

Safeguarding Policy

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Approved By:
The Way Youth Zone Board

Target Audience:
The Way Youth Zone
employees and volunteers

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By The Way Youth Zone's
CEO and Designated
Safeguarding Lead

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SAFEGUARDING POLICY

INTRODUCTION

The Way Youth Zone, which is part of the On Side Network of Youth Zones exists to provide an safe, attractive, accessible, affordable facility where young people 7-19 (up to 25 with a disability) of all backgrounds and abilities can meet to play and participate in a wide range of sports, arts, music, media and developmental activities, six days a week, where they will find positive people who listen, support, and encourage them to explore opportunities, develop their strengths and talents and have fun!

The Way Youth Zone's offer to young people is structured in the following Zones or session:

- Senior Zone, for young people aged 13 -19 (up to 25 for young people identifying as with additional needs or disability)
- Junior Zone, for young people aged 8 -12
- SEND Families, session aimed at young people of all ages with additional needs or disability
- Families, session aimed at young people of all ages and their families
- Holiday Club, during school holidays for young people aged 8 -12 during school holidays

1.0 PURPOSE

All children, young people and vulnerable adults have the right to be protected. At The Way Youth Zone we need to ensure that all members are safeguarded and protected from harm, whatever their specific needs and circumstances. The purpose of this policy is to ensure that all staff, volunteers, trustees and external agencies including partners delivering on behalf of The Way Youth Zone are aware of their legal and personal responsibilities to ensure the safeguarding and welfare of children and young people. The Way Youth Zone is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults at risk by implementing:

- Safeguarding procedures including additional safeguards to protect disabled children
- Safer recruitment and vetting of staff and volunteer's policy
- A code of conduct
- Support for staff and volunteers
- Supervision
- Training
- Safeguarding expectations for external agencies and partners delivering on behalf of The Way Youth Zone.

In this policy a child is defined as,

“Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection” (Working Together to Safeguard Children, 2018).

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- Protecting children from maltreatment;
- Preventing impairment of children's mental and physical 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 outcomes.

In this policy a **vulnerable adult** is defined as a member aged 18 and over who, for any reason, may be unable to take care of themselves or protect themselves against significant harm or exploitation. Safeguarding vulnerable adults involves reducing or preventing the risk of significant harm from neglect or abuse, while also supporting people to maintain control of their own lives.

Safeguarding and promoting the welfare of adults is defined for the purposes of this policy as:

- Ensuring they can live in safety, free from abuse and neglect.
- Empowering them by encouraging them to make their own decisions and provide informed consent.
- Preventing the risk of abuse or neglect and stop it from occurring.
- Promoting their well-being and take their views, wishes, feelings and beliefs into account.

The Way Youth Zone recognises that we all have a legal responsibility to take all reasonable steps to ensure that the risk of harm to children's and vulnerable adult's welfare is minimised and a duty of care is exercised towards them at all times. The document '*Working Together to Safeguard Children (July 2018)*¹' sets out clear guidelines on what organisations and agencies must and should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding is achieved by putting children at the centre of the system and by every individual and agency playing their full part.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The purpose of this policy is to ensure that all staff and volunteers are aware of their legal and personal responsibilities to ensure the safeguarding and welfare of children, young people and vulnerable adults at The Way Youth Zone and to ensure that staff know what to do should they have a concern. The Way Youth Zone strives to create a culture in which children and young people are valued, heard and that their right to be safe is upheld; this policy aims to support The Way Youth Zone staff in achieving this.

¹ Working Together to Safeguard Children, July 2018

This policy outlines how to recognise the signs and symptoms of possible abuse to ensure that staff recognises the significance of what they are observing, and the procedures that they need to follow if they have a concern. Staff and volunteers are trained to support their development, this ensures that we have a knowledgeable staff team able to respond appropriately in safeguarding and child protection situations.

1.1 GUIDING PRINCIPLES

The Way Youth Zone subscribes to the principles as set out in “*What to do if you’re worried a child is being abused (2015)*²” and recognised that;

- safeguarding a child is everyone’s responsibility;
- all children have a right to be safe and should be protected from all forms of abuse and neglect;
- that it is better to help children as early as possible;
- children are best supported and protected when there is a co-ordinated response from all relevant agencies

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents/carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners. All roles within The Way Youth Zone are likely to encounter children and young people during the course of their normal working activities. As such staff and volunteer will be in a unique position to be able to observe signs of abuse or neglect, or changes in a child’s behaviour which may indicate a child may be being abused or neglected.

The Way Youth Zone requires all team members, staff and volunteers to be alert to then signs of abuse and neglect and willing to question the behaviour of children and young people and parents/carers not to necessarily take what they are told at face value.

All team members must be also aware of who the safeguarding leads are that they must speak to them too if they need to ask for help or advice, these details can be found in section 1.4 of this document as well as in **appendix 6**. A referral will always be made to social care or the police if you suspect that a child is a risk of harm or is in immediate danger.

² What to do if you're worried a child is being abused, Advice for practitioners, March 2015

The welfare and safety of children and young people is paramount and should take priority over other work and other consideration, like the fear of damaging relationships getting in the way of protecting children from abuse and neglect.

1.2 SCOPE

This policy applies to the Board of Directors, all staff (full time, part time, temporary and freelance) and volunteers working on behalf of The Way Youth Zone. Put simply safeguarding children is everyone's responsibility and priority.

This policy concerns all children and young people under the age of 18 (as defined by the Children Act 1989) and vulnerable adults aged 25 or under who are accessing The Way Youth Zone or who The Way Youth Zone staff and volunteers come into contact with as a result of their activity with young people. The Police Act 1997 (Enhanced Criminal Record Certificates) Protection of Vulnerable Adults Regulations 2002 define a vulnerable adult as someone who is aged 18 years or over who *'is or may be in need of community care services by reasons of mental health or other disability, age or illness'* and *'is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'*

As well as physical, emotional, sexual abuse and neglect safeguarding can involve a range of potential issues such as:

- Bullying, including cyberbullying (by text message, on social networking sites and so on) and prejudice-based bullying
- Hate crimes
- Radicalisation
- Crime exploitation
- Child sexual exploitation
- Female genital mutilation
- Domestic violence
- Sexting
- Substance misuse
- Self-Harm
- Fabricated illness
- Child Trafficking
- Grooming
- Female Genital Mutilation

1.3 TERMS OF REFERENCE AND LEGAL FRAMEWORK

The Children Act 1989 and 2004 make it clear that people who work with children have the responsibility to keep them safe. This is supported by the United Nations Convention on the Rights of the Child (to which the UK is a signatory) which sets out the rights of children to be free from abuse. The Government provides guidance on how organisations and individuals should protect children and young people in 'Working Together to Safeguard Children' (July 2018), abuse is described as;

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

Working Together to Safeguard Children (2018) also advises that professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer;
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is a privately fostered child
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health issues and domestic violence
- is misusing drugs or alcohol themselves
- has returned home to their family from care

Adult protection is part of safeguarding and refers to,

“An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves” (Care Act 2014).

To protect vulnerable adults from mistreatment and improve their quality of life, we must follow the six principles of the Care Act 2014 that underpin safeguarding of adults.

The six principles of adult safeguarding:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** - It is better to act before harm occurs.
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** - The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed.”

- **Protection** - Support and representation for those in greatest need.
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** - Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

Making Safeguarding personal

“Making safeguarding personal” means that adult safeguarding should be person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

The responsibility for ensuring that the guidance is put into practice is given to the Safeguarding Partnership The Way Safeguarding Adults Board which has to ensure that it is “Working together to achieve effective practice that makes a meaningful difference to the lives of adults at risk” <https://www.wolverhampton.gov.uk>

The Data Protection Act 1998 places a duty on organisations and individuals to process personal information fairly and lawfully, however it is not a barrier to sharing information where failure to do so would result in a child vulnerable adult being placed at risk of harm. Future advice can be found in the document “*Information sharing, Advice for practitioners providing safeguarding services to children, young people, parents and carers*”³)

The Mental Capacity Act 2005 for England and Wales provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. It includes key provisions to protect vulnerable people and the Mental Capacity Bill introduced a new criminal offence of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to 5 years

The following policies are referred to within this policies and should be read alongside:

- Whistleblowing Policy
- Supporting Young People Policy
- Employing Staff and Volunteers with Convictions

³ “Information sharing, Advice for practitioners providing safeguarding services to children, young people, parents and carers” (26 March 2015), HM Government, Department for Education, <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

- Acceptable use of Social Media sites and Technology Policy
- Photography and Videoing of Young People Policy
- Staff Conduct and Working with Young People Policy

1.4 LISTENING TO CHILDREN AND YOUNG PEOPLE: CAPTURING THE CHILD'S VOICE:

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them or placing the interests of adults (potentially the child's parents) ahead of the needs of children. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- The Children Act (1989) (as amended by section 53 of the Children Act 2004).
- The Equality Act (2010)
- The United Nations Convention on the Rights of the Child (UNCRC) (1991)
- Working Together to Safeguard Children (2018)

In line with Equality Act 2010, The Way Youth Zone is committed promoting equality of opportunity for all and ensuring that no child or group of children/young people must be treated any less favourably than others in being able to access effective services which meet their particular need(s).

It is against the law to discriminate against someone because of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

These are called protected characteristics. You are protected under the Equality Act 2010 from these types of discrimination.

Whilst professionals CANNOT promise confidentiality, they must do the right thing in all cases. No child or group of children or young people must be treated any less favourably than others in being able to access effective services which meet their particular needs; which includes child protection action and the offer of 'Early Help'.

1.5 ACCOUNTABILITY AND DESIGNATED PERSON

Final accountability for ensuring The Way Youth Zone fulfils its child protection and safeguarding children responsibilities falls to the Chief Executive, however responsibility is delegated to the Designated Safeguarding Leads.

The designated person(s) responsible for managing safeguarding concerns at The Way Youth Zone are;

Safeguarding Lead & Designated Person - David Gibson, Sexual Health and Safeguarding Coordinator

Tel: 01902 328920 Mobile: 07415 889934

Email: David.gibson@thewayyouthzone.org

Safeguarding Lead & Designated Person - Rebecca Bunger Head of Youth Work

Tel: 01902 328920 Mobile: 07728 317957

Email: Rebecca.bunger@thewayyouthzone.org

Safeguarding Lead & Designated Person - Paul Snape - Chief Executive

Tel: 01902 328920 Mobile: 07515 905539

Email: paul.snape@thewayyouthzone.org

The designated person(s) are key to ensuring that proper procedures and policies are in place, and are followed with regard to child safeguarding issues and is the primary person to whom members of staff and volunteers report concerns, through the Line Management systems of the youth zone.

In line with '*Working Together to Safeguard Children*', the Designated Person(s) are required by law to have undertaken the recognised course 'Lead Designated Person for Safeguarding Children' and that this is kept up to date with appropriate refreshers every two years.

In addition, Designated Person(s) are expected to complete appropriate training provided by Wolverhampton Safeguarding Partnership every two years, or as required by changes to legislation.

Responsibilities of the Designated Lead(s):

- Managing Referrals - In which case they should respond to all suspected concerns of abuse and contact;
 - Local Authority Designated Officer (details are listed in this document) If there are child/adult protection concerns surrounding staff members or volunteers
 - Local authority children's/adult social care - If there are concerns relating to a child

- Disclosure and Barring Service (DBS) - Where a person has been dismissed due to risk/harm to a child
 - Police - Where a crime may have been committed
 - The CEO and Designated Trustees - To inform of issues relating to Section 47 of the Children Act 1989⁴
- Training - the Designated Lead(s) should receive appropriate refresher training every 2 years in order to;
 - Understand the assessment process for providing early help and intervention
 - Have a working knowledge of how local authorities should conduct themselves when investigating cases of child abuse
 - Have an understanding of how to report and contribute to child protection case conferences and child protection review conferences and to be able to attend and contribute effectively
 - Ensure all members of staff and volunteers have an understanding of the organisation's safeguarding policies and procedures and other relevant policies, particularly new and part time staff, to support vulnerable young people
 - To provide appropriate induction and refresher training for all staff to ensure that they have knowledge, skills and expertise that improve over time.
 - To ensure that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
 - Keep detailed, accurate and secure records relating to concerns and referrals for young people
 - Obtain access to any relevant resources and attend any training that may be beneficial to their role
 - Encourage a culture of listening to children and young people and adopting a child centred approach ensuring their thoughts and feelings are taken into account before taking any action
 - Raising awareness - The Designated Lead(s) should ensure the Youth Zone's policies and procedures are known and used appropriately;
 - Ensure The Way Youth Zone's Safeguarding Policy is reviewed annually (or as required) and any necessary amendments are made and disseminated to the staff team
 - Ensure the Safeguarding Policy is available publicly and parents/carers are made aware that The Way Youth Zone has a responsibility to report and refer any suspected cases of child abuse and The Way Youth Zone's role in this
 - Link with the Wolverhampton Safeguarding Partnership Board (WSPB) to make sure the organisation is receiving relevant updates on policies and implementation

⁴ Children Act 1989, Section 47.

- Share any relevant information possessed on a young person with relevant agencies, so long as this does not impact ongoing investigations

The board member with responsibility for safeguarding is Louise Fall can be contacted via Paul Snape - Chief Executive Officer

Email: paul.snape@thewayyouthzone.org

Tel: 01902 328920

Any allegation or concern involving the main Designated Lead and/or named Board Member must be referred to Local Authority Designated Officer for which details can be found in section 5.4 “What to do if an allegation of abuse is made involving a staff member or volunteer” of this document, “Managing allegations of abuse against staff and volunteers.

2.0 RECOGNISING ABUSE

The signs of abuse might not always be obvious, and a child/vulnerable adult might not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the young person, alone, if appropriate, to seek further information.

Be Alert, Question Behaviours, Ask for Help, Refer

Indicators of abuse and neglect

Knowing what to look for is vital to the early identification of abuse and neglect. All staff and volunteers need to be aware of indicators of abuse and neglect so that they are able to identify cases of children and vulnerable adults who may be in need of help or protection. If staff/ volunteers are unsure, they should always speak to the Designated Safeguarding Lead. All staff/volunteers should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

In relation to **child protection** there are 4 types of abuse defined in “Working Together”, they are:

2.1 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. Physical abuse can also occur outside of the family environment.

Indicators of this are;

- Unexplained recurrent injuries or burns

- Improbable explanations or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Absconding
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back/ flinching if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Bruises seen on parts of the body not normally harmed through play, such as in or around the mouth
 - Bruises that appear as a small 'grasp' or finger marks to a child's arm or legs
 - Injuries that look like they have been caused by a belt or stick
 - Bruises that appear to be of different ages (colour) in the same area
 - Injuries that appear the same on both sides of the body, legs head or arms
 - Injuries that appear as bite marks, especially when the marks appear to be of an adult or an older child (more than 3cm across)

It is a concern when a child is not taken for treatment if they are suffering pain, swelling or discolouration over a bone or joint. Although it may not always be possible to know whether a child has a fractured bone, it is difficult for a parent / carer to be unaware that the child has been hurt. It can be difficult to distinguish between a burn and scald that has been caused accidentally or non-accidentally. As with fractures, all burns and scalds should receive medical attention.

2.2 EMOTIONAL ABUSE

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may also include parents or carers who withdraw their attention from their child or who blame their problems on their child. 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 a 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, although it may occur on its own.

Indicators of this are;

- Very low self-esteem, often with an inability to accept praise or trust in adults
- Excessive clinging and attention seeking behaviour
- Overanxious - being excessively 'watchful' (hyper vigilant), constantly checking or being overanxious to please
- Withdrawn / socially isolated
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

2.3 NEGLECT

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 if a parent/carer becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair 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 occur during pregnancy as a result of maternal substance abuse or not accessing appropriate antenatal care. 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.

Indicators of this are;

- Constant hunger and complaints of tiredness
- Poor personal hygiene
- Poor state of clothing
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies
- Below average weight / height
- Reluctant to go home, particularly at weekends / holiday

2.4 SEXUAL ABUSE

Sexual abuse is any sexual activity with a child (under 16). Many children and young people who are victims of sexual abuse do not recognise themselves as such. 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. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators of this are;

- Being overly affectionate or knowledgeable in a sexual way inappropriate to their age, or acting out precocious sexual behaviour with others
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-harm, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a specific person
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; oversensitive or overreacting to criticism
- Reluctant to go home

2.5 TYPICAL VULNERABILITIES IN CHILDREN PRIOR TO ABUSE AND RECOGNISING ABUSE

There is no definitive list of vulnerabilities

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage,
- risk of ‘honour’-based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships
- Attending school with young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carer
- Isolated, with little or no friendship or peer group

This is not an exhaustive list.

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs of abuse and hide what is happening from everyone. Many learn to ‘manage’ their problems, making it hard for others to help. We may observe behaviours/physical presentations that cause concern, however, it is important to remember that the causes of these may not be abuse, but due to other issues such as bereavement, homesickness etc. Information related to events of this nature should be logged onto a Cause for Concern form. As a result, staff should be cautious before assuming abuse is the cause. Staff should ensure that they discuss their concerns with the Designated Lead(s) for advice.

3.0 OTHER TYPES OF ABUSE AND SAFEGUARDING ISSUES INCLUDING CONTEXTUAL SAFEGUARDING

In addition to these four types of abuse there are the following commonly recognised types of abuse and safeguarding issues. Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young

people's experiences of extra-familial abuse can undermine parent-child relationships.

3.1 CHILD SEXUAL EXPLOITATION

On February 16th 2017 the government launched the revised definition of Child Sexual Exploitation along. The revised definition is detailed below:

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

There are warning signs which can be an indication that a child might be being exploited:

- Staying out all night or being regularly missing from home or school
- Change in behaviour, becoming aggressive and disruptive or quiet and withdrawn.
- Unexplained gifts or new possessions, such as clothes, jewellery, mobile phones or money that can't be accounted for.
- Increased or secretive use of mobile phone.
- A significantly older boyfriend/girlfriend, friend or, perhaps, lots of new friends.
- Spending excessive amounts of time online or on their mobile
- Becoming increasingly secretive.
- Sudden involvement in crime or sudden increase in criminal offending.
- Sexual health problems.
- Change in physical appearance.

When making a referral in relation to CSE the Designate Lead(s) will complete the Multi Agency Request for Services form: Appendix 6

Further information can be found at:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/>

<https://www.ceop.police.uk/safety-centre/>

3.2 GROOMING

Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them. Children and young people who are groomed can be sexually abused, exploited or trafficked.

Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time - from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

The relationship a groomer builds can take different forms. This could be: a romantic relationship, as a mentor, an authority figure or a dominant and persistent figure.

A groomer can use the same sites, games and apps as young people, spending time learning about a young person's interests and use this to build a relationship with them. Whether online or in person, groomers can use tactics like: pretending to be younger, giving advice or showing understanding, buying gifts, giving attention or taking them on trips, outings or holidays.

More information can be found at:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/>

<https://www.thinkuknow.co.uk/parents/articles/what-is-sexual-grooming/>

https://www.internetmatters.org/issues/online-grooming/?gclid=Cj0KCQjw2or8BRCNARIsAC_ppyZs2ZeG5d6L_U3x8a0hQHd-vRwoo4rXveUKifArTGXo7FTJiDaK36UaArpNEALw_wcB

3.3 CHILD TRAFFICKING

Child trafficking is a very serious issue which can have a devastating and lasting impact on its victims. Children can be trafficked into, within and out of the UK. Trafficking of persons means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the

prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Further information can be found at:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-trafficking/>

3.4 DOMESTIC VIOLENCE

The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. If staff have concerns they can also contact the The Haven on 0800 194 400.

Women's Aid have published an update to their Expect Respect Healthy Relationships Toolkit. The toolkit, to be used with children and young people aged 4 to 18, is designed for work in schools and communities around holding conversations on violence and gender-based violence. It includes information on themes such as: assumptions about gender, power and equality; digital footprints; understanding consent online and offline and resolving conflict.

<https://www.womensaid.org.uk/information-support/children-and-young-people/expect-respect/>

More information can be found at:

Domestic Abuse Act 2021:

<https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/>

<https://www.wolverhampton.gov.uk/community/domestic-violence>

<https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

<https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

3.5 FABRICATED OR INDUCED ILLNESS

The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness. More information can be found at:

[https://www.nhs.uk/conditions/fabricated-or-induced-illness/#:~:text=Fabricated%20or%20inducehttps://www.TheWay.gov.uk/domesticabused%20illness%20\(FII,of%20illness%20in%20the%20child.](https://www.nhs.uk/conditions/fabricated-or-induced-illness/#:~:text=Fabricated%20or%20inducehttps://www.TheWay.gov.uk/domesticabused%20illness%20(FII,of%20illness%20in%20the%20child.)

3.6 FAITH ABUSE

Faith abuse includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or 'leading them astray' (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti 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; and 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 or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home. Staff should refer to Child abuse linked to faith or belief.

More information can be found at:

<https://safeguardinghub.co.uk/abuse-linked-to-belief-or-faith-what-you-can-do/>

3.7 FEMALE GENITAL MUTILATION (FGM)

Comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. However, circumcision is not an appropriate term. Communities tend to use local names for referring to this practice including 'sunna'. FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child. If you have concerns relating to young people possibly affected by FGM, please contact the Designated Safeguarding Lead(s)

More information can be found at:

<https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

3.8 MARRIAGE AND FORCED MARRIAGE

Forced Marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse can also be a factor.

It is now illegal and a criminal offence to exploit vulnerable children by arranging for them to marry, under any circumstances whether or not force is used.

The Marriage and Civil Partnership (Minimum Age) Act came into force on 27th February 2023. The age at which someone can marry or enter a civil partnership has now risen to eighteen in order to protect children from the danger of forced marriage.

Staff can also refer to:

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/crime-law/forced-marriage/>

<https://www.gov.uk/guidance/forced-marriage>

3.9 CHILD CRIMINAL EXPLOITATION AND COUNTY LINES

Crime Exploitation/Organised Crime is becoming a prevalent issue amongst many young people. Individuals, normally working with others, with the capacity to commit serious crime on a continuing basis, which includes elements of planning, control and coordination and benefits those involved will look to exploit young people who display common indicators of vulnerability, to participate in organised crime. Child criminal exploitation is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 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.

The 2018 Home Office Serious Crime Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

More information can be found at:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/>

<https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>

<https://www.childrensociety.org.uk/what-we-do/our-work/child-criminal-exploitation-and-county-lines>

3.10 RADICALISM AND INVOLVEMENT IN TERRORISM

At the time of writing the current threat from terrorism is considered to be “substantial” which means that an attack is still likely. Terrorism can involve the exploitation of young people and vulnerable adults.

Terrorism is defined by the Terrorism Act 2000 as:

“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 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.”

Extremism is defined in the national Counter-Terrorism Strategy (CONTEST) as:
“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. It also includes calls for the death of members of our armed forces, whether in this country or overseas.”

Radicalisation is defined in the CONTEST Strategy as:
“The process by which a person comes to support terrorism and forms of extremism leading to terrorism.”

The following are examples of recognised offences in relation to terrorism, extremism and radicalisation:

- Murder or soliciting murder.
- Committing, preparing or instigating acts of terrorism.
- Incitement to commit acts of terrorism overseas.
- Encouragement of terrorism.
- Inciting racial or religious hatred or hatred because of sexual orientation.
- Inviting support for a proscribed organisation.
- Terrorist financing offences.
- Dissemination of terrorist publications.
- Offences of encouragement and dissemination using the internet.

The CONTEST strategy focuses on 4 strands: Prevent, Pursue, Protect and Prepare, it is the Prevent strategy that is of relevance in safeguarding young people and vulnerable adults. The Prevent strategy has three key objectives:

- Ideology - Challenging the ideology that supports terrorism and those who promote it;
- Individuals - Protect vulnerable people from being drawn into terrorism and ensure they are given appropriate advice and support; and
- Institutions - Supporting sectors and institutions where there are risks of radicalisation.

Challenging the ideology includes being proactive in promoting values such as: democracy, the rule of law, equality of opportunity, freedom of speech, and the universal right to freedom from persecution. There is a need for local communities and organisation to support this by focusing focus on those most susceptible to terrorist propaganda; it should not be assumed that Muslims are any more vulnerable to radicalisation than other faith or ethnic groups.

In terms of protecting individuals, key points made are:

- Radicalisation is a process not an event, and it is possible to intervene in this to prevent vulnerable people being radicalised
- There is a need to ensure that activities are proportionate, and focused upon people at risk.
- Activity needs to address all forms of terrorism. It is not just the responsibility of police, but also local authorities and other partners.
- Programmes relating to this are comparatively new, and evidence of impact limited. The Government is committed to research and evaluation to demonstrate what works and inform the development of best practice.

Channel is a multi-agency process that evaluates referrals of individuals at risk of radicalisation and decides on the most appropriate action. It involves assessing the nature and the extent of the potential risk and, where necessary, providing an appropriate support package tailored to the individual's needs. Supporting those most at risk of being radicalised is about diverting people away from potential risk at an early stage which prevents them from being drawn into criminal activity linked to terrorism not about prosecution. At The Way Youth Zone we have a clear role in providing diversionary activities as well as targeted support services.

3.11 SERIOUS VIOLENCE AND GANGS RELATED BEHAVIOUR

All staff/volunteers should be aware of indicators, which may signal that children/young people are at risk from, or are involved with serious violent crime, gang related behaviour or associations. It's not illegal for a young person to be in a gang as there are different types of "gangs" and not all "gangs are dangerous. However, some children and young people that are involved with gangs may need help and support as the gang membership can be linked to illegal activity. Particularly organised criminal gangs that are involved in trafficking, drug dealing and serious violence. Young people might be victims of violence or pressured into doing things like stealing or carrying drugs or weapons.

Indicators may include a change in friendships or relationships with older individuals or groups, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

How are young people recruited?

A child or young person might be recruited into a gang because of where they live or because of who their family is. They might join because they don't see another option or because they feel like they need protection. Children and may become involved in gangs for many reasons, including:

- Peer pressure and wanting to fit in with their friends.
- They feel respected and important.

- They feel protected from other gangs or bullies.
- They want to make money and are promised rewards.
- They want to gain status and feel powerful.
- They have been excluded from school and feel they don't have a future or any other option.
- To support their family.

Organised criminal gangs groom children and young people because they are less suspicious and are given lighter sentences than adults.

Studies show that a child/young person is more at risk of being recruited if:

- They have been excluded from school.
- They have special education needs.
- There are problems at home like neglect, domestic abuse or sexual abuse.
- They have problems with their mental health.
- They live in existing gang territory.

All staff/volunteers must be aware of the associated risks and report any concerns to the Designated Safeguarding Lead(s)

3.12 SELF-INJURY AND SELF HARM

Self-injury can take many different forms but in general terms is the act of deliberately causing harm to oneself either by causing a physical injury or by putting oneself in dangerous situations and/or self-neglect. Self-injury or self-harm is most often described as a way to express or cope with emotional distress. There are many possible causes of emotional distress. It's often a build-up of many smaller things that leads people to think about self-harm. Although there can be many reasons why a person chooses to self-injury, it is important that staff consider the possibility of a link between self-injury and trauma/abuse. It can be hard to recognise the signs of self-harm in children and teenagers, but as a staff member it is important to trust your instincts if you are worried something is wrong. Signs to look out for can include:

-covering up, for example by wearing long sleeves a lot of the time, especially in summer

-unexplained bruises, cuts, burns or bite-marks on their body

-blood stains on clothing, or finding tissues with blood in their room

-becoming withdrawn and spending a lot of time alone in their room

-avoiding friends and family and being at home

-feeling down, low self-esteem or blaming themselves for things

When dealing with self-injury and self-harm staff should:

- Show that they care about the person behind the self-injury
- Show concern for the injuries themselves and ensure any needed first aid is provided
- Make it clear it is OK to talk about
- Acknowledge how scary the thought of not self-harming may be
- Explore what are their support networks
- Report to designated leads and seek further advice

Staff can also refer to:

<https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/self-harm/>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/>

3.13 SEXTING

Sexting is when people share a sexual message and/or a naked or semi-naked image, video or text message with another person. It's also known as youth produced sexual imagery. Children and young people may consent to sending a nude image of themselves. They can also be forced or coerced into sharing images by their peers or adults online. If a child or young person originally shares the image consensually, they have no control over how other people might use it. If the image is shared around peer groups it may lead to bullying and isolation. Perpetrators of abuse may circulate a nude image more widely and use this to blackmail a child and/or groom them for further sexual abuse.

When children engage in sexting they're creating an indecent image of a person under the age of 18 which, even if they take it themselves, is against the law. Distributing an indecent image of a child - e.g. sending it via text - is also illegal. Although advice is that all incidents of sexting should be recorded as a crime, in January 2016 the Home Office launched outcome 21. This allows police in England and Wales to record that a crime has happened but that it was not considered to be in the public interest to take formal criminal justice action. Crimes recorded under this code are unlikely to be disclosed on a vetting check in the future although this cannot be guaranteed.

Sometimes a child might tell you directly that they have been involved in sexting. Or they might mention something which gives you cause for concern. Other times

you might notice that a child is behaving differently or being bullied, and the sexting might come to light when you try to find out what's going on. You might overhear a conversation between children, or see something that makes you worried. Never wait for a child to tell you directly that they have been involved in sexting. You must follow The Way Youth Zone's policy and procedures and ensure that the designated safeguarding lead is aware of the situation as soon as possible. If you're talking to a young person who has been involved in sexting, it's important to remain calm, reassuring and non-judgmental. Give them time to talk and check that you understand what they have said. Try to find out:

- how the young person is feeling
- if it's an image, video or message
- who sent it
- who is featured in it
- if there were any adults involved
- if it's on an organisational or personal device.

Never view any sexting images. If the image is on a device belonging to your organisation, you need to isolate it so that nobody else can see it. This may involve blocking the network to all users. You should never copy, print or share sexual images of a child or young person (Childnet, 2016; UKCCIS, 2017a and 2017b). You should only search devices if the child is at immediate risk of harm.

In England and Wales, the Protection of Children Act 1978 makes it an offence to take, make, show, distribute, possess (with a view to distribute) or publish an advertisement with an indecent photograph or pseudo-photograph of a child. Part 11 of the Criminal Justice Act 1988 makes it an offence to possess indecent images of children (whether or not you intend to distribute them) Across the UK, section 33 of the Criminal Justice and Courts Act 2015 makes it an offence to share private sexual photographs or films with the intent to cause distress.

More information can be found at:

<https://learning.nspcc.org.uk/research-resources/briefings/sexting-advice-professionals>

3.14 HARMFUL SEXUAL BEHAVIOUR INCLUDING PEER ON PEER SEXUAL ABUSE

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive (derived from Hackett, 2014). Harmful Sexual Behaviour encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards. Technology assisted HSB (TA-HSB) is sexualised behaviour which children or young people engage in using the internet or technology such as mobile phones. This might include: viewing pornography (including extreme pornography or viewing indecent images of children) and sexting. Children and young people demonstrate a range of sexual behaviours as they grow up, and this is not always harmful.

Sexualised behaviour sits on a continuum with five stages:

- **appropriate** - the type of sexual behaviour that is considered 'appropriate' for a particular child depends on their age and level of development
- **inappropriate** - this may be displayed in isolated incidents, but is generally consensual and acceptable within a peer group
- **problematic** - this may be socially unexpected, developmentally unusual, and impulsive, but have no element of victimisation
- **abusive** - this often involves manipulation, coercion, or lack of consent
- **violent** - this is very intrusive and may have an element of sadism

Staff can also refer to

<https://learning.nspcc.org.uk/media/1657/harmful-sexual-behaviour-framework.pdf>

<https://learning.nspcc.org.uk/media/1149/harmful-sexual-behaviour-framework-audit-tool.pdf>

<https://www.nice.org.uk/guidance/ng55>

3.15 SEXUAL HARASSMENT

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual “jokes” or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- Online sexual harassment.

This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

It may include:

- Non-consensual sharing of sexual images and videos;
- Sexualised online bullying;
- Unwanted sexual comments and messages, including, on social media;
- Sexual exploitation; coercion and threats
- Upskirting
- Pulling down shorts or pants as a joke.

3.16 PRIVATE FOSTERING

Private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home.

A close relative is defined in the Children Act 1989 as a grandparent, uncle or aunt (whether by full-blood, half-blood or by marriage or civil partnership), sibling or stepparent.

Private fostering also covers children who stay at a residential school for more than two weeks of the school holidays.

Under certain conditions, a child might be cared for, as part of a private arrangement, by someone who is not their parent or a ‘close relative’. This constitutes private fostering when the following conditions are met:

- A child is under 16 years of age - 18 if they have a disability
- The arrangement is for 28 days or longer

The child’s new carer does not have parental responsibility for the child and is not a close relative. Close relatives are defined as step-parents, grandparents,

brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

Common situations for private fostering

Common situations in which children are privately fostered include:

- Children with parents or families overseas
- Children with parents working or studying in the UK
- Asylum seekers and refugees
- Trafficked children
- Local children living apart from their families
- Adolescents and teenagers
- Children attending language schools
- Children at independent boarding schools who do not return home for holidays
- Children brought in from abroad with a view to adoption
- When a young person's relationship with their parents/carer has broken down and they have gone to live with friends.

By law parents and carers must notify the local authority of private fostering arrangements to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

The Way Youth Zone's policy is that if we do become aware that a child or young person who is being privately fostered, we will inform the carer/parent of their legal duty to notify (Wolverhampton Safeguarding Partnership or equivalent, details and guidance will be found on Wolverhampton Safeguarding Board's website); we will follow this up by contacting Children's Social Care of the arrangement.

Local Central Advice and Duty Team or equivalent, details and guidance will be found on Wolverhampton Safeguarding Partnership website;

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

3.17 CHILD TO PARENT VIOLENCE (CPV)

Child on Parent Violence (CPV) or Adolescent to Parent Violence and Abuse (APVA) is any behaviour used by a young person to control, dominate or coerce parents. It is intended to threaten and intimidate and puts family safety at risk. Whilst it is normal for adolescents to demonstrate healthy anger, conflict and frustration drawing their transition from childhood to adulthood, anger should not be confused with violence. Violence is about a range of behaviours including non-physical acts aimed at achieving ongoing control over another person by instilling fear.

3.18 CHILDREN MISSING FROM HOME

Children who go missing from home are vulnerable to abuse and violence and need to be safeguarded. Children go missing for a number of reasons, but in general, the factors preceding missing episodes are:

- Arguments and conflicts
- Poor family relationships
- Abuse and neglect
- Boundaries and control

Immediate risks

- No means of support or legitimate incomes leading to high risk activities
- Becoming a victim of abuse.
- Missing out on schooling and education
- Increased vulnerability

3.19 CHILDREN AND YOUNG PEOPLE WITH A DISABILITY OR ADDITIONAL HEALTH NEEDS

Are a particularly vulnerable group as signs of abuse and neglect may be masked or misinterpreted as being due to underlying impairments. Disabled young people are much more likely than non-disabled children to experience abuse as:

- They have fewer outside contacts than other young people;
- May receive personal care, possibly from several carers;
- Have limited capacity to resist or avoid abuse;
- Have communication difficulties that may make it difficult to tell others what is happening
- Be inhibited about complaining because of a fear of losing services;
- Be especially vulnerable to bullying and intimidation and /or, abuse by their peers.

4.0 ADULTS AT RISK

The Care Acts 2014 makes it clear that specific adult safeguarding duties apply to any adult who:

- has care and support needs and
- is experiencing, or is at risk of, abuse or neglect and
- is unable to protect themselves because of their care and support needs.

An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list.

Types of abuse for adults at risk:

4.1 PHYSICAL ABUSE

Including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

4.2 DOMESTIC VIOLENCE OR ABUSE

This is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member.

4.3 SEXUAL ABUSE

Any form of sexual activity that the adult does not want and or have not considered.

Including:

- A sexual relationship instigated by those in a position of trust
- Rape
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Subjection to pornography or witnessing sexual acts
- Indecent exposure and sexual assault
- Sexual acts to which the adult has not consented or was pressured into consenting.

4.4 PSYCHOLOGICAL OR EMOTIONAL ABUSE

This abuse may involve the use of:

- Intimidation
- Indifference
- Hostility
- Rejection
- Threats of harm or abandonment
- Humiliation
- Verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language.
- A deprivation of contact
- Blaming, controlling, coercion
- Harassment
- Cyber bullying
- Isolation

4.5 FINANCIAL OR MATERIAL ABUSE

Including:

- Theft
- Fraud
- Internet scamming
- Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

4.6 MODERN SLAVERY

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

4.7 DISCRIMINATORY ABUSE

Abuse can be experienced as harassment, insults or similar actions due to race, religion, gender, gender identity, age, disability, sexual orientation.

4.8 ORGANISATIONAL OR INSTITUTIONAL ABUSE

Including neglect and poor care practice within an institution or specific care setting such as a residential care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

This may include:

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- The withholding of the necessities of life, such as medication and adequate nutrition
- Wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others
- Failure to use agreed risk management procedures

4.9 NEGLECT, SELF-NEGLECT AND/OR ACTS OF OMISSION

Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

This covers a wide range of behaviour;

- Neglecting to care for one's personal hygiene health or surroundings resulting in a risk that impacts on the adult's wellbeing.
- Hoarding

Abuse can take place in a person's own home, in a residential home or a day centre or hospital. Unfortunately, those being abused are often the least likely to bring the situation to anyone's attention.

If you are concerned that an Adult is experiencing or at risk of harm, abuse or neglect please report it to (Adult Social Care First Response Team) 01902 555392 or outside of office hours ring on 01902 552999

If you believe the adult is at immediate risk of harm, call 999.

5.0 PROCEDURE

"Safeguarding is everybody responsibility and managing safeguarding and everyone who comes into contact with children and their families has a role to play in safeguarding children, child protection should take priority over all other work"

5.1 WHAT TO DO IF YOU HAVE CONCERNS ABOUT A CHILD/YOUNG PERSON OR SUSPECT ABUSE

If a staff member has a concern about a child/ young person or suspects abuse they should notify the session lead in the first instance and/or the Designated Safeguarding Lead(s). It is not the duty of staff and volunteers to investigate the issue themselves; however, it is their responsibility to gather as much information as possible. This information must be recorded on a cause for concern safeguarding form **APPENDIX 1** and submitted to the safeguarding team using the QR code or the 'share a concern' link via The Way Youth Zone website, within 24 hours of initial concern. The form will capture all the relevant information about the concerns which will support the DSL in assessing what action needs to be taken. Where you suspect a child or vulnerable adult is being abused or there is potential for harm you should discuss your concerns with designated safeguarding lead or deputies immediately so that appropriate action can be taken as quickly as possible.

If there is a real concern the Designated Safeguarding Lead(s) will contact children's services and/or the Police. They will need your support in referring it to ensure the details are recorded correctly.

If you're not sure or have any concerns, speak to the Designated Safeguarding Lead(s), remember that is what they are there for, to deal with any concerns and offer advice and support.

5.2 WHAT TO DO IF A YOUNG PERSON TELLS YOU ABOUT ABUSE

If a young person/ vulnerable adult makes a disclosure about abuse or you suspect they may be about to it is imperative they understand you cannot keep this 'secret' but that you have a duty to report it to other professionals who will help keep them safe. Be honest and open about who you will speak to and why.

You should find a quiet place to talk where they feel comfortable. Ensure you give them the time they need to talk but be aware they will need to give a full account to Children's Social Care so avoid subjecting them to lengthy or multiple 'interviews'

as it can confuse and jeopardise evidence. Try to keep eye level equal or lower than theirs.

Staff and volunteers must:

- Listen, but do not press for information
- Stay calm and be reassuring
- Find a quiet place to talk
- Believe what you are being told
- Listen to the young person, if you are shocked by what is being said, try not to show it
- It is acceptable to observe injuries such as; bruises, but not to ask a child to remove or adjust their clothing to observe them; (injuries must be recorded on a **The Way Youth Zone Body Map, Appendix 2**)
- Do not question the child in a way that will introduce new words, phrases or concepts into their minds (leading questions)
- Do not challenge, confront, or criticise their information, even if it seems unlikely or if there are obvious errors. They may be unable to give accurate timescales or dates.
- If a disclosure is made the pace should be dictated by the child without their being pressed for detail by being asked such questions as ‘what did they do next?’ or ‘where were you when this happened?’ The staff or volunteer’s role is to listen not to investigate.
- Use open questions
- Acknowledge how hard it was for them to tell you this
- Do not criticise the perpetrator, this may be someone they love
- Do not promise confidentiality, reassure the young person that they have done the right thing, explain whom you will have to tell and why. It is important that you don’t make promises that you cannot keep (please see the **Confidentiality Policy, Appendix 3** for more details)

Remember it is a huge step for a young person to make a disclosure.

Inform the safeguarding lead or deputies immediately who will work with you to contact the Child Protection Social Work team and/or the Police and complete all necessary paperwork. If the situation is an emergency and neither safeguarding lead or deputies available you should telephone Children’s Social Care directly or, if out of hours, the Emergency Duty Social Work team or Police Child Protection Team. The NSPCC also have a helpline for advice on Tel: 0800 800 500.

Non-recent historic abuse

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Non-recent historic abuse refers to one of 3 situations:

1. An adult making an allegation of abuse when they were under 18 years of age, that occurred at least 1 year before it was reported.
2. A child making an allegation of abuse that occurred at least 1 year before it was reported.

3. Someone reports an allegation, on behalf of someone else, relating to an offence committed over a year ago. NSPCC (2018).

Such disclosures can occur after long periods of time as the complainant may now feel comfortable that they are no longer at risk, have the confidence to make an allegation or disclosure that will be believed, become aware that there have been other reports, or feel they need closure to move on. Whatever the motive, and however long ago the allegation or disclosure, action must be taken because:

1. The alleged may not have been an isolated incident.
2. It may be part of a wider abuse situation.
3. The person(s) may still be abusing individuals and/or working with children.
4. There may be ongoing legal action.

Should an allegation or disclosure be made to it is important to record and report such information as you would if it were a current situation. This includes allegations about staff or volunteers that no longer works/volunteers at The Way Youth Zone and incidents that involved young people that no longer attend The Way Youth Zone.

5.3 RECORDING INFORMATION

Make some notes immediately afterwards (being aware that note taking during a disclosure may inhibit that disclosure making it harder for the young person to be open and honest); record the date, time, place and context of the disclosure or concern, recording facts and not assumption and interpretation. Any notes must be added to a completed cause for concern form and uploaded via the allocated QR code or share a concern link on the The Way Youth Zone website. Do not be afraid to interrupt meetings if you need to speak to someone.

Note any non-verbal behaviour and ensure that that the language used by the young person (do not translate into correct terminology) is recorded

5.4 MAKING A REFERRAL INTO SOCIAL CARE

Any member of staff can also make a referral into social care. If you are concerned that a child or young person may be vulnerable or is at risk of harm, you should report it straight away so that the appropriate services can take the appropriate actions to prevent harm. You can do this by completing a multi-agency request for services (MARF) form. When completing the MARF you will need to consider which level of support is the most appropriate In relation to Wolverhampton's Continuum of Need Framework.

The Continuum of Need is a model which provides a guide to support professional judgements in determining the next course of action to meet those needs. There are four levels that consider the different stages of need and types of intervention which are available to children and their families.

The Continuum Tool identifies four areas of vulnerability, risk and need to assist practitioners to identify the most appropriate service response for children, young

people and their families. These are: Level one- Universal which represents universal support. These are children who make good overall progress through appropriate universal services. No emerging concerns. Services are available to everybody and can be accessed by anyone without additional support. Universal provision is fluid throughout all the levels. Universal Plus represents the early help and additional needs level of support which is children whose needs cannot be met through universal services who require additional support. This provides support as soon as a problem emerges. Usually, a single agency response and coordination is usually by the service/ agency who knows the family well. An Early Help Assessment is the recommended tool to identify needs and a lead professional to coordinate support.

Partnership Plus represents early help when multiple and complex concerns are apparent which require a multi-agency and targeted approach. Early Help assessment is essential and lead professional identified to support. A multi-agency team around the family will identify a lead professional and develop robust multi agency early help plan to prevent escalation of concerns. Early help assessment is needed.

The next level is Statutory/Specialist which represents complex and acute needs likely to require statutory or specialist intervention under the Children's Act 1989 and where a Children's Social Care assessment is required. This includes children with complex health needs and disabilities. safeguarding/acute and specialist needs. These are children who have experienced significant harm, who are at risk of significant harm (Section 47) and includes children where there are significant welfare concerns (Section 17). A combined assessment and/or more immediate response, coordinated by a social worker, is required to determine the level of support/intervention.

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Where available, the child's NHS number and education UPN number; Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant/important recent or historical events/incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);

- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

Other information may be relevant, and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm. Referrals should be made to Local Authorities children's social care for the area (MASH team in Wolverhampton) where the child is living or is found.

LA children's social care should respond within one working day of receiving the referral and make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to DSL to establish progress.

5.5 WHAT TO DO IF AN ALLEGATION OF ABUSE IS MADE INVOLVING STAFF OR A VOLUNTEER

If a young person makes an allegation of abuse against a staff member or volunteer, you should report this immediately to their line manager and the Designated Safeguarding Lead. If the volunteer or member of staff against which the allegation is made is onsite and you cannot contact the Safeguarding Lead speak immediately to the manager in charge.

If it is against a member of staff from another organisation report it directly to the Safeguarding Lead.

You should assure the young person who made the allegation, that this is a serious matter, and you will follow it up with the Safeguarding Lead. Update the young person of what action has been taken.

The Safeguarding Lead will make a referral directly to the Local Authority Designated Officer (LADO) who will advise on the most appropriate course of action. This referral will usually be made immediately but must be made within 24 hours.

Local Area LADO (Local Authority Designated Officer):

Phone Number: 01902 550477, email: LADO@wolverhampton.gov.uk

The Way Youth Zone has a **Whistleblowing Policy** that outlines the course of action staff or volunteers can take if there are major concerns over apparent wrongdoing by The Way Youth Zone without fear of detrimental treatment.

5.51 WHAT TO DO IF A YOUNG PERSON WITNESSES ABUSE BY AN EMPLOYEE, TRUSTEE OR VOLUNTEER (Appendix5)

If a young person makes an allegation of abuse against an employee, volunteer or trustee you should report this immediately to their line manager (where applicable) or volunteer coordinator and the Designated Safeguarding Lead. The Designated

Safeguarding Lead will assess the information to make a judgement to whether the behaviour does constitute a safeguarding allegation and if it does refer immediately to the Local Authority Designated Officer (LADO) following up a written referral within 24 hours. The Designated Safeguarding Lead will notify HR of the allegation and the procedures that are being followed.

If the allegation is against a member of staff from another organisation, report directly to the Designated Safeguarding Lead.

You should assure the young person who made the allegation that this is a serious matter and you will follow it up with the Designated Safeguarding Lead. You should update the young person as to what action has been taken.

See Safeguarding Toolkit section 16, Safeguarding Allegations against Staff and Volunteers policy, for further guidance.

5.52 POWER AND POSITIONS OF TRUST

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children and young people are in positions of trust in relation to the young people in their care. 'Position of trust' is a legal term that refers to certain roles and settings where an adult has regular and direct contact with children. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship (Caring for Young People and the Vulnerable).

A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

- Where a person aged 18 or over is in a specified position of trust (Sexual Offences Act 2003) with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity.

This means that adults should not:

- Use their position to gain access to information for their own or others' advantage.
- Use their position to intimidate, bully, humiliate, threaten, coerce or undermine children or young people
- Use their status and standing to form or promote relationships which are of a sexual nature

5.6 WHAT TO DO IF YOU SUSPECT RADICALISATION

If you have concerns that a young person or vulnerable adult is at risk of radicalisation or involvement in terrorism speak to the Safeguarding Lead who will help you decide whether it is appropriate to make a referral to the Prevent lead and complete all necessary paperwork.

Prevent is one of the four elements of CONTEST, which is the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism, provide practical help to prevent individuals from being drawn into terrorism and give appropriate advice and support.

Prevent Referral Form

<http://www.saferwolverhampton.org.uk/tackling-extremism.html>

West Midlands Police can be contacted for advice on:

Telephone: 101

5.7 INFORMING PARENTS

The Safeguarding Lead will inform the young person's family/carer that an incident has taken place and/or a referral is being made unless: that would either place the young person at greater risk, place the member of staff or public at risk or impede the investigation; sexual abuse or fabricated illness is suspected; or multiple abuse is suspected. In these cases, Social Services or the Police will decide whether or not to inform the parents. An inability to inform parents should not delay or prevent a referral being made.

6.0 CONFIDENTIALITY, INFORMATION SHARING AND STORING

The Way Youth Zone is committed to providing a safe environment for young people. We recognise that trust is essential for good youth work and is the foundation for all relationships within The Way Youth Zone. After all, children and vulnerable adults attend The Way Youth Zone voluntarily. Maintaining confidence is an integral part of building trust between young people, staff, volunteers and will be respected at all times, apart from where it conflicts with reporting child/adult protection and safeguarding concerns. Information sharing is essential for effective safeguarding and promoting the welfare of children and adults. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet.

Staff and volunteers have a professional responsibility to share relevant information about the protection of children/vulnerable adults with other professionals, particularly investigating agencies. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children/vulnerable adults at risk of abuse or neglect. All staff/volunteers must take responsibility for sharing the information they hold and cannot assume that someone else will pass on information, which may be critical to keeping a child/vulnerable adult safe.

If a young person confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the young person sensitively that he/she has a responsibility to refer the matter for their own sake. At the same time, the young person should be reassured that the matter will be only be disclosed to the relevant person/s who will then decide on an appropriate course of action. Staff and volunteers who receive information about children and families in the course of their work should have the information only within a professional context. Personal information about all young people and their families is regarded by those who work in this building as confidential. All records relating to child protection incidents will be maintained by the Safeguarding Officer and only shared as is consistent with the protection of children. If staff are unsure whether or not to share information support can be sought from the Safeguarding Lead or Chief Executive.

6.1 SEVEN GOLDEN RULES FOR INFORMATION SHARING

Remember it is not the duty of staff and volunteers to investigate the concern, but it is their responsibilities to gather as much information as possible

The '7 Golden Rules'⁵ for information sharing are listed as good practice for how The Way Youth Zone will manage issues relating to confidentiality;

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset and why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is safe or inappropriate to do so.
3. Seek advice if there is any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. Professionals may still share information without consent if, in their judgement, that lack of consent can be overridden in the public interest. Judgment will need to be made on the facts of the case.
5. Consider safety and wellbeing: Base information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information shared is necessary for the purpose for which it is being shared, it is shared only with those people who need to have it, is accurate and up-to-date, it is shared in a timely fashion, and is shared effectively.
7. Keep a record: of the decision and the reasons for it - whether it is to share information or not. If it is decided to share, then record what has been shared, with whom and for what purpose.

⁵ Information Sharing Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers

GDPR and Information Sharing

The lawful bases for processing are set out in Article 6 of the GDPR 2018. At least one of these must apply whenever you share information, for the purpose of safeguarding children and young people is most relevant are “legal obligation”, “vital interests” and “public task.” The lawful bases are summarised below:

- a) Consent: the individual has given clear consent for you to process their personal data for a specific purpose.
- b) Contract: the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.
- c) Legal obligation: the processing is necessary for you to comply with the law (not including contractual obligations).
- d) Vital interests: the processing is necessary to protect someone’s life.
- e) Public task: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
- f) Legitimate interests: the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual’s personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)

More information can be found:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

6.2 STORING INFORMATION

Once information has been passed to the relevant staff it is then forwarded to the Designated Safeguarding Lead who has been dealing with the incident. They are responsible for adding key details to the Cause for Concern Referral Form on Salesforce (a secure online database). Only the Designated Safeguarding Lead(s), will have access to the safeguarding information stored on Salesforce.

Information relating to child protection/welfare is required to be kept for a minimum 15 years, according to NSPCC guidance

The Way Youth Zone will keep a clear and comprehensive timeline of;

- Any allegations made
- Details of how the allegations were followed up and resolved
- Any action taken
- Decisions reached

Staff and Volunteers

All staff and volunteers at The Way Youth Zone are expected to uphold the organisations commitment to confidentiality. It is expected that all those in a position of being responsible for information and data 'own' it and take necessary care over it. This means that staff/volunteers are expected to:

- Keep records, files and documents stored in a safe and secure manner
- Not discuss any information given by a young person in confidence, unless they have a child/adult protection concern, or the young person gives their permission.
- Tell a young person when information cannot be kept confidential (ie a child/adult protection concern)
- Encourage a young person to talk to other people (e.g. parents or guardians) or professionals where they feel it would be in the young person's interest.

7.0 SUPPORTING THOSE INVOLVED

Support should be provided for the parents/carer and child as well as the person who is the subject of the allegation.

Parents/carers should be kept constantly apprised of the situation and of any developments. They should also be informed of the outcome (if there is not a criminal investigation), including the result of any disciplinary procedures.

7.1 SUPPORTING STAFF WHO RECEIVE DISCLOSURES

Receiving a disclosure or observing signs of abuse can be very distressing. Staff should discuss their feelings with their line manager if they feel affected.

Safeguarding children and young people can entail making difficult professional judgements and decisions. All staff and volunteers have access to advice and support through formal and informal supervision from their managers. Incidents of a child protection nature can affect staff not directly involved and staff affected can access support as above.

7.2 STAFF RIGHTS AND SOURCES OF SUPPORT WHEN FACING AN ALLEGATION

The member of staff who is the subject of the allegations will be kept informed of the progress of the case, and will receive appropriate support whilst the case is ongoing.

8.0 INDUCTION AND TRAINING

The Way Youth Zone recognises that in order for staff and volunteers to fulfil their duties in line with 'Working Together to Safeguard Children (2023)', they require an induction and regular training updates to ensure they develop and maintain the necessary skills, judgement and confidence in their work in Safeguarding and protecting young people.' The Way Youth Zone will ensure that all staff undertakes appropriate training in Safeguarding to equip them to carry out their responsibilities effectively, and keep this up to date through annual refresher training.

All staff are required to:

- attend in house safeguarding training delivered by the Designated Safeguarding Lead on induction and refresher days.

It is a requirement that all staff read this Policy, and sign that they have read and understood this. Staff and volunteers will be asked to re-visit the policy each time it is reviewed and updated. Staff and volunteers will have different training needs which are dependent on their degree of contact with children and young people, their responsibilities and the level of decision making. The Way Youth Zone holds a central record of training (including safeguarding) completed by all staff and volunteers.

APPENDIX 1 - THE WAY YOUTH ZONE CAUSE FOR CONCERN FORM

Please speak to your Designated Safeguarding Lead as soon possible following the incident/concern and then complete the Cause for Concern form online. The link can be accessed by the The Way Youth Zone website- share a concern link. If it is an emergency, ensure you share the information for immediate action.

Description of Concern

Please provide a factual overview of the incident/concern.

- Please give a full, but to the point, description of what happened or what you are concerned/worried about.
- Please only include facts, not opinions.
- Recording should be impartial, so write down what you see, what you heard and not what you feel.
- Use bullet points - Use clear and straight forward language - make your report factually accurate, i.e. not opinion (any interpretation or assumptions should be clearly recorded as such).
- Remember to record in chronological order (times and dates)

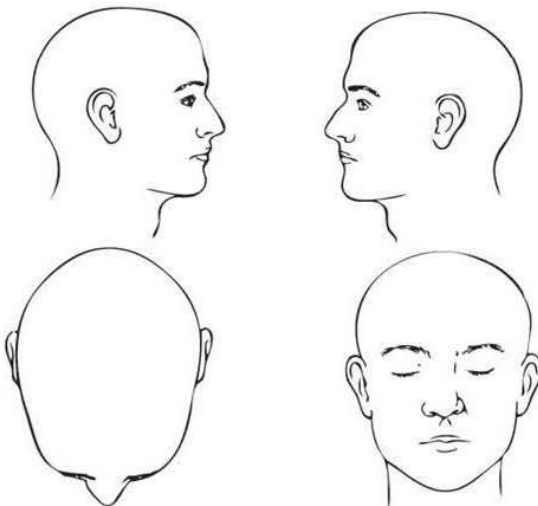
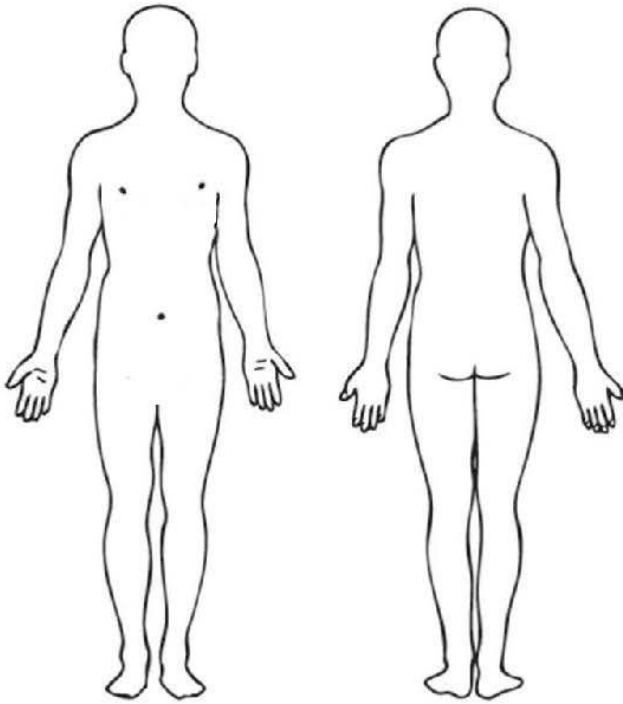
Once you have submitted the form you will receive an email with a reference number confirming that your form has been successfully submitted. If you do not receive an email, please inform your Designated Safeguarding Lead that you have submitted a Cause for Concern form but have not received an email notification.

APPENDIX 2 THE WAY YOUTH ZONE BODY MAP (TO BE ATTACHED TO CONCERN FORM)

The Way Youth Zone body map (taken from the Mary Rose Academy) is to be used to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care. Where used, the completed body map should be submitted with the The Way Youth Zone cause for concern form. The body map should also be submitted with the MARS form where necessary. Please draw on the body map and where appropriate, to give more accurate detail, on the separate body parts to indicate the different types of injury. Also provide brief details for each injury, e.g. approximate size of wound, colour of bruise, etc.

APPENDIX 1

Safeguarding Body Map



Child's Name:

Date of Birth:

Staff Name: who witnessed the injuries

Date & time injuries seen:

Date & time info recorded:

Details of injuries/location on body:

Signed/Name of SLT / Date:

Actions by SLT:



APPENDIX 3 - HEALTHY AND UNHEALTHY RELATIONSHIPS AND FRASER GUIDELINES AND GILLICK COMPETENCY

Introduction

Young people form bonds with others at all stages of their development. Forming healthy, positive relationships helps young people feel safe and supported as they grow up and unhealthy relationships can negatively affect a young person's wellbeing. They may feel anxious and nervous or not free to make their own decisions. They may suffer from low self-esteem and depression, experience headaches or have other ongoing physical health symptoms (Women's Aid, 2015). It's important that anyone who works or volunteers with young people can recognise if something is wrong in a young person's relationship and is able to take appropriate action to keep them safe.

Recognising the signs of healthy and unhealthy relationships

Young people may not always understand that a relationship they are in is unhealthy. If they have been groomed for example, they may believe they are in a healthy relationship. If they are in an unhealthy or abusive family relationship, they may never have known any different.

This means children and young people may not always speak out about unhealthy relationships. So, it's important that the adults around them are able to spot the warning signs.

4.1 Signs of healthy relationships

A healthy relationship is one where a young person is respected and feels valued for who they are. It's where they can openly share their thoughts and feelings and feel supported and encouraged. Healthy relationships include:

- Good communication
- Mutual respect
- Trust
- Honesty
- Equality
- Being yourself.

In a healthy relationship a person is free to make choices about their own behaviour and is not controlled or coerced into doing anything.

4.2 Signs of unhealthy relationships

An unhealthy relationship is one where a young person is not being treated with respect. They may be forced or coerced into doing things they aren't comfortable with, be made to behave in a certain way, or be made to feel they aren't good enough. Because young people may not always realise when they are in an unhealthy relationship, it is important that adults are able to recognise the signs. A young person may:

- Lack close relationships other than with one particular person
- Be isolated from friends and family
- Be prevented from working or going to school/college/university
- Have their money taken away or controlled
- Have access to food, drinks and day-to-day items restricted

- Have their time controlled or heavily monitored
- Have their social media accounts controlled or heavily monitored
- Be told what to wear
- Feel pressured to do things they are not comfortable with
- Be put down or criticised
- Experience threats of violence if they don't behave a certain way
- Experience threats to loved ones or pets
- Be threatened with damage to their personal property (Women's Aid, 2015).

Displaying unhealthy behaviours

Sometimes children and young people may display unhealthy behaviours towards someone else. If a child is becoming possessive, controlling or violent towards another person, or displaying bullying or harmful sexual behaviour, this may be an indicator that something else in their life is causing them distress. It's vital that you respond quickly to ensure the child gets the support they need, and their behaviour does not cause harm.

4.3 What to do if you're worried about a young person

If you think a young person is in an unhealthy or abusive relationship, it's important to respond appropriately.

Start a conversation

Think carefully about how to talk to young people if you think they are in an unhealthy relationship. You may decide to have a conversation with the young person, where you voice your concerns about a relationship, they are in. However, this may not always be appropriate. It may make them feel they are being criticised and they may become defensive. It might be more appropriate to have a group discussion about relationships in general, making it clear that you're available to talk if anyone has a concern.

Instead of having a long conversation about the topic, you might find it easier to have regular short chats over a period of time. This gives young people a chance to process the issues you've discussed.

Remember to listen carefully to what the young person is saying. Show them that you value their point of view and don't talk over them. Remain calm and non-judgemental.

Do not promise confidentiality, reassure the young person that they have done the right thing, explain who you will have to tell and why; it is important that you do not make promises that you cannot keep (please refer to the **section** of the safeguarding toolkit, Information Sharing and Confidentiality Policy for more details).

4.4 Reporting your concerns

Report your concerns on a 'Cause for Concern' form, recording the conversations you have had with the young person and report to the Designated Safeguarding Lead/Session Lead. If the situation is an emergency and neither the Designated

Safeguarding Lead nor Session Leads are available, you can ring the OnSide Safeguarding Manager (Cath Taylor 07704 005036) for advice or telephone your local Safeguarding Partnership directly on 01902 555392. The NSPCC also have a helpline for advice on Tel: 0800 800 500. If out of hours call, the Emergency Duty Social Work team on 01902 552999 or Police Child Protection Team.

4.5 Healthy sexual development in young people

Every young person is different and may become interested in relationships, sex and sexuality at slightly different ages. But as children and young people get older, the way they express their sexual feelings changes. It's natural for teenagers to show interest in sex and relationships for example, or for children to be curious about the changes that happen during puberty.

It is important to understand what healthy sexual development looks like as young people grow. Young people's sexual development is shaped by their environment, experiences and what they see young people now are more likely to see or come across sexual images and videos at a younger age now as they can be accessed through films, music videos or online.

Many sexual behaviours children and young people show as they grow up are normal and healthy, so long as they are not causing harm to others or to themselves.

4.6 Recognising harmful sexual behaviour

Signs and indicators

Children and young people demonstrate a range of sexual behaviours as they grow up, and this is not always harmful. Sexualised behaviour sits on a continuum with five stages:

- **Appropriate** - the type of sexual behaviour that is considered 'appropriate' for a particular child depends on their age and level of development
- **Inappropriate** - this may be displayed in isolated incidents, but is generally consensual and acceptable within a peer group
- **Problematic** - this may be socially unexpected, developmentally unusual, and impulsive, but have no element of victimisation
- **Abusive** - this often involves manipulation, coercion, or lack of consent
- **Violent** - this is very intrusive and may have an element of sadism (Hackett, 2010).

A young person's behaviour can change depending on the circumstances they are in, and sexual behaviour can move in either direction along the continuum. So, it's important not to label all of a child's behaviour as belonging to one category.

Deciding if behaviours are healthy or age-appropriate

It's not always easy to distinguish whether a behaviour is healthy or age appropriate.

Step one: gathering information

First, you need to gather as much information as possible so that you can work out whether a young person is displaying healthy, problematic or harmful sexual

behaviour. Remember that for many young people this is a sensitive topic. Listen non-judgementally to what they are telling you. You should consider:

- **The age of the young person who has displayed Harmful Sexual Behaviour.** As young people grow up they develop sexually. What is 'normal' sexual behaviour for a 15-year-old may be problematic or harmful for an eight-year-old. Consider the child's developmental ability as well as their chronological age.
- **The age of the other children or young people involved.** If the young people involved are the same age/developmental ability the behaviour may be considered 'normal'. But if the children/young people are of different ages/developmental abilities, the behaviour might be problematic or harmful.

Indicators that behaviour is problematic or harmful

You should try to find out as much as possible about the behaviour that is being displayed. Young people naturally explore and experiment with their sexuality as they grow up. If the behaviour seems to go beyond curiosity, for example if it is obsessive, this might indicate it is harmful. You should also consider:

- **Is the behaviour usual for that particular young person?** Young people naturally explore and experiment with their sexuality as they grow up. If the behaviour seems to go beyond curiosity, for example if it is obsessive, this might indicate it is harmful. If a young person's behaviour is out of character, it's important to take time to consider why the young person is behaving unusually.
- **Have all the young people involved freely given consent?** If the behaviour involves coercion, intimidation or forcing others to take part, it should be considered harmful.
- **Are the other young people distressed?** If the behaviour is upsetting others, this indicates it is problematic.
- **Is there an imbalance of power?** If the young person displaying the behaviour is in a more powerful position than the other young people involved, this indicates it is problematic. This might happen if there are significant differences in age, size, power or developmental ability.
- **Is the behaviour excessive, degrading or threatening?** Excessive behaviour means behaviour that is obsessive, persistent, compulsive or has been going on for a long time. Any behaviour that involves force, coercion, bribery or threats is harmful.
- **Is the behaviour occurring in a public or private space?** If the behaviour is particularly secretive or is being carried out in private after intervention from adults, this may be cause for concern.

Risks and vulnerability factors

Experience of abuse and neglect

Many children and young people who display HSB have experienced abuse or trauma (Hackett et al, 2013). Children who have been sexually abused may not know that

what has happened to them is wrong. This can lead to them displaying harmful sexual behaviours towards others (Ringrose et al, 2012).

Complex needs

Children and young people who display HSB may have complex needs and may display other behavioural problems alongside their HSB (Hollis, 2017). For example, children who display harmful sexual behaviour may:

- Have poor self-regulation and coping skills
- Experience social anxiety and a sense of social inadequacy
- Have poorly internalised rules for social behaviour
- Have a poorly developed sense of morality
- Lack secure and confident attachments to others
- Have limited self-control and act out emotional experiences through negative or otherwise inappropriate behaviour
- Have little insight into the feelings and needs of others or their own mental states
- Place their own needs and feelings ahead of the needs and feelings of others
- Show a poorly defined sense of personal boundaries
- Have developed strong and not easily corrected cognitive distortions about others, themselves, and the world they share
- Have deficits in social skills and in social competence overall (Rich, 2011).

Step two: assessing the behaviour

Sexualised behaviour should be seen as a continuum, ranging from 'normal' to 'inappropriate' and 'abusive' (Hackett, 2010). Using the information, you've gathered, consider where the child or young person's behaviour sits on the continuum:

Normal - Inappropriate - Problematic - Abusive - Violent



Normal behaviour

- Developmentally expected and socially acceptable behaviour.
- Consensual, mutual and reciprocal.
- Decision making is shared.

Inappropriate behaviour

- Single instances of developmentally inappropriate sexual behaviour.
- Behaviour that is socially acceptable within a peer group.
- Generally consensual and reciprocal.
- May involve an inappropriate context for behaviour that would otherwise be considered normal.

Problematic and concerning behaviour

- Developmentally unusual and socially unexpected behaviour.
- May be compulsive.
- Consent may be unclear, and the behaviour may not be reciprocal.
- May involve an imbalance of power.

- Doesn't have an overt element of victimisation.

Abusive behaviour

- Intrusive behaviour.
- May involve a misuse of power.
- May have an element of victimisation.
- May use coercion and force.
- May include elements of expressive violence.
- Informed consent has not been given (or the victim was not able to consent freely).

Violent behaviour

- Physically violent sexual abuse.
- Highly intrusive.
- May involve instrumental violence which is physiologically and/or sexually arousing to the perpetrator.
- May involve sadism.

Traffic light tool

The Brook Sexual behaviours traffic light tool can also help you work out whether a child's sexualised behaviour is appropriate.

The tool gives you information about which behaviours are considered 'green, amber or red' for the key developmental stages (ages 0-5, 5-9, 9-13 and 13-17).

It is best practice to cross reference between the Continuum and traffic lights tool to make sure your assessment of a child's behaviour is correct.

Brook is the UK's leading provider of sexual health services and advice for young people under 25. The charity has 45 years' experience of working with young people and provides free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, testing and treatment for sexually transmitted infections and outreach and education work, reaching more than 290,000 young people every year.

Help and advice can be found at <https://legacy.brook.org.uk/find-a-service>

Step three: taking action

Your response to a young person displaying sexualised behaviours should vary depending on the young person's age, stage of development and the type of behaviours being displayed. Consider where the young person's behaviour sits on the HSB continuum:

Normal - Inappropriate - Problematic - Abusive - Violent



Your approach should focus on the needs of the young person at all times.

Normal ("green") behaviours

It's healthy for young people to be curious about their own and other people's bodies. The process of experimentation and exploration mean that children and young people will get it wrong from time to time but this may not indicate a serious concern.

How to respond

- Listen to what children and young people have to say and respond calmly and non-judgementally.
- Make sure young people know how to behave responsibly and safely. For example: two 15-year-olds having consensual sex might benefit from a conversation about contraception and consent.
- Remind children and young people they can contact Childline 0800 1111 if they need confidential help and advice

Inappropriate, problematic or concerning ("amber") behaviours

Although these behaviours are not abusive or violent, they should not be ignored. The child or young person will need support to help them change their behaviour and stop the behaviour escalating.

How to respond

- Listen to what children and young people have to say and respond calmly and non-judgementally.
- Follow The Way Youth Zone's child protection procedures in the safeguarding policy and make report to the Session Lead/Designated Safeguarding Lead.
- Consider whether the child or young person needs therapeutic support and make referrals as appropriate.

Abusive and violent ("red") behaviours

Abusive and/or violent behaviours need **immediate** intervention and action. You should consider whether the child or young person displaying the behaviour is at risk and take the necessary action to protect them. You also need to take action to mitigate the risk their behaviour may pose to others.

How to respond

If a child is in immediate danger, call the police on 999.

If a child is not in immediate danger:

- Follow The Way Youth Zone's child protection procedures in the safeguarding policy and report to the Designated Safeguarding Lead.
- Refer the child or young person for therapeutic support.

Gillick competency and Fraser guidelines provide some guidance for professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm. They refer to a legal case which looked specifically at whether doctors should be able to give contraceptive

advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Mrs Victoria Gillick took her local health authority (West Norfolk and Wisbech Area Health Authority) and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr Justice Woolf dismissed Mrs Gillick's claims. The Court of Appeal reversed this decision, but in 1985 it went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgment delivered by Mr Justice Woolf:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." (Gillick v West Norfolk, 1984)

How are the Fraser Guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give advice and treatment provided he is satisfied in the following criteria:

1. that the girl (although under the age of 16 years of age) will understand his advice;
2. that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice;
3. that she is very likely to continue having sexual intercourse with or without contraceptive treatment;
4. that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;
5. that her best interests require him to give her contraceptive advice, treatment or both without the parental consent." (Gillick v West Norfolk, 1985)

How is Gillick competency assessed?

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity and mental capacity

- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

If you don't think a child is Gillick competent or there are inconsistencies in their understanding, you should seek consent from their parents or carers before proceeding.

In complex medical cases, such as those involving disagreements about treatment, you may wish to seek the opinion of a colleague about a child's capacity to consent (Care Quality Commission, 2019).

Young people also have the right to seek a second opinion from another medical professional (General Medical Council, 2020).

What are the implications for child protection?

The child's safety and wellbeing is paramount.

Registered C Card trained staff working with children in any context need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm. Key issues to bear in mind include:

- The child's safety is paramount. Child protection concerns must always be shared with the relevant agencies, even if this goes against the child's wishes.
- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

Under 13

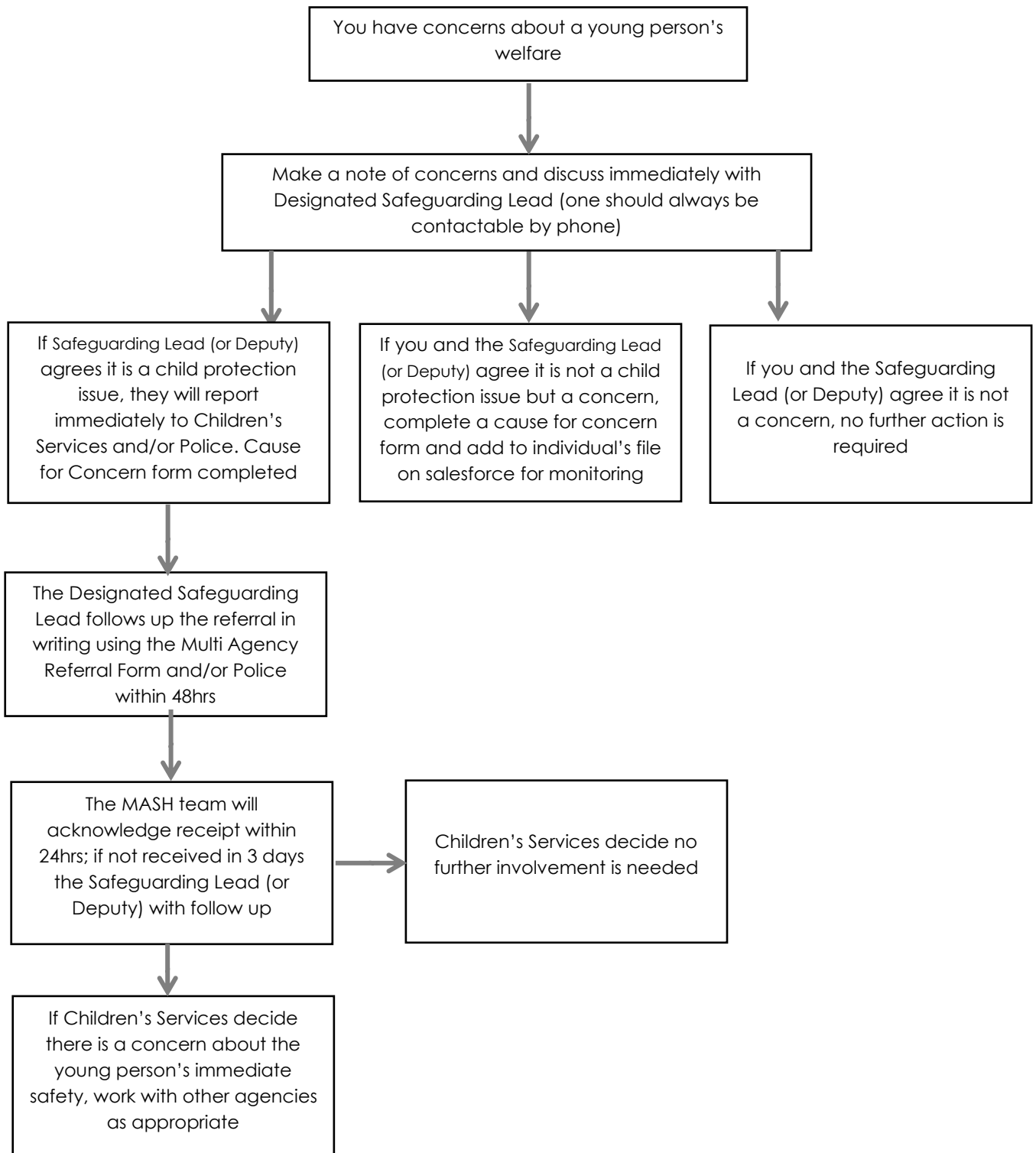
There is no lower age limit for Gillick competence or Fraser guidelines to be applied. That said, it would rarely be appropriate or safe for a child less than 13 years of age to consent to treatment without a parent's involvement. When it comes to sexual health, those under 13 are not legally able to consent to any sexual activity, and therefore any information that such a person was sexually active would need to be acted on and a child protection referral made, regardless of the results of the Gillick test.

Taken from:

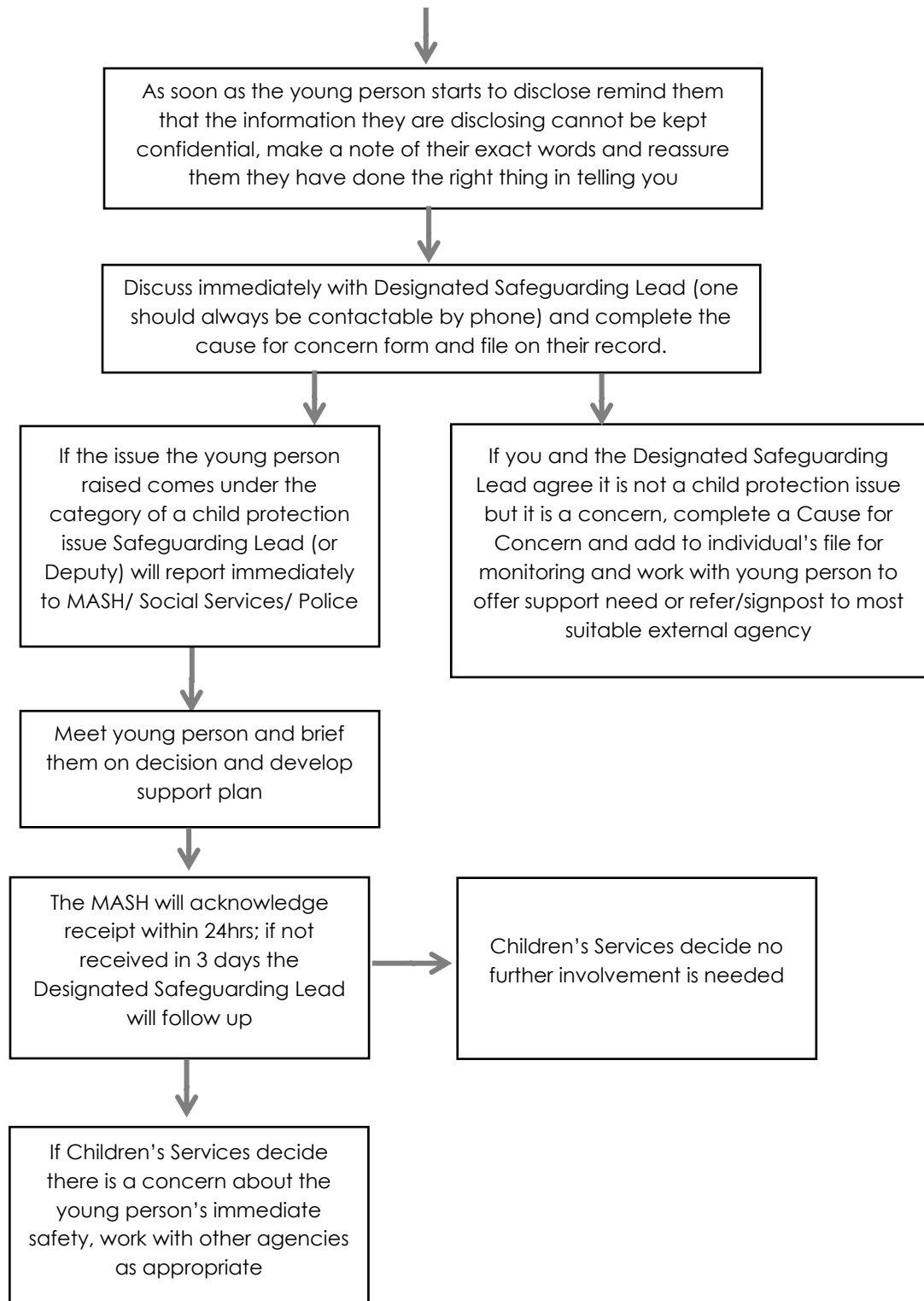
<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top>

APPENDIX 4 - SAFEGUARDING FLOW CHARTS

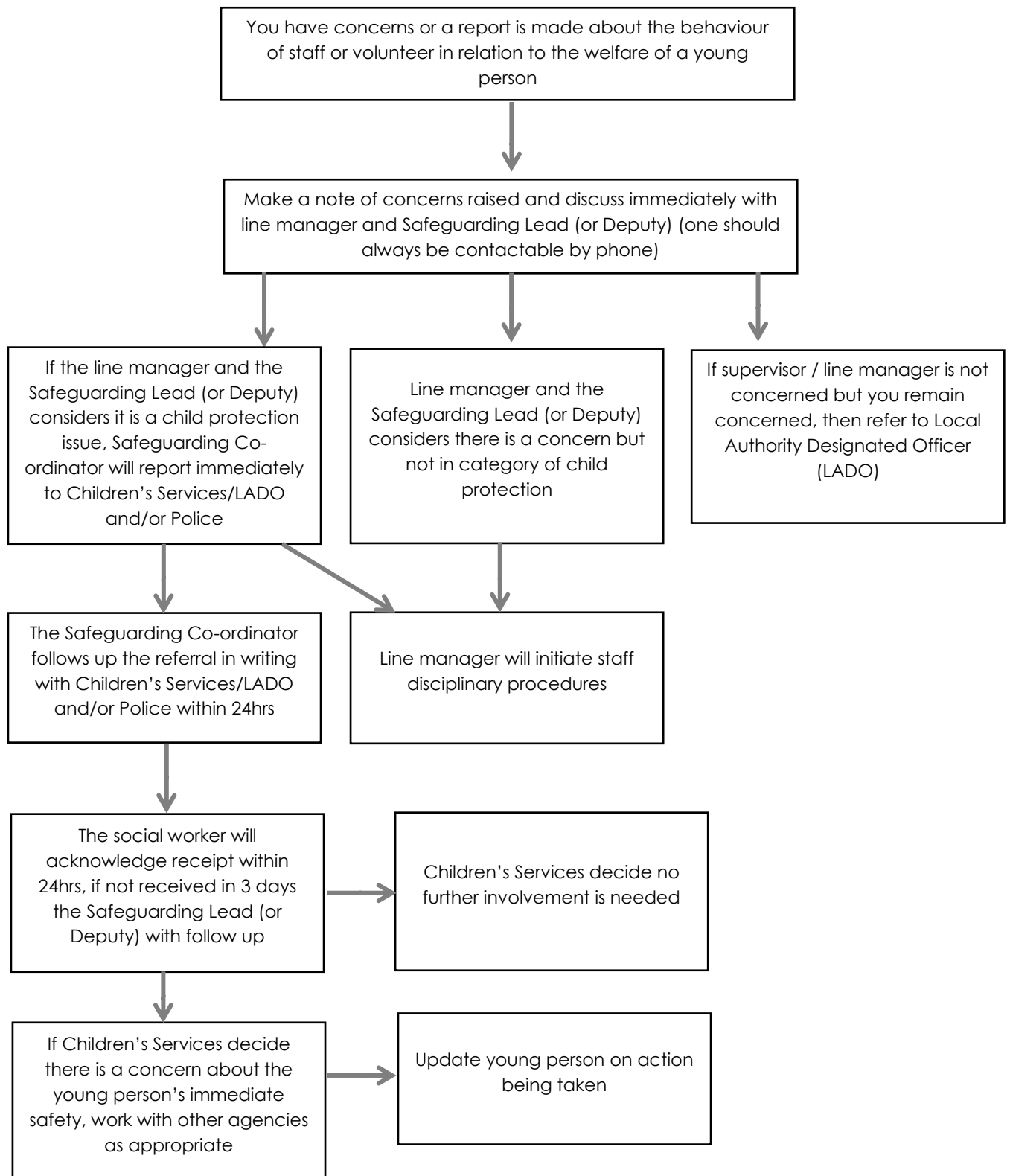
What to do if you suspect abuse



What to do if a young person tells you about abuse



What to do if an allegation of abuse involves staff or volunteers



APPENDIX 5 -QUICK REFERENCE EMERGENCY CONTACT SHEETS

Safeguarding Lead & Designated Person - David Gibson, Sexual Health and Safeguarding Coordinator

Tel: 01902 328920 Mobile: 07415 889934

Email: David.gibson@thewayyouthzone.org

Safeguarding Lead & Designated Person - Rebecca Bunger Head of Youth Work

Tel: 01902 328920 Mobile: 07728 317957

Email: Rebecca.bunger@thewayyouthzone.org

Safeguarding Lead & Designated Person - Paul Snape - Chief Executive

Tel: 01902 328920 Mobile: 07515 905539

Email: paul.snape@thewayyouthzone.org

Wolverhampton Safeguarding/Social Work Team

Telephone - 01902 555392

Phone lines are open from **8.30am to 5pm Monday to Friday** and charged at local rate. Outside office hours- 01902 552999

In an emergency always call the police on 999. If you think there has been a crime but it is not an emergency call 101. By post:

Wolverhampton Council

Civic Centre,

St Peters Square,

Wolverhampton

WV1 1SH

APPENDIX 6 - WORKING TOGETHER TO SAFEGUARD CHILDREN 2023

https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

APPENDIX 7 - WHAT TO DO IF YOU ARE WORRIED THAT A CHILD IS BEING ABUSED MARCH 2015

https://assets.publishing.service.gov.uk/media/5a80597640f0b62302692fa1/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

**DOCUMENT DEVELOPED BY: David Gibson Sexual Health and Safeguarding
Coordinator (DSL)**

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