



Empowering Young People

HYP Safeguarding and Child Protection Policy

| | |
|--------------------------------|--|
| Version | |
| Officer Responsible for Policy | |
| Consultation Process | |
| Date of Approval and Committee | |
| Effective Date | |
| Next Review Date | |

Contents

| | |
|--|----|
| Introduction..... | 3 |
| Terminology | 4 |
| The Designated Safeguarding Lead..... | 7 |
| Key personnel | 8 |
| Jacqueline Hart | 8 |
| HYP, Humphry Davy Lane, Hayle, TR27 4AR | 8 |
| jacqueline@teamhyp.co.uk..... | 8 |
| Carla Brolly | 8 |
| HYP, Humphry Davy Lane, Hayle, TR27 4AR | 8 |
| carla@teamhyp.co.uk | 8 |
| It is the role of the Designated Safeguarding Lead for Child Protection to: | 8 |
| The Board of Trustees | 9 |
| Good practice guidelines and staff code of conduct | 11 |
| Definition of ‘Significant Harm’ | 11 |
| Children who may be particularly vulnerable | 12 |
| Allegations against Employees | 14 |
| Reassure | 23 |
| Record..... | 23 |
| Refer..... | 24 |
| Concerns re: Terrorism / Radicalisation..... | 25 |
| Concerns Raised by a Member of the Public | 25 |
| Potential Risk of Harm to an unborn child..... | 27 |
| Children in Whom Illness is Fabricated or Induced (formerly known as Munchausen’s Syndrome by Proxy) | 27 |
| Children with a Social Worker and Looked-after and previously looked-after children | 29 |
| Confidentiality | 29 |
| Communication with Parents..... | 30 |
| Record Keeping..... | 30 |
| Appendix A – Definitions of Abuse and Neglect | 31 |
| Physical Abuse | 31 |
| Emotional Abuse..... | 32 |
| Sexual Abuse..... | 33 |

| | |
|--|-------------------------------------|
| Child Criminal Exploitation..... | Error! Bookmark not defined. |
| Neglect | 36 |
| Private Fostering | 37 |
| Female Genital Mutilation (FGM)..... | 38 |
| APPENDIX B | 42 |
| Aide-memoire for Professionals to support efficient and appropriate telephone referrals of children who may be suffering, or are likely to suffer, significant harm | 42 |
| Appendix C - The role of the Designated Safeguarding Lead for Child Protection..... | 43 |
| Referrals:..... | 43 |
| Training | 43 |
| Raising Awareness | 43 |
| APPENDIX D: Looked After Children | 44 |
| APPENDIX E: Process Map | 45 |
| APPENDIX F: Safeguarding Guidance | 46 |
| PREVENT..... | 46 |
| Support with Referrals..... | 47 |
| Referral System | 48 |
| Appendix G: Child-on-Child Abuse..... | 48 |
| What is Sexual violence and sexual harassment? | 50 |
| What is consent? | 50 |
| Guidance on dealing with cases..... | 51 |
| Risks..... | 51 |
| Protection and Action to be taken | 51 |
| The Victim | 52 |
| The Alleged Perpetrator | 53 |
| Other children..... | 54 |

Introduction

This document is the Safeguarding and Child Protection Policy for Hayle Youth Project (HYP) and any extended services that it provides.

HYP is firmly committed to the belief that all children and young people have a fundamental right to be protected from harm, and fully recognises its responsibility for safeguarding and child protection. The safety and protection of all children and young people who HYP support are paramount and has priority over all other interests.

This policy applies to all employees of HYP, irrespective of length of service and whether permanent, temporary, casual, part-time or on fixed-term contracts, trustees, management committee members and volunteers.

HYP reserve the right to amend this policy and the procedures contained within it as it sees fit or apply a different policy as appropriate. It will be reviewed annually by the board of Trustees and is in line with the expectations of Ofsted and the requirements of the (Local) Safeguarding Partnership.

All members of the HYP community should be mindful of our policies. Policies will be accessible from the HYP office and online.

The HYP community includes all staff members, trustees, members of the management committee, young people, parents/carers and visitors.

The principles embedded in this policy link into other policies relating to:

- Data Protection Policy
- HYP GDPR Policy
- Confidentiality.
- Complaints, Compliments & Suggestions
- Equal Opportunities & Discrimination Policy
- Equality & Diversity Policy
- Health and Safety.
- Modern Slavery
- HYP Lone Worker Policy
- HYP Use of Multimedia
- Conflict of Interest policy.
- Anti-bullying.
- Special Educational Needs.
- Substance Misuse (including drugs and alcohol).
- Racism.
- Homophobia.
- Online Safety.
- Anti-extremism

HYP has a culture of vigilance and is committed to safeguarding children and young people, and we expect everyone who works with and for HYP to share this commitment.

All adults at HYP take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them.

We will always act in the best interest of the child. HYP is aware of and assesses the risks and issues in the wider community when considering the well-being and safety of its young service users.

Terminology

| | |
|---|--|
| Safeguarding and promoting the welfare of children | Refers to the process of protecting children from maltreatment, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes. |
| Child protection | Refers to the processes undertaken to protect children who have been identified as suffering or being at risk of suffering significant harm. |
| Staff | Refers to all those working for or on behalf of HYP, full time or part time, temporary or permanent, in either a paid or voluntary capacity. |
| Child | includes everyone under the age of 18 |
| Parent | refers to birth parents and other adults who are in a parenting role, for example; stepparents, foster carers, and adoptive parents. |

Purpose of a Safeguarding Policy

To inform all members of staff, service users, parents, volunteers, and trustees about HYP's responsibilities for safeguarding children and their responsibilities therein.

HYP Staff and Volunteers

Staff are well placed to observe the outward signs of abuse. HYP will therefore:

- Ensure that all staff and volunteers receive safeguarding children training to help identify concerns
- Ensure that all staff are aware of this policy and those relating to the safeguarding of children

Principles:

HYP recognises its responsibility to protect and safeguard the welfare of the children and young people entrusted to its care by establishing a safe and trusting environment in which children can learn and develop.

The policy applies to all children between the ages of 0-18 who engage with the services provided by HYP.

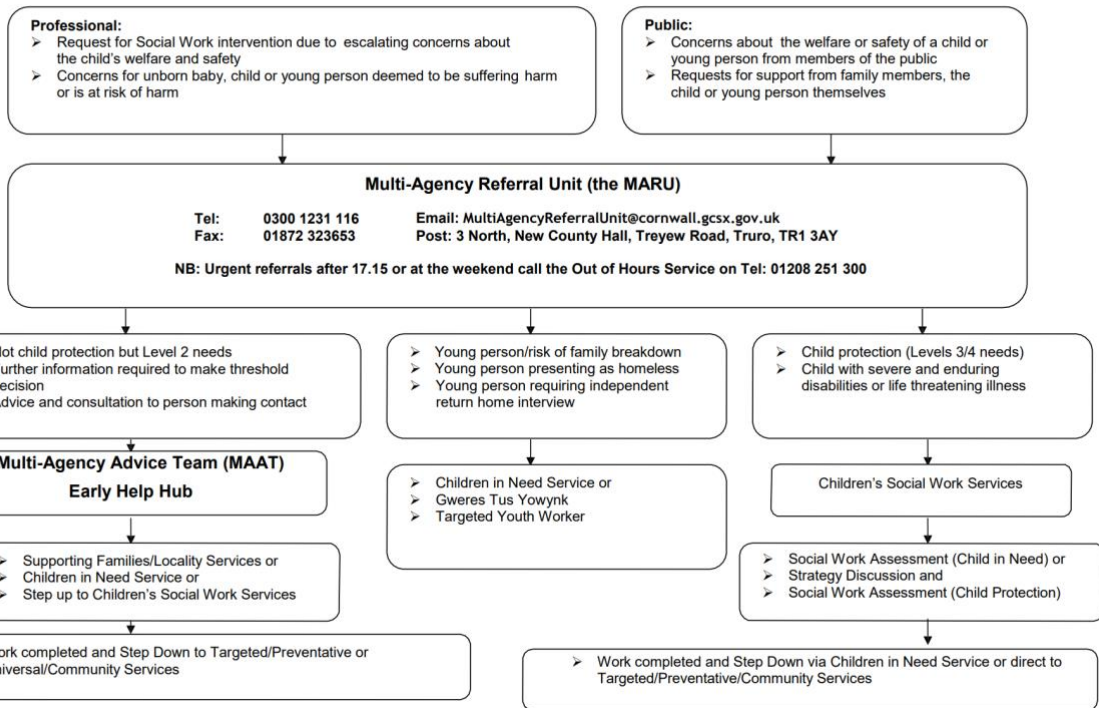
The staff and trustees of HYP are committed to establishing and maintaining an environment where children feel secure, are encouraged to talk, and are listened to. We will ensure that children know there are adults at HYP who they can approach if they are worried and that the principles of confidentiality are made clear to children and young people.

Children need to be supported in approaching any member of staff they feel most comfortable in speaking with. HYP promotes a

| | |
|---|--|
| | <p>positive, supportive, and secure ethos, giving children a sense of being valued.</p> <p>HYP also recognises its duty to work with other agencies in protecting children from harm and in responding to concerns about possible abuse, including Education settings, Police, Child and Adolescent Mental Health Services and other agencies/services who support children and young people.</p> <p>To ensure that children who are subject to multi-agency plans are supported by HYP as defined in that plan.</p> <p>To provide training to staff.</p> <p>To encourage children to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs. We ensure that partisan political views are not promoted within HYP.</p> <p>To contribute to children being healthy, safe, enjoying and achieving, making a positive contribution, and achieving economic well-being.</p> <p>HYP will ensure that parents/carers have an understanding of the responsibility placed on staff for child protection by setting out its obligations within this policy. The Safeguarding and Child Protection policy is made available to parents on request and published on the HYP website.</p> |
| <p>Implementation, Monitoring and Review of the Safeguarding and Child Protection Policy</p> | <p>The DSL will ensure that the Safeguarding and Child Protection policy is put on the agenda of the Trustees at least once a year for discussion, monitoring, review, and renewal. In this way the board of trustees authorises the DSL for Child Protection to carry out her responsibilities as outlined in the statutory guidance.</p> |
| <p>Equality Statement</p> | <p>HYP recognises that the welfare and interests of the child is paramount in all circumstances, as enshrined in the Children Act 1989. HYP recognises that regardless of age, racial heritage, religious belief, disability, sexual orientation, identity or socio-economic background, all staff, volunteers, visitors, trustees and service users have a right to equal protection from all types of harm or abuse. HYP is committed to anti-discriminatory practice and recognises that some children and young people are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues. HYP takes a zero-tolerance approach regarding sexual violence and harassment, sexism, transphobia, homophobia, racism, misandry and misogyny.</p> |

Cornwall Child Protection Safeguarding Procedures

**The Multi-Agency Referral Unit (the MARU) –
the right help at the right time by the right service**



Child Protection Referrals

[Are you worried about a child or young person \(cornwall.gov.uk\)](https://www.cornwall.gov.uk)

Legislation and Statutory Guidance

This policy is based on the Department for Education's statutory guidance [Keeping Children Safe in Education \(Published 2015, Updated 2023\)](#) and [Working Together to Safeguard Children \(Published 2015, Updated 2022\)](#). We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners. This policy is reviewed regularly to ensure that it remains compliant with such legislation (including statutory codes and guidance associated with such legislation):

This policy is also based on the following legislation:

- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- United Convention of the Rights of the Child 1991
- Data Protection Act 2018
- Human Rights Act 1998
- Sexual Offence Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014

- SEND code of practice: 0-25 years HM Government 2015
- Information sharing: HM Government. Published 2015 (Updated July 2023)
- “The Prevent Duty Guidance for England and Wales”; HM Government. Published 2015 (Updated September 2023)
- “Inspecting Safeguarding in early years, education and skills settings”; Ofsted, August 2015
- “Are They Safe”; Safe Network 2014
- “Safe Network Standards”; Safe Network 2013 (endorsed by the CloS LSCB in January 2012)
- Section 175 of the [Education Act 2002](#) (Updated 2021), which places a duty on schools and local authorities to safeguard and promote the welfare of pupils
- [Statutory guidance on FGM](#), (Published 2016, updated 2020) which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), (Updated 2022) which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#) (updated 2022), which defines what ‘regulated activity’ is in relation to children
- The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the “2018 Childcare Disqualification Regulations”) and [Childcare Act 2006](#) (updated 2023), which set out who is disqualified from working with children
- This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#) (Published 2014, Updated 2023)

The Designated Safeguarding Lead

The Designated Safeguarding Lead (DSL) for child protection will co-ordinate action on child protection within HYP. The DSL is to have the overall contextual safeguarding view for all children within and accessing HYP services. This means to consider and understand wider community issues when we consider the wellbeing and safety of young people (Please see Appendices for a wider explanation of Contextual Safeguarding and Extra-Familial Harm) This includes ensuring that all employees know who the Designated Safeguarding Lead is and that they are aware of their individual responsibility to be alert to the signs of abuse and to discuss any concerns with the Designated Safeguarding Lead. Also, that they are aware of what happens once a concern has been raised.

A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.

However, if there is no person qualified to DSL level, staff members must understand their duty to report any Child Protection concerns directly to the Local Authority.

Key personnel

| | | | |
|--|------------------------|--|---|
| <p>The Designated Safeguarding Lead (DSL) for child protection is:</p> | <p>Jacqueline Hart</p> | <p>HYP, Humphry Davy Lane, Hayle, TR27 4AR</p> | <p>jacqueline@teamhyp.co.uk 01736 755790 07985428648</p> |
| <p>The Deputy Designated Safeguarding Lead(s) (DDSL) is/are:</p> | <p>Carla Brolly</p> | <p>HYP, Humphry Davy Lane, Hayle, TR27 4AR</p> | <p>carla@teamhyp.co.uk 01736 755790 07376029453</p> |

It is the role of the Designated Safeguarding Lead for Child Protection to:

- Ensure that they receive refresher training at least every two years.
- Keep their knowledge and skills up to date.
- Communicate this policy, and the procedures within it, effectively to employees and for ensuring that employees understand their rights and responsibilities in-line with this policy.
- Provide regular monitoring and supervision to staff in support of their work with children and young people.
- Ensure that advice is sought from relevant child protection agencies when dealing with complex issues.
- Ensure that all HYP employees have access to and understand all legislation and guidance relevant to safeguarding and child protection.
- Ensure that all staff who work with children undertake appropriate training, to equip them to carry out their responsibilities for safeguarding children annually. This will enable them to recognise when they are at risk and how to get help when needed. As well as recognising the signs and symptoms of abuse.
- Ensure there is effective induction in safeguarding and child protection for all adults working at HYP, be they are staff or volunteers.
- Be aware of young people who have a social worker.
- Help promote educational outcomes by sharing information about the welfare, safeguarding and child protection issues with referral partners from education settings.
- Make sure that concerns are raised by staff/volunteers when necessary
- Offer support and guidance to all adults working for and with HYP on matters of safeguarding and child protection.
- Ensure that the names and contact details of the DSL/Deputy are on display for all staff, parents, service users, and visitors to HYP.
- Ensure that (whenever possible) the Designated and Deputy Designated Safeguarding Leads are not absent from HYP (e.g., at training events or on annual leave) at the same time. If they are absent, arrangements should be in place to ensure their duties are covered during their absence.

- Ensure that the telephone number for the Cornwall MARU team is available and easily accessible to staff in case, for any reason, the DSL and Deputy are not contactable. This is to ensure there is no unwarranted delay in referral.
- Discuss concerns as required with outside agencies e.g., specific agency for single need (e.g., drug and alcohol services), early intervention multi-agency (e.g., Early Help process) or Multi Agency Referral Unit (MARU) /existing social worker (child protection/significant harm concerns).
- Complete all necessary paperwork and correspondence including referral forms to the Early Help team or MARU regarding safeguarding and child protection referrals.
- Where requested to, ensure that HYP is represented by the Designated Safeguarding Lead at Child Protection conferences, core groups and multi-agency meetings about 'Children in Need'. It is the DSL who should attend Child Protection Conferences rather than another representative. If this is not possible, the DDSL should attend. If neither can attend apologies must be given and a written report must be submitted prior to the conference.
- Where requested to, compile and submit a written report regarding children who are subject to Child Protection conferences.
- Where requested to, ensure there is appropriate representation on Core Groups when a child is on a child protection plan.
- Consider appropriate safeguarding supervision arrangements.
- Lead on and ensure that all staff are aware of the Early Help process.
- Ensure that relevant staff are informed and advised about appropriate action when a child is subject to a Child Protection Plan
- Ensure that welfare records are kept securely and confidentially (locked and with limited access).
- Ensure that safeguarding and child protection records are chronologically recorded, with significant incidents or events clearly highlighted. These records should be reviewed regularly and focus on outcomes for the child/children.
- Ensure mechanisms are in place to support the DSL in specific regard to their welfare responsibilities e.g., weekly/monthly one to one meeting between the Designated and Deputy Designated Safeguarding Leads to offer mutual support.
- Keep HYP's management team, board of trustees and Local Authority Children's Safeguarding Partnership informed about safeguarding and child protection issues as requested.
- Provide guidance to parents, children, and staff about obtaining suitable support.
- Make parents aware of the safeguarding procedures used and how to access the Safeguarding and Child Protection Policy.
- Ensure staff understand their responsibility to report concerns to the DSL, DDSL or seek advice from the local children's social care, as detailed in KCSIE 2023 and Working Together to Safeguard Children 2022.
- The lead DSL holds responsibility to ensuring appropriate filtering and monitoring process are in place on devices supplied by HYP. It is the responsibility of the lead DSL to ensure these systems are effective and protecting children.

The Board of Trustees

The trustees have overall responsibility for ensuring that there are sufficient measures in place to safeguard the children who use the service of HYP.

| | |
|---|--|
| <p>The Trustees will:</p> | <ul style="list-style-type: none"> • Facilitate a HYP-wide approach to safeguarding, ensuring that safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development • Evaluate and approve this policy at each review, ensuring it complies with the law, and is implemented correctly. • Safeguarding and Child Protection Policy and procedures are in place and reviewed annually. • Safer recruitment procedures are in place and reviewed annually. • Position of trust procedures are in place and reviewed annually. • Ensure relevant safeguarding / child protection training is accessed by all HYP staff / volunteers according to their role and responsibilities. • Ensure that they receive an annual report from the DSL regarding safeguarding/child protection practices and (anonymised) cases. • Ensure that deficiencies or weaknesses in safeguarding arrangements are remedied without delay, liaising with relevant bodies for support as required. |
| <p>HYP Management Committee are responsible for:</p> | <ul style="list-style-type: none"> • Supporting and advising the project manager and deputy in the implementation of this policy. • Ensuring that the information within this policy is correct and in line with current legislation and guidance. • Ensuring that this policy is drafted, maintained, and reviewed. |
| <p>Employee Responsibilities include:</p> | <ul style="list-style-type: none"> • Upholding their duty to co-operate with HYP to ensure this policy is effective in safeguarding and child protection. • Upholding their duty of care and responsibility for the welfare of the children and young people that they work with in relation to their employment. A duty of care is defined as the duty which rests upon an individual or organisation to ensure that all reasonable steps are taken to ensure the safety of a child or young person involved in any activity or interaction for which that individual or organisation is responsible. Any person in charge of or working with children and young people in any capacity is considered, both legally and morally to owe them a duty of care. • Adhering to the HYP code of conduct, at all times. • Upholding their duty to ensure that any suspected incident, allegation or other manifestation relating to safeguarding, child protection or radicalisation is reported using the reporting procedures detailed in this policy. • Bringing to the attention of HYP any suspected breaches of this policy. • Seeking advice from one of the DSL or DDSL if they are in any doubt about what action to take. • Remaining alert to the potential abuse of children both within their families and from other sources, including other children and members of the HYP community. • If concerned about a child, a member of staff must record information regarding the concerns and ensure the written record is passed to the DSL on the same day. The recording must be a clear, precise, factual account of the observations. |

Good practice guidelines and staff code of conduct

To meet and maintain our responsibilities towards children and young people we need to agree standards of good practice which form a code of conduct for all staff.

Good practice includes:

- Treating all children and young people with respect.
- Setting a good example by conducting ourselves appropriately.
- Involving children and young people in decisions that affect them.
- Encouraging positive, respectful, and safe behaviour among children and young people.
- Being a good listener.
- Understanding that children may not disclose abuse, neglect and exploitation and therefore being alert to changes in children's behaviour and to signs of abuse, neglect, and exploitation.
- Recognising that challenging behaviour may be an indicator of abuse.
- Asking the child's permission before initiating physical contact, such as administering first aid.
- Maintaining appropriate standards of conversation and interaction with and between children and to avoid the use of humiliating, sexualised or derogatory language.
- Being aware that the personal and family circumstances and lifestyles of some children lead to an increased risk of abuse.
- Referring all concerns about a child's safety and welfare to the DSL, or, if necessary, directly to police or Children's Social Care.
- Following HYP's rules regarding relationships with children and communication with children, including on social media.
- Reporting any matters, both within and where appropriate, outside of the workplace (including online), which may have implications for the safeguarding of children.

Please see Employee's Code of Conduct for more information

Abuse of Position of Trust

All HYP staff are aware that inappropriate behaviour towards children is unacceptable and that their conduct towards children must be beyond reproach.

In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of HYP staff and a child under 18 may be a criminal offence, even if that child is over the age of consent.

Definition of 'Significant Harm'

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and places a duty on local authorities to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Additionally, a court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, 'harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of domestic abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation, or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical, or sexual abuse that causes impairment to the extent of constituting significant harm.

Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment), which is generally referred to as 'peer on peer abuse'.

HYP is aware that children absent from education is a safeguarding issue. As such, if HYP becomes aware of a child being missing or absent from education we will follow up with parents/carers and ensure relevant professionals are informed.

Children who may be particularly vulnerable

Some children may have an increased risk of abuse. It is important to understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures that fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment, or circumstances. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and a reluctance on the part of some adults to accept that abuse can occur.

To ensure that all of our service users receive equal protection, we will give special consideration to children who are:

- Homeless
- Disabled or have special educational needs
- Young Carers
- Looked After Children
- Previously Looked After Children
- Adopted Children

| | |
|--|---|
| | <ul style="list-style-type: none"> • Affected by parental substance misuse, domestic abuse, or parental mental health needs (known as Trio of Vulnerabilities or The Toxic Trio) • Asylum seekers • Living away from home • Vulnerable to being bullied, or engaging in bullying • Living in temporary accommodation • Live transient lifestyles • Living in chaotic and unsupportive home situations • Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability, or sexuality • At risk of sexual exploitation • Do not have English as a first language • At risk of female genital mutilation (FGM) • At risk of forced marriage and honour-based abuse • Susceptible of being drawn into extremism • Absent from education |
|--|---|

Children who are homeless

Homelessness is a term that is often misunderstood, with many people believing that the definition is restricted to those who sleep on the streets. However, the legal definition is far wider, and there are many instances in which a person would be considered legally homeless.

| | |
|--|---|
| An individual is considered to be homeless if they: | <ul style="list-style-type: none"> • Have no home where they can live together with their immediate family • Can only stay where they are on a very temporary basis • Do not have permission to live where they are • Have been locked out of their home and are not allowed to return • Cannot live at home because of violence or threats of violence, which are likely to be carried out against them or someone else in their household • Live in a vehicle or boat and have nowhere to put it. |
| Please note: | <p>An individual will also be considered homeless if it is not reasonable for them to stay in their home, for example if:</p> <ul style="list-style-type: none"> • They cannot afford to stay where they are • Their home is in very poor condition. |

Missing Children

A child going missing from home is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. Should they be made aware of a child going missing, or at risk of doing so, the DSL will take appropriate action including notifying the local authority. HYP employees must use their professional curiosity and be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage.

HYP are also aware that children being absent from education for prolonged periods and/or on repeat occasions can act as a vital warning sign to a range of safeguarding issues including neglect, child sexual and child criminal exploitation - particularly county lines. It is important that this issue is responded to early in order to help prevent the risk of them becoming a child missing education in the future.

HYP staff will therefore monitor children and young people if we become aware that they are persistently absent from education. We will therefore liaise with their education setting in order to work together to safeguard them.

Support for those involved in a Child Protection issue

Child abuse is devastating for the child and can result in distress and anxiety for staff who become involved.

We will support children, their families, and HYP staff by:

- Taking all suspicions and disclosures seriously.
- Nominating a link person (likely to be the DSL or DDSL) who will keep all parties informed and be the central point of contact.
- Where a member of staff is the subject of an allegation made by a child, separate link people will be nominated to avoid any conflict of interest.
- Responding sympathetically to any request from staff for time out to deal with distress or anxiety.
- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies.
- Storing records securely.
- Offering details of helplines, counselling, or other avenues of external support.
- Following the procedures laid down in our Safeguarding and Child protection, Whistleblowing, Complaints and Disciplinary procedures.
- Cooperating fully with relevant statutory agencies.

Allegations against Employees

Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation, and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. HYP's whistleblowing policy enables staff to raise concerns or allegations, initially in confidence and for a sensitive enquiry to take place. All concerns of poor practice or possible child abuse by colleagues should be reported to the board of trustees.

Staff may also report their concerns directly to children's social care or the police if they believe direct reporting is necessary to secure action.

<https://www.gov.uk/whistleblowing>

<https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>

[Raising concerns - Charity Commission](#)

Ongoing vigilance is taken to maintain an environment that deters and prevents abuse and challenges inappropriate behaviour.

As part of this, HYP has taken steps to create the right culture and environment so that staff feel comfortable to discuss matters both within, and where it is appropriate, outside of the workplace (including online), which may have implications for the safeguarding of children.

When an allegation is made against a member of staff, set procedures must be followed. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

A child may also make an allegation against an innocent party because they are too afraid to name the real perpetrator. Even so, we must accept that some professionals do pose a serious risk to children, and we must act on every allegation.

- When any form of complaint is made against an employee, it must be taken seriously, and the complaint should initially be dealt with by the most senior staff member on-site at the time the complaint is made. If the complaint is against the most senior member of staff on-site, then a senior member of the management committee must be informed.
- The senior staff member must report the complaint immediately to the project manager, or in their absence a senior member of the management committee giving details of the circumstances.

- The project manager or in their absence a senior member of the management committee will attend the site of the allegation to gain an initial account of what has occurred from all relevant parties, including the person against whom the allegation has been made. If this is not possible, contact will be made by telephone.
- The project manager or in their absence a senior member of the management committee will have the right to suspend from duty and /or the premises, any person who is a party to the allegation until a full investigation has been made.

IMPORTANT: This action does not imply in any way that the person suspended is responsible for or is to blame for any action leading up to the complaint. The purpose of any such suspension is to enable a full and proper investigation to be carried out in a totally professional manner.

- It is the responsibility of the project manager or Deputy project manager to make the decision as to whether to inform Children’s Services and/or the Child Protection Unit of the Police, depending on the nature of the allegation. HYP will co-operate fully with the Police, Social Services and all other parties involved.
- The Local Authority Designated Officer (LADO) will be alerted to all cases in which it is alleged that a person who works with children has:
 - behaved in a way that has harmed, or may have harmed, a child.
 - possibly committed a criminal offence against children¹ or related to a child.
 - behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.
 The LADO will be informed prior to any internal investigation taking place. LADO details are below.
- The Project Manager, or in his/her absence a Deputy Project Manager will ensure that the Chairman of the Management Committee, or in his/her absence a Senior Member of the Committee, is fully briefed.
- An agreed statement will be prepared for the purpose of accurate communication with external sources and for the protection of the legal position of all parties involved.
- The Project Manager or a Senior Member of the Management Committee will make a full written report of the incident and the actions taken. This report will be stored securely following the procedures detailed in the Data Protection Policy.
- If there is a complaint against the Project Manager or Deputy Project Manager, the complaint must be reported immediately to the Chairman of the Management Committee.

If necessary, a referral will be made to the Local Authority Designated Officer (LADO):

Name and contact details of local authority LADOs in the area e.g.
 Cornwall LADO: Trevor Thomas 01872 326536
trevor.thomas@cornwall.gov.uk
LADO@Cornwall.gov.uk.

PROCEDURE FOR DEALING WITH SUSPICIONS, WITH ALLEGATIONS AGAINST A MEMBER OF STAFF

A young person discloses an incident involving a colleague, or you witness an incident involving a colleague.



Employee/volunteer informs most senior member of staff on site immediately of the incident, who must report to the Project Manager. If the member of staff involved in the disclosure is the most senior member of staff the incident must be reported to the Project Manager or in his/her absence a Senior Member of the



It is the responsibility of the Project Manager or in his/her absence, a Senior Member of the Management Committee to instigate the necessary proceedings. It is NOT within the remit of any other member of staff to deal with the incident after it has been reported.

Recruitment

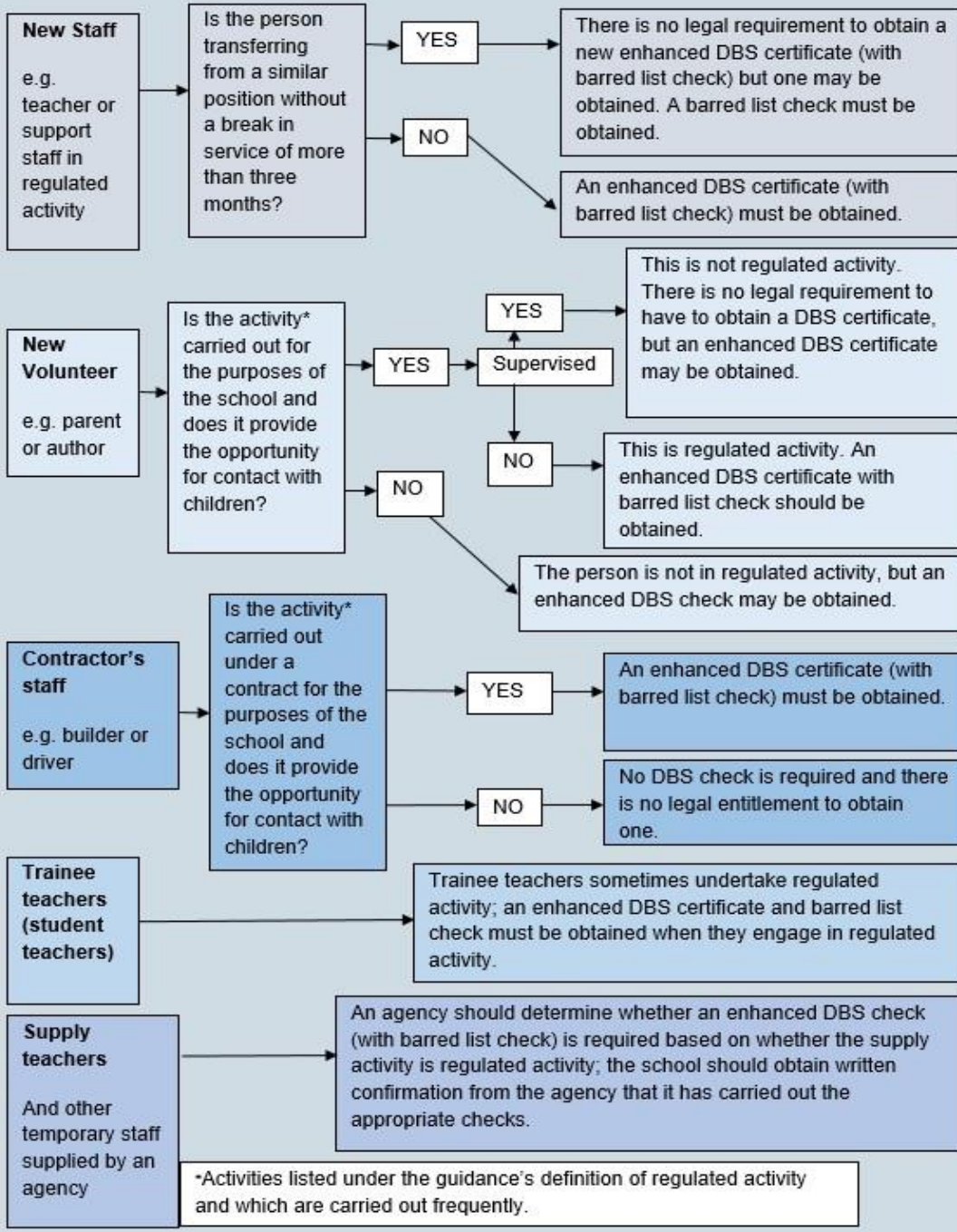
HYP endeavours to ensure that we do our utmost to employ safe staff by following the guidance in Keeping Children Safe in Education (2023) together with the LCSP and our Staff Recruitment policy and procedures.

HYP practices robust recruitment procedures in checking the suitability of staff and volunteers to work with children and young people. This includes:

- All employees will complete an application form and will be interviewed.
- All employees are required to provide references, which are always verified.
- All employees are required to provide evidence of their identity and qualifications.
- All potential employees are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children or young people.
- All employees have DBS checks at a level appropriate to their role. In the event of employment, any failure to disclose convictions will result in disciplinary action or dismissal.
- Staff will not have unsupervised contact with children or young people until their suitability has been checked.
- All new employees are required to sign up to the DBS online update service.
- Existing employees will be required to sign up when their DBS is next renewed. Sign up to the update service must be completed within 14 days of DBS check having been completed.
- Status checks through the update service will be completed for all employees.

No person disqualified under the Childcare Act 2023 will be employed by HYP. All staff are required to declare (using the Disqualification Declaration Form) if they live in the same household as someone who is disqualified, and therefore, may be disqualified by association. All employees will receive Safeguarding and Child Protection Training as part of their induction and throughout their employment at a level and frequency suitable for their role (detailed in HYP's Staff Training Overview).

FLOWCHART OF DISCLOSURE AND BARRING SERVICE CRIMINAL RECORD CHECKS AND BARRED LIST CHECKS



Allegations of abuse made against other children

We recognise that children can abuse other children. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”, as this can lead to a culture of unacceptable behaviours and an unsafe environment for children and young people.

We also recognise the gendered nature of child-on-child abuse. However, all child-on-child abuse is unacceptable and will be taken seriously. Most cases of children harming other children will be dealt with under our behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns.

This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put other children at HYP at risk
- Is violent
- Involves children being forced to use drugs or alcohol
- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, 'upskirting', 'downblousing' or sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

Procedures for dealing with allegations of Child-on-Child abuse

If a child makes an allegation of abuse against another child:

- You must record the allegation and tell the DSL, but do not investigate it
- Children must be supported, and assurance is to be given to them that they are believed and taken seriously
- The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

Creating a supportive environment within HYP and minimising the risk of Child-on-Child abuse.

We recognise the importance of taking proactive action to minimise the risk of Child-on-Child abuse, and of creating a supportive environment where victims feel confident in reporting incidents.

To achieve this, we will:

- Challenge any form of derogatory or sexualised language or inappropriate behaviour between children and young people, including requesting or sending sexual images
- Be vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female service-users, and initiation or hazing type violence with respect to boys
- Ensure children can report abuse using our reporting systems easily and confidently
- Ensure staff reassure victims that they are being taken seriously
- Ensure staff are trained to understand:
 - How to recognise the indicators and signs of Child-on-Child abuse, and know how to identify it and respond to reports

- That even if there are no reports of Child-on-Child abuse, it does not mean it is not happening – staff should maintain an attitude of “it could happen here” and use their professional curiosity to spot signs and indicators of abuse
- That if they have any concerns about a child’s welfare, they should act on them immediately rather than wait to be told, and that victims may not always make a direct report. For example:
 - Children can show signs or act in ways they hope adults will notice and react to
 - A friend may make a report
 - A member of staff may overhear a conversation
 - A child’s behaviour might indicate that something is wrong
- That certain children may face additional barriers to telling someone because of their vulnerability, disability, gender, ethnicity and/or sexual orientation
- That a child harming another child could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy
- The important role they play in preventing Child-on-Child abuse and responding where they believe a child may be at risk from it
- That they should speak to the DSL if they have any concerns

Sharing of nudes and semi-nudes (‘sexting’)

| | |
|---|---|
| Staff responsibilities when responding to an incident | If you are made aware of an incident involving the consensual or non-consensual sharing of nude or semi-nude images/videos (also known as ‘sexting’ or ‘youth produced sexual imagery’), you must report it to the DSL immediately. |
| You must <u>not</u>: | <ul style="list-style-type: none"> • View, copy, print, share, store or save the imagery yourself, or ask a child to share or download it (if you have already viewed the imagery by accident, you must report this to the DSL) • Delete the imagery or ask the child to delete it • Ask the child(ren) who are involved in the incident to disclose information regarding the imagery (this is the DSL’s responsibility) • Share information about the incident with other members of staff, the child/ren it involves or their, or other, parents and/or carers • Say or do anything to blame or shame any young people involved |
| You <u>should</u>: | Explain that you need to report the incident and reassure the child/ren that they will receive support and help from the DSL. |
| The DSL will make an immediate referral to police and/or | <ul style="list-style-type: none"> • 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 special educational needs) |

| | |
|--|--|
| children's social care if: | <ul style="list-style-type: none"> • What the DSL knows about the images or videos 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 images or videos is under 13 • The DSL has reason to believe a child is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming) |
| <p>If none of the above apply then the DSL may contact Children's Social Care for advice and will refer to the UKCIS guidance on <u>Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK (www.gov.uk)</u></p> | |

| | |
|---|--|
| Urgent Medical Attention | |
| <p>If a child is suffering from a serious injury, the practitioner must seek medical attention immediately from accident and emergency services and must inform social care, and the paediatric services.</p> | |
| Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until: | <ul style="list-style-type: none"> • social care local to the hospital and the child's home address (may be two different social care units) are notified by telephone that there are child protection concerns. • A strategy meeting/discussion has been held, which should then include relevant hospital and other practitioner from other relevant agencies. |

Online Safety

Our service users increasingly use electronic equipment on a daily basis to access the internet and share content and images via social networking sites such as Snapchat, Instagram and TikTok.

Unfortunately, some adults and young people will use these technologies to harm children. The harm might range from sending hurtful or abusive texts and emails, to grooming and enticing children to engage in sexually harmful conversations, webcam photography or face-to-face meetings.

Children may also be distressed or harmed by accessing inappropriate websites that promote unhealthy lifestyles, extremist behaviour and criminal activity.

Cyberbullying will be treated as seriously as any other type of bullying and will be managed through our anti-bullying procedures. Serious incidents may be managed in line with our Safeguarding and Child Protection procedures.

Many children own or have access to handheld devices and parents are encouraged to consider measures to keep their children safe when using the internet and social media at home and in the community.

We recognise the importance of safeguarding children from potentially harmful and inappropriate online material, and we understand that technology is a significant component in many safeguarding and wellbeing issues.

As part of regular safeguarding training, staff are trained to understand the online risks that can face children and young people. We also ensure there are filtering and monitoring systems on all devices provided by HYP. These systems are analysed regularly, to ensure their effectiveness.

Procedures relating to staff mobile phones:

- When working within HYP's centre, all staff must ensure that their personal mobile phones are locked in the office (or other suitable area) when there are children/young people on site; they may have work mobile phones with them but only to be used in an emergency.
- When working in schools, all staff should follow the mobile phone policy of the individual school. If there is no such policy in place, staff must ensure that they leave their phones (personal and work) in a safe place within the school, or, if this is not possible, that their phones remain in their bags.
- It is recognised that it is necessary for staff to take their HYP mobile phones on offsite activities; when working with young people, phones are only permitted to be used for emergency situations or to communicate with your base contact.
- Staff are not permitted to use personal mobiles, at any time, when working with young people; if staff have personal mobiles with them, they must be switched off and remain in bags. Staff are encouraged to give their work mobile and office numbers to family members in case of emergency.
- Under no circumstances should a member of staff take photographs of young people with any mobile phone (personal or work), unless specifically authorised to do so.
- Photographs of young people may only be taken with HYP cameras unless specifically authorised to use a personal camera or phone. Photographs should be uploaded to a computer as soon as possible, and then deleted immediately from the camera.
- All HYP cameras and mobile telephones can be checked at any time by a member of management.
- Any staff member or volunteer found to be non-compliant with this policy will face disciplinary action.

In regard to photography and images, to protect

- Seek their consent for photographs to be taken or published (for example, On our website or in newspapers or publications)
- Seek parental consent
- Use only the child's first name with an image

| | |
|---------------------------|--|
| children, we will: | <ul style="list-style-type: none"> • Ensure children are appropriately dressed • Encourage children to tell us if they are worried about any photographs that are taken of them. |
|---------------------------|--|

| Organisations for Support | | |
|-----------------------------------|--|---|
| Organisation/ Resource | www.thinkuknow.co.uk | CEOP's Online Safety resource and education advice |
| | disrespectnobody | Home Office advice on Healthy Relationships including sexting and pornography |
| | UK Safer Internet Centre | Contains a specialist helpline for UK education settings and providers. |
| | South West Grid for Learning | Includes a template for setting out Online Safety policies |
| | Internet Matters | Advice for Parents on how to keep their children safe online |
| | Parentzone | Advice for Parents on how to keep their children safe online |
| | Childnet Cyberbullying | Guidance on Cyberbullying |
| | PSHE association | Guidance and useful teaching resources covering online safety issues including pornography and the sharing of sexual images |
| Online Resources | <u>Educate Against Hate - Prevent Radicalisation & Extremism</u> | Practical Advice on protecting children from extremism and radicalisation |
| | <u>The use of social media for online radicalisation - GOV.UK (www.gov.uk)</u> | A government briefing for education providers on how social media is used to radicalise young people |
| | <u>Overview of Sexting Guidance. pdf (publishing.service.gov.uk)</u> | UK Council For Internet Safety (UKCIS) guidance on dealing with sexting incidents. |
| | <u>Common Sense Media: Age-Based Media Reviews for Families Common Sense Media</u> | Common Sense Media gives advice for parents and carers on choosing age-appropriate online games and sites for their child. |

| Dealing with Disclosure |
|---|
| <p>Statistically most children who have been affected by abuse, neglect and exploitation will never tell anyone. If they do disclose, this is most likely to be to their peers, or to a professional when they are an adult. As such, all staff at HYP must be aware that a lack of disclosure does not mean that children they are working with are not being affected by abuse, neglect or exploitation. Children may not disclose for several reasons including shame, fear of not being believed, or feeling ready to do so. They may also feel more comfortable disclosing information on a piecemeal basis – staff must remain patient and let the child know they are safe to share information. All staff must be aware that 'it could happen here'.</p> <p>However, due to the nature of HYP and the service provided children may be more likely to make a disclosure to a trusted member of staff. This may happen within a mentoring session at</p> |

their school for example; during breakfast club or during Surf School. We recognise that in our role as a Youth Service, we may be more likely to have opportunities to build a rapport with children that could encourage them to disclose abuse.

Where a child discloses that they have been or are being abused the following guidelines must be followed:

| | |
|------------------------|--|
| <p>Receive</p> | <ul style="list-style-type: none"> • If a child wants to talk to you, never ask them to come back later. Ask them what they want to talk to you about and, if you are concerned about their welfare, give them the time to speak to you. • Never promise confidentiality, inform the child that you are happy to talk to them but if they tell you anything that you believe may be putting them at harm that you will have to talk to someone. • Listen carefully to the child. Do not stop a child who is freely recalling information. • Where a child is visibly upset or has an obvious injury, it is good practice to ask a child why they are upset or how an injury was caused or respond to a child wanting to talk to you to help clarify vague concerns and result in the right action being taken. |
| <p>React</p> | <ul style="list-style-type: none"> • If you need to clarify information, ask open-ended questions e.g., "Is there anything you'd like to tell me?", "Can you explain to me..." Can you describe to me...?" • Never ask leading or suggestive questions e.g. 'Did he/she do anything that they shouldn't have done?' • Never ask 'accusing' questions e.g., "Why didn't you tell someone earlier?" • Never criticise the alleged perpetrator, it may be someone that they will continue to live with. • Never ask the child to repeat their disclosure for any other member of staff; it is your responsibility to share the information <p>These factors may compromise enquiries that need to be made later by Children's Social Care or Police.</p> |
| <p>Reassure</p> | <ul style="list-style-type: none"> • Ensure that the child is aware that they have done the right thing in talking to you and that they have not done anything wrong. • If you have any concerns that the child has been, or is at risk of harm, you must tell them that you will speak to someone to get help. |
| <p>Record</p> | <ul style="list-style-type: none"> • Make notes as soon as possible afterwards using the words that the child has used. • Do not record your assumptions and interpretations, just what you heard and saw. • Do not destroy original notes even if you later write things up more neatly and fully. • Record the date, time and place of the disclosure. • Sign any written records and identify your name and position at HYP. • Do not ask a child to write an account or sign any of your documentation as this may compromise enquiries that need to be made later by children's social care or Police. |

Refer

- Any suspicion, allegation or disclosure must be reported immediately (as soon as practicably possible on the day of the occurrence) to the Designated Safeguarding Lead or Deputy. Disclosure or evidence for concern may occur in a number of ways including a disclosure made by a child, a comment made by a child, physical evidence such as bruising, a change in behaviour or inappropriate behaviour or knowledge.
- The employee must record the concern using the Disclosure Form, which they must hand deliver to one of the Designated Safeguarding Leads immediately. It must not be saved on any computer. This form must be kept strictly confidential and stored securely following the Data Protection Procedures.
- The Designated Safeguarding Lead is responsible for making the decision as to whether further referral is necessary. This will either be to Children's Services, the MARU (Multi-agency Referral Unit), the Child Protection Unit of the police. If the immediate safety of the child is in any doubt then the Child Protection Unit must be informed.
- The Designated Safeguarding Lead will decide who the most appropriate person is to make the referral (depending on the case/circumstances) and ensure that the referral is made. The HYP management committee will be informed of all referrals made.
- It is the responsibility of the Designated Safeguarding Lead to inform the employee who reported the concern of any action taken and any outcome. It is the responsibility of the Designated Safeguarding Lead to ensure that any partner agencies involved with the young person are made aware of the disclosure and the action taken.
- All stages of the reporting procedure must be documented, marked CONFIDENTIAL and stored securely following the procedures laid out in the Data Protection Policy.

Please note:

- If the disclosure takes place within a school or education setting (for example, during a mentoring session on schools grounds), it is the responsibility of the member of staff who receives the disclosure, to pass on their concerns to HYP's DSL or DDSL. They should communicate directly with the DSL rather than sharing their concerns with a member of staff at the school and expecting them to 'pass on' the information. They should only share information directly with the school if the child requires immediate medical attention or is at immediate risk of harm.
- HYP's DSL will then liaise with the school's DSL to pass on all information and ensure action is being taken. If appropriate action is not being taken, or HYP's DSL disagrees with decisions that were made in response to the disclosure (for instance, if they believe the concern meets local thresholds for a MARF whereas the school does not) it is their responsibility to take the appropriate action and record all actions taken and rationale behind them.

If you are unhappy about the response you receive from your DSL for child protection, you can contact the Local Authority Safeguarding Children Board, or, in their absence, contact the MARU on the following details where you may be put through to speak to a qualified social worker:

MARU: 0300 1231 116

Email: MultiAgencyReferralUnit@cornwall.gcsx.gov.uk

| | |
|--|--|
| | <p>Fax: 01872 323653</p> <p>Referral : 2.1.2.1_cornwall-inter-agency-referral-form_1_13.docx (live.com)</p> <p>NB: Urgent referrals after 17.30 or at the weekend call the Out of Hours Service on 01208 251 300</p> |
|--|--|

UNDER NO CIRCUMSTANCES SHOULD YOU LEAVE WORK AND RETURN HOME WITHOUT DISCUSSING YOUR CONCERNS WITH SOMEONE.

| | |
|--|---|
| Concerns re: Terrorism / Radicalisation | <p>Contact can be made with the confidential Anti-Terrorist Hotline 0800 789 321 or contact made with the LA Prevent Strategy Coordinator for further advice.</p> <p>If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action. If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children’s social care. Make a referral to local authority children’s social care directly, if appropriate (see ‘Referral’ above). Inform the DSL or deputy as soon as practically possible after the referral.</p> <p>Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include Channel, the government’s programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children’s social care team.</p> <p>The Department for Education also has a dedicated telephone helpline, 020 7340 7264 which education providers can call to raise concerns about extremism with respect to a young person. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.</p> |
|--|---|

| | |
|---|---|
| In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you: | <ul style="list-style-type: none"> • Think someone is in immediate danger • Think someone may be planning to travel to join an extremist group • See or hear something that may be terrorist-related |
|---|---|

Contact can be made with the confidential Anti-Terrorism Hotline 0800 789 321 or contact the LA Prevent Strategy Coordinator for further advice.

Concerns Raised by a Member of the Public

| | |
|---|--|
| When a member of the public telephones or approaches a member of staff with concerns about the welfare of a child or an unborn baby, | <ul style="list-style-type: none"> • Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns. • Take basic details: <ol style="list-style-type: none"> 1. Name, address, gender and date of birth of child. 2. Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), practitioners providing other services, a lead practitioner for the child. • Discuss the case with their manager and the agency’s designated safeguarding children advisor to decide whether to: |
|---|--|

the practitioner who receives the contact should always:

1. Make a referral to social care.
 2. Make a referral to the lead practitioner if the case is open and there is one.
 3. Make a referral to a specialist agency or practitioner e.g. educational psychology or a speech and language therapist.
 4. Undertake an assessment.
- Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.
 - The opportunity for a face-to-face meeting or interview should be offered to the member of the public to clarify information and offer advice, if needed.

The member of the public should also be given the number for social care and encouraged to contact them directly. The employee receiving the initial concern should always make a referral to social care and/or to the DSL or DDSL in case the member of the public does not follow through (which can happen).

Some people may prefer not to give their name to social care, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, employees should respect a referrer's request for anonymity. However absolute anonymity cannot be guaranteed, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

PROCEDURE FOR DEALING WITH ALLEGATIONS OR DISCLOSURE OF CHILD ABUSE

HYP employee/volunteer has concerns about the welfare of a young person.

Employee/volunteer informs Safeguarding Lead immediately of their concern (as soon as practicably possible).

Employee to record the concern with support from the Safeguarding Lead, using the Disclosure Form. Safeguarding Lead must ensure that the Disclosure is kept strictly confidential and (it must NOT be posted).

The Safeguarding Lead is responsible for making the decision as to whether further referral is necessary. This will either be to Children's Services or to the Child Protection Unit of the police. If the immediate safety of the child is in any doubt, then the Child Protection Unit must be informed.

It is the responsibility of the Safeguarding Lead to decide who the most appropriate person is to make the referral and to ensure that the referral is made.

Potential Risk of Harm to an unborn child

In some circumstances the likelihood of significant harm with regard to an expected baby could be present (e.g. where there is information known about domestic abuse, parental substance misuse or mental ill health).

These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken, and support offered to enable the parent/s (wherever possible) to provide safe care to the baby.

Children in Whom Illness is Fabricated or Induced (formerly known as Munchausen's Syndrome by Proxy)

This is a form of child abuse in which the parents or carers give false accounts of symptoms in their children and may fake signs of illness (to draw attention to themselves). They seek repeated medical investigations and needless treatment for their children. The government guidance on this is found in 'Safeguarding Children in whom illness is Fabricated or Induced' (15th March 2008). All suspicions of the above, must reported to the DSL.

Spiritual Abuse

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or Religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes their will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. They may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously, God's) acceptance and approval.

All suspicions of the above must be reported to the DSL.

If you discover that FGM has taken place, or a child is at risk of FGM:

Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs". FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'. Possible indicators that a child has already been subjected to FGM, and factors that suggest a child may be at risk, are set out in the appendices of this policy.

Any staff member who:

- Is informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observes physical signs which appear to show that an act of FGM has been carried out on a girl under 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 (please note: this is highly unlikely to occur within HYP due to the fact that we do not provide personal or intimate care for our service users).

...must speak to the DSL and follow local safeguarding procedures.

Any member of staff who suspects a child is *at risk* of FGM or suspects that FGM has been carried out: or discovers that a child **aged 18 or over** appears to have been a victim of FGM must speak to the DSL and follow our local safeguarding procedures.

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

| | |
|---|---|
| Risk factors for FGM include: | <ul style="list-style-type: none"> • Low level of integration into UK society • Mother or a sister who has undergone FGM • Girls who are withdrawn from PSHE • Visiting female elder from the country of origin • Being taken on a long holiday to the country of origin • Talk about a 'special' procedure to become a woman |
| Symptoms of FGM: | <p>FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff should not assume that FGM only happens outside the UK.</p> |
| Indications that FGM may have already taken place may include: | <ul style="list-style-type: none"> • Difficulty walking, sitting or standing and may even look uncomfortable. • Spending longer than normal in the bathroom or toilet due to difficulties urinating. • Spending long periods of time away from a classroom or mentoring session during the day with bladder or menstrual problems. • Frequent urinary, menstrual or stomach problems. • Prolonged or repeated absences from education, especially with noticeable behaviour changes (e.g., withdrawal or depression) on the girl's return • Reluctance to undergo normal medical examinations. • Confiding in a professional without being explicit about the problem due to embarrassment or fear. • Talking about pain or discomfort between her legs |
| Mental health concerns: | |
| <p>At HYP, we take the mental health and wellbeing of young people very seriously and believe in taking a pro-active approach to increase children's wellbeing. It is for this reason that we recognise the widely known benefits of increased time in nature, physical exercise and engaging with art and creativity. This underpins many of our projects including Forest School, Art and Film Club and Water sports projects. However, we recognise that anyone at any time can develop poor mental health. Therefore, all staff are trained to understand the following:</p> | |
| <ul style="list-style-type: none"> • Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. • Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one. • If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by reporting to the DSL. • If staff have a mental health concern that is not also a safeguarding concern, speak to the DSL to agree a course of action. • All staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. | |

- HYP employees are not expected or trained to diagnose mental health conditions or issues but may notice behaviours that may be of concern.

Children with Special Educational Needs (SEN) or Disabilities or Health Needs:

We recognise that children with special educational needs (SEN) or disabilities or certain health conditions can face additional safeguarding challenges. They may be more vulnerable to a range of risks including exploitation, physical abuse, sexual abuse, and bullying.

Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- Children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- The potential for children with SEN, disabilities or certain health conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in managing or reporting these challenges

All staff are trained to spot signs and indicators of abuse, neglect and exploitation in children with SEND and to recognise the barriers to reporting. It is important to read the SEND Code of Practice for further information around this: SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)

Children with a Social Worker and Looked-after and previously looked-after children

Children may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The DSL and all members of staff will work with and support social workers to help protect vulnerable children.

Where we are aware that a child has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the child's safety and welfare.

We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe.

Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff / volunteers at HYP.

- HYP operates under a policy of confidentiality; however, under no circumstances will any individual in the employment of HYP keep confidential any information that raises concerns about the safety and/or welfare of a child or young person.
- This statement relating to confidentiality must be made known to all who access any provision of HYP.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and young people.

- All staff must be aware that they cannot promise a child that they will keep secrets.

Communication with Parents

HYP will always discuss concerns with parents / carers, and consent for any referrals should be sought unless to do so would:

- place the child at risk of significant harm or further risk of significant harm.
- place a vulnerable adult at risk of harm
- compromise any enquiries that need to be undertaken by Children’s Social Care or the Police

We will endeavour to ensure that parents have an understanding of the responsibilities placed on HYP staff for safeguarding children.

Record Keeping

The importance of good clear child welfare and child protection record keeping has been highlighted in the learning from serious case reviews. Good up to date record keeping of concerns and action taken is essential for two main reasons:

It helps and enables HYP to identify causes for concern at an early stage. Often it is only when a number of seemingly minor issues are seen as a whole that a pattern can be seen indicating safeguarding or child protection concern.

It helps HYP to monitor and manage our safeguarding practices and provides evidence of robust and effective safeguarding policy and practice.

A record of a concern, suspicion or allegation should be made at the time of or as soon as possible after the event. Any member of staff receiving a disclosure of abuse from a child or young person or noticing signs or symptoms of possible abuse in a child or young person, will make a written record within the hour recording the disclosure using the child’s own words, what was said or seen and the location both of the abuse and the disclosure. Dates and times of events should be recorded as accurately as possible, together with a note of when the record was made.

A record should be made of any visible marks or injuries to a child that give cause for concern, this may be completed on a body map the child should not be examined intimately or pictures taken of any injuries/marks.

This should be recorded on a disclosure form and passed to the DSL as soon as possible.

Guidance for record-keeping includes:

- Make brief notes as soon as possible after the conversation using the disclosure form.
- Not destroy the original notes in case they are needed by a court.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child.
- Record statements and observations rather than interpretations or assumptions
- Distinguish fact from opinion.
- Children **MUST NOT** be asked to make a written statement themselves or to sign any records.
- All disclosure forms must be given to the DSL before the end of the working day. These should be filed in individual child files in Chronological order and a Chronology of significant events should be maintained at the front of the file.

- No copies should be retained by the member of staff or volunteer.

Working with Education Settings and using school premises

At HYP, we sometimes work with school settings, or using their premises. Keeping Children Safe in Education 2023 tells us that when schools hire their premises to organisations that work with children, they should check that the guidance in 'After-school clubs, community activities and tuition: safeguarding guidance for providers' is being followed.

Although this guidance can be read in further detail below, we endeavour to take steps to ensure our work with schools and on school premises is demonstrating best practice.

[After-school clubs, community activities, and tuition – Safeguarding guidance for providers \(windows.net\)](#)

For example, we therefore:

- Ensure that we share our safeguarding policy (including details of our DSL and contact arrangements), checks on our staff and any other necessary information with a school as part of hire discussions and signing a hire agreement. This information will be offered pro-actively, rather than waiting for a school to request it.
- Ensure that our staff are provided with the school's DSL contact details and reporting arrangements and that any concerns reported to HYP's DSL/DDSL are shared on a need-to-know basis with the school's DSL including actions taken.
- Unless necessary to share in order to safeguard a child, or if the concern relates to a child who is a student at that school; keep the child's personal details confidential but share with the school a summary of the concerns and our responses and actions taken.
- Make the school aware if we have made a referral to MARU, the police and/or the LADO relating to an incident that occurred with their student and/or whilst using their premises.
- Liaise with the school about any other concerns relating to health and safety including any accidents, incidents, near misses or injuries that have taken place on the premises.

Appendix A – Definitions of Abuse and Neglect

Physical Abuse

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

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games.
- Injuries which have not received medical attention.
- Reluctance to change for, or participate in, games or swimming.
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation.
- The child gives inconsistent accounts for the cause of injuries.
- Frozen watchfulness.

Possible effects of Physical Abuse

Physical abuse can lead directly to neurological damage, physical injuries, disability and in extreme cases death. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and learning difficulties.

Emotional Abuse

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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another.
It may involve serious bullying (including cyberbullying),

causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

Signs of possible Emotional Abuse

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy.
- Obsessions or phobias.
- Sudden underachievement or lack of concentration.

- Seeking adult attention and not mixing well with other children.
- Sleep or speech disorders.
- Negative statements about self.
- Highly aggressive or cruel to others.
- Extreme shyness or passivity.
- Running away, stealing and lying.

Possible effects of Emotional Abuse

- If a child suffers sustained emotional abuse, there is increasing evidence of adverse long-term effects on their development. Emotional abuse has a significant impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy and can be as important as the other more visible forms of abuse, in terms of its impact on the child. Domestic Abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.
- Domestic Abuse comes in many forms and is not just physical but can be:
 - Emotional
 - Sexual
 - Financial
 - Controlling and coercive
 - Physical

Furthermore, children who are exposed to domestic abuse are also victims and can have serious, long lasting emotional and psychological impact. It is imperative that all staff are aware how these children's experiences can affect their mental health, behaviour and education.

Additionally, staff are trained to understand that children and young people can experience domestic abuse within their own intimate relationships. This is sometimes called Teenage Relationship Abuse or Intimate Partner Abuse. Staff are trained to spot the signs and indicators of Teenage Relationship Abuse and to respond to it swiftly and robustly if they witness abuse of this kind between children and young people within HYP. Staff are trained to understand that Teenage Relationship Abuse can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Teenage Relationship Abuse can also take place online between children and young people or in a combination of online and offline abuse. It is a form of Child-on-Child abuse, and you can read more about this in Appendix H.

Sexual Abuse

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, 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.

Signs of possible Sexual Abuse

- Any allegations made by a child concerning sexual abuse.
- The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age.
- Sexual activity through words, play or drawing.
- Repeated urinary infections or unexplained stomach pains.
- The child is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations.
- Eating disorders such as anorexia or bulimia.

Possible effects of Sexual Abuse

- Disturbed behaviour including self-harm,
- inappropriate sexual behaviour,
- sadness, depression and loss of self-esteem has all been linked to sexual abuse.
- Its adverse effects may last long into adult life. The severity of the impact on the child is believed to increase the longer the abuse continues, the more serious the abuse, the younger the child at the start, and the closeness of the relationship to the abuser. The child's ability to cope with the experience of sexual abuse, once recognised, can be strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. Some adults who sexually abuse children were themselves sexually abused as children.

Child Sexual Exploitation

The statutory definition of Child Sexual Exploitation (CSE) can be found in the guidance document *Child sexual exploitation: Definition and a guide for practitioners* (DfE 2017)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Possible signs of child sexual exploitation

- Acquisition of money, clothes, mobile phones, etc. without plausible explanation.
- Gang-association and/or isolation from peers/social networks.
- Exclusion or unexplained absences from education
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age/sexually transmitted infections.
- Evidence of/suspicions of physical or sexual assault.

- Relationships with controlling or significantly older individuals or groups.
- Multiple callers (unknown adults or peers).
- Frequenting areas known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Possible effects

Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. Child sexual exploitation can occur without any of these issues.

- Having a prior experience of neglect, physical and/or sexual abuse.
- Lack of a safe/stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues or criminality, for example).
- Recent bereavement or loss.
- Social isolation or social difficulties.
- Absence of a safe environment to explore sexuality.
- Economic vulnerability.
- Homelessness or insecure accommodation status.
- Connections with other children and young people who are being sexually exploited.
- Family members or other connections involved in adult sex work.
- Having a physical or learning disability.
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.

More information can be found in:

Child sexual exploitation: Definition and a guide for practitioners (DfE 2017)

Child Criminal Exploitation

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

Possible signs of CCE

- children who appear with unexplained gifts or new possessions.
- children who associate with other young people involved in exploitation.
- 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; and
- children who regularly miss education or do not take part in education.

County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Criminal Exploitation Hubs strive to coordinate intelligence by;

- CSE Mapping and intelligence: perpetrators, areas, links, trends
- Hotels and taxis and events

A CSE Screening Tool MUST be completed for ALL children aged 10-18 who are subject to an Early Help Assessment or a MARF. For further information, contact the MARU for advice.

Use the online CSE Tool from Brook

<https://www.brook.org.uk/our-work/cse-e-learning-tool>

Neglect

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

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Signs of possible Neglect

- Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- Clothing that is dirty, too big or small, or inappropriate for weather conditions
- Frequently left unsupervised or alone
- Frequent diarrhoea
- Frequent tiredness
- Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
- Frequently hungry
- Overeating junk food
- Signs likely to be spotted at HYP include a child hoarding food at Breakfast Club or the Youth Café for example.

Possible effects of Neglect

Neglect can seriously impair a child's health, physical and intellectual growth and development, and can cause long term difficulties with social functioning, relationships and educational progress. Extreme cases of neglect can cause death.

Private Fostering

There is a mandatory duty on HYP to inform the local authority of a private fostering arrangement they are aware of.

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and stepparents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

Staff are trained to advise the DSL when they become aware of a change of living circumstances for any child. Staff should notify the DSL when they become aware of private fostering arrangements. The DSL will speak to the family of the child involved to check that they are aware of their duty to inform the LA. However, HYP itself has a duty to inform the local authority of the private fostering arrangements.

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic abuse. Young men and women can be at risk in affected ethnic groups. Whistleblowing may come from younger siblings.

Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as an organisation or through a third party.

Forced marriage is a CRIME. It is a form of violence against women and men, domestic abuse, a serious abuse of human rights, and where a minor is involved, child abuse. .

While it is important to understand the motives that drive parents to force their children to marry, these motives should not be accepted as justification for denying them the right to choose a marriage partner and enter freely into marriage. .

A person's capacity to consent can change. With the right support and knowledge, a person with a learning disability may move from a position of lacking capacity to consent to marriage, to having

capacity. However, some children and adults with learning disabilities are given no choice and/or do not have the capacity to give informed consent to marriage and all it entails.

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescues of victims held against their will overseas.

Contact

Telephone: +44 (0) 20 7008 0151

Email: fmu@fco.gov.uk

Email for outreach work: fmuoutreach@fco.gov.uk

Facebook: [Forced Marriage page](#)

Twitter: [@FMUnit](#)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

Please note: In addition, since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used.

As with the existing forced marriage law, this applies to non-binding, unofficial 'marriages' as well as legal marriages. HYP staff are trained to understand that if a child discloses that they (or another child) are married or due to marry before they are 18 years old, this must be treated as a child protection concern and reported immediately to the DSL.

Female Genital Mutilation (FGM)

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

Types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

When should a referral be considered?

Mandatory reporting 2015

Under 18 & FGM is 'Known'
Seen
Disclosed
Report to POLICE

Suspected or At Risk?

Usual Safeguarding procedure

Worried about FGM?

Call the FGM helpline if you're worried a child is at risk of, or has had, FGM. It's free, anonymous and we're here 24/7.

[0800 028 3550](tel:08000283550) or email fgmhelp@nspcc.org.uk

Useful Sources of Information:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact sheet - FGM -](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact_sheet_-_FGM_-_)

Why is it carried out? There is a belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from education and other activities
- Behaviour changes on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings take action without delay.

So-called 'honour-based' abuse (HBA) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, this includes Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBA are abuse (regardless of the motivation) and should be handled and escalated as such.

Where staff are concerned that a child might be at risk of HBA, they must contact the Designated Safeguarding Lead as a matter of urgency.

Mental Health

This policy covers the importance and responsibility for safeguarding young people and their physical and emotional health and wellbeing. This includes their mental health.

Our staff are committed to supporting children with mental ill health and all staff are aware that mental health can, in cases, be an indicator that a child has suffered abuse, neglect or exploitation. We provide training to our staff in relation to the importance of understanding and recognising mental health issues in young people as they are often best placed to be able to identify concerns and refer to the DSL for further support and referral.

Domestic abuse

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socioeconomic status, sexuality or background, and domestic abuse can take place inside or outside of the home.

Older children may also experience domestic abuse and/or violence in their own personal relationships. This is often referred to as Teenage Relationship Abuse.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children.

The Domestic Abuse Act 2021 received Royal Assent and introduced a statutory definition for the first time.

Definition

The Domestic Abuse Act 2021 (Part 1) defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

- (a) physical or sexual abuse.
- (b) violent or threatening behaviour.
- (c) controlling or coercive behaviour.
- (d) economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and
- (e) psychological, emotional or other abuse.

People are 'personally connected' when they are or have been married to each other or civil partners; or have agreed to marry or become civil partners. If the two people have been in an intimate relationship with each other, have shared parental responsibility for the same child, or they are relatives.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person.

(The definition can be found here: <https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted>)

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

The National Domestic Abuse helpline can be called free of charge and in confidence, 24 hours a day on 0808 2000 247.

APPENDIX B

Aide-memoire for Professionals to support efficient and appropriate telephone referrals of children who may be suffering, or are likely to suffer, significant harm

Situation

- I am (give your name / designation / base). I am calling about (child's name(s) / date of birth / address, or mother's details if an unborn child).
- I am calling because I believe this child is at risk of harm.
- The parents are/aren't aware of the referral.

Assessment and actions

- I have assessed the child and the specific concerns are (provide specific factual evidence, ensuring the points in Section A are covered).
- Or: I fear for the child's safety because (provide specific facts – what you have seen, heard and/or been told).
- An Early Help Assessment has/hasn't been completed / followed prior to this referral.
- The child is now (describe current condition and whereabouts).
- I have not been able to assess the child, but I am concerned because ...
- I have (actions taken to make the child safe).

Family factors

Specific family factors making this child at risk of significant harm are (based on the Assessment of Need Framework i.e., parenting capacity, family/environment, child's developmental needs)

Expected response

In line with "Safeguarding Children and Safer Recruitment in Education 2007", "Working Together to Safeguard Children 2018" and Section 17 and / or Section 47 of the Children Act I recommend that a specialist social care assessment is undertaken.

Other recommendations.

Ask: Do you need me to do anything now?

Referral and recording

I will follow up with a written referral MARU and would appreciate it if you would get back to me as soon as you have decided your course of action.

Exchange names and contact details with the person taking the referral.

Now complete the MARU ensuring that it is sent within 24 hours and record details and time and outcomes of telephone referral.

Appendix C - The role of the Designated Safeguarding Lead for Child Protection

As mentioned earlier in this policy, the DSL works with the Board of Trustees to ensure that Safeguarding and Child Protection forms the foundation upon which all HYP services are provided for young people.

Broad areas of responsibility proposed for the DSL for Child Protection

Referrals:

- Support vulnerable children / families or refer cases of suspected abuse to the relevant service or investigating agency.
- act as a source of support, advice and expertise within HYP when deciding whether to make a referral by liaising with relevant agencies.
- liaise with the trustees and management team to inform them of any issues and ongoing investigations and ensure there is always cover for this role. This includes ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Be aware of the requirement for children to have an Appropriate Adult. (Further information can be found in the Statutory guidance - PACE Code C 2019)

Training:

• to recognise how to identify signs of abuse and when it is appropriate to make a referral. have a working knowledge of how the Quality Assurance Unit operates: The Children Act 2004 (Section 16E) sets out the provision of 'local arrangements for safeguarding and promoting welfare of children'. Our Safeguarding Partnership (OSCP) is the local organisation that fulfils this for Cornwall and the Isles of Scilly. The partners in the OSCP are:

- the local authorities – [Cornwall Council](#) and the [Council of the Isles of Scilly](#)
- the clinical commissioning group for the area – [Kernow CCG](#)
- the chief officer of police for the area – [Devon and Cornwall Police](#)
- The members of the OSCP work together to safeguard children in Cornwall and the Isles of Scilly. They also provide assurance that the arrangements are effective to bring about good outcomes for children.
- The conduct of a child protection case conference and be able to attend and contribute to these effectively when required to do so.
- ensure each member of staff has access to and understands HYP's Safeguarding and Child Protection Policy
- ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise including any temporary staff and volunteers
- be able to keep detailed accurate secure written records of referrals/concerns.
- obtain access to resources and attend any relevant or refresher training courses at least every two years.

Raising Awareness:

- ensure this Safeguarding and Child Protection Policy is updated and reviewed annually and work with the board of trustees regarding this.
- ensure parents/carers have access to copies of this Policy to ensure they are aware of the fact that referrals may be made and the role of HYP therein.
- Although the designated safeguarding lead for child protection is responsible for following safeguarding and child protection procedures, it is not their responsibility or that of other HYP staff to investigate suspected abuse. No further action should be taken than those defined in this Safeguarding and Child Protection Policy, inappropriate action may compromise further action.

APPENDIX D: Looked After Children

www.nspcc.org.uk

Why looked after children are a priority?

There are around 90,000 children in care at any one time in the UK (see [statistics](#)). The majority enter care because of abuse and neglect and 45% have a diagnosable mental health condition ([Meltzer et al, 2003](#)). For these children care is a vital part of our child protection and family support system.

Thanks to dedicated carers and other professionals there have been significant improvements to the care system in recent years and the government has made improving care a priority. But care still fails some of our most vulnerable children, with too many going on to have poor experiences in care or after they leave.

Generally, children in care continue to have poorer outcomes than the wider population – particularly in relation to educational achievement, homelessness, and mental health. It is difficult to determine the extent to which these outcomes were caused by the child’s experiences prior to coming into care, rather than their experiences once in care. However, we do know that further support is needed to help these children and young people overcome the effects of the abuse and neglect they have suffered.

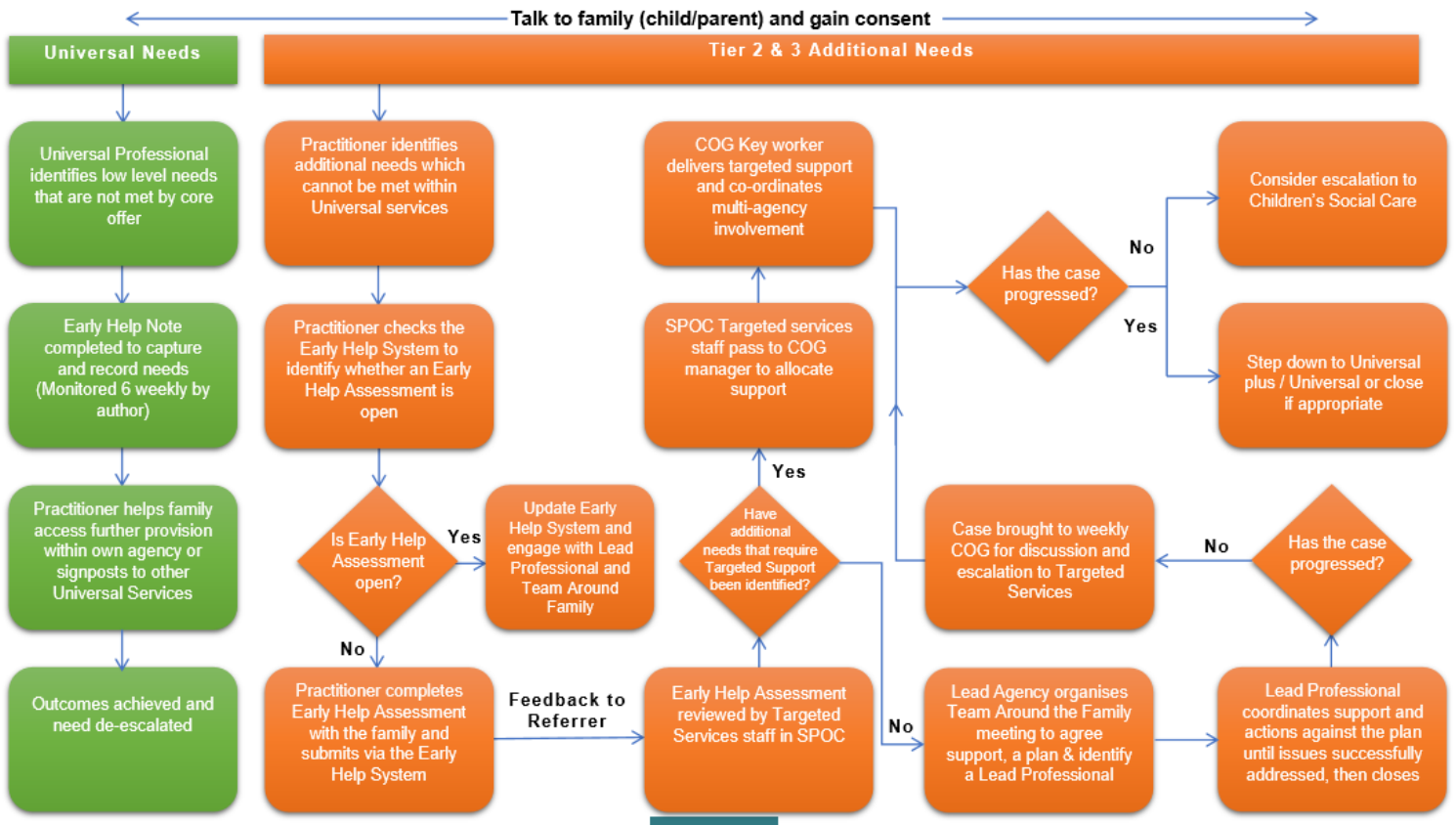
It is wrong to assume all children in care are kept safe. A minority are at continued risk of abuse or neglect, including from their carers, other young people and those in the wider community who target them.

Children in care who call ChildLine tell us that they continue to feel vulnerable and isolated, leaving them at risk of harm. For some, care does too little to compensate for the harm they have already suffered and for others the care experience compounds that harm.

Better support is needed to help these young people overcome the effects of the abuse and neglect they have suffered and to enable them to realise their potential. Care must provide effective therapeutic support for children and young people and protect them from current and future harm.

The NSPCC is committed to ensuring care provides a positive, supportive experience for all looked after children.

APPENDIX E: Process Map



APPENDIX F: Safeguarding Guidance

PREVENT

Preventing radicalisation

- **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
- **Extremism** is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces
- **Terrorism** is an action that:
 - Endangers or causes serious violence to a person/people.
 - Causes serious damage to property; or
 - Seriously interferes or disrupts an electronic system

The use or threat of terrorism must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

All organisations working with children have a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of children accessing HYP being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partners and local police force.

We will ensure when engaging in online activities, that suitable internet filtering is in place and equip our children to stay safe online at HYP and at home.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period. Staff will therefore be alert to changes in children's behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a child is being radicalised can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities, they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others

- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

Staff should **always** take action if they are worried including discussing their concerns with the DSL.

Physical and Behavioural Observations:

- Concerning things the young person may say
- Having strong values and beliefs
- Often going beyond the norms of society, but this is subjective as what is the norm in one society or community may not be the norm for another
- It can be a strong view with no room for manoeuvre
- Fostering hatred, causing inter-community conflict
- Engaging in physical violence against conflicting values
- Presenting threatening behaviour causing bodily and mental harm
- Essentially a move to action

Action to be considered:

In Prevent priority areas, the local authority will have a Prevent lead who can also provide support. You can also contact your local police force or dial 101 (the non-emergency number). They can talk to you in confidence about your concerns and help you gain access to support and advice.

The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff and governors to raise concerns relating to extremism directly. Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk

Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed

IF YOU HOLD THE INFORMATION, YOU HOLD THE RISK!

Support with Referrals

The Prevent duty Guidance (updated September 2023):

[Prevent duty guidance: for England and Wales \(accessible\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/prevent-duty-guidance-for-england-and-wales)

Referral System:

MARU Referral forms should be sent and copy in the Prevent Team and clearly marked Prevent.
[2.1.2.1_cornwall-inter-agency-referral-form_1_13.docx \(live.com\)](#)

Serious violence

Indicators which may signal that a child is at risk from, or involved with, serious violent crime may include:

- Increased absence from education
- Change in friendships or relationships with older individuals or groups
- Signs of self-harm or a significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts or new possessions (this could indicate that the child has been approached by, or is involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation (see above))

Risk factors which increase the likelihood of involvement in serious violence include:

- Being male
- Having been frequently absent or permanently excluded from school
- Having experienced child maltreatment
- Having been involved in offending, such as theft or robbery

Staff will be aware of these indicators and risk factors. If a member of staff has a concern about a child being involved in, or at risk of, serious violence, they will report this to the DSL.

Appendix G: Child-on-Child Abuse

Child-on-child abuse is when children abuse other children. This type of abuse can take place inside and outside of HYP and online.

Child-on-child abuse is most likely to include, but may not be limited to:

- Bullying (including cyber-bullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between children and young people
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- Sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse

- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Consensual and non-consensual sharing of nudes and semi nudes images and/or videos (also known as sexting or youth produced sexual imagery)
- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)

Where children abuse other children online, this can take the form of, for example, abusive, harassing, and misogynistic messages; the non-consensual sharing of indecent images, especially around chat groups; and the sharing of abusive images and pornography, to those who don't want to receive such content.

If staff have any concerns about Child-on-Child abuse, or a child makes a report to them, they will report this immediately to the DSL.

HYP holds a Zero Tolerance approach to any forms of child-on-child abuse including Sexism, Homophobia, Misogyny, Racism, Sexual Violence and Sexual Harassment amongst many other forms listed above.

Sexual violence and sexual harassment between children.

Sexual violence and sexual harassment can occur:

- Between 2 children of any age and sex
- Through a group of children sexually assaulting or sexually harassing a single child or group of children
- Online and face to face (both physically and verbally)

Sexual violence and sexual harassment exist on a continuum and may overlap.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing.

If a victim reports an incident, it is essential that staff make sure they are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Some groups are potentially more at risk. Evidence shows that girls, children with SEN and/or disabilities, and lesbian, gay, bisexual and transgender (LGBTQ+) children are at greater risk.

Staff should be aware of the importance of:

- Challenging inappropriate behaviours
- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- Challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them

In line with KCSIE 2023, HYP will provide and explicitly promote a safe space for children who are part of the LGBTQ+ community to speak out and share any concerns they have with staff.

HYP's LGBTQ+ project: We hold a group which is open to those from the LGBTQIA+ community and allies, every Thursday after school for 2 hours. It is open to young people from Year 7 to Year 11. We consult and draw in specialist support as and when required from Intercom Trust and Brook (for example). We ask the young people to complete Confidentiality agreements and we remind everyone about confidentiality and safeguarding procedures on each session. We directly address any form of prejudice or issues around conduct at the time with the persons involved.

If staff have any concerns relating to sexual violence or sexual harassment, they will speak with the DSL immediately.

Further guidance can be found within Keeping Children Safe In Education 2023, Part 5.

What is Sexual violence and sexual harassment?

It is important that HYP staff are aware of sexual violence and the fact children can, and sometimes do, abuse other children and young people in this way.

When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

- Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom.

Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Upskirting

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence.

Downblousing

The using of a mobile camera to take photos down one's blouse, shirt, or dress. This is usually done without the persons knowledge or consent.

Guidance on dealing with cases.

- Consideration will be given to whether the complaint raises a safeguarding concern and then report to the DSL.
- A factual record should be made but no attempt should be made to investigate at this stage,
- The DSL can discuss the case with advisory personnel such as the Education Safeguarding Officer to determine if a referral to MARU is required. If there is an indication that a criminal offence has been committed, then the police may become involved. The DSL may be advised to refer this case to the police or advise parents to do so.
- The DSL will speak to parents of the victim(S) and the alleged perpetrator to inform them of the referral as long as it does not put either party at risk of further harm.
- Records of action and advice will be kept on both children's file
- Consideration will be given to whether the alleged perpetrator should be excluded from HYP according to HYP's Behaviour Policy
- If Children Services decide there will be no further action, a thorough investigation will be carried out within HYP using the Behaviour Policy.
- If HYP considers a safeguarding risk is still present then a full risk assessment will be carried out with a date set for follow up review.

Risks

Children are vulnerable to abuse by other children and young people. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures.

Professionals should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.

Professionals should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.

Professionals should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may respond to this by abusing younger or weaker children.

The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children. Evidence suggests that such children may have suffered considerable disruption in their lives, may have witnessed or been subjected to physical or sexual abuse may have problems in their educational development and may have committed other offences. They may therefore be suffering, or at risk of suffering significant harm and in need of protection. Any long-term plan to reduce the risk posed by the alleged perpetrator must address their needs.

Protection and Action to be taken

When there has been a report of sexual violence, the DSL (or deputy) will make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment will be considered on a case-by-case basis.

The risk and needs assessment for a report of sexual violence will consider:

- the victim, especially their protection and support
 - whether there may have been other victims
 - the alleged perpetrator(s) intra familial harms and any necessary support for siblings (both of victim/s and alleged perpetrator/s) following incidents
- all the other children, (and, if appropriate, staff) at HYP, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harms, and
 - The time and location of the incident, and any action required to make the location safer.

Risk assessments will be recorded (paper or electronic) and will be kept under regular review. At all times, HYP will be actively considering the risks posed to all their service users and put adequate measures in place to protect them.

The DSL (or deputy) will ensure they are engaging with local authority children's social care and specialist services as required, working to local authority thresholds and involving them at the earliest possible opportunity (in regards to sexual violence). Children's Social Care will arrange Strategy Discussion which will include the referring agency and the police.

Where there has been a report of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required. The HYP risk assessment mentioned above is not intended to replace the detailed assessments of expert professionals. Any such professional assessments would therefore be used to inform HYP's approach to supporting and protecting our staff and service users and updating our own risk assessment.

Please note: It is not the role of HYP to provide legal advice or support to victims, alleged perpetrators or parents in respect of a criminal justice process. Rather, we take our own position and responsibilities seriously and act accordingly.

The strategy discussion will consider:

- Whether the alleged perpetrator seems to pose a continuing risk to any child.
- How to protect any child who appears to be at immediate risk of significant harm.
- Whether section 47 enquiries should be initiated (or continued if they have already begun) and how they should be handled; and
- What action should be taken in respect of the alleged perpetrator, for example arranging a risk management meeting.
- It is important to co-ordinate action to address these issues: no agency should initiate action that has implications for another agency without appropriate consultation unless this is unavoidable in order to protect the safety of a child.

The Victim

The strategy discussion will consider what action is necessary to ensure the immediate safety of the identified victim(s) and what further enquiries are necessary to assess any further risk. A Child

Protection Conference must be arranged unless the child does not appear to be at continuing risk of significant harm.

Where a young person has abused a sibling, planning must include consideration of the support needs of the parents. If victim and perpetrator are members of the same family/household, before making any arrangement to return the perpetrator to the family/household it is critical to ensure that the victim's views have been heard and that they feel safe.

A Child Protection Conference may conclude that the victim is not in need of a child protection plan but may be a child in need of support to address her/his needs arising from the abuse - for example referral to a local Counselling Service, CAMHS or another victim support agency like CLEAR and JIGSAW.

The Alleged Perpetrator

It is not always appropriate to initiate Section 47 Enquiries in respect of the alleged perpetrator unless there is information suggesting that they are at continuing risk of significant harm. However young people who abuse others frequently have considerable needs themselves, so an assessment of the alleged perpetrator's needs should be carried out.

Any decision on action in respect of the alleged perpetrator must be based on the risk they pose to other children and what can be done to minimise this risk. If the alleged perpetrator is over the age of 10, consideration should also be given to whether action under the criminal justice system would be appropriate.

If there is evidence that the alleged perpetrator has also been the victim of abuse, the police will consider whether to initiate a separate criminal investigation relating to this.

The alleged perpetrator is likely to pose a continuing risk to others unless the opportunity for further abuse is ended and the young person and their family have agreed to work with relevant agencies to address the problem. It has also been proposed that the risk remains high unless the young person accepts responsibility for the abusive behaviour, but more recent research has suggested that in the case of sexually harmful behaviour, denial may be rooted in shame and a well-founded fear of consequences of admission. Consequently, while denial will have consequences for the treatment approach, it does not necessarily indicate that sexually harmful behaviour is likely to be repeated.

Assessment of an alleged perpetrator's needs will include consideration of:

- The nature, extent and context of the abusive behaviours.
- The young person's development and family and social circumstances.
- Whether the young person appears to pose a continuing risk and, if so - Who is likely to be at risk from him/her (for example self, other children, adults at risk, particular children, particular adults), and

The nature and degree of the risk.

- The young person's need for services, both those which relate to his/her harmful behaviour and other significant needs.
- Whether the young person is also at risk of significant harm and should be the subject of a child protection conference; and
- Whether action is to be taken within the criminal justice system.

- If there is a criminal case pending, the young person may have been instructed not to co-operate with an assessment and this must be taken into consideration when discussing the offence with them.
- If the assessments concludes that the young person poses a continuing risk to others, Children's Social Care will arrange a risk management meeting.

This meeting should be attended by:

- Persons who have responsibility for the welfare of any child who has been identified as currently being at risk from the perpetrator.
- Persons who have responsibility for the welfare of the perpetrator.
- Persons who have access to resources which are likely to be required to safeguard any child; and
- If the young person appears to pose a risk to adults at risk, adult social care and carers of any adult who has been identified as currently being at risk from him/her.

It is important to keep the risk management / strategy meeting separate from any child protection conference. The purpose of the risk management meeting is to reduce the risk which the perpetrator poses to children and adults at risk both at present and in the longer term.

This will include:

- Ensuring the safety of children who are likely to encounter the perpetrator in the immediate future.
- Action to address the perpetrator's behaviour and attitudes; and
- Monitoring progress.

The meeting will make recommendations and, where possible, will make commitments about action to be taken and resources to be provided for the safety of the children involved. Any recommendations should be based on the following assumptions:

A victim of abuse must not be left in contact with their abuser without adequate protection; and Moving the perpetrator away from the victim to another place where there are children may not reduce the overall risk to potential victims and may increase it.

The long-term control of risk may depend on an addressing any unmet needs of the perpetrator. This will be coordinated by children's social care.

Other children

The strategy discussion will consider:

- Whether the alleged perpetrator appears to pose a risk to any other children and young people or to adults at risk.
- Whether any further assessment of this risk is needed.
- What immediate action, if any, should be taken to minimise this risk; and
- Whether to initiate section 47 enquiries in respect of any of these children and young people.

Confidentiality and Anonymity

In regard to reports of any form of abuse, neglect or exploitation, staff are trained to never promise confidentiality as it is very likely that it will be in the best interest of the victim to seek advice and guidance from others in order to provide support and engage appropriate agencies.

In regard to cases of sexual violence and harassment, HYP will only engage staff and agencies who are required to support the children involved and/or be involved in any investigation.

In some cases, the victim may ask HYP not to tell anyone about the sexual violence or sexual harassment. Keeping Children Safe In Education 2023 outlines that there 'are no easy or definitive answers when a victim makes this request'. However, if the victim does not give consent to share information, staff may still lawfully share it, if there is another legal basis under the UK GDPR that applies.

For example, the public task basis may apply, where the overall purpose is to perform a public interest task or exercise official authority, and the task or authority has a clear basis in law.

Staff are trained to seek advice from the DSL in such cases. The DSL (or deputy) will then consider the following:

- parents or carers should normally be informed (unless this would put the victim at greater risk)
- the basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care, and
- rape, assault by penetration and sexual assaults are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of referring to the police remains. The police will take a welfare, rather than a criminal justice approach, in these cases.

Ultimately, the DSL(or a deputy) will endeavour to balance the victim's wishes against their duty to protect the victim and other children.

If the DSL (or a deputy) decide to go ahead and make a referral to local authority children's social care and/or a report to the police against the victim's wishes, this should be handled extremely carefully, the reasons should be explained to the victim and appropriate specialist support should be offered.

Additional information on confidentiality and information sharing is available at Safeguarding Practitioners Information Sharing Advice and NSPCC: Information sharing and confidentiality for practitioners.

Helpful information can be found in: CPS: Safeguarding Children as Victims and Witnesses.

Appendix H: LGBT+ Children and Young People

When we use the term LGBT+, we are referring to Lesbian, Gay, Bisexual, Transgender children and young people. The '+' encompasses a range of identities including but not limited to Queer, Questioning, Intersex, Asexual and Pansexual.

For the purposes of this policy, we are referring to all children who identify as LGBT+ and including those thought or assumed to be LGBT+ by others (both adults, other children and young people).

Whilst all our staff are trained to understand that identifying as LGBT+ is not a safeguarding concern in and of itself; they are also trained to understand that LGBT+ children and young people can be at increased risk of various forms of abuse, neglect and exploitation.

Examples include (but are not limited to):

- Being more likely to experience online bullying
- An increased risk of forced marriage if family and/or community members are not accepting of their LGBT+ identity
- An increased risk of sexual violence and harassment
- An increased risk of suicide and self-harm, particularly amongst Transgender young people.

HYP holds a Zero Tolerance approach to any forms of child-on-child abuse including Sexism, Homophobia, Misogyny, Sexual Violence and Sexual Harassment.

Please note that when referring to homophobia, we also hold a zero tolerance approach towards any form of Biphobia, Transphobia or any form of bullying or harassment towards someone based upon their LGBT+ identity. This is in line with each child's Human Rights and Protected Characteristics.

In line with guidance outlined in Keeping Children Safe In Education 2023, HYP offers a safe space for all LGBT+ children (including those assumed to be or treated as so by others). Risks can be compounded where children who are LGBT+ lack a trusted adult with whom they can be open. Our staff are therefore trained to provide a safe space for them to speak out or share their concerns with whichever member of staff with whom they feel comfortable to do so.

We hold a group which is open to those from the LGBTQIA+ community and allies, every Thursday after school for 2 hours. It is open to young people from Year 7 to Year 11. We consult and draw in specialist support as and when required from Intercom Trust and Brook (for example). We ask the young people to complete Confidentiality agreements and we remind everyone about confidentiality and safeguarding procedures on each session. We directly address any form of prejudice or issues around conduct at the time with the persons involved.

Appendix I: Contextual Safeguarding and Extra-Familial Harm

HYP is aware that children and young people can face many harms within the family home or within the family unit. This tends to be referred to as 'Intrafamilial harms' and is traditionally how safeguarding was viewed. However this does not take into account the various and increasing harms facing children outside of the family home/unit. These can be referred to as 'Contextual Safeguarding Risks', part of which are 'extra-familial harms'.

According to the NSPCC:

'Contextual safeguarding, which has been developed by Dr. Carlene Firmin at the University of Bedfordshire's Contextual Safeguarding Network, recognises that as young people grow and develop they are influenced by a whole range of environments and people outside of their family. For example, in (education settings), in the local community, in their peer groups or online. Children and young people may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe. It's an approach that's often been used to apply to adolescents, though the lessons can equally be applied to younger children, especially in today's changing world.'

All staff at HYP are trained to understand both what a Contextual Safeguarding approach is, as well as to recognise some of the specific contextual safeguarding risks facing our service users.

These might include:

- Crime within the local area
- Criminal gang affiliation
- Online grooming
- Knife crime

- Child-on-child abuse within an education setting or young persons' service

It is recognised that as children become older, they are more likely to be affected by the behaviour and attitudes of their peers, rather than their family members. The term 'extra-familial harm' refers to all harm facing children outside of the family home or unit. This can include risks facing them within their own intimate relationships or with their peers.

At HYP, the DSL works closely with other local organisations including the police and education settings to share safeguarding information that will help to safeguard children and young people.

Additional information is available on the Contextual Safeguarding Network website: www.contextualsafeguarding.org.uk

Statement of understanding

Upon signing this document, you are confirming that you have read, understood and agree to comply with the policy and procedures laid out in this document, along with any applicable laws, rules and regulations relating to its subject matter.

| Name | Position | Date | Signature |
|------|----------|------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |