



York Music Hub

Safeguarding Policy

1. Introduction and Definitions

1.1 Description of York Music Hub

York Music Hub (YMH or 'The Hub') is a Charitable Incorporated Organisation (CIO) commissioning musical services for all children and young people in and around the City of York. The safety and well-being of children is central to its work. This policy is designed to address all safeguarding issues involving children, families, employees and volunteers.

Although the Hub makes direct provision of a range of services for children and young people, it is essentially a commissioning organisation, contracting with York Arts Education (YAE) as its lead provider, and, through the commissioning fund, with others engaged in making provision for children and young people. It is a requirement of any organisation entering into a contractual relationship with the Hub that they have appropriate arrangements for safeguarding children and young people that are consistent with this policy.

1.2 The Definition of Safeguarding

Safeguarding is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcome

Safeguarding children and young people and promoting their well-being is therefore more than just child protection. In order to safeguard children and young people and ensure their personal development, we will have safeguarding at the heart of our purpose.

1.3 York Music Hub - Safeguarding Aims and Objectives

Aims

The aim of YMH is to advance the musical education of all children and young people in the City of York and surrounding area, in such ways that the charity trustees think fit, including by:

- developing sustainable, high quality, diverse and accessible musical experiences to enable all children and young people in York to have at least some experience of making music, and the opportunity to develop their skills further if they wish to;
- enhancing the education, life experiences and self-confidence of all children and young people through music within and beyond their school experience;
- fostering a life-long love of music for all;
- working with partners in promoting a varied range of music opportunities for children and young people.

Every child is entitled to vigilant care and support on the part of all of those associated with YMH, and it is our statutory duty to care for and ensure that they are healthy, safe, enjoying life and able to achieve their full potential.

Objectives

- To have a clear, up-to-date safeguarding policy that is available to all families, employees, volunteers and associates
- To ensure all organisations working with YMH understand the range of safeguarding issues and the procedures for reporting concerns or allegations
- To promote a music curriculum which has the well-being of children at its core.
- To communicate and discuss safeguarding values with families, employees and associates of YMH
- To ensure safe recruitment of employees and volunteers to YMH
- To require all partners to have adopted and implemented their own safeguarding policy, consistent with the policy of YMH.

1.4 Guidance used to Inform this Policy

- *Keeping children safe in education* (DfE 2015)
- *Working together to safeguard children* (DfE 2015)
- *Information sharing: advice for practitioners providing safeguarding services* (DfE 2015)
- *What to do if you are worried a child is being abused* (DfE 2015)
- *Early years and foundation stage* (DfE 2014)
- *Disqualification under the childcare act 2006* (DfE 2015)
- *Mandatory Reporting of Female Genital Mutilation – procedural information* (HO/ DfE 2015)

1.5 Definitions of Abuse

- physical abuse
- verbal abuse
- emotional or psychological abuse
- sexual abuse/exploitation
- neglect
- bullying and discrimination
- child trafficking
- female genital mutilation (FGM)
- extremism & radicalisation

See Appendix 1 for full definitions and indicators.

1.6 Designated Safeguarding Leads (DSL) for York Music Hub

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1.7 Policy updates and review

This policy is approved and endorsed and reviewed by the YMH trustees annually or when legislation changes.

2 Roles and Responsibilities

2.1 General Information

Safeguarding is everyone's responsibility. Everyone who comes into contact with children and families has a duty to prevent abuse as well as to report it. Everybody employed by YMH or its partners and providers has a duty of care and must follow the guidelines for conduct and behaviour. We all have a statutory responsibility to safeguard and promote the welfare of children and young people.

Concerns associated with the work of the Approved Tutors or events sponsored by the Hub, should be reported directly to the DSL for the Hub (see 1.6 above). Issues and concerns associated with the work of s should be reported to a YAE DSL. If the concern is related to work in schools (such as WCET and after school clubs etc.), it should be reported to the class teacher, headteacher or school DSL immediately. In all cases, the Hub should be informed as soon as possible.

If it is believed or suspected that a child is suffering or likely to suffer significant harm then a referral to Children's Social Care is mandatory.

2.2 Examples of Cause for Concern

- You think something is wrong with a child and you are not sure what to do
- You see an injury (and you do not have any other information)
- A child reveals information to you which may indicate abuse, neglect, bullying, participation in or victimisation by gang activity
- A child reveals information about contact with an adult or another child which may pose a risk

It is likely you will be asked to provide a written report for any of the above scenarios and subsequent actions for a school, a provider in a contractual relationship with the Hub or with the Hub itself.

Write the report in a timely and accurate fashion. You could be called to give evidence in court whether as a witness of a disclosure or a witness of an incident.

In most of the situation where you might be involved in responding to an issue, you should immediately report your concerns to the DSL. If you do become involved in the investigation of a complaint, remember, when dealing with children:

- talk to the child and allow them time to speak. Use open questions.
- seek clarification from the child if necessary but do not press for information
- stay calm and be reassuring
- reassure the child they have done the right thing by telling you
- do not promise to keep information confidential. It is vital that the child receives appropriate support and protection
- do not say that everything will be OK (don't promise something you cannot deliver)
- offer reassurance to the child that he/she will be kept safe and take immediate action to protect the child
- remain calm, no matter how difficult it is to listen to the child – think of how hard it must be to say it. You've been chosen because the child feels they can talk to you
- talk in a quiet place if possible
- take what you are being told seriously even if you are not sure if you believe it
- do not ask the child to write it down
- do not photo any injuries
- always record the time and date and make notes on what you noticed and how you reported it. Use the importance of documentation guidance to help you record accurately
- do not discuss your concerns with the mother/father/carer until you have talked to the DSL
- you can always seek advice from and report to the DSL but issues during school time and in a school should go immediately to the school or provider,
- be prepared to confirm verbal and telephone referrals in writing within 24 hours of being made.

2.2 Trust

All adults who work with children and young people hold a position of trust. All staff and volunteers should ensure that:

- all relationships are conducted appropriately to the age, gender, religious beliefs, culture and understanding of the children and young people involved
- personal conduct and use of language do not invite any speculation as to the appropriateness of any relationship with a child or young person
- there is a sound educational reason for any physical contact (e.g. correcting posture) and to check with the pupil before this happens.

From time to time staff and volunteers may encounter children and young people who display attention seeking behaviour, or profess to be attracted to them. All staff and volunteers should:

- deal with those situations sensitively and appropriately
- ensure that their behaviour is not misinterpreted
- ensure that a senior colleague is made aware of the situation immediately.

2.3 Staff and Volunteer Behaviour Guidelines

Remember: it is always possible that someone may misinterpret your actions, however well intentioned. Ask yourself whether your actions are fair, reasonable, warranted, proportionate, measured, safe and applied equally.

Do Not:

- use your position to gain access to information for your own advantage or another's detriment
- intimidate, threaten, coerce or undermine anyone
- have physical contact that is inappropriate
- jump to conclusions about people's behaviour without checking facts
- investigate any allegations on your own
- make suggestive remarks or gestures, tell jokes of a sexual nature or engage in inappropriate verbal banter
- create a personal relationship with a student where one does not already exist
- give any personal details about yourself, or others, to a student unless you have agreed this with a senior member of staff
- exchange personal contact details with a pupil or communicate with them personally outside of normal lesson/ensemble time
- give gifts to students except as part of an agreed reward system
- allow any student to access any of your personal accounts on social networking sites
- rely on your good name to protect you - it may not be enough

Do:

- remember that an allegation could be made against you
- report all safeguarding issues without delay
- keep students safe and protect them from physical and emotional harm
- look after yourself
- treat everyone with respect
- provide a positive example to others and encourage them to follow
- make sure you are seen and/or heard by others if working alone with a student
- respect everyone's right to personal privacy
- create an environment in which people feel comfortable in pointing out attitudes and behaviours they don't like
- report and challenge all inappropriate and/or abusive activities, between children or involving an adult to a child
- report any gifts you receive and ensure they are not of significant value or intention

2.4 Allegations of Abuse Against a Member of Staff or Volunteer

If an allegation of abuse is made against anyone working for or with YMH, National Safeguarding guidelines will be followed as specified below.

2.4.1 Responding to a complaint or an allegation made to an employer.

The person about whom an allegation has been made should **not** pursue the matter or undertake any investigation or questioning themselves. The DSL will:

- treat the matter seriously
- avoid asking leading questions; keep an open mind
- communicate with the complainant (may be child, parent or another member of staff) in a way that is appropriate to age, understanding, preferred language or communication style
- make a written record of the information noting:
 - when the alleged incident took place (time and date)
 - who was present
 - what was said to have happened
- sign and date the written record
- notify the Local Authority Designated Officer (LADO) within 1 working day of receipt of the allegation. The LADO will determine the nature and scope of the investigation
- inform the member of staff
- collect evidence, make basic factual checks, take records (but no statements are taken at this stage)

2.4.2 Witnessing an incident involving another member of staff or volunteer.

Anybody witnessing an incident which may be inappropriate or abusive involving an adult to a child, has a duty to report this to the headteacher if in a school or to YAE if during a Music Centre activity or to the DSL for the Hub. If unsure you should not hesitate to take advice. If necessary you must take immediate steps to safeguard the child/children involved before reporting.

2.4.3 If a member of staff or volunteer thinks an allegation may be made or feels they may have behaved inappropriately

Contact should be made immediately with the headteacher if in a school, the DSL for YAE if at the Music Centre, or the DSL for the Hub.

2.4.4 Scope of Procedures

Procedures will apply where a person who works with children has:

- behaved in a way that has harmed or may have harmed a child
- possibly committed an offence against or related to a child
- behaved towards a child or children in a way that indicates that s/he is unsuitable to work with children.

They will also apply where:

- concerns arise about the person's behaviour with regard to her/his own children
- concerns arise about the behaviour in private or community life of a partner, member of the family or other household member.

2.4.5 NPSCC Whistleblowing Advice

The NSPCC Whistleblowing Advice Line has been developed to provide support to employees wishing to raise concerns over how child protection issues are being handled in their own or other organisations.

The advice line is not intended to replace current practices or responsibilities of organisations working with children. The helpline advisors will encourage professionals to raise any concerns about a child with their own employer in the first instance. However, the advice line offers an alternative route if whistleblowing internally is difficult or professionals have concerns around how matters are being handled.

The NSPCC Whistleblowing Advice Line number is 0800 028 0285.

<https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/whistleblowing-advice-line/>

2.5 E-safety and Acceptable Use for all Staff, Volunteers working with the YMH, the YAE or other providers in a contractual relationship with YMH.

2.5.1 Rationale

The widespread availability and use of social media applications bring opportunities to understand, engage and communicate with each other in new ways. It is important that we understand these are often becoming integral to modern life. Indeed it is important that professionals understand these technologies as children and young people are engaging in social media more than any other group in society and it significantly influences their lives.

YMH believes in the positive influences technology can have on education and communication with families. By engaging in the virtual world, professionals can remain current with technological advances and model for young people positive virtual boundaries and relationships.

Nevertheless it is essential that the use of ICT and online tools is carefully managed to ensure that all members of the musical community (teachers, families and young people) are kept safe whilst recognising the potential risks or dangers with ICT usage and data storage.

2.5.2 Policy

With internet use becoming more prominent in everyday life for personal and professional purposes, it is important that all members of staff are made aware that their online conduct can have an impact on their role and reputation.

This policy is not intended to restrict employees activity on social media however caution and professional judgement are required and consideration should be given to how a member of staff uses applications, who they communicate with and the subject matter of that communication.

Employees and volunteers should be aware that information they share through social media applications, even if they are on “private spaces”, are still subject to copyright, data protection, Freedom of Information legislation, the Safeguarding Vulnerable Groups Act 2006 and other legislation. These regulations apply both for work and/or personal purposes whether during work hours or otherwise and wherever social media may be accessed.

Civil, legal or disciplinary action could be taken should an employee be found to have brought the profession or institution into disrepute, or a behaviour or communication is felt to have undermined confidence in their professional abilities.

Examples of inappropriate actions which could result in disciplinary action are:

- inappropriate posting of comments on social media about pupils or their parents/carers or partnership organisations which divulge personal information
- commenting on or sending inappropriate messages about colleagues which might constitute harassment, discrimination, victimisation or bullying
- posting personal views on issues in the public domain that might lead YMH to lose confidence in the employee i.e. racist comments or the provider,
- joining groups deemed to be inappropriate for employees of YMH and its providers
- posting illegal, sexual or offensive materials with content based on race, sex, disability, age or religion.

It is crucial that all members of staff and volunteers work within the professional boundaries stated below to protect themselves and the young people they work with.

Do Not:

- engage in activity that could be deemed to be cyberbullying
- use email, text or social networking to communicate with children and young people. This applies to all children no matter what the circumstances are, up to the age of 19.

It can be problematic to ban certain relationships online (i.e. a parent may also be a relation, a colleague or a spouse). Any pre-existing relationships which may compromise the above guidance should be discussed with a line manager. At all times the employee is responsible for ensuring that their online relationships are appropriate to their position and the choice of information posted is appropriate to those relationships.

The following advice is relevant to all employees of the Hub, and should be followed by all staff working in an organisation that is in a contractual relationship with the Hub.

Do:

- communicate with parents/carers only when making arrangements for lessons or other musical activities
- avoid mentioning work, your opinions of your colleagues or processes and projects on your own private social media networks
- consider carefully whether it is appropriate to accept colleagues or parents as “friends” on your private social networks. It may be advisable to manage your online “friends” in social networks by creating friend groups that restrict access to certain information and photographs
- be aware of how technologies can be used to exposure individuals to aggressive/violent/sexual/abusive/misleading/scams/self-harm/hatred or commercial behaviours. Children/young people and vulnerable individuals have a heightened risk.
- check your privacy settings on any personal social media sites.

Staff/volunteers should always remember that once content is shared online it is possible for it be circulated more widely than intended without consent or knowledge (even if content is thought to have been deleted or privately shared).

2.6. Use of mobile phones

2.6.1 Use of Mobile Phones by Staff and Volunteers

Parents/carers/families should only be contacted via work mobile phones or office phones.

Only in an emergency or a change in situation that could confuse/ place the young person at risk/ experience distress, would a member of the team contact the young people directly. If there is an immediate need/ emergency or safeguarding matter, then with due attention to the risk and this overall policy, staff may use their personal mobiles.

2.6.2 Use of Mobile Phones by Pupils

Most children use mobile phones sensibly, but they can be a tool for the sharing of unpleasant photos, bullying behaviour or grooming by adults. If unpleasant information on a mobile phone is discovered:

- do not delete the inappropriate texts, messages or images
- help and support pupils involved
- do not confiscate the device as this should not remain in your possession. For central activities, report the situation to the parent/ carer who is collecting the child and to the DSL. For school activities take the phone to the class teacher or headteacher to report the incident
- if there is no one available to help and the matter is serious it is necessary to make a referral to the police.

2.7 Photographs, Videos and Other Images

Staff and Volunteers

Photographs or videos are used to celebrate the diversity of musical journeys and are always clear and child-centred. However, in this digital age, photographs can pose a growing danger to the safety of children, young people and their families and must be used with caution. Photos can fall into the wrong hands and can be easily manipulated once they are downloaded electronically.

All images taken should be used in a respectful manner and must be:

- Fairly and lawfully processed
- Processed for limited, specifically stated purposes only
- Used in a way that is adequate, relevant and not excessive
- Accurate and up to date
- Kept on file for no longer than is necessary
- Processed in line with an individual's legal rights
- Kept securely
- Adequately protected if transferred

All Staff and Volunteers must comply with the following requirements:

- Children, young people, families, and staff, have to give written permission for imagery to be used including the use of the material.
- Staff and volunteers must not take photographs of any children in schools using a personal camera/mobile phone or download any photographs of children onto a personal computer.
- Children's names will not be used on the website in association with any imagery.
- Photos should only be taken by the person who has been given specific permission. The photographer will work in accordance to this policy and the Data Protection Act.

The Hub and its contractual partners must follow procedures outlined in the Data Protection Act 1998 which requires them to:

- gain the consent of all parents/carers of children appearing in the photograph, video, DVD or webcam image before it is created. (Applies where images are clearly identifiable)
- be clear why and what an image will be used for and who will see it
- only use images from a school or another provider, where it has been checked that informed consent has been obtained

Safeguarding 'Do's and Don'ts' with Photographs:

Do Not:

- include full names or personal contact details (of the subject) in any image you use
- create or use images of a looked after child without prior consent from Children's Specialist Hubs, Social Care
- use images of children in swimming costumes or other revealing dress – this reduces the risk of inappropriate use

Do:

- be aware that children and families fleeing domestic abuse may be recognised via photos/images and their whereabouts revealed to an abusive partner
- be sensitive to what photography/video might mean to any individual person, who has experienced imagery being used to abuse/harass or exploit them previously
- destroy images once consent has expired

2.8. Information Sharing and Confidentiality

2.8.1 Statutory duties

YMH will act upon its statutory duty for professionals to share information where there are concerns about the safety or wellbeing of a child:

- At a lower level of concern parents, carers and young people can withhold consent to share information - seek to reassure them so they can access appropriate services.
- If a young person confides in you about being harmed or abused and asks you not to tell anyone, do not promise to do this.
- If you are dealing with **significant** abuse or harm, you have a **legal duty** to share information with the Police or Children's Specialist Hubs, Social Care. No practitioner should assume that someone else will pass on information which may be critical to keeping a child safe.
- The Hub must be made aware of all child protection concerns immediately. The Hub will liaise with any other parties, agencies, schools or organisations as required to safeguard children and young people.

'The Protection of Children in England' states that the safety and welfare of children is of paramount importance and highlights the importance of practitioners feeling confident about when and how information can be legally shared.

Information will be shared through a secure email system. Alternatively, the paperwork will be sent by recorded delivery with a named signed individual or in a face to face hand over.

2.8.2 Seven Golden Rules for Information Sharing

1. Remember that the **Data Protection Act and Human Rights Law** are not barriers to sharing information but provide a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. **Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is a good reason to do so. Lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being.** Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure.** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

2.8.3 Data Protection Act 1998

As a professional organisation with responsibility for children's safeguarding it is important that all staff take all possible and necessary measures to protect data and information systems from infection, unauthorised access, damage, loss, abuse and theft.

When handling and storing information about school pupils or families you are legally obliged to protect that information. Under the Data Protection Act, you must:

- only collect information that you need for a specific purpose
- keep it secure
- ensure it is relevant and up to date
- only hold as much as you need, and only for as long as you need it
- allow the subject of the information to see it on request.

Reproduced from *Information Sharing: Guidance for practitioners and managers DCSF 2008 & Information Sharing March 2015.*

Further Information

<https://www.thinkuknow.co.uk/parents/>

- Advice for all:

<https://www.saferinternet.org.uk>

- *Safenetwork* is a website that gives guidance on all safeguarding matters particularly highlighted to assist the community and voluntary sector develop their understanding of safeguarding.

<http://www.safenetwork.org.uk>

- The UK Safer Internet Centre's Professional Online Safety Helpline offers advice and guidance around e-Safety for professionals who work with children and young people in the UK. The helpline provides support with all aspects of digital and online issues such as social networking sites, cyber-bullying, sexting, online gaming and child protection online. Staff can contact the helpline via 0844 381 4772, helpline@saferinternet.org.uk

or can visit www.saferinternet.org.uk/helpline for more information.

<http://www.kelsi.org.uk/child-protection-and-safeguarding/e-safety>

- Websites that can assist with E-safety/ online safety for professionals/ children & young people/ families:

<http://www.childnet.com>

- 360 Degree Safe tool is an online audit tool for schools to review current practice:
<http://360safe.org.uk/>

- Google advice: secure passwords, prevent identity theft, keeping your device clean and google security and privacy settings please follow the link below:

<http://www.google.co.uk/goodtoknow/>

2.9 Administration of Medicines and First Aid

A child's health should always be put first during lessons and activities and it is important that children are observed for signs of tiredness or illness and appropriate action taken when needed. This may be as simple as suggesting a child sits and rests for a moment (when playing wind instruments and singing this can be particularly important) or it may involve taking a child to an appropriate person if they are feeling unwell. For those working in schools during the school day, medicines should only be administered by an approved member of the school staff.

YAE will train as many people as possible in emergency first aid and these will mainly be those who work in the Music Centre outside school hours. Staff and volunteers for Music Centre activities and groups will be informed as to the whereabouts of first aid equipment. All other contractors should make the Hub aware of arrangements that they have in place for administering first aid.

In case of serious medical emergency, the parent/carer should be notified immediately. It may be necessary to phone for an ambulance dialling 999 or to accompany a child to hospital. The child should be accompanied by a member of staff or volunteer until a parent/carer arrives.

3 Safe Venues and Risk Assessments

3.1 Concerts, Events, Educational Visits, Tours and Residential Courses

Details covered would include which group(s) are going, how well the venue or area is known, what safeguarding measures will be in place (including a staffing list and pupil/staff ratio), first aid, itinerary, child licensing and financial details. Risk assessments must be signed off 14 days before the activity wherever possible.

If a significant safeguarding risk was identified, an Event Review Document would be completed, discussed and shared to assist with future planning and training.

4 Bullying

Children and young people can bully and abuse each other emotionally, physically or sexually and this should be taken as seriously as adult abuse. Children/young people who bully or abuse are likely to have considerable needs themselves whilst posing a significant risk of harm to others. Bullying can be face to face or through media such as the internet or mobile phones. It can cause considerable distress, affect health and development, or cause significant harm including the inducement of self-harm.

Do not assume that issues around bullying and prevention of bullying are somebody else's responsibility. Complaints about bullying (or any type of abuse by another child) should be taken seriously and reported to the DSL of the school, YAE or YMH. If staff suspect or witness bullying it is important to remember that the perpetrators are likely to have significant needs and that help should be sought without delay.

Cyber Bullying

The most common types of cyber-bullying are detailed below. This list is not exhaustive and may become longer as new technologies and new threats emerge.

- Text messages — messages that are threatening or cause discomfort also included here is "Blue jacking" (the sending of anonymous text messages over short distances using "Bluetooth" wireless technology)
- Picture/video-clips via mobile phone cameras - images sent to others to make the victim feel threatened or embarrassed.
- Mobile phone calls — silent calls or abusive messages; or stealing the victim's phone and using it to harass others, to make them believe the victim is responsible.
- Emails — threatening or bullying emails, often sent using a pseudonym or somebody else's name.
- Chatrooms — menacing or upsetting responses to children or young people when they are in web-based chatroom.
- Instant messaging (IM) — unpleasant messages sent while children conduct real-time conversations online using MSM (Microsoft Messenger)/Yahoo Chat/WhatsApp).
- Websites — use of defamatory blogs, personal websites and online personal "own web space" sites such as Bebo (which works by signing on in one's school, therefore making it easy to find a victim).

5 Safe Recruitment

Candidates applying for a position with the Hub must provide a full work history without gaps (or with explained gaps in employment) and appropriate references, including one from a recent or current employer. The recruitment process is rigorous in order to ensure the safety of children.

It is a mandatory for all staff working with children and young people to have an enhanced DBS check. DBS checks are renewed every 3 years unless the member of staff subscribes to the annual update service.

6 Contracting with the Hub

The Hub expects all providers that enter into contracts with the Hub to comply with the requirements for safeguarding outlined in this policy document. They should also maintain their own policies as appropriate to their particular circumstances.

APPENDIX 1

Definitions and Indicators of Abuse

And Further Information on Children's Wellbeing

1 Physical Abuse

Definition

Physical abuse is deliberately physical hurting a child which might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning/scalding, drowning or suffocating a child. Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol, mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Indicators:

- bruising
- unexplained or unusual fractures/ broken bones/ joint injuries
- frequent injuries
- internal injuries
- suffocation – red dots around eyes
- substance misuse – access to drugs
- shaking
- bald patches
- scalds burns – radiator stripes – dipping injury
- poisoning
- bites
- behavioural indicators – cringing or flinching if touched unexpectedly
- dressed inappropriately to hide bruises or other injuries
- violent to other children or animals
- fear of medical help or examination
- refusal to undress for gym
- chronic running away
- self-destructive tendencies
- fear of suspected abuser being contacted
- peer on peer abuse (child on child)

2 Emotional and Psychological Abuse

Definition

Emotional/psychological abuse is persistent emotional maltreatment of a child which can have severe and persistent adverse effects on a child's emotional development. The effects of emotional abuse might take a long time to be recognisable; practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. This could be deliberately telling a child

that they are worthless, unloved, inadequate or not giving a child the opportunity to express their views, deliberately silencing them, 'making fun' of what they say or how they communicate, exploiting or terrorising a child/young person.

Indicators:

- physical, mental or emotional development delay
- sudden speech disorders
- overreaction to mistakes
- continual self-deprecation
- extreme fear of any new situation
- inappropriate response to pain
- neurotic behaviour
- delayed language development
- self-harm
- extreme behaviour – rocking – nail biting
- wetting or soiling
- difficulties with play
- forms relationships with adults not children
- frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)
- extremes of passivity or aggression
- seeing/hearing the ill treatment of another
- domestic violence
- parents/carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- parents/carers blaming their problems on their child
- parents/carers who humiliate their child, for example, by name-calling or making negative comparisons.
- overstressing children (in a manner not appropriate for their age/ development)
- 'cottonwool' children (not allowed/encouraged to be independent at an appropriate level for their age/development)

3 Sexual Abuse

Definition

Sexual abuse involves forcing or enticing a child/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. Some children/ young people who are victims of sexual abuse do not recognise themselves as such. Remember a child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse may involve physical contact, including assault by penetration(e.g rape or oral sex) or non-penetrative acts (e.g. masturbation, kissing, rubbing and touching outside clothing). It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Indicators:

- physical sexual health problems, including soreness in the genital and anal areas, injuries around genitals, sexually transmitted infections or underage pregnancy
- sexually inappropriate knowledge/language/behaviour for their age
- overly affectionate
- ask others to behave sexually or play sexual games
- wetting or soiling, day or nightmares
- sleeplessness
- self-harm
- eating disorders – loss of appetite or compulsive eating
- psychosomatic symptoms eg abdominal pain
- personality changes - isolated, withdrawn, insecure or clinging
- trying to be 'ultra-good' or perfect, overreacting to criticism
- itching around genitals
- fidgeting
- extreme reactions, e.g. depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- watching pornography
- regress to younger behaviour patterns – thumb sucking or bringing out discarded toys
- inability to concentrate
- lack of trust/ fear of certain people or of a particular person or fear of a certain place
- being worried about clothing being removed
- female genital mutilation.

4 Sexual Exploitation

Definition

Sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assault. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status.

Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child Sexual Exploitation (CSE) doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Children/young people who are victims of sexual exploitation often do not recognise themselves as such.

Indicators:

- appear with unexplained gifts or new possessions
- associating with other young people involved in exploitation

- have older boyfriends or girlfriends
- suffering from sexually transmitted infections or become pregnant
- mood swing or changes in emotional well-being
- drug and alcohol misuse
- go missing for periods of time or regularly come home late
- regularly miss school or education or don't take part in education
- displaying inappropriate sexualised behaviour

The 'Say Something' helpline helps prevent and support vulnerable children/young people and victims of CSE.

Call or Text 11 6000 to talk to someone.

www.stop-cse.org/saysomething/

5 Female Genital Mutilation (FGM)

Definition

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

Facts on FGM:

- FGM is very harmful. It is not like male circumcision. It causes long-term mental and physical suffering, difficulty in giving birth, infertility and even death. **FGM is illegal in the UK.**
- FGM is much more common than most people realise. Sheffield has a higher percentage of women who have experienced FGM.
- It is estimated that there are around 74,000 women in the UK who have undergone the procedure, and about 7,000 girls under 16 who are at risk.
- FGM is traditionally practiced in Yemen, Oman, Malaysia, Indonesia and the United Arab Emirates as well as 26 countries in Africa including Somalia, Sudan and Sierra Leone.
- FGM is most often carried out on young girls aged between infancy and 15 years old. The age at which girls undergo FGM varies enormously according to the community beliefs and can occur at marriage or during the first pregnancy.
- FGM is often referred to as 'cutting', 'female circumcision', 'initiation', 'Sunna' and 'infibulation'.

Indicators:

- a girl/young women may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'
- a prolonged absence from the school and a noticeable change in the child's behaviour on their return, including a reluctance or inability to take part in physical activity
- a prolonged family trip to the country of origin. This procedure often takes place over the summer, as the recovery period after FGM is 6-9 weeks.
- mother or sister has undergone FGM
- a child may spend long periods of time away from class during the day – perhaps indicating bladder or menstrual problems

- any girl withdrawn from Personal, Social and Health Education may be at risk as a result of her parents/carers wishing to keep her uninformed about her body and rights
- when a female family elder is around, particularly when she is visiting from a country of origin
- communities/families that are less integrated into British society.

FGM mandatory reporting is a legal duty provided for in the FGM Act 2003 & The Serious Crime Act 2015 requiring social and health care professionals and teachers in England and Wales to make a report to police when a Girl under 18 years discloses they have had FGM.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred.

Failure to report is a criminal offence under The Serious Crime Act 2015.

FGM Report Information:

You should be prepared to provide the call handler with the following information:

- that you are making a report under the FGM mandatory reporting duty
- your details:
 - name
 - contact details (work telephone number and email address) and times when you will be available to be called back
 - role and place of work
- details of your organisation's designated safeguarding lead:
 - name
 - contact details (work telephone number and email address)
 - place of work
- the girl's details:
 - name
 - age/date of birth
 - address
- if applicable, confirmation that you have undertaken, or will undertake, appropriate safeguarding actions.

You will be given a reference number for the call and should ensure that you document this in your records.

Throughout the process, you should ensure that you keep a comprehensive record of any discussion held and subsequent decisions made, in line with standard safeguarding practice. This will include the circumstances surrounding the initial identification or disclosure of FGM, details of any safeguarding actions which were taken, and when and how you reported the case to the police (including the case reference number). You should also ensure that your organisation is kept updated as appropriate.

Where there is a risk of life or likelihood of serious immediate harm, professional should report the case immediately to police, including dialling 999 if appropriate.

Further information including FGM phrases/terms in various languages is available at:

Multi-Agency Practice Guidelines: Female Genital Mutilation
www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

6 Neglect

Definition

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. Children who are neglected often also suffer from other types of abuse. Neglect may occur if a parent/carer becomes physically or mentally unable to care for a child. A parent, who has an alcohol or drug addiction, may be impaired in their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may involve a parent/carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home/abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision
- ensure access to appropriate medical care or treatment

Indicators:

- constant hunger – compulsive scavenging
- emaciation or obesity
- hiding or storing food
- poor personal hygiene
- constant tiredness
- delayed development/not reaching milestones
- living in a dirty or unsafe home
- poor hair/skin
- dilapidated/inadequate clothing
- stealing
- untreated medical problems
- low self esteem
- poor social relationships
- living in an unsafe environment i.e. around drugs, alcohol or violence
- destructive tendencies
- often angry, aggressive or self-harm
- Munchausen's by proxy
- emotional neglect

7 Child Trafficking

Definition

Child trafficking is the recruitment, movement or transportation of children in order to exploit, sell or force a child to work. Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. These children are often subjected to multiple forms of exploitation.

Children are trafficked for:

- child sexual exploitation (CSE)
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal activity such as pickpocketing, begging or transporting drugs.

Indicators:

A child that has been trafficked may not be obvious but you might notice unusual behaviour or events. These could include:

- spending a lot of time doing household chores
- rarely leaving their house, having no freedom of movement and no time for playing
- being orphaned or living apart from their family, often in unregulated private foster care
- living in substandard accommodation
- not being sure which country, city or town they're in
- being unable or reluctant to give details of accommodation or personal details
- not being registered with a school or a GP surgery
- having no access to their parents or guardians
- having no documents or has falsified documents
- being seen in inappropriate places such as brothels or factories
- possessing unaccounted for money or goods
- being permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- being injured from workplace accidents
- providing a prepared story which is very similar to stories given by other children.

Further information including signs an adult is involved in child trafficking, the effects, things you may notice in a child and next steps are available from here:

www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-trafficking/signs-symptoms-effects/

The Modern Slavery Act 2015 significantly enhances support and protection for victims, gives law enforcement the tools they need to target today's slave drivers, ensures perpetrators can be severely punished, and includes a world leading

provision to encourage business to take action to ensure their end-to-end supply chains are slavery free.

The Stolen Lives Project raises awareness of these issues.

www.stolenlives.co.uk/

8 Faith Abuse

Definition

Faith abuse is the abuse of a child because of a belief in spirit possession. This abuse/ neglect may occur in the household where the child lives or a place of worship. The abuse can be one or many forms of abuse: physical, emotional/psychological, sexual or neglect.

Indicators:

- previous indicators identified from physical, emotional/psychological, sexual or neglect abuse
- wider social/community consensus that witchcraft exists, propagated by faith or influential leaders. This includes beliefs in demons or the devil acting through children or leading them astray (traditionally seen in some Christian believers); the evil eye or djinns (some Islamic contexts); and dakini (some Hindu contexts).
- child(ren) reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'
- belief that the child is the 'victim' of a supernatural force and the abuse is designed to 'save' him or her by 'driving out the devil' or other evil spirits – perpetrators may believe that they are doing the right thing.
- The child's 'possession' accounts for misfortune befalling on those nearest to him or her.
- the fear the child may harm or kill their parents, family, relatives etc
- abusers target children that are 'different' because they have a disability or learning difficulty; an illness; or are exceptionally bright.
- Ritual or multi murders, where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies.
- use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery and sexual exploitation.

These beliefs are not confined to one faith, nationality or ethnic community. Examples have been recorded worldwide among Europeans, Africans, Asians and elsewhere as well as in Christian, Muslim, Hindu and Pagan faiths, among others. Not all those who believe in witchcraft or spirit possession harm children.

9 Extremism and Radicalisation

Definition

Following on from the Counter-Terrorism and Security Act 2015, the government document 'Protecting children from radicalisation: 'the prevent duty'', all schools must have "due regard" to the need to prevent people from being drawn into terrorism and extremism.

Extremism is a vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Radicalisation is the act or process of encouraging extremist views or actions in others, including forms of extremism leading to terrorism.

Preventing terrorism means challenging extremist (and non-violent) ideas that are also part of the terrorist ideology. Prevent will also mean intervening to stop people moving from extremist groups or from extremism into terrorist-related activity. There is no single way of identifying who is likely to be vulnerable to being drawn into terrorism.

Indicators:

- becoming distant or showing a loss of interest in friends or activities
- possession of materials or symbols associated with extremist causes

Protecting students from these risks is similar to protecting them from harm and abuse.

Factors that make a student vulnerable include:

- pressure from peers, other people or the internet
- influence from other people or the internet
- crime against them or their involvement in crime
- anti-social behaviour and bullying
- family tensions
- race/hate crime
- lack of self-esteem or identity
- personal/ political grievances

National Contacts

These points of contact are not intended for use in emergency situations (a child in immediate risk of harm or a security incident). In this case, follow normal emergency procedures.

In an emergency (yours or others safety is threatened) call 999.

Non emergencies:

Call 101 or the Anti-Terrorist Hotline 0800 789 231

If you are concerned about extremism in a school or organisation that works with children or if you think a child might be at risk of extremism you can contact The Department of Education telephone helpline (020 7340 7264) or email counter.extremism@education.gsi.gov.uk

To report online material promoting terrorism or extremism go to this website:

www.gov.uk/report-terrorism

10 Teen Partner Abuse

Definition

One in five young men and one in ten young women think that that abuse or violence against women is acceptable. According to an NSPCC study of 13-17 year olds, 25% of girls and 18% of boys reported some form of physical partner violence; nearly 75% of girls and 50% of boys reported some form of emotional partner violence and 33% of girls and 16% of boys reported some form of sexual partner violence.

Indicators:

- isolation – no longer spending time with a usual circle of friends
- constantly checking a mobile phone, and getting upset when asked to turn it off
- being withdrawn or quieter than usual
- being angry or irritable when asked how things are
- changing their appearance, clothes, make up or style
- making excuses for a boyfriend or girlfriend.
- physical signs of injury, such as unexplained scratches or bruises
- truancy, falling grades
- self-harm.

11 Substance Misuse

Definition

Substance misuse is concerning for users and families whether that is an child/young person or adult. The level of risk increases significantly when:

- the substance use is unusual in view of the age of the young person
- the misuse is becoming chaotic and risky
- the misuse is leading to crime or exploitation by others, including sexual exploitation
- the misuse is a serious danger to health
- the young person is caring for another child/young person and using substances
- an adult is involved in facilitating the misuse

Indicators:

- being left home alone or with inappropriate carers
- emotional difficulties
- developmental delay
- feelings of gloom, isolation, social isolation, not taking friends home
- self-harming/suicidal behaviours
- school problems (truancy, levels of attainment dropping, difficulty in concentrating)
- offending behaviour
- neglect
- high levels of accidents in the home possibly due to poor parental/carer supervision
- tendency to keep secrets
- attachment issues and behavioural difficulties
- family isolation e.g. moving schools, relationship conflict, domestic abuse
- extreme anxiety and fear (fear of hostility, violence)
- children with disabilities have an increased risk to their safety

- inconsistent approach to management of a child/young person's medication
- role reversal and confusion e.g. protecting others, acting as a mediator and/or confidant, taking on an adult role
- the long term effect of substance misuse with continued absence, emotional or physical unavailability of a parent/carer can be very detrimental to children and young people

12 Domestic Abuse

Definition

Children/young people are at risk of suffering long term psychological and emotional damage from domestic abuse as a result of:

- witnessing the abuse perpetrated against another
- experiencing the fear and anxiety of living in an environment where abuse occurs
- becoming actual victims of abuse and neglect
- taking on the role of the abuser
- witnessing physical abuse against pets
- being controlling through use/ tone of voice

Domestic Abuse Helpline: 0808 808 2241

13 Mental Health and Self Harm

Definition

Children can experience a range of mental health conditions, including: obsessive compulsive disorder, post-traumatic stress disorder, social phobia, generalized anxiety, attention deficit/ hyper-activity disorder (ADHD), autism spectrum disorder, anorexia nervosa, bulimia nervosa, binge-eating disorder, depression, bipolar disorder and schizophrenic. Some of these disorders can be life-threatening.

Indicators:

- mood/behaviour changes
- intense feelings
- difficulty concentrating
- unexplained weight-loss
- physical symptoms e.g. headache/stomach-ache
- substance misuse
- self-harm

Some children whose parent/carer has a mental illness may:

- withdraw into themselves, become anxious
- struggle at school, find it hard to concentrate on their school work.
- may find it very difficult to talk about their parent's illness or their problems especially when they have no explanation of their illness. This may stop them from getting help.
- feel ashamed of their parent's illness and worry about becoming ill themselves.
- be preoccupied with fears of 'catching' the illness
- show signs of a similar illness or severe emotional problems
- have physical health problems

Self-harm/suicide

- Any child/young person who self-harms or expresses thoughts about this or about suicide has to be taken seriously

- Deliberate self-harm is a common precursor to suicide and young people who deliberately self-harm may kill themselves by accident

14 Bereavement and Loss

Types of Loss:

- death of relative/friend
- miscarriage/abortion
- death of a pet
- parent in prison
- parental separation
- young person in or taken into care
- moving home/school/country etc.

Additional factors to be aware of around bereavement and loss are:

- traumatic bereavement
- death/separation linked to terrorism
- death/separation linked to gang activity
- death/separation resulting in/occurring whilst child/young person is in care
- language barriers
- learning disability
- cultural differences.

Indicators:

0-2 years

- no concept of death
- will notice the absence of a parent between 4-7 months
- anxious about separating from parent
- acts in ways they did when they were younger (regressive behaviour)
- feeding and sleeping difficulties.

2-5 years

- sees death as reversible
- may feel they have caused the death
- may make up fantasies to fill gaps in knowledge
- feels abandonment and separation
- despair
- angry about changes to their daily routine
- sleep problems
- complaints such as tummy aches.

5-11 years

- starts to understand the finality of death at about eight years old
- withdrawal/sadness/loneliness

- gets angry more often, difficulty concentrating at school
- tries to be the perfect child
- regressive behaviour
- tries to be brave and control things
- feels different to their peers, struggles to express him/herself verbally.

The impact of bereavement and loss on children and their families can affect their health, financial situation, safety, contribution to society, ability to enjoy life and education.

Children and young people want/need help to gain control over their grief, feelings and needs. Here are some tips:

- be honest
- use plain language
- encourage questions
- reassure them
- ask them to tell their story
- facilitate opportunities to meet/share with others who have had similar experiences.

Often, young people express their grief physically, rather than verbally. They tend to grieve in spurts and go through periods seemingly unaffected. They need to be reassured that it is ok to have fun as well as being supported to understand their often conflicting emotions. Young people may experience denial, guilt, anger, idealisation, panic, psychosomatic symptoms, numbness, loneliness, worry, confusion.

Loss Through Imprisonment

Each year in England & Wales, c200,000 children have a parent who is sent to prison. Many children have siblings or other family members in prison.

Statistic – 41% of people who offend have experienced childhood bereavement.

Action for Prisoners provides advice, information, support networks, resources and training. In addition, a helpline is available on 0808 808 2003.

15 Young Carers

Definition

A young carer is a child or young person up to the age of 18 who provides substantial care for a family member(s) that has a chronic illness, mental health issues, a disability, and/or substance misuse issues. Caring responsibilities can include:

- cooking, cleaning, shopping, self/sibling care, paying bills, making appointments, writing letters
- washing, moving, dressing, giving medication
- listening to problems, keeping company, calming or reassuring
- first aid, phoning ambulance, taking to hospital, making arrangements

16 Disability

NSPCC reports that research suggests that disabled children are:

- at a greater risk of physical, sexual and emotional abuse and neglect than non-disabled children
- at greater risk of abuse if they have behaviour/conduct disorders, learning difficulties/disabilities, speech and language difficulties, health-related conditions and deaf children.
- can have limited opportunities to seek help from someone else
- can be at greater risk if living in residential care
- more likely to experience bullying

Information on how to improve protection for disabled children is available:

www.nspcc.org.uk/services-and-resources/research-and-resources/2014/right-to-be-safe/

If a parent/carer becomes ill or disabled, children/young people may feel:

- frightened, insecure, uncertain
- anger, guilt, depression and/or anxiety
- fearful of the unknown
- the ups/ downs of their parent's emotions
- their needs are not being attended to (very young child)
- the pressure of being powerless to help (older child)

APPENDIX 2

The Importance of Documentation (what to put in a report)

Writing a Record

Clear and accurate recording is vital to the effective safeguarding of children, and in some cases, the apprehension and prosecution of perpetrators.

All records should be:

- factual and evidenced
- concise and complete
- accurate and objective
- written not audio or video file
- dated and signed with full name, date, position/ relationship to child/young person
- securely stored

Where possible, if you know the following, please add to all records:

- Front sheet: child's basic details - child's full name, address, date of birth
- Chronology of the contents sheet
- full details of other people within the household and relationship to the child
- full names, position and contact details of any involved professionals that you are aware of
- date and time of writing the record
- date and time of any alleged incident and/or when your concern was triggered
- any action you have taken e.g. calls to other professionals, discussion with colleague or manager, etc.
- record of all discussions and meetings relating to the student/ family & copy of documents
- date and authors signature at the end of the record

If you have third party information (hearsay or gossip), still record it. A professional will look into the accuracy of that information. State that you are unsure whether it is true or not.

You could be called to court to give evidence whether as a witness of a disclosure or a witness of an incident. This could be after a significant period of time.

