual	01522 782111 Out of hours emergencies: 01522 782333 01522 782155 01522 782111 early help
Leicestershire Children Services (including Designated Officer) Vulnerable Adults Early Help	No named individual Advice Referral by e-mail	0116 305 0005 Out of hours emergencies: 0116 305 0005 0116 454 1004 Out of hours emergencies: 0116 255 1606 0116 454 1694 early-help@leicester.gcsx.gov.uk
Northamptonshire Children Services, (including Designated Officer) Vulnerable Adults Early help	No named individual Referral by e-mail Advice Referral by e-mail	0300 126 1000 Out of hours Emergencies: 01604 626938 0300 126 1000 option 1 mash@northamptonshire.gcsx.gov.uk 0300 126 1000 earlyhelpsupport@northamptonshire.gov.uk
Police Child Protection Police emergency: 999	CEOP (Child Exploitation and Online Protection)	08700 003344
NSPCC	No named individual	Helpline: 08008 005000 Text: 88858 Email: help@nspcc.org.uk
Childline UK	Freepost 1111 London N1 OBR	0800 111111
PREVENT	John Richardson	01522 885350 07500 920489

Section 3: Definition of Early Help

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

Working Together 2015 outlines that local areas should make arrangements to set up the provision of early help services. These should form part of a continuum of help and support to respond to the different levels of need of individual children and families.

The aim of providing early help is to be more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help.
- Undertake an assessment of the need for early help.
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

The arrangements for assessing and providing early help services differ between local authority areas. Please refer to the processes where the child/young person lives and follow these.

For The EBP and NCS workers/volunteers where they identify a concern/worry or need for a child/young person the action to take is:

- Refer to The EBP Designated Safeguarding Lead in the same way as for reporting all concerns.
- The Designated Safeguarding Lead will consider the information and consider thresholds as necessary.
- The Designated Safeguarding Lead will consider whether the child/young person is in need of early help services.
- If it is considered the young person is in need of additional services, the Designated Safeguarding Lead will advise the reporting worker to complete an initial early help assessment with the consent of the young person/family.
- The Designated Safeguarding Lead will then forward the completed initial assessment to the early help central point for the child/young person's local area. The EBP/NCS role will cease.

It is important to stress that The EBP/NCS are only involved in short term activities/projects with children/young people and do not continue working with children/young people. The EBP/NCS workforce, therefore are not in a position to lead or play a support role in any ongoing support for children/young people and their families.

Section 4: Defining child abuse and neglect

There are four categories of harm as defined in Working Together to Safeguard Children 2015. Children and young people can experience one or more categories of harm. Both adults and children may abuse or inflict harm on children. Perpetrators of harm are both male and female and may act alone or with others.

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

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

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

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

Sexual abuse and exploitation involves grooming, 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/young person is aware of what is happening. The activities may involve:

- Physical contact, including assault by penetration (for example, rape or oral sex).
- Non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
- 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.

Child sexual exploitation (CSE) is a form of sexual abuse where children are exploited by individuals or groups for money, gratification, power or status. Young people at risk of or experiencing exploitation can believe the person is their boyfriend/girlfriend and not recognise they are being coerced or bribed by the perpetrator(s) in exchange for money, gifts, drugs, alcohol, affection and status. The young person may believe they are acting out of their own free will BUT a young person is always a victim and cannot give consent. CSE can involve humiliating,

violent and degrading assaults by one or more perpetrators with young people being taken to different areas as part of organised crime. CSE can also happen online. There is an identified link between children who are missing and CSE but this is not the sole indicator. All information for every child/young person should be used to consider needs and risks.

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

- Not giving the child opportunities to express their views.
- Deliberately silencing a child or 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on a child. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- A child/children seeing or hearing the ill-treatment of another.
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur as the sole form of abuse for a child/young person.

Peer on Peer Abuse

The EBP has put in place safeguards to minimise the likelihood of peer on peer abuse by;

- Undertaking risk assessments and health and safety assessments.
- Actively promoting a culture that respects and values differences, promotes diversity and equality.
- Agreeing acceptable conduct, expectations and consequences at the start of all activities, workshops and programmes.

For NCS programmes to safeguard all young people;

- Promoting an ethos of respect, friendship, courtesy and kindness outlined in the Social Bond that all young people and parents must agree and sign up to prior to the programme.
- Setting out the expectations for a safe environment and for mentors to discuss and reinforce the consequences for any unsafe or unacceptable behaviours at the start of each programme.
- The EBP initiates a **zero tolerance position** for young people who break any element of the Social Bond. This is to maintain a safe environment for everyone. In this circumstance The EBP Designated Safeguarding Lead will contact parents/carers for them to make arrangements to collect their child/young person.

See appendix C, D and E for guidance on specific circumstances in which young people can experience abuse, the vulnerabilities and indicators to consider.

Section 5: Identifying concerns about a child/vulnerable adult

Vulnerable Adults

The term 'adult at risk' refers to an adult aged 18 years or over who is or may be in need of community care services by reason of mental health, age or illness, and who is or may be unable to take care of themselves, or protect themselves against significant harm or exploitation.

Concerns about a child/vulnerable adult may come to the attention of staff/volunteers in a number of ways:

- The child/vulnerable adult may disclose abuse.
- Through observing the child and identifying any behaviours which may be indicators of the possibility of abuse.
- For children with disabilities it is important to be vigilant to any signs or indicators of the child being upset, having unexplained marks or soreness, presenting differently or reacting differently to people or situations.
- Information may be given by parents, other people or agencies.
- A child/vulnerable adult may show some signs of physical injury of which there seems to be no satisfactory explanation.
- Something in the behaviour of a worker or young person, or in the way the worker or young person relates to a child/vulnerable adult, alerts them or makes them feel uncomfortable in some way.
- Observing indicators of inappropriate discussions or behaviours between workers/volunteers and young people.
- Observing dynamics/behaviours which may indicate abuse between children or directly observing one child abuse another.
- Through social networking media.

Handling disclosures

Specific advice for responding to a disclosure from a young person including disclosures of historic child abuse

When a young person discloses it is important to:

- React calmly and with compassion, do not show any personal feelings or reactions to the information.
- Tell the child they have done the right thing in telling you, reassure them that he/she are not to blame and find an early opportunity to explain you will need to talk to others and explain why.
- Take what the child says seriously, where a child has a speech disability and/or differences in language be patient and fully consider how best to help the child express themselves.
- Let the child give their own account without interrupting so you capture a clear and accurate understanding of what the child is telling you.
- It is appropriate to sensitively clarify information after the child has finished, if you are not clear what you are being told but minimise questions, keep

questions open 'can you tell me' and do not lead the child into giving specific responses.

- Where a young person discloses abuse from the past, actively listen, believe and reassure them what happened is not their fault. Acknowledge their courage in speaking out after a long time.
- Reassure the child but do not make promises of confidentiality or keeping secrets.
- Make a full record of what had been said, heard and/or seen as soon as possible on **AF1** form (Appendix A) and contact the designated safeguarding lead. See Appendix B for prompts to support gathering the relevant information to pass on.

Actions to Avoid:

The person receiving the disclosure should not:

- Panic or show any personal feelings or reactions.
- Probe or start investigating **but** it is acceptable to clarify with the child/young person what they are telling you after they have given their own account (*what, when, who*).
- Speculate or make assumptions.
- Make negative comments about the alleged abuser.
- Approach the alleged abuser.
- Make any promises or agree to keep secrets.

Reasons why children/vulnerable adults may not disclose

There may be barriers to children disclosing information, the power of relationships between adults and children should not be underestimated nor should the deliberate and skilled way that abusers target their victims. Children may not disclose information because they:

- Are scared because they have been threatened.
- Believe they will be taken away from home.
- Believe that services are stigmatising.
- Do not recognise they are being abused and think it is what happens to all children.
- Feel embarrassed.
- Feel guilty.
- Don't want to get the abuser into trouble.
- Have communication or learning difficulties.
- Have a disability.
- May not have the vocabulary to explain what happened.
- Are afraid they won't be believed.
- Or believe they have told, maybe by dropping hints, but haven't been believed so don't try again.

Child abuse thrives on secrecy and needs to be handled in a child centered, sensitive and accepting way. Adults may have to overcome certain barriers, such as:

- Sometimes it may be hard to believe what the child is saying.
- It may be difficult to hear that the suspicion may be about someone that is known to them.
- The fear of getting it wrong.
- The fear of what consequences there may be for 'getting it wrong' for the child, for the family and for themselves.
- Worry that it may make it worse for the child.
- Believe that the services are stigmatising.
- Simply do not want to become involved.
- Do not have the necessary information on what to do or who to contact.

It is not the responsibility of anyone working for The EBP to determine whether or not abuse has taken place. However, there is a responsibility to protect all children in order for the appropriate agencies to make enquiries and take the necessary action to protect the young person.

The Designated Safeguarding Lead and the Young People's Team will take the lead and support any staff/volunteers through this process.

Section 6: Guidance for responding to a concern about a child/young person/vulnerable adult

The role of staff/volunteers in The EBP is to help to identify concerns and pass them on to the Designated Safeguarding Lead who will liaise with the relevant agency. It is the role of the children's social care, as part of local authority children's services, and/or the police to investigate allegations or concerns. All staff and volunteers have a duty to work in partnership with LSCBs and follow the LSCB procedures.

If a worker or volunteer has a concern about a child they should:

- Take appropriate and immediate action if the child is in need of urgent medical attention or protection.
- Collect as much information as possible about the situation, it is acceptable to check out information to both make sure you understand and to clarify details with the young person but **DO NOT INVESTIGATE**. Information may be from the child, parent, carer or other workers and should include date and time of the incident or disclosure, parties who were involved, what was said or done and by whom and any further actions. It may also be helpful to record perception of emotional and physical presentation.
- Be open with the child/young person/vulnerable adult or person reporting the concern and make it clear that the member of staff/volunteer will have to tell others.
- Take the concerns to the EBP Designated Safeguarding Lead as soon as practicably possible and within the same working day. The Designated Safeguarding Lead will collate information and decide whether a referral to children's services is required. This ensures that all information is passed through one point of contact and enables responses of agencies to be consistently monitored. This is important at times where a number of smaller concerns can initiate the escalation process when considered as a whole. This is also essential due to the temporary employee workforce at times.
- Complete and return the appropriate reporting form (**AF1: appendix A**) after discussion with the **Designated Safeguarding Lead** to ensure a record of the concern is maintained. Prompts in **Appendix B** highlights what information the **AF1 form** needs to include. Written evidence should be factual. Opinions can be included as long as it clearly documented that it is an opinion.

The Designated Safeguarding Lead will consider the following options:

- **Consult** by utilising the support from NSPCC or Pharos and/or statutory bodies.
- **Refer** to children's services and follow with written documentation **or** initiate an early help assessment.
- **Monitor** to further consider the child's needs/information to inform the action.
- **No further action** is required.

The Designated Safeguarding Lead to keep accurate records of all subsequent actions and decisions supported with a clearly recorded rationale. The lead to ensure timely feedback is obtained on any actions taken by statutory agencies. In the event of an unsatisfactory response or action from statutory agencies the designated safeguarding lead will formerly escalate their concerns within the local authority and inform the Chief Executive of The EBP.

Sharing concerns with parents and when NOT to share concerns

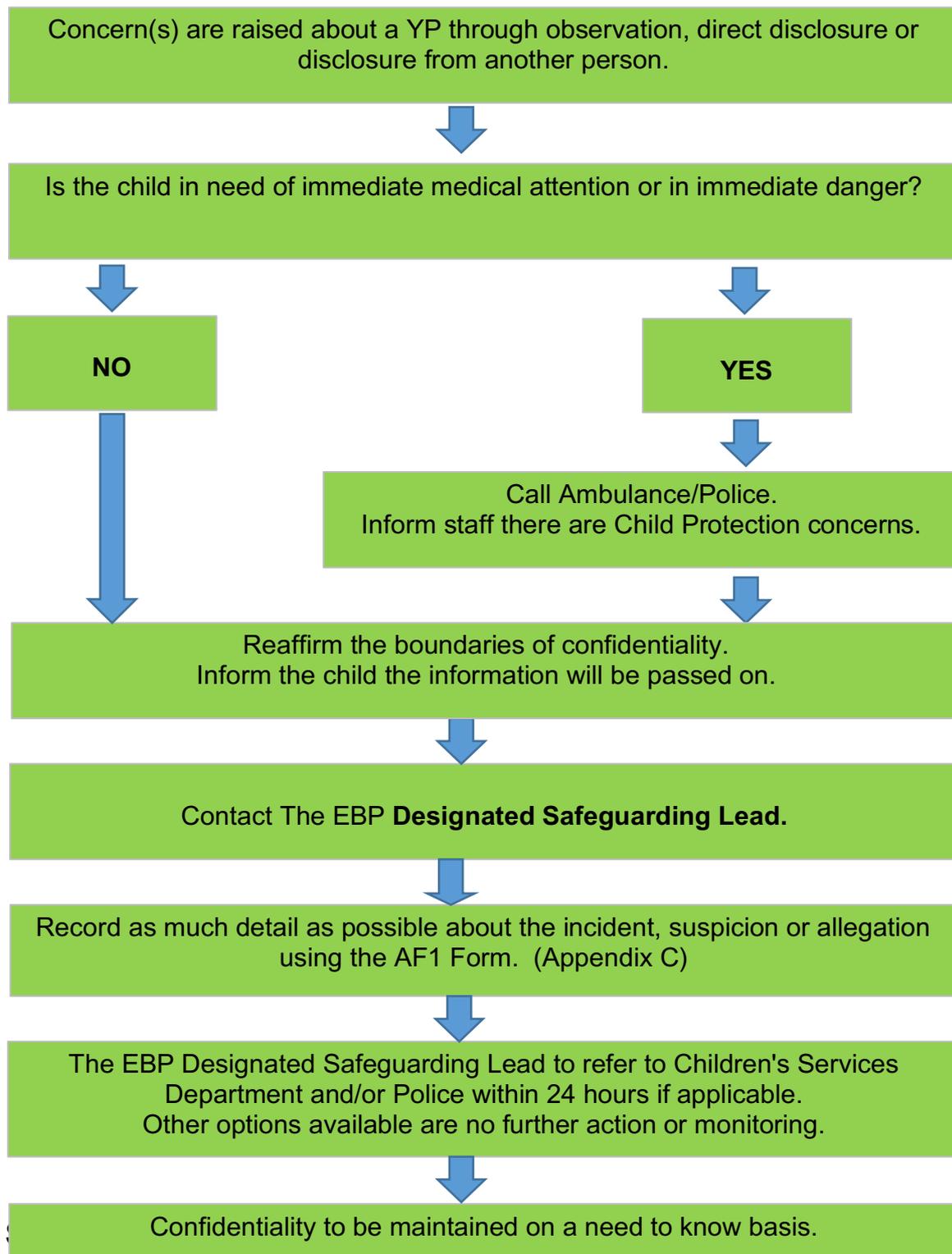
A child/young person's welfare is paramount and central to any safeguarding actions taken. There is always a commitment to work in partnership with parents/carers where there are concerns about their children. Therefore, in most situations, it will be important to talk to parents/carers to help clarify any initial concerns. For example, if a child seems withdrawn, there may be a reasonable explanation such as an upset in the family, such as a parental separation, divorce or bereavement.

It is good practice to gain the consent of the young person before sharing information with parents to ensure that all support is child centred, however, **concerns should not be shared with parents if it is alleged that they are responsible for the abuse or risk of harm or there is other information to indicate this will put the child at increased risk.** In these situations, or where concerns still exist, any suspicion, allegation or incident of abuse must be reported to the Designated Safeguarding Lead as soon as possible and recorded. Please see **Appendix F** for the seven rules of information sharing.

All decisions taken regarding the sharing of information will be in conjunction with the Designated Safeguarding Lead who is responsible for recording the decisions made along with the supporting rationale.

Procedure for reporting concerns about a child

All concerns to be reported to Tara Lawson, the **Designated Safeguarding Lead** on **07867 356849** or, In her absence, Andy Jeffcutt on **07818 598471**.



Section 7: Safer Recruitment

The EBP are committed to safeguarding and protecting children from contact with unsuitable people through its safer recruitment practices and supporting procedures for managing allegations against staff. To support this commitment, The EBP operates clear guidance outlining the expectations for all staff about their conduct.

Position of Trust

All staff who work with young people in a supportive capacity are deemed to be in a 'position of trust'. The power and influence that an older member of staff/volunteer has over someone attending a group, activity or event cannot be under-estimated.

It is therefore vital for all personnel to recognise, understand and put into practice their responsibility to ensure that they do not abuse their positions of trust. Staff are responsible for their own actions and behaviours but also to exercise vigilance and report any concerns they observe with the behaviours or actions of others.

In certain circumstances the 'abuse of trust' is a Criminal Offence (Sexual Offences Act 2003).

Procedures for dealing with allegations against staff and volunteers

Guidance first introduced in 2006 ensures that all Local Authorities implement procedures for responding to and dealing with allegations against an adult who works with, or is in contact with, children in a work or care setting (Working Together to Safeguard Children 2006, revised 2010, 2013 and 2015).

Child abuse can occur in any environment and be perpetrated by any individual or group of people. Child abuse is a disciplinary issue and will be dealt with in accordance to The EBP disciplinary procedures.

If the staff member/volunteer has concerns or receives an allegation against a member of staff who works with children, for example the staff member is alleged to have;

- Behaved in a way that has harmed a child, or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children. (Working Together 2015).

Action to follow

Contact The EBP Designated Safeguarding Lead, who will contact the Designated Officer (DO) in the local authority, if applicable within 24 hours. If the concern involves The EBP Designated Safeguarding Lead, please report the issue to the Chief Executive of The EBP.

The EBP safeguarding lead will liaise with the DO until a conclusion is reached and is responsible for ensuring all recommendations are followed.

The EBP assures all staff members/volunteers that it will fully support and protect anyone who, in good faith (without malicious intent), reports a concern about a colleague's practice or the possibility that a young person may be being abused. Please refer to The EBP's Whistleblowing Policy for further details.

The Head of People Services, who has strategic role for human resources, will explain the disciplinary process and offer advice for any employee who has been accused of inappropriate behaviour.

The EBP staff responding to safeguarding concerns, including about non-EBP staff whilst at other venues/locations:

The EBP member of staff is to contact the responsible safeguarding lead at the venue in the following instances:

- If they receive an allegation about a member of staff employed by the venue/provision.
- If they observe or become aware of inappropriate behaviour by staff raising potential conduct issues.
- If they have any concerns for the welfare of any young person who is not with an activity organised by The EBP at the venue.
- If an incident occurs that involves another young person at the venue but not the responsibility of The EBP.
- If a serious incident occurs that would warrant police involvement.

The EBP Designated Safeguarding Lead is to ensure they receive feedback on the action taken by the interface agency (venue/provision).

If the Designated Safeguarding Lead does not consider appropriate action has been taken they must take this further with the named safeguarding person in the agency and/or consider making a referral to a statutory agency. **Follow the procedure outlined in Section 6 as below:**

- If necessary, The EBP Designated Safeguarding Lead to make referral to children's services in the local authority where the child/young person lives.
- The EBP designated safeguarding lead of to monitor responses and escalate if appropriate.
- Advice and guidance can be sought from NSPCC and Pharos for NCS specific concerns.
- Keep clear records of all information/decisions and rationale.

Types of Investigation

Where there is a complaint of abuse against a member of staff/volunteer, there may be three types of investigation:

- Criminal (led by the police).

- Child protection (led by children's services and/or the police).
- Performance/capability, disciplinary/ misconduct (led by The EBP).

Civil proceedings may also be initiated by the person/family of the person who alleged the abuse.

The results of any police and/ or children's services investigation will inform The EBP disciplinary process. In the absence of a criminal prosecution, The EBP will consider the evidence for activating capability or disciplinary procedures. Following the outcome of all enquiries the decision regarding the staff member's future employment will be made by the Designated Safeguarding Lead in conjunction with the Head of People Services. Please refer to The EBP's Disciplinary Procedure.

Referring to Disclosure and Barring Service (DBS) – refer to allegations flowchart

If The EBP ceases an employee's contract of employment or terminates the relationship with a volunteer for reasons of harm, risk of harm or because a consideration has made that they are unsuitable, then The EBP will make a referral to Disclosure and Barring Service (DBS) who will consider all the information and make the final barring decision.

Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned.

Information should be handled and disseminated on a *need to know basis* only. This may include the following people:

- The EBP Designated Safeguarding Lead.
- The parents of the person who is alleged to have been abused, if appropriate.
- The person making the allegation.
- Children's services/police.
- Designated Officers in involved local authorities.
- Information will be securely stored in line with The EBP policy and data protection law.

Position on lone working with young people

The usual position of The EBP, including the position for the NCS programme, is for at least two members of EBP staff or mentors to be present at all times when working with or supervising children and young people during activities and programmes. It is not agreed practice for workers to be alone with a young person. This includes unexpected events such as a young person requiring a visit to hospital. There must be two staff/mentors accompanying the young person.

There is an exception on the NCS residential elements where some individual young people require 1-1 care. For these young people mentors will work strictly within the agreed support plan, which will clearly identify the expectations for safely caring for the young person and with explicit parental agreement

There are further agreed exceptions with specific and planned programmes, such as the Mini Exec club and Mission Mentor which focus on the benefits of 1-1 mentoring relationships to enhance the learning opportunities and positive outcomes for young people.

In such programmes, 1:1 mentoring is part of the agreed and planned working arrangements. All mentors undergo rigorous recruitment checks, following the Safer Recruitment guidance and The EBP seeks explicit consent from the young person's parent/carer. All mentors receive tailored training for their mentoring role which includes understanding their duty as an adult in a position of trust.

Mentors and mentees are briefed in The EBP's expectations of their conduct during the programme and they receive clear guidance on the expected safe practice in line with The EBP's safeguarding policies and procedures.

The EBP closely monitors and supervises the 1:1 mentoring programmes and expects clear records of all contact, whether electronically or face to face, between the mentor and mentee. There should be no 1-1 work undertaken on an ad hoc basis. An extensive list of established and planned activities can be found on The EBP 'RACI' document.

It is important that staff work safely at all times in line with the employee code of conduct and follow the agreed guidance within the safeguarding policy and procedure. This is for the protection of children/young people **AND** also to minimise the risk for staff of false allegations.

Staff/mentors should immediately contact the Designated Safeguarding Lead for advice should there be any unexpected events which compromise the position of no lone working. As referred to in this policy, except where this is part of the agreed working arrangements outlined in specific programmes.

Section 8: The EBP Employee Code of Conduct and reporting concerns

The code of conduct applies to all employees, permanent or temporary and all employees are expected to adhere to this code at all times. All breaches of this code of conduct will be taken very seriously and will be dealt with by a senior manager along with the Head of People Services in accordance with The EBP's Disciplinary Procedure.

If the breach concerns the conduct of a member of staff with safeguarding responsibilities, the Head of People Services will take the lead on the investigation and ensuring any subsequent actions.

All breaches are to be reported within 24 hours using the AF1 reporting form (appendix A) in the first instance. If further information is required, an additional written report will be requested. The EBP Designated Safeguarding Lead will make referrals to the appropriate statutory agencies, if the breach warrants this action.

Once the breach has been reported, the EBP Designated Safeguarding Lead will decide whether further procedures are required to be instigated. For example, concerns for a child/young person or allegations against a member of staff.

The Designated Safeguarding Lead will maintain a clear record of all actions and decisions and store this securely in line with data protection.

For each employee the expected behaviours are:

- **Behave responsibly and respect others.** You are expected to undertake your role as detailed in the job description and to show respect and consider the feelings and needs of others. To treat others as you would like to be treated yourself and to apply the same professional standards to all young people regardless of their age, disability, race, colour, gender, ethnic origin, religion and sexual orientation.
- **Be aware that the welfare of young people is paramount.**
- **Report all concerns** relating to the wellbeing and welfare of a young person to the **Designated Safeguarding Lead**.
- Not to behave or display attitudes which would lead someone **to question your suitability to work with children and young people or act as a role model**. You should always acknowledge and maintain professional boundaries with young people.
- **Working in a Position of Trust**, therefore you must never engage or seek to engage in any sexual activity with a young person (this includes 16-17 year olds).

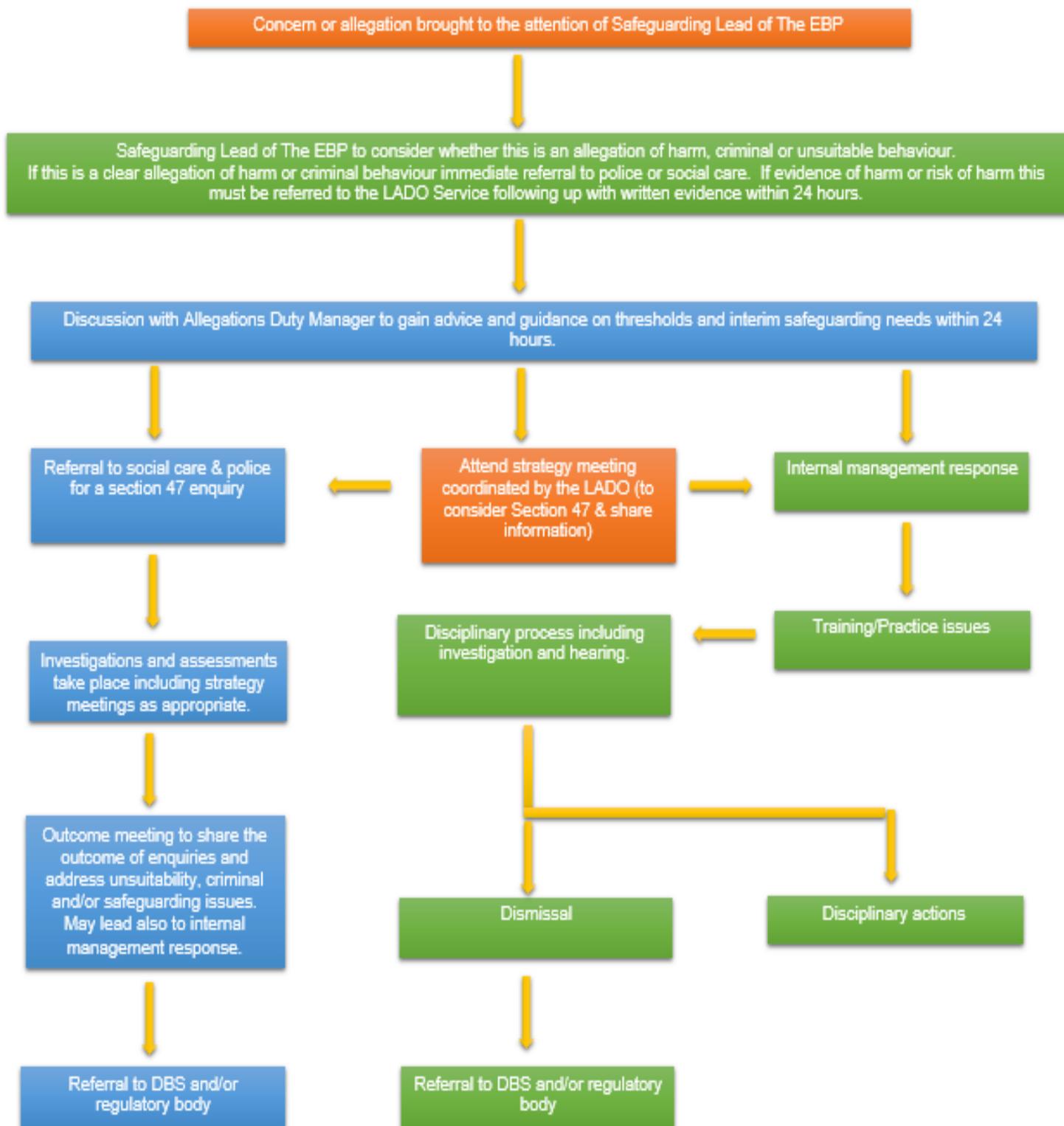
- **Only use physical intervention with a young person in exceptional circumstances** to help prevent significant risk of harm to a young person. **Physical intervention however should not be tempted where is a significant risk of harm to you.** Police should be contacted immediately if a young person is **at immediate risk of significant harm.** Any physical intervention should be clearly recorded and reported to the Designated Safeguarding Lead. Physical force should never be used as a form of punishment.
- **Do Not Engage in personal email or telephone communication with young people.** This includes texting, skypeing and social media. You should only make contact with young people for professional reasons, in accordance with agreed protocols and with the knowledge of your Manager or Young People's Team.
- **Avoid discussing and sharing your personal information or circumstances with young people.**
- **Ensure that your personal social networking sites are set at private** and young people are never listed as approved contacts.
- **Do Not take unauthorised photographs of young people.**
- **Avoid physical contact with young people.** Discourage hugs from young people.
- **Do not invite a young person to your home.**
- **Do not use illegal substances, drink alcohol or take 'legal highs'.** Do not use prior to work or bring to work illegal substances, legal highs and/or alcohol. Anyone attending work considered to be under the influence of, or in possession of illegal substances, legal highs and/or alcohol will be removed and possibly face disciplinary action.
- **Be aware that behaviour in your personal life may indicate an unsuitability to work with young people** (Misuse of drugs, alcohol or acts of violence would be examples of such behaviour).
- **Abide by smoking rules** – smoking is only permitted in designated smoking areas. You must never smoke inside a building. You should never offer a young person a cigarette or encourage them to smoke or purchase cigarettes for them.
- **Abide by Health & Safety** – you must listen and act on any Health & Safety instruction or requirement. You must take every step to ensure your own safety and that of others at all times.

- **Notify if sick** – Your Manager/Supervisor should be advised promptly if you are unwell and unable to attend work.
- **Remain and act professionally at all times.** Your clothing should be appropriate to your role and is not likely to be viewed as offensive, revealing or sexually provocative. Your language should avoid words that are likely to cause offence.
- **Guard against a young person developing an infatuation with you.** If you think that a young person's behaviour indicates that they are seeking to develop or engage in an inappropriate relationship with you, you need to inform your manager and/or Designated Safeguarding Lead.
- **Contact with a young person outside the 'work' place should be planned and agreed by your line manager.** There should be no secret social contact with young people or their parents.
- **Avoid working in a one to one situation with a young person, but when necessary ensure that there is visual access to you so others can see you.** Remote or secluded areas should be avoided.
- **Treat personal and sensitive information about young people discretely and not disclose confidential information about young people** to third parties without prior discussion with the Young People's Team.

Complaints

The EBP has a complaints policy and procedure for responding to all concerns/complaints and compliments from children/young people, families, partners and stakeholders. The complaints procedure will be considered as part of responding to any concerns raised about the conduct of EBP staff/volunteers and the services which The EBP provide.

Handling allegations of abuse made against adults who work or volunteer with children and young people



Section 9: Good practice guidance for staff and volunteers

All staff/volunteers are expected to demonstrate exemplary behaviour in order to promote the interests of young people and reduce the likelihood of allegations being made. The EBP expects a high standard of behaviour from all staff, permanent and temporary.

The following are common sense examples of how staff can create a positive culture and climate.

Do promote

- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging an open environment (e.g. no secrets).
- Treating all young people equally, and with respect and dignity.
- Always putting the welfare of each young person first.
- Maintaining a safe and appropriate distance with participants (e.g. it is not appropriate to have an intimate relationship with a young person or to share a room with them).
- Building balanced relationships based on mutual trust which empowers young people to share in the decision-making process.
- Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Securing parental consent in writing to acting *in loco parentis*, if the need arises to give permission for the administration of emergency first aid and/or other medical treatment.
- Keeping a written record of any injury that occurs and details of any treatment given.

Practice/actions which are not acceptable

- Transporting a young person in your own car without prior parental consent, agreement from the Safeguarding team and a second staff member present.
- Spending excessive amounts of time alone with children away from others.
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Sharing a room with a young person.
- Allowing or engaging in any form of inappropriate touching.
- Allowing young people to make sexually suggestive comments to a young person, even in fun.
- Allowing allegations made by a young person to go unchallenged, unrecorded or not acted upon.
- Doing things of a personal nature for young people that they can do for themselves.
- Inviting or allowing young people to stay with an employee at their home unsupervised.

NB It may sometimes be necessary for staff/volunteers to help with tasks of a personal nature for young people, particularly if they are disabled. These tasks

should only be carried out as part of the agreed support plan for the young person/adult and with the full understanding and written consent of parents and the participants involved.

There is a need to be responsive to a young person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. **Avoid** taking on the responsibility for tasks for which you are not appropriately trained.

If any of the following incidents should occur, you should report them immediately to another colleague; make a written record of the event and pass this on to the Designated Safeguarding Lead, for information.

Parents should also be informed of the incident:

- If an employee accidentally hurts a child.
- If a child seems distressed in any manner.
- If a child misunderstands or misinterprets something an employee has done.

Induction and Training

As part of the induction process, all staff and volunteers will be provided with and made aware of The EBP's procedures for safeguarding and promoting the welfare of children, young people and vulnerable adults.

All staff/volunteers must complete two online safeguarding courses – '*An Awareness of Child Abuse and Neglect*' – Foundation and '*An Introduction to Safeguarding Children*.'

Safeguarding is an integral part of The EBP. Updates of any changes to safeguarding procedures will be provided through team meetings, refresher training and e-mail communications. The Designated Safeguarding Lead is responsible for auditing the effectiveness of these arrangements to ensure that The EBP's safeguarding training strategy is adhered to.

Volunteers will be briefed on safeguarding procedures and good practice prior to any activity where there will be contact with children/young people.

NCS specific information

All NCS mentors will complete mandatory 2-day Online Safeguarding Training and undertake a 'Briefing Day' with The EBP. All staff will receive guidance and instructions regarding the expectations of the Employee Code of Conduct – see section 8.

Mentors/staff/volunteers are also expected to refer to and follow the safeguarding policy and procedures of the residential provision where they are based. For each residential stay a Critical Incident Plan is produced for each cohort prior to

programme. This is to be followed in line with the NCS Trust Reporting procedures to contact Pharos within a specified time frame in the event of an emergency at level 1 or 2. The EBP Designated Safeguarding Lead is the first point of contact and will advise, assist and lead at each stage.

All NCS mentors/volunteers will wear photograph identification around their necks at all times and the agreed NCS clothing to be visible to young people at all times.

Recording and Storing Information

Sharing information amongst professionals is essential to safeguard and promote the welfare of children. There are legal restrictions regarding when information can be shared and it is essential that The EBP complies with this. – Please see appendix F.

A record is a document, regardless of format or medium (it could be paper or electronic) which is held by the organisation (whether it created or received it).

The information contained within safeguarding records is confidential and as such managed on a need to know basis. All safeguarding incidents reported are recorded in the first instance on an AF1 form (appendix A), with any subsequent records completed by the young people's team.

Arrangements for storing and handling records

- Records of any completed incidents/allegations and safeguarding concerns will be stored in hard copy, in a locked filing cabinet with access limited to key personnel in People Services.
- All ongoing records are stored on the G drive in the safeguarding section of the young people's team file. Access is restricted to authorised personnel only.
- Records of allegations against a staff member/volunteer, are stored for a period of 10 years or up to the age of 65, whichever is longer then destroyed. This includes people who have left the organisation.
- For all other safeguarding concerns the records will be stored for a period of 6 years and then destroyed.
- All online records will be removed once they are complete.
- The Designated Safeguarding Lead has the responsibility to ensure that records are destroyed within the appropriate timeframe.
- Young people and parents/carers will be informed that records exist, their purpose and use. They will therefore have the right to access them should they wish to. Please refer to The EBP's Freedom of Information Policy for further details.

The EBP will comply with all inter-agency procedures recommended by the Local Safeguarding Children's Boards and comply with any requests for sharing of information.

Implementing and monitoring the safeguarding policy and procedures

The Designated Safeguarding Lead and The Young People's Team are responsible for;

- Disseminating The EBP Safeguarding Policy and Procedure so that it reaches all parts of the organisation and stakeholders, to ensure that it is fully embedded within practice and promote an organisational culture which safeguards the welfare of young people and vulnerable adults.
- Review the safeguarding policy and procedure annually or sooner if new legislation is implemented.
- Operating sound procedures for recruiting staff.
- Identifying and ensuring staff receive appropriate child protection training. Designated Safeguarding Lead to ensure all staff comply with the safeguarding training plan.
- Keep up to date with updated legislation related to child protection
- Measure the impact of the policy and procedure in day to day activities
- Consult with young people through Regional Youth Board on the effectiveness of the safeguarding policy and procedure.

Prevent Duty

Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour. Channel works in a similar way to existing safeguarding partnerships aimed at protecting vulnerable people.

If any of The EBP staff members/volunteers are concerned that a young person may be being drawn into violent extremist or terrorist behaviour they should report their concerns to the designated safeguarding lead who will collate all the information and make a referral to Channel Panel if applicable. **See appendix C for indicators of radicalisation and extremism**

Referrals are first screened for suitability through a preliminary assessment by the Channel Coordinator and the Local Authority. If suitable, the case is then discussed at a Channel Panel of relevant partners to decide if support is necessary.

All written records about a child must be retained securely and confidentially, and marked as sensitive within the relevant service recording system.

Each Channel Panel is chaired by a local authority and brings together a range of multi-agency partners to collectively assess the risk and can decide whether a support package is needed. The group may include statutory and non-statutory partners, as well as lead safeguarding professionals. If the group feels the person would be suitable for Channel, it will look to develop a multi-agency package of bespoke support for the person.

Section 10: Appendices

Appendix A

NCS Incident and Accident Reporting Form (AF1)

Name of Person (involved in an incident)		Cohort	
Mentor Name		Group	

Mentor Contact Number	
------------------------------	--

Incident/Accident Details - To be completed by Mentor

Incident Date dd/mm/yy		Incident Day e.g. Friday		Incident Time		Please use 24 Hour Clock HH: MM
Venue / Location e.g. PGL, Caythorpe						
<p>Brief description of Incident / Accident, please provide details of the circumstances prior to the incident, of the incident and of any action taken immediately following the incident. If appropriate, please complete on a further blank sheet.</p>						

Was an ambulance called? (please circle as appropriate)	YES	NO
If Yes, who called the ambulance? (print clearly)		
What time did the ambulance arrive?		Please use 24 Hour Clock HH:M M
What medical establishment was the patient taken to? (name & location)		
<p>Please use this area for any addition information.</p>		
Mentor (print name)		Date mm/dd/yy
	Mentor Signature	

Incident/Accident Details - To be completed by Co-hort Lead / Lead Mentor

**Level of Incident (please circle 1-4 the criteria which most appropriately describes this incident)
These are Pharos categories, for a fuller description please see the 'NCS Crisis & Reporting Guide'**

1 Major Incident	Resulting from accident, or other failings / negligence, resulting in death, threatens life or has a high likelihood of life changing injury i.e. fatality / multiple injuries sustained from road traffic accident (RTA)
2 Major Incident	Resulting from an accident or other events that do not result in death or directly threaten life. i.e. potentially life changing, serious incident
3 Major Incident	Resulting from an accident, or other event, that causes non-life changing injuries, i.e. fracture limb, multiple minor injuries, substance misuse, minor theft, criminal damage, any incident requiring ambulance or hospital treatment
4 Minor Incident	Resulting from an accident or other events, that cause minor injuries only, i.e. sprains, abrasions, bruising, minor cuts, behavioural issues, less serious pre-existing medical conditions. Safeguarding disclosures not related to other NCS participants or staff.

Was the parent/guardian of the young person contacted? (please circle as appropriate)	YES	NO
By what method was the parent/guardian contacted by? (print clearly)		
What time was the parent/guardian contacted?		Please use 24 Hour Clock HH:M M
Name of parent/guardian who was contacted? (print clearly)		
<i>Please give brief description of conversation with parent/guardian. Continue on a blank sheet if necessary.</i>		

Has The EBP Duty Manager been informed? (please circle as appropriate)	YES	NO
By what method was The EBP Duty Manager contacted? (print clearly – email / phone)		

What time was The EBP Duty Manager contacted?		Please use 24 Hour Clock HH:M M
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Name of The EBP Duty Manager contacted? (print clearly)	
<i>Please give brief description of conversation with The EBP Duty Manager. Continue on a blank sheet if necessary.</i>	

Has the Incident been resolved? (please circle as appropriate)	YES	NO
Outcome , if resolved prior to reporting to Incident Team. Brief description of the resolution.		

Cohort Lead / Lead Mentor (print name)		Cohort Lead / Lead Mentor Signature		Date mm/dd/yy	
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For office use only;-

H&S Assessor (print name)		H&S Assessor Signature		Date mm/dd/yy	
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Appendix B - Contents of child protection notification form

- Name of child

- Child's address
- Name of parent/carer(s)
- Telephone numbers for parent/carer(s) and child
- What is said to have happened or what was seen
- When and where did it occur (include time and date)?
- Who else, if anyone, was involved and how?
- What was said by those involved?
- Were there any obvious signs, e.g. bruising, bleeding, changed behaviour?
- Was the child able to say what happened, if so, how did they describe it and record using their words?
- Who has been told about it and when?
- Do the parents know? (It is good practice to share with parents your concerns and to inform them that you are making a referral unless to do so would place a child at increased risk or if you are concerned about risk to yourself).
- Signature of the person filing the record

Appendix C

Indicators of abuse and neglect

Recognising Child Abuse

Recognising child abuse is not easy, and it is **not** your responsibility to decide whether or not child abuse has taken place or if a child is significantly at risk. You do, however, have a responsibility to act if you have a concern.

The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse.

1. Physical Abuse: Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins.

Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely, eg cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body.
- Bruising which reflects hand marks or fingers (from slapping or pinching).
- Cigarette burns.
- Bite marks.
- Broken bones.
- Scalds.

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation.
- Aggressive behaviour or severe temper outbursts.
- Flinching when approached or touched.
- Reluctance to get changed, for example wearing long sleeves in hot weather.
- Depression.
- Withdrawn behaviour.
- Running away from home.

2. Emotional abuse can be hard to measure, and often children who appear to be well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from parents or carers. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- A failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. hospital or away from parents' care.
- Sudden speech disorders.
- Development delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- Neurotic behaviour, e.g. hair twisting, rocking.
- Being unable to play.
- Fear of making mistakes.
- Self-harm.
- Fear of parents being approached about their behaviour.

3. Sexual Abuse. Adults who use children to meet their own sexual needs abuse boys and girls of all ages, including infants and toddlers.

Usually, in cases of sexual abuse, it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal areas.
- Bruising or bleeding near genital/anal areas.
- Sexually transmitted diseases.
- Vaginal discharge or infection.
- Stomach pains.
- Discomfort when walking or sitting down.
- Pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour, eg becoming aggressive or withdrawn.
- Fear of being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond their age or development level.
- Sexual drawings or language.
- Bedwetting.

- Eating problems such as overeating or anorexia.
- Self-harm or mutilation, sometimes leading to suicide attempts.
- Saying they have secrets that they can't tell anyone about.
- Substance or drug abuse.
- Suddenly having unexplained sources of money.
- Not allowed to have friends (particularly in adolescence).
- Acting in a sexually explicit way towards adults.

4. Neglect can be a difficult form of abuse to recognise, yet has some of the most lasting and damaging effects on children.

The physical signs of neglect may be:

- Constant hunger, sometimes stealing food from other children.
- Constantly dirty or 'smelly'.
- Loss of weight, or being constantly underweight.
- Inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments.
- Having few friends.
- Mentioning their being left alone or unsupervised.

The above list is not meant to be definitive but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour, such as death or the birth of a new baby in the family, relationship problems between their parents/carers, etc.

Appendix D: Key facts about abuse

- Most children are abused by adults they know and trust.
- The reported cases of child abuse are just the tip of the iceberg of the cruelty, exploitation and neglect to which children in our society are subjected.
- Disabled children are more vulnerable to abuse. They are more dependent on intimate care and sometimes less able to tell anyone or escape from abusive situations.
- Children very rarely make false accusations that they have been abused and in fact, frequently deny the abuse or take back an accusation after they have made it.
- Children who talk about the abuse fear the consequences of telling – if things are bad, perhaps they may get worse.
- Children and young people who are abused can be very good at hiding their unhappiness and distress.
- Abuse has serious long-term harm effects on children and young people. If untreated, the effects of abuse on children can be devastating and continue into adulthood.
- Children's Services will only remove children where there is actual, or a risk of, significant harm and if the child is in real danger of further abuse.
- Child sexual abuse is equally as common among all social classes, professions, cultures and ethnic groups.
- Child sexual abuse is an abuse of power – it is an abuse of power adults have over children.
- In most reported incidents of sexual abuse, the abuser is someone known to the child.
- It is not only men who sexually abuse children – women also abuse but the most commonly quoted figure is that around 90% of all child sexual abuse is by men, most of whom are heterosexual.
- A child is never to blame for sexual abuse.
- There are rarely any obvious signs that a child has been sexually abused. Child abuse is very hard to 'diagnose', even for professionals.
- The majority of calls to help lines from children relate to bullying.
- If unchecked, bullying can be profoundly damaging to the victim in both the short and the longer term, emotionally, physically or both.
- Bullying can leave children with feelings of worthlessness and self-hatred; of isolation and loneliness.
- At its worst, bullying can result in a child attempting suicide.
- Violence between parents (domestic abuse) can have a profoundly diverse affect on children, causing intense anxiety, fear and occasionally physical injury.
- Recent research has shown that children's development can be adversely affected by serious parental mental illness without appropriate or effective treatment, and by problem alcohol or drug abuse.

Appendix E

Definitions of children and young people who may be particularly vulnerable and the potential indicators and factors to look for when considering needs, risks and harm for children/young people and vulnerable adults

Children living away from home

Every setting in which children live away from home should provide the same basic safeguards against abuse, founded on an approach that promotes their general welfare, protects them from harm of all kinds and treats them with dignity and respect. Children may live away from home for a number of reasons and in a number of settings, for example: foster care, residential care, hospital, custody and private fostering.

Private fostering is an arrangement made by a parent (without the involvement of the Local Authority LA) for the care of a child under the age of 16 (18 if disabled) for a child to live with a person other than a parent or close relative for 28 days or more. Privately fostered children include:

- A parent agreeing for their child to be cared for by a friend or neighbour.
- Young people under 16 years who have left home and are staying with friends/acquaintances.
- Asylum seeking and refugee children who are not looked after or living with a relative.
- Language students living with host families.
- Children sent from abroad to stay with another family, usually to improve their educational opportunities.

Under the Children Act 1989, private foster carers and those with parental responsibility are required to notify the LA of their intention to privately foster.

All staff should notify the LA of a private fostering arrangement that comes to their attention, where they are not satisfied that the LA has been, or will be notified of the arrangement.

Contact

- Lincolnshire Customer Service Centre: 01522 782111.
- Rutland County Council Children's Services: 01572 758407.
- Leicestershire Children's First Response Team 0116 3050005
- Northamptonshire MASH Team 0300 126 1000
- Local Authority of the child/young person's place of residence.

For further guidance see the relevant LA's Local Safeguarding Children Board (LSCB) procedures².

² <http://lincolnshirescb.proceduresonline.com>

Children with disabilities

Children with disabilities may be especially vulnerable to abuse for a number of reasons:

- Have fewer outside contacts than other children.
- Receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.
- Have an impaired capacity to resist or avoid abuse.
- Have communication difficulties that may make it difficult to tell others what is happening.
- Be inhibited about complaining because of a fear of losing services.
- Be especially vulnerable to bullying and intimidation.
- Be more vulnerable than other children to abuse by their peers.

Abuse by children and young people

Children, particularly when staying away from home are also vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. It is subject to the same safeguarding children procedures as apply in respect of any child who is suffering or at risk of suffering significant harm from an adverse source. A significant proportion of sex offences are committed by teenagers and on occasion by younger children. Staff should not dismiss abusive sexual behaviour as “normal” or experimental between young people.

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are: physical, verbal and emotional. The damage inflicted by bullying can frequently be under estimated. It can cause considerable distress to children, to the extent that it affects their health and development or at the extreme, causes them significant harm (including self-harm). All settings in which children are provided with services or are staying away from home should have in place rigorously enforced anti-bullying strategies.

Children whose behaviour indicates a lack of parental control

When children are brought to the attention of the Police or wider community because of their behaviour, this may be an indication of vulnerability, poor supervision or neglect in its wider sense. It is important to consider whether these are children in need and to offer them assistance and services that reflect their needs.

Race and racism

Children from black and minority ethnic groups are likely to have experienced harassment, racial discrimination and institutional racism. The experience of racism is

likely to affect the responses of the child and parents to assessment and enquiry processes.

Domestic violence

Children living in families where they are exposed to domestic violence have been shown to be at risk of behavioural, emotional, physical and long term developmental problems. Everyone working with children and families should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children.

Children of drug-misusing parents

Parental drug misuse can and does cause harm to children and young people at every age, from conception to adulthood, including physical and emotional abuse and neglect. A thorough assessment is required to determine the extent of need and level of risk of harm in every case.

Child abuse linked to belief in “possession” or “witchcraft”

The belief in “possession” and “witchcraft” is widespread. It is not confined to particular countries, cultures or religions. The number of known cases of child abuse linked to accusations of “possession” or “witchcraft” is small, but children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self-esteem.

Child abuse and information communication technology (ICT)

The range of child abuse definitions are now being seen in an ICT environment. The internet has become a significant tool in the distribution of indecent photographs of children and young people. Internet chat rooms, discussion forums etc. are used as a means of contacting children with a view to grooming them for inappropriate or abusive relationships. Contacts made initially in a chat room can be carried on via email, instant messaging services, mobile phones or text messaging. There is also a growing cause for concern about the exposure of children to inappropriate material via ICT, e.g. adult pornography. Where there is evidence of a child using ICT excessively, this may be a cause for concern.

Children and families who go missing

Local agencies and professionals should bear in mind, when working with children and families where there are outstanding concerns about the children’s safety and welfare (including concerns about the welfare of an unborn child who may be at risk of future harm) that a series of missed appointments may mean the family have moved. Children’s Social Care and the Police should be informed as soon as such concerns arise.

Young people who are looked after sometimes go missing from their placements. There are procedures in place, which should be followed when this occurs. If a child or young person is receiving an education, not only do they have the

opportunity to fulfil their potential, but they are also in an environment that enables local agencies to safeguard and promote their welfare. If a child goes missing from education they could be at risk of significant harm. There are a number of reasons why children go missing from education and some children and young people are more vulnerable to going missing than others. These could include: children living in temporary accommodation, including refuges, travelers, young carers, migrant children, children who are permanently excluded.

Children and young people at risk of child sexual exploitation (CSE)

Abusive adults will look out for signs of vulnerability in selecting a child/young person to target.

These include:

- Children/young people who have been the victim of physical abuse, sexual abuse, neglect and emotional abuse.
- Children/young people from households where domestic violence and abuse has been a feature.
- Children/young people of parents with a high level of vulnerabilities (e.g. drug and/or alcohol abuse, mental illness, learning disability, their own history of an abusive childhood).
- Family breakdown/disrupted family life/problematic parenting.
- Children/young people who have physical or learning disabilities.
- Insecure immigration status.

Some grooming techniques used to gain a child's/young person's attention:

- Being liked by someone older.
- Being liked/fancied enough that a stranger asks for their mobile number.
- Meeting someone who thinks they are special on the internet.
- Receiving alcohol, drugs, money or gifts.
- Getting a buzz and the excitement of risk taking/forbidden behaviour.
- Being offered somewhere to stay where there are no rules/boundaries.
- Being taken along to adult entertainment venues, red light or gay cruising areas (public sex environments).
- Being given lifts, taken to new places, and having adventures with a casual acquaintance.

Known indicators of CSE

- Having new possessions, mobile phones, money, expensive clothes, drugs or other possessions without plausible explanation about their source.
- Periods of being missing including overnight.
- Older 'boyfriend' or relationship with a controlling adult.
- Physical or emotional abuse by that 'boyfriend' or controlling adult.
- Entering and/or leaving vehicles driven by unknown adults.
- Physical injury without plausible explanation.
- Frequenting areas referred to as 'hotspots' known for concerns re CSE or areas where sex work or criminal activity is prevalent.

Children of families living in temporary accommodation

Placement in temporary accommodation, often at a distance from previous support networks, can lead to individuals and families falling through the net and becoming disengaged from services. Where there are concerns about a child in temporary accommodation, safeguarding procedures should be followed.

Migrant children

Particular attention should be paid to child victims of trafficking and unaccompanied asylum-seeking children.

Child victims of trafficking

Trafficking involves a collection of crimes, spanning a variety of countries and involving increasing number of victims. It includes the exploitation of children through force, coercion, threat etc. If it is suspected that a child is the victim of trafficking, the Police or Children's Social Care should be informed.

Modern slavery

Modern slavery is associated with many types of abuse against individuals of any age from any background. This includes: slavery, forced servitude or manual labour, forced sex work, sexual exploitation, forced organ donation and other forced criminal acts.

Unaccompanied asylum-seeking children (UASC)

A UASC is an asylum-seeking child under the age of 18 who is not living with their parent, relative or guardian in the UK. Such children should be referred to Children's Social Care.

Children and Young People who may have been affected by gang activity

Overall, children particularly vulnerable to suffering harm in the gang context are those who are:

- Not involved in gangs, but living in an area where gangs are active, which can have a negative impact on their ability to be safe, feel safe, healthy and engage in their community.
- Not involved in gangs, but at risk of becoming victims of gangs.
- Not involved in gangs but at risk of becoming drawn in, for example, from siblings or children of known gang members.
- Are involved in a gang and at risk of harm through their gang-related activities (e.g. drug supply, weapon use, sexual exploitation and risk of attack from own or rival gang members).

Children at risk of female genital mutilation (FGM) (multi agency practice guidelines HM Government 2014)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person (see below).

Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Indications that FGM may be about to take place soon:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, i.e. a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from an adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.
- Parents seeking to withdraw their children from learning about FGM.

Indicators that FGM may have already taken place:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.

- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

(Multi-Agency Practice Guidelines: Female Genital Mutilation, HM Government 2014)

Children at risk of forced marriage

A forced marriage is a marriage conducted without the full consent of both parties and where duress (emotional pressure in addition to physical abuse) is a factor. It is an entirely separate issue from arranged marriage, and the two should not be confused. In an arranged or assisted marriage, the families take a role in choosing and introducing the marriage partners but the marriage is entered into freely by both people, without duress being a factor. In a forced marriage, this consent does not exist.

Children and young people at risk of radicalisation and extremism

Possible indicators of vulnerability are a young person experiencing:

- Exposure to extremist material and narrow points of view, friends or family who have joined extremist groups.
- Confusion and/or crisis about identity and sense of belonging in their family, community or in British society and feeling distant from their cultural or religious heritage.
- Difficult personal circumstances, such as tensions in the family or having experienced a traumatic event impacting on their vulnerability.
- Low self-esteem, perceptions of injustice and feelings of failure combined with a strong sense of grievance, often triggered by personal experience of racism or discrimination.
- Disadvantages due to special educational needs such as difficulties in interacting socially, empathising or understand the consequences of their actions and picking up on the motivation and intentions of others.
- Tensions in the local community, events affecting their country or region of origin.
- Involvement in criminality and difficulties in reintegrating after being in prison or a young offender institution.

Possible signs of radicalisation and extremism are:

- Acting out of character, changing appearance or clothing.

- Argumentative and unwilling to listen to other people's points of view.
- Refusing to engage with or becoming abusive to others who are different.
- Susceptible to conspiracy theories and feelings of persecution.
- Changes in friendship groups both on-line and off-line and rejecting activities they use to enjoy.
- Changing their on-line identity, including their social media name or profile image and/or having two parallel on-line profiles.
- Spending excessive amounts of time on-line or on their phone, and be secretive and reluctant to discuss what they're doing.
- Explicit signs include expressions of sympathy for extremist ideologies, accessing extremist material online, glorifying violence and intolerance of difference to other faiths and cultures, contact with extremist recruiters and joining or seeking to join extremist organisations.

The indicators are not exhaustive, nor does the presence of one or more vulnerabilities mean a young person is at risk. However, where there are signs which indicate a young person is at risk of harm these concerns should be acted upon. Staff and volunteers must follow the reporting concerns process and contact the Designated Safeguarding Lead.

Appendix F

The seven golden rules to sharing information

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being. Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.