



Charity Reg. No. 1158145

Safeguarding Children Policy & Procedures

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OUTREACH YOUTH

SAFEGUARDING CHILDREN POLICY AND PROCEDURES

1. Purpose

Safeguarding and promoting the welfare of children

Outreach youth is committed to enabling Lesbian, Gay, Bisexual, Trans*, Queer and Questioning (LGBT*Q+) young people and their peers, to realise their unique potential and to take a positive role in society, through their involvement and participation in social and informal education youth work opportunities.

Our principles

Outreach youth was set up based on certain principles which we work towards as an organisation. We see youth work as a distinctive educational practice founded on a voluntary relationship with young people and shaped by their agendas. These principles include:

- Young people choose whether and how to become involved with Outreach youth.
- Our work starts from the needs and wishes of young people and all funding bids will reflect this.
- We involve young people in acting to improve their own lives and the lives of their communities.
- We promote equality and challenge oppressive structures in society, institutions, groups and individuals, including in our own organisation.
- We promote co-operative decision making in our own work, in our youth groups and in the communities where we work.
- We aim to encourage, nature and respect LGBT*Q+ young people's individual and collective aspirations as well as their sense of responsibility.
- We commit to the UN Convention on the Rights of the child. Article 19 states, 'every child should be protected from abuse'.
- We actively challenge all forms of discrimination.
- We aim to ensure that our all services are supportive, safe and sustainable.

Outreach youth recognises that, under the Children Act 1989 and 2004, it has a duty and responsibility for making arrangements to ensure all its functions are discharged having regard to safeguarding and promoting the welfare of children/young people in their care – this includes all services directly provided and commissioned by the local authority. A child is anyone up until their 18th birthday.

“Safeguarding and promoting the welfare of children” is defined in Working Together 2018 as:

- protecting children from maltreatment
- preventing impairment of children's health and 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

2. Persons affected

Outreach Youth ensures that all employees, volunteers and trustees are aware of their safeguarding responsibilities. This Policy also includes any visitors or contractors.

3. Safeguarding policy

Outreach youth is committed to the importance of safeguarding and promoting the welfare of children. It has:

- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
- arrangements which set out clearly the processes for sharing information procedures with other professionals and with the Local Safeguarding partnership arrangements;
- designated professional leads for safeguarding at Outreach youth which includes a Trustee and the LGBT*Q Youth Project/Development worker. Their role is to support paid workers and volunteers to recognise the wellbeing and safeguarding needs of children and young people.
- safe recruitment practices for individuals whom Outreach youth will permit to work regularly with children, including policies on when to obtain a DBS check;
- appropriate supervision and support for staff, including volunteers and trustees to undertake safeguarding training;
- ensuring that staff and volunteers 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;
- staff and volunteers are given a mandatory induction, which includes familiarisation with safeguarding responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare;
- all staff should have regular reviews of their own practice to ensure they improve over time in their work with children, young people and families.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
 - behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child; or

- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

OUTREACH YOUTH will ensure that staff and volunteers understand;

- What they need to do, and what they can expect of one another, to safeguard children.
- Core legal requirements, making it clear what individuals and Outreach youth should do to keep children safe. In doing so, Outreach youth seeks to emphasise that effective safeguarding systems are those where:
- The child’s needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
- That all staff who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- The requirement to share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children’s social care;
- The necessity to use their expert judgement to put the child’s needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- The necessity to contribute to whatever actions are needed to safeguard and promote a child’s welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- **Key principles will be communicated that;**
- safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

4. REVISION HISTORY

This policy and related guidance will be monitored by the Safeguarding Sub-Group on a regular basis for compliance and will be reviewed every 2 years. Should new guidance be released by our Local Safeguarding Partnership Arrangements, the policy will be reviewed to ensure the work we do keeps children and young people safe.

Date approved or amended	Amendments	Signed
May 2017	Updated	Heidi Dix
September 2018	Updated	Heidi Dix
January 2020	Updated	Heidi Dix
January 2022	Updated	Andy Fell
August 2022	Updated – Emotional Wellbeing	Andy Fell

Safeguarding Procedures (All staff)

1. RESPONSIBILITIES

The responsibilities for dealing with safeguarding lie with the following:

Safeguarding is everyone's responsibility. All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding. It is important that Staff are also aware of the Government's PREVENT strategy. The aim of this is to stop people becoming terrorists or supporting violent extremism in all its forms. This can also be a safeguarding issue but has different reporting mechanisms.

The LGBTQ+ Youth Project/Development worker is responsible for following up any suspected reports of abuse and for informing the Police or other appropriate external bodies.

2. SAFEGUARDING PROCEDURES

- Outreach youth's commitment to keeping children and young people safe is regularly and consistently referenced in all our key policies, procedures, website and appropriate documents.
- Outreach youth communicates its safeguarding policies and procedures to all staff. This is done as part of induction, at supervision for relevant roles and policies and procedures are available on the staff 'shared drive' under policies and procedures: safeguarding. Safeguarding is a standing agenda item at Trustee meetings.
- Outreach youth communicates its safeguarding policies and procedures to all staff and relevant stakeholders, including the children and young people we support through its website, staff and documentation. Safeguarding updates on practice or referral routes etc. is a standing item on internal team meeting agendas.
- New volunteers, staff and trustees will receive training within one month of starting with Outreach youth. This is normally online training and then group face to face training takes place within three months and is repeated every three years. All employees, volunteers and trustees complete an induction and this safeguarding policy informs an integral part of this.

3. REPORTING OF SAFEGUARDING CONCERNS

If you are worried about a child, talk to the Outreach youth Safeguarding Lead to discuss your concerns at the earliest opportunity.

Safeguarding Officers

Designated Safeguarding Lead Andy Fell – 07510 375110
Deputy Designated Safeguarding Lead Pauline Henry – 07870 504661

Trustee Safeguarding Lead Heidi Dix – 07776 297431

You can also seek advice from the MASH Professional Consultation Line: 0345 6061499

The MASH consultation line is for you to discuss the most appropriate and effective way of providing or obtaining help and support for a child (or adult) you feel is at risk of abuse. This will include advice and guidance about making a referral where necessary, including how to involve parents.

If you have an IMMEDIATE safeguarding concern you should contact customer first on: 03456 066 167 (24 hours). All referrals should be followed up by completion of a written Multi Agency Referral Form (MARF) within 24 hours using the Secure Online Portal.

[\(https://suffolksp.org.uk/concerned/\)](https://suffolksp.org.uk/concerned/).

4 RECOGNISING CHILD ABUSE

Abuse can take many forms and the examples in the definitions below are not exhaustive. There may be other situations not covered in the examples below that give you concern for a child's safety and wellbeing. If you have a concern follow the reporting flowchart.

4.1 DEFINITIONS OF ABUSE

PHYSICAL ABUSE

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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving high levels of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation is a form of child sexual abuse. It occurs when 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.

NEGLECT

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

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

Definitions from *Working together to safeguard children, 2018*

STAFF MUST ALSO BE AWARE OF THE FOLLOWING SAFEGUARDING ISSUES

4.21 DOMESTIC ABUSE

Be aware that a referral must be made direct to Children's Social Care, following the reporting flowchart below, if it seems reasonable to suspect that:

- a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
- the non-abusing parent will not be able – for whatever reason – to ensure the safety and well-being of their child without significant professional assistance and support.

Referrals should be made with the agreement of a parent unless the child's best interests are not served by seeking or obtaining consent. Non-consent should not be a barrier to referral if there is on the face of it reasonable cause to suspect that the child may suffer significant harm or otherwise not have significant needs met. A disclosure or allegation by a victim is not a pre-requisite for referral of concerns regarding a child. Concern about the effects of domestic abuse on a child may be triggered in other ways – for example, by hidden or inadequately explained injuries to a parent or carer, or damage to the home or personal property, or by the behaviour of parents, or concerns expressed by the child, or concerns about the child's wellbeing. The Government defines domestic abuse as;

“Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality”

The legal definition of “significant harm” to children was extended in January 2005 to include harm suffered from seeing or knowing of the abuse of another, particularly in the home. This was reinforced by the Adoption and Children Act 2002.

Child protection referrals where the primary concern relates to a domestic abuse incident may include:

Verbal Altercation

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present
- Children present and victim of abusive behaviour

Damage to Property

- Children not present but usually in the household
- Children present but not witness to the incident
- Children present

Physical Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present and witness the incident
- Children present and a victim of assault

Sexual Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present and witness to the incident
- Children present and a victim of sexual abuse

(Refer to [Domestic Abuse](#) policy on LSCB website for further guidance).

4.22 Children Who Run Away or Go Missing from Home or Care – refer to guidance on Suffolk Safeguarding Partnership website (<https://suffolksp.org.uk/>).

4.23 Safeguarding Children Who May Be at Risk Of Honour Based Abuse (HBA)
- refer to guidance on [Suffolk Safeguarding Partnership website](#). Recognising signs and symptoms of possible and actual abuse can be found at Appendix B of this document.

4.24 PREVENT: Vulnerable to radicalisation (VTR) or influenced by Extremism

Staff may notice a change in a child or young person behaviour that may suggest they are vulnerable to violent extremism. Below are questions which may help you to quantify and structure your concerns.

Faith / ideology

- Are they new to a particular faith / faith strand?
- Do they seem to have naïve or narrow religious or political views?
- Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?
- Have there been specific examples or is there an undertone of “ Them and Us “ language or violent rhetoric being used or behaviour occurring?
- Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
- Are there particular grievances either personal or global that appear to be unresolved / festering?
- Has there been an increase in unusual travel abroad without satisfactory explanation?

Personal / emotional / social issues

- Is there conflict with their families regarding religious beliefs / lifestyle choices?
- Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration? Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?
- Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?
- Have they got / had extremist propaganda materials (DVD's, CD's, leaflets etc.) in their possession?
- Do they associate with negative / criminal peers or known groups of concern?
- Are there concerns regarding their emotional stability and or mental health?
- Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

Risk / Protective Factors

- What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.
- Is there any evidence of others targeting or exploiting these vulnerabilities or risks?
- What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

After having discussed concerns with appropriate colleagues, being mindful of confidentiality, where the staff member still has concerns that the individual may be vulnerable to violent extremism, a Vulnerable to Radicalisation (VTR) referral form is to be completed and sent to the MASH and relevant CYPS team if under 18. The MASH will notify Special Branch to carry out deconfliction checks and an initial assessment of the VTR prior to any further information gathering on the individual.

For urgent safeguarding concerns call Customer First 03456 066 167

UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL.

4.25. Criminal Exploitation.

(Taken from Criminal Exploitation of children and vulnerable adults: County Lines guidance. Home Office 2018)

Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity. Child criminal exploitation is increasingly used to describe this type of exploitation where children are involved, and is defined as:

‘Child Criminal Exploitation is common in county lines and occurs 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. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology’.

Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft. Like other forms of abuse and exploitation, county lines exploitation can still be exploitation even if the activity appears consensual; can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence; can be perpetrated by individuals or groups, males or females, and young people or adults; and is typified by some form of power imbalance in favour of those perpetrating the exploitation. One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim.

Gangs are known to target vulnerable children and adults and some of the factors that heighten a person’s vulnerability include: having prior experience of neglect, physical and/or sexual abuse lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example), social isolation or social difficulties, economic vulnerability, homelessness or insecure accommodation status, connections with other people involved in gangs, having a physical or learning disability, having mental health or substance misuse issues, being in care (particularly those in residential care and those with interrupted care histories) and being excluded from mainstream education, in particular attending a Pupil Referral Unit.

Some potential indicators of county lines involvement and exploitation are; persistently going missing from school or home and / or being found out-of-area;

unexplained acquisition of money, clothes, or mobile phones, excessive receipt of texts / phone calls and/or having multiple handsets, relationships with controlling / older individuals or groups, leaving home / care without explanation, suspicion of physical assault / unexplained injuries, parental concerns, carrying weapons, significant decline in school results / performance, gang association or isolation from peers or social networks, self-harm or significant change in well-being.

4.26. Emotional Health and Well-Being.

It is well documented that LGBTQIA+ children and young people have established mental health needs. Healthwatch Suffolk report that young LGBT*Q+ people in Suffolk

- experience lower levels of wellbeing
- work more about their body image
- are more likely to have self-harmed
- experience more online bullying
- spend more time using electronic screens and social media
- are more likely to have tried drugs and alcohol

Young people who identify as LGBT*Q+ experience higher rates of mental health distress than reported in the general population, yet are far less likely to seek support services. Factors such as homophobia, biphobia and transphobia, cis-heteronormativity, fear of judgement and lack of staff awareness of LGBTQ+ identities are barriers to help seeking.

Suicide prevention

If staff are concerned that a child or young person is expressing ideas of suicide than the Outreach youth Safeguarding Lead should be informed and a safeguarding referral made via the MASH.

Acute Psychosis

If staff are concerned that a child is expressing acute psychosis, the Outreach youth Safeguarding Lead should be informed and a safeguarding referral made via the MASH.

Risk to others

There are occasions when children and young people can pose a risk to others, including other children. Children and young people can hold dual identities, in that they can be a victim and vulnerable, as well as being a potential harm to others. If staff consider a child to be a risk to a child, young person, or member(s) of the public, then the Outreach youth Safeguarding Lead should be informed and a safeguarding referral made via the MASH.

4.3 ALLEGATIONS OF ABUSE OR MALPRACTICE AGAINST A MEMBER OF STAFF INCLUDING VOLUNTEERS

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. It also includes allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children.

It must be used in respect of all allegations that are consistent with the guidance in Working Together i.e. cases in which it is alleged that a person who works with children has:

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

If the allegation is against an Outreach youth member of staff or volunteer the allegation must be reported immediately, at least within one working day, to the Outreach youth Safeguarding Lead.

If the allegation is against the Safeguarding Lead, then the allegation must be reported to the Outreach youth Deputy lead Officer. The Outreach youth Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

Contact details for LADO's 0300 123 2044.

Email: lado@suffolk.gov.uk

4.31 Action following initial consideration

Where the initial evaluation decides that the allegation does not involve a possible criminal offence, it is dealt with by the Outreach youth Safeguarding lead or deputy. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

Where further investigation is required to inform consideration of disciplinary action, the Safeguarding Lead or deputy will discuss who will undertake that investigation with the LA Designated Officer. In some settings and circumstances, it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of Outreach youth or the person's line manager to ensure objectivity. In any case, the investigating officer should aim to provide a report to the employer within 10 working days.

On receipt of the report of the disciplinary investigation, the Safeguarding lead or deputy should decide whether a disciplinary hearing is needed **within two working days**, and if a hearing is needed it should be held **within 15 working days**

4.32 Suspension

The possible risk of harm to children posed by an accused person needs to be managed and evaluated. The evaluation will be in respect of the child/ren involved in the allegation and any other children in the individuals' home, work or

community life. In some cases, it will require consideration to be given to the use of suspension for the person involved in the allegation. This may be until the matter is resolved

An Outreach youth member of staff must not be automatically suspended without careful thought and consideration of the circumstances of the allegation. In making the decision, the Safeguarding lead must consider whether the person should be suspended from contact with children for the duration of the investigation, or until resolution has been reached. In any case, alternatives to suspension should be explored and advice sought from the LA Designated Officer.

If the allegation has been referred and a strategy meeting is to be convened, it will be a task of the strategy meeting to consider the facts of the allegation, and the project/development manager of Outreach youth cannot be directed to suspend, they will be supported in making the decision. This should be done after the views of the designated senior named officer from the police and Area Safeguarding Manager have been canvassed.

4.4 MAKING A REFERRAL

Referral to children's social care services should be made using the Multi-Agency Referral Form via the [Secure Online Portal](#) or the Vulnerable to Radicalisation (VTR) referral form.

All professionals making telephone referrals to Suffolk's children's social services (including via Customer First) **MUST** confirm this in writing **within 24 hours** using the Secure Online Portal. If you are worried about the **immediate** safety of a child/young person and cannot contact the Designated Safeguarding Lead call the police on 999. You can also contact the local authority.

Your referral must be accurate and where possible use the child's exact words if they disclosed the information to you, not your own. The referral must be signed and dated, including the year. and ensure a copy is sent to Outreach youth's Designated Safeguarding Lead marked "Confidential SG".

The Outreach youth Designated Safeguarding Lead Andy Fell will follow up any safeguarding referrals made to a respective organisation and will also make contact with a child or young person following any referral made to check their wellbeing.

4.5 FLOWCHART FOR REFERRAL FOR ACTUAL OR SUSPECTED ABUSE

Concerns

Suspicion/allegation of abuse raised by: personal disclosure, observation, report by another person, anonymous communication

RECORD Sign and Date

Consult

Speak with Safeguarding Lead Office Andy Fell, or in his absence Deputy Pauline Henry

IMPORTANT: It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to Andy Or Pauline or Customer First in their absence.

RECORD Sign and Date

Action

DO NOT INVESTIGATE

The Safeguarding Lead/Deputy would normally make the referral. You would only do so if a delay in contacting the Safeguarding Lead would put a child or vulnerable adult at risk. Parents and carers should be advised that you are doing this unless this might put the child at risk or cause any delay in referring. **You must notify the Safeguarding Lead asap of any referral you make.**

Contact: Customer First 0345 066 167 or Police 999 if immediate danger

If the allegation is against an Outreach youth member of staff or volunteer the allegation must also be reported to the Local Authority Designated Officer (LADO) 0300 123 2044 email: ladocentral@suffolk.gov.uk

RECORD Sign and Date

Confirm

Verbal referrals must be followed up in writing using a Multi-Agency Referral Form within 24 hours using the Secure Online Portal. Send copy of notes/referral to Safeguarding Lead within 24 hours.

RECORD Sign and Date

Commitment

You may be required to provide other information, as required.

Remember **all** notes will be disclosable should a formal or criminal investigation occur.

Make sure your notes are dated, professional, separate opinion from fact, use the same words as were used during the disclosure, do not change words.

4.6 INFORMATION SHARING PROCEDURES RELATING TO SAFEGUARDING CHILDREN

4.6 Information sharing procedures relating to safeguarding children

To be read in conjunction with the Outreach youth Information Sharing policy and procedure.

Through the safe and effective sharing of information it aims to ensure that vulnerable adults and or children get the support they require from external services and that the people it works with are protected from harm, abuse or neglect. It also seeks to prevent them from offending.

In many reviews into deaths of children and or vulnerable adults the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. It is imperative that Outreach youth staff understand the requirement to share safeguarding information in order to protect vulnerable children from harm.

Confidentiality and information sharing must be integrated across all aspects of Outreach youth services and management as its users have the right to privacy and confidentiality and to understand when “secrets” cannot be protected for their best interests.

4.61 INFORMATION SHARING DEFINITIONS

Confidentiality: Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

Outreach youth understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user’s prior expressed consent to disclose such information.

Breach of confidentiality: Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

Even where sharing of confidential information is not authorised, Outreach youth may lawfully share it if this can be justified in the public interest.

Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the Manager with the CE on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information

Public interest: A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

Serious crime: This means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

5. Parental Consent and Fraser guidelines

Outreach youth staff or volunteers will only work with child under the age of 13 with parental consent. This also applies to transporting young people up to the age of 16, who can only be transported by a staff member or volunteer, if parental consent has been obtained. If a young person is 16 or over and parental consent cannot be obtained, Fraser guidelines will be applied before transportation will be considered.

If a young person aged between 13 and 16 chooses to access the services offered by Outreach youth without parental consent, then Fraser guidelines will be applied and these will be recorded and stored by the project in line with data protection requirements.

6. Personal Care

Outreach staff or volunteers will not undertake any personal care while involved in Outreach youth work.

Any young person who needs personal care will be accompanied by a carer known and trusted by them and their family – to undertake such tasks.

Where this isn't possible then Outreach youth will work with the young person and family to investigate external support options to enable the young person to attend.

7. 1 RESPONSIBILITIES OF OUTREACH YOUTH DESIGNATED SAFEGUARDING LEAD

The Youth Development/Project Worker is the Designated Lead Safeguarding Officer's and part of this role is to support other staff and volunteers to recognise the needs of children, including identifying and responding to possible abuse. The role will be given sufficient resource and, supervision and support them to fulfil their child welfare and safeguarding responsibilities effectively. They will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare.

Any information held either electronically or in hard copy will be held securely in a password protected document or sealed envelope in a secure, locked cabinet/drawer. Any electronic database used for recording and reporting abuse internally will protect the identity of the child and use an identifying code rather than the name so as to ensure confidentiality.

7.2 RESPONSIBILITIES OF THE OUTREACH YOUTH SAFEGUARDING TRUSTEE

In its publication, 'Strategy for dealing with safeguarding vulnerable groups including children's issues in charities', the Charity Commission is clear that Trustees have primary responsibility for safeguarding in Outreach youth while some responsibilities can be delegated overall responsibility lies with the Board.

Trustees are required to support the management and staff team in Outreach youth, including the Safeguarding Lead Officer, and ensure there is a mechanism for critically evaluating the information presented to the Trustees, and, where necessary, challenging and checking it out.

To ensure that Outreach youth is taking steps to safeguard and take responsibility for the children with whom it works and is acting in their best interests, trustees are required to take all reasonable steps to prevent any harm to children and young people, assess and manage risk, ensure safeguarding policies and procedures are in place, undertake ongoing monitoring and reviewing of policies and procedures including complaints and recruitment to ensure that safeguards are being implemented and are effective, and ensure that Outreach youth is responding appropriately to allegations of abuse.

Appendix A GOOD PRACTICE:

1. HOW TO REACT WHEN A CHILD/YOUNG PERSON WANTS TO TALK ABOUT ABUSE

- **General points**

- Take seriously what the child/young person says (however unlikely the story may sound)
- Keep calm
- Look at the child/young person directly
- Be honest
- Let them know you will need to tell someone else – don't promise confidentiality
- Reassure them they are not to blame for the abuse
- Be aware that the child/young person may have been threatened
- Never push for information
- Ask questions for clarification only; avoid asking questions that suggest a particular answer.

- **Helpful things to say or show**

- Show acceptance of what the child/young person says
- "I am glad you have told me"
- "It's not your fault"
- "I will help you"

- **Avoid saying**

- "Why didn't you tell anyone before?"
- "I can't believe it"
- "Are you sure this is true?"
- Never make false promises
- Never make statements such as "I am shocked!", or "don't tell anyone else"

- **Concluding**

- Reassure the young person that they were right to tell you and that you take them seriously
- Let the young person know what you are going to do next and that you will let them know what might happen Immediately report the matter, as per procedures

STAFF RATIOS

Plan the work of the group so as to minimise situations where the abuse of children and/or young people may occur

Arrange that an adult is not left alone with a child or young person where there is little or no opportunity of the activity being observed by others. This may mean groups working within the same large room or working in an adjoining room with the door left open. This good practice can be as much benefit to the adult as to the child or young person.

Ensure that all staff, paid and unpaid, who work with children and young people do not meet one of the children or young people outside designated Outreach youth premises without a parent or other adult being present.

Always have at least two adults present with a group, particularly when it is the only activity taking place on Outreach youth premises. OFSTED recommends that the following number of adults should be present when working with children. If there are not enough leaders, the event should not take place.

- Age 13 - 18: 1 adult to 10 children.

However, these are just general recommendations in addition we must always ensure appropriate ratios of leadership to children and young people are observed according to age and gender and reflect the needs identified in the risk assessment for the activity and the group of children and young people involved.

Other good practice

Consent forms including medical details should always be used for children and young people attending the activity and should be readily available during the activity.

Never take a group off the premises with fewer than two adults. Consent forms including medical details should always be used for specific outings or activities outside the Outreach youth premises.

As it is good practice to keep a **record of each activity/session** these will be used. This record should include a register of children and staff and details of any significant incidents.

Always keep a register with the address and contact phone number of every child. These records are to be kept securely, in line with the General Data Protection Requirements.

All staff working with children or young people will be subject to a **DBS enhanced check**. While waiting for a DBS check to arrive the person will never be left alone with children unsupervised.

Any photography or filming of children and young people at Outreach youth activities will be subject to the **Photography and filming policy**.

Appendix C

RECOGNISING POSSIBLE CHILD/YOUNG PERSON ABUSE

The following behavioural signs *may* be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

Physical signs

- Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- Injuries which have not received medical attention.
- Instances where children/young people are kept away from the group inappropriately or without explanation.
- Self-mutilation or self-harming e.g. cutting, slashing, drug abuse.

Emotional signs

Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also, depression/aggression.

- Nervousness or inappropriate fear of particular adults.
- Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.
- Persistent tiredness, wetting or soiling of bed or clothes by an older child.

Signs of neglect

- Regular poor hygiene
- Persistent tiredness
- Inadequate clothing
- Excessive appetite
- Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

Indicators of possible sexual abuse

- Any direct disclosure made by a child/young person concerning sexual abuse.
- Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
- Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Preoccupation with sexual activity through words, play or drawing.
- Child/Young person who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.

- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse.