SAFEGUARDING CHILDREN POLICY AND PROCEDURES

Safeguarding Children Policy and Procedures

1.	**Summary**	The aim of this policy is to ensure there are robust policies and procedures in place to safeguard children and young people who attend Learn 2 Live Youth Clinic. The policy provides clear procedures to staff to follow for safeguarding concerns.			
2.	**Responsible person**	CEO Registered Manager			
3.	**Accountable director**	Registered Manager CEO			
4.	**Applies to**	All staff			
5.	**Groups/individuals who have overseen development of this policy**	Registered Manager CEO Compliance Director			
6.	**Groups which were consulted and have given approval**	Clinical Governance			
7.	**Equality impact analysis completed**	**Policy screened**	12/10/2023	**Template completed**	Yes
8.	**Ratifying committee(s)/Board and date of initial approval**	Board of Directors			
9.	**Replaces document**	Replaces version 1			
10.	**Version**	2			
11.	**Document code/Reference**	L2L			
12.	**Available on**	**QCS Site** Yes	**PC/Tablet** Yes (Hard copies can be supplied on request)	**Website** Yes	
13.	**Related documents**	• Whistleblowing Policy • Recruitment Policy • Complaints Policy • Overarching Data Protection Policy & Procedures • Standards of Conduct, Performance & Ethics Policy & Procedure • Professional Relationships Policy & Procedure • Anti-Bullying Policy & Procedure • Discipline Policy & Procedure • Harassment Policy & Procedure • Sexual Safety Policy • Transgender Policy			
14.	**Disseminated to**	All staff			
15.	**Date of implementation**	12th October 2023			
16.	**Date of next formal review**	26th July 2024			

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1. Safeguarding Children Policy

1.1 Introduction

Learn 2 Live Youth Clinic is an independent service supporting fellows with complex mental health needs in a specialist residential setting. In so doing we believe that safeguarding children is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. We expect safeguarding to be integrated within our core values of care, compassion, competence, communication, courage and commitment.

The child's welfare is our paramount concern. Learn 2 Live Youth Clinic will ensure that our organisation will safeguard and promote the welfare of under 18's and work together with other agencies to ensure that Learn 2 Live Youth Clinic has arrangements to identify, assess and support those children and young people who are suffering or likely to suffer harm.

Learn 2 Live Youth Clinic has a duty of care to children it is working with and those that work for Learn 2 Live Youth Clinic on its behalf. The safeguarding policy, procedures and code of conduct serve to protect children and families, staff and contractors as well as preserve Learn 2 Live Youth Clinic's reputation.

1.2 Ethos

Learn 2 Live Youth Clinic will provide a caring, positive, safe, and stimulating environment that promotes the emotional, mental health and wellbeing of each child. Our interventions are designed to be bespoke to the needs of the child in order to promote the best outcomes for them.

We will:

- enable children to talk openly and to feel confident that they will be listened to.
- recognise the need to teach children the skills they need to stay safe and to ask for help if they need it.
- expect all staff, and anyone else working on our behalf to take safeguarding seriously, know to report concerns to the Designated Safeguarding Lead, uphold the code of conduct, follow the safeguarding procedures when necessary and follow safer recruitment and vetting procedures for staff and contractors where this is part of their role.

1.3 Application

This policy applies to all members of staff and contractors. Any breach of the policy will be taken seriously and may result in disciplinary procedures or a referral out to the authorities if necessary.

1.4 Definitions

For the purposes of this policy and related procedures, the following terms and definitions apply:

Child: means anyone up to the age of 18 years. Legally, a child includes babies, children and young people from pre-birth up to 18 years. The fact that a young person has reached the age of 16, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody does not change his/her entitlement to protection.

Note: The term child is used throughout this policy but clearly that includes teenagers who are young people.

Abuse: a 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. Abuse can take place wholly

online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults, or another child or children.

Safeguarding and promoting the welfare of children: protecting children from maltreatment; preventing harm to children's physical or mental health or development; ensuring children grow up with the provision of safe and effective care; and taking action to enable children to have the best outcomes.

Harm**:** ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.

Significant harm: the threshold that justifies compulsory intervention in the family in the best interests of the child. Section 31 of the Children Act 1989 states 'where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.'

Child protection: part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm. Different types of abuse (e.g., physical, emotional, sexual or neglect) may constitute significant harm. More details about these forms of abuse are presented in **Appendix 2**.

Safeguarding allegation: where a person has:

a) behaved in a way that has harmed a young person, may have harmed a young person or might lead to a young person being harmed;
b) possibly committed or is planning to commit a criminal offence against a young person or related to a young person;
c) behaved towards a child or children in a way that indicates that they would pose a risk of harm to children; or
d) behaved or may have behaved in a way that indicates they may not be suitable to work with children

Contextual Safeguarding**:** 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. Therefore, there is a need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

1.5 Our commitment

We believe that:

- All children have an equal right to protection from abuse and neglect, regardless of their age, disability, gender reassignment, sex, nationality, race, religion or beliefs, sexual orientation, identity or any other additional vulnerability.
- The law requires that the best interests of the child are paramount in all considerations about their welfare and protection, including when to maintain confidentiality and when to share information about them.
- The entire staff contingent has a role to play in safeguarding children.

- Concerns or allegations that Learn 2 Live Youth Clinic staff have abused or neglected a young person will be managed fairly in accordance with our safeguarding policy and procedures and the safeguarding requirements as defined by local children's safeguarding partnership or adult safeguarding board.
- Working together with local children's social care services, the police, the commissioner and other organisations is essential in promoting welfare and ensuring the protection of children.
- As part of working together, Learn 2 Live Youth Clinic expect the relevant authorities and organisations to act on our concerns. If ever we have concern that this has not been done satisfactorily, we will escalate the matter further.

1.6 Roles and Responsibilities
Whilst everyone has a responsibility to safeguard children, there are staff with specific responsibilities for this within Learn 2 Live Youth Clinic:

Learn 2 Live Youth Clinic's Board of Directors Oversee the safeguarding arrangements.

Learn 2 Live Youth Clinic's Designated Safeguarding Lead (DSL) has strategic and operational responsibilities which include the management of concerns and referrals, record keeping, multi-agency working and information sharing, awareness raising and quality assurance. See appendix 6 for further detail.

Designated Safeguarding Lead (DSL)
Luchie Cawood, CEO
Telephone Number: 01264 594660
E:mail Address: lcawood@learn2liveyouthclinic.com

Deputy Designated Safeguarding Lead (DDSL)

Sarah Thorpe, Registered Manager/Art Psychotherapist
Telephone Number: 01264 594662
E:mail Address: sthorpe@learn2liveyouthclinic.com

Sidra Bukhari, Registered Manager/Psychiatrist
Telephone Number: 01264 594650
E:mail Address:sbukhari@learn2liveyouthclinic.com

- **HR Manager** Responsible for ensuring staff are recruited and vetted in accordance with safer recruitment and vetting practices and requirements
- Works in conjunction with the DSL to manage any safeguarding allegations made against staff or contractors
- If there was an allegation of abuse against the DSL the HR Manager will assist one of the other DSL's in managing the case

This role will be undertaken by: Ben Lawrence, HR Manager

Compliance Director
- Ensures each member of staff has access to and understands Learn 2 Live Youth Clinic's safeguarding policy and procedures and coordinates training including refresher training and updates
- Ensures Learn 2 Live Youth Clinic follows best practice guidance, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth Edition: January 2019, Intercollegiate Document, published by the Royal College of Nursing. Ensures staff receive safeguarding training that is relevant and at a suitable level for their role.
- Organises safeguarding training for all staff members according to the training matrix Ensure staff members who miss the training receive it by other means.
- Helps maintains accurate records of staff induction and training completed regarding safeguarding with the HR Manager.

This role will be undertaken by: Elisabeth Milton, Compliance Director

Clinical staff and contractors
- Ensure that they have read, understood and agree to comply with the safeguarding policy and procedures
- Recognise signs of abuse or neglect, including child sexual exploitation, and notifies the DSL
- Respond with care and sensitivity to any child disclosing experience of abuse
- Comply with Learn2Live Youth Clinic's safeguarding induction and training requirements
- Participate in multi-agency partnership working to safeguard children
- Keep contemporaneous records compliant with Learn 2 Live Youth Clinic policy

1.7 Supporting Children
We recognise the significant impact of trauma on children and families. Children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self-worth. They may feel helpless, humiliated and some sense of blame. Our service may be the only stable, secure, and predictable element in their lives.

We accept that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn. We work in a trauma-informed way with these children and their families.

We acknowledge that children can be at risk in a range of contexts (community, home, school) and from their peers.

Our service will support children by:

- ensuring care plans take account of any safeguarding risks or issues pertinent to the child and their family
- bespoke psycho-education care plans to the needs of the child which might include social and emotional aspects of understanding drug, alcohol and tobacco education, sex and relationships, bullying, use of social media and online behaviour
- ensuring we help children to stay safe, recognise when they do not feel safe and identify who they might turn to for help.
- building resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views.
- supporting the development of children in ways that will foster security, confidence, emotional resilience and independence.
- encouraging the development of self-esteem and self-assertiveness while not condoning aggression or bullying.
- ensuring all staff understand their responsibility for safeguarding and know what to do if they have a concern for a child's welfare
- liaising and working together with other support services and those agencies involved in safeguarding children.

1.8 Child Protection and Safeguarding Procedure
Learn 2 Live Youth Clinic has structured procedure to follow in cases of suspected abuse.

The name of the Designated Safeguarding Lead will be clearly advertised in the service, with a statement explaining Learn 2 Live Youth Clinic's role in referring and monitoring cases of suspected abuse.

We will ensure all parents/carers are aware of the responsibilities of staff members to safeguard and promote the children's welfare.

1.9 Record Keeping
Learn2Live will ensure that records are maintained appropriately for children with safeguarding concerns and that confidential, stand-alone files are created and maintained.

We will continue to support anyone leaving the service about whom there have been concerns by ensuring that all appropriate information, including child protection and welfare concerns, is forwarded under confidential cover to the child or young person's new service or responsible clinician as a matter of priority.

1.10 Safer Workforce and Code of Conduct

Learn 2 Live Youth Clinic will prevent people who pose risks to children from working in our service by ensuring that all staff are recruited using safer recruitment and vetting practices which includes necessary statutory checks. We will ensure that:

- agencies and third parties supplying staff provide us with evidence that they have made the appropriate level of safeguarding checks on individuals working in our service.
- every job description and person specification will have a clear statement about the safeguarding responsibilities of the post holder.
- at least one member of every interview panel has completed safer recruitment training.
- we provide a clear and comprehensive code of conduct which clarifies our expected standard of behaviour and which links to our disciplinary procedures if it is breached.

1.11 Staff Induction, Training and Development

Learn 2 Live Youth Clinic recognises the importance of staff having the right knowledge and skills to protect children, therefore:

- Learn 2 Live Youth Clinic follows best practice guidance, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth Edition: January 2019, Intercollegiate Document, published by the Royal College of Nursing. Staff receive safeguarding training that is relevant and at a suitable level for their role.
- The Compliance Director ensures the provision and co-ordination of safeguarding training for all staff appropriate to their role and responsibilities and in accordance with guidance.
- All non-clinical staff will have safeguarding training level 2 at induction followed by annual refresher training.
- All clinical staff will have safeguarding training level 3 at induction followed by annual refresher training.
- We will ensure that staff members provided by other agencies and third parties have received appropriate child safeguarding training commensurate with their roles before starting work.
- The DSL will provide regular briefings to the service on any changes to child protection legislation and procedures; relevant learning from local and national serious case reviews; local service provision: local safeguarding concerns.
- The DSL will undertake training for the role on appointment. Training will be safeguarding training level 4 followed by refresher training every 2 years.
- the service will maintain accurate records of satisfactory completion of all staff child safeguarding training.
- Staff are expected to complete any additional training put in place by Learn 2 Live Youth Clinic either via e-learning or face-to-face training, which will develop skills and increase knowledge in safeguarding of children.

Staff are also expected to read and understand the following guidance from NICE:

- CG89 (2017) Child maltreatment: when to suspect maltreatment in under 18s
- NG76 (2017) Child abuse and neglect

1.12 Confidentiality, Consent, and Information Sharing

Learn 2 Live Youth Clinic has a professional responsibility to share information with other agencies to safeguard children in accordance with law and statutory guidance.

The DSL will disclose any information about a child to staff on a need-to-know basis, and in the

best interests of the child.

All staff members must be aware that they cannot promise a child confidentiality which might compromise their safety or well-being.

We will ensure that staff members are confident about what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent.

1.13 Multi-Agency Working

Learn 2 Live Youth Clinic promotes effective working relationships with other agencies, including agencies providing early help services to children, the police, and children's social care. We recognise that effective multi-agency working has an important role to play in ensuring effective safeguarding.

We will ensure relevant staff members participate fully in multi-agency meetings that support children and families, including child protection conferences and core groups, child in need network meetings and strategy discussions.

We will participate in serious case reviews, other reviews, and file audits as and when required to do so by the relevant Local Safeguarding Children Partnership. We will have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice, and completing required actions within required timescales.

1.14 Contractors, Service and Activity Providers

Learn 2 Live Youth Clinic will ensure that contractors and providers are aware of our child safeguarding policy and procedures. We will require that staff and contractors provided by these organisations use our procedure to report safeguarding concerns.

We will seek assurance that staff provided by these organisations and working with children in our service have been subjected to the appropriate safer recruitment and vetting processes. Without such assurance those staff will not be contracted.

When we commission services from other organisations, we will ensure that compliance with our safeguarding policy and procedures is a contractual requirement and we will agree any interfaces necessary between our reporting processes and those of the contractor or their agency.

1.15 Whistleblowing and Complaints

Learn 2 Live Youth Clinic recognises that children cannot be expected to raise concerns in an environment where staff members fail to do so. We seek to encourage a culture whereby staff feel safe to speak out and share any concerns they have either about children, colleagues or Learn 2 Live Youth Clinic's management of safeguarding and child protection concerns or allegations.

We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues or breaches of the code of conduct. They should always feel able to raise any of these concerns with the Designated Safeguarding Lead. If not satisfactorily resolved, then staff can use Learn 2 Live Youth Clinic's Whistleblowing policy and procedure. Should staff feel unable to raise concerns within Learn 2 Live Youth Clinic or if they remain concerned about the way matters are being handled, they can contact Hampshire Children Services directly (please see appendix 8) or call the NSPCC Whistleblowing Advice Line on 0800 028 0285.

We have a clear reporting procedure for children, young people, parents/carers and other people to report concerns or complaints, including abusive or poor practice.
The service will not accept the behaviour of any individual, parent or anyone else, that threatens security or leads others, child, or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the service and a possible referral to statutory agencies.

1.16 Quality Assurance
Learn 2 Live Youth Clinic will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of child protection files and records by the DSL.

We will actively seek the views of children and families and staff members on our child safeguarding arrangements.

Learn 2 Live Youth Clinic's senior management will ensure that action is taken to remedy without delay any deficiencies and weaknesses identified in our safeguarding arrangements.

1.17 Related policies and procedures
Safeguarding and promoting the welfare of children and young people is a broad concept. There are additional Learn 2 Live Youth Clinic policies and procedures that contribute to safeguarding and must be followed by those to whom they apply:

Recruitment Policy and Procedure	Complaints policy
Whistleblowing Policy and Procedure	Overarching Data Protection Policy and Procedures
Standards of Conduct, Performance and Ethics Policy and Procedure	Professional Relationships Policy and Procedures
Disciplinary Policy and Procedure	Anti bullying policy and procedure
Harassment Policy and Procedure	

1.18 Law and guidance

Learn 2 Live Youth Clinic's safeguarding children policy and related procedures are underpinned by English law and guidance which includes:

UN Convention on the Rights of the Child 1991	Protection of Freedoms Act 2012
Data Protection Act 2018 and UK GDPR	Children and Families Act 2014
Children Act 1989 and 2004	Counter Terrorism and Security Act 2015
Equality Act 2010	Female Genital Mutilation Act 2003
Police Act 1997	Protection of Freedoms Act 2012
Sexual Offences Act 2003	Serious Crime Act 2015
Modern Slavery 2015	Safeguarding Vulnerable Groups Act 2006
Children and Social Work Act 2017	Protection of Children Act 1978
Royal College of Nursing (2019) Safeguarding children and young people: roles and competences for healthcare staff	Voyeurism Act 2019
HM Government (2018) Working Together to Safeguard Children	HM Government (2018) Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
NICE guidance NG76 and CG89	HM Government (2015) What to do if you 're worried a child is being abused. Advise for Practitioners

1.19 Policy Review

This policy and the procedures will be reviewed annually unless an incident or change in law requires it to be done sooner. All other linked policies will be reviewed in line with the policy review cycle.

The Designated Safeguarding Lead is responsible for updating staff of any amendments to this policy and procedures.

2. Recognition of child abuse and neglect

2.1 Principles
Safeguarding procedures are a key element of how Learn 2 Live Youth Clinic seeks to safeguard and protect children and our staff.

The '5Rs' underpin these reporting procedures as follows:

- **Recognise** concerns that a child is being harmed or might be at risk of harm
- **Respond appropriately** to a child who is telling you what is happening to them
- **Refer** the concerns on to the DSL (or deputy) or straight to the emergency services (if the incident warrants this)
- **Record** the concerns appropriately and any subsequent action taken
- **Resolution** and escalation are the responsibility of the DSL to follow up referrals made to the authorities and if necessary, escalate concerns if identified risks remain.

2.2 Recognition of abuse
There are different types of abuse and more than one type of abuse may be occurring simultaneously or sequentially. You are not expected to know if abuse has occurred, rather you need to be alert to possible indicators and share any concerns as outlined in these safeguarding procedures.

See **Appendices 1-5** for further information on **recognition of abuse**:

2.3 A concern about the safety of a child might arise because:

- They say that they are being abused or is telling you about something that has happened to them that you think would be harmful
- You see possible signs of abuse or neglect
- Somebody says that a child is being harmed or is at risk of harm
- The behaviour of an adult towards a child or a child towards an adult give cause for concern
- A child shares their experience of abuse in their past - this may be referred to as 'historical or non-recent abuse'.

2.4 Historical or non-recent allegations of abuse
Historical or non-recent allegations of abuse are any concerns that relate to abuse that happened more than a year ago, whether involving anyone working for Learn 2 Live Youth Clinic or outside of it. Such allegations of abuse must be taken seriously and acted upon in line with these procedures even if the victim is no longer being harmed now. Often victims of abuse take many years to come forward due to shame and a fear of being disbelieved however the alleged perpetrator may remain a risk to others.

Learn 2 Live Youth Clinic will report such cases and concerns to the local authority and/or the police following the procedures laid out in sections 3 and 5 of these procedures.

2.5 Additional vulnerabilities
Some groups of children are more vulnerable to abuse or neglect due to a disability and/or life experiences. For example, research shows that children with disabilities are more likely to be a target for abuse. Equally children who are in the looked after system or those that have already experienced harm may be more vulnerable as they may not have those protective adults to support them and/or be relatively isolated. Evidence shows those who seek to exploit children sexually or criminally will tend to target children being looked after.

2.6 Fairness, equality and inclusion

Everyone must guard against not sharing their concerns in the belief that they are protecting a person's cultural or religious beliefs or through fear that their action might be interpreted as being prejudiced. Everyone is entitled to equal protection.

3. What to do if you have concerns about a child

3.1 If you identify a safeguarding concern you must;

Step 1 Contact the Designated Safeguarding Lead (DSL) to discuss your concern. This should be done on the same day that you identify the concern.

Step 2 A record of what was seen, said and done needs to be made on the safeguarding report form which is logged in Learn 2 Live Youth Clinic secure online system.

Step 3 The Designated Safeguarding Lead (DSL) will:

- complete an inter-agency referral or contact form as per local processes and share this with the relevant Multi-Agency Safeguarding Hub (MASH). The use of the Threshold Guidance will assist this process (appendix 7).
- if a child may be at risk of significant harm, the DSL should both telephone the MASH (or out of hours children's service) and fill in an interagency form.
- the police should also be contacted in an emergency.
- explore whether any additional support is required for the child and the implications for the care plan

Step 4 The Designated Safeguarding Lead must follow the reporting procedures as detailed by the relevant local authority in notifying them of a safeguarding concern. Learn 2 Live Youth Clinic's local safeguarding children's partnership is Hampshire Children's Safeguarding Partnership. Please see appendix 8 and appendix 9, Hampshire Safeguarding Children Partnership Contact Information Flowchart. Safeguarding concerns will always follow in line with the Local Safeguarding Children's Partnership procedures.

Step 5 Within one working day of a referral being received, a local authority social worker should acknowledge receipt to the DSL. The DSL must follow up with the local authority social worker if a receipt acknowledging the referral has not been received within one working day. The local authority social worker will make a decision about the next steps and the type of response required.

Step 6 The Designated Safeguarding Lead must keep a record of all the actions taken, decisions made and any outcomes in accordance with good practice on recording, information storage and retention. This is held securely.

Step 7 The DSL must consider if the person who first raised the concern needs any support and who is best able to provide it.

The DSL must consider if consent is required from the child's parents/carers in order to share the concern with the local authority. However safeguarding concerns must always be reported as per the procedures by the local safeguarding children's partnership. It is important to safeguard the child at all times. Normally a child should be made aware if information is going to be shared. The consent of the child is not necessary but is ideal to gain if possible.

Step 8 It is important also to contact the local children's safeguarding partnership of where the child lives to inform them of the safeguarding concern and provide them with the relevant information and that it has also been reported to Hampshire Children's Safeguarding Partnership.

3.2 Response from children's social care

When Learn 2 Live Youth Clinic makes a child protection referral to children's social care, then they will evaluate the concerns and risks involved to determine whether:

- the child needs immediate protection and urgent action is necessary; or
- the child is suffering, or at risk of suffering, significant harm and enquiries need to be made under section 47 of the Children Act 1989; or
- the child is in need and should be assessed under section 17 of the Children Act 1989.

Learn 2 Live Youth Clinic will:

- co-operate with children's social care and the police in any emergency action they take using their legal powers for immediate protection of the child. This may involve removing the child from their home.
- participate in any multi-agency discussions (strategy discussions), if invited to do so, and share information about the child and their family to plan the response to concerns.
- share information about the child and their family for section 47 enquiries and family assessments
- ensure that a relevant staff member participates in all initial and review child protection conferences if we are invited to attend. The staff member will work together with other agencies to discuss the need for and agree to an outcome-focused child protection plan and will ensure that the child's wishes and views are considered in their own right in planning.
- ensure a relevant staff member participates in all core group meetings, if applicable.
- complete all actions allocated to us as part of the outcome-focused plan, whether a child protection plan or a family support plan, in a timely way.

3.3 Responding to a direct disclosure of abuse

Sometimes a child will tell a member of staff about their experience of abuse or the way they are or have been treated by someone else. Staff should respond in the following ways and then follow the procedures in paragraph 3.1:

Do

- Show you care, help them open up**:** give your full attention to the child and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
- Take your time, slow down: respect pauses and don't interrupt the young person – let them go at their own pace. Recognise and respond to their body language.
- Show you understand, reflect back: make it clear you're interested in what the child is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.
- Reassure them that they've done the right thing in telling you. Make sure they know that abuse is never their fault.
- Explain what will happen next in terms of the process within Learn 2 Live Youth Clinic.

Do not:

- React strongly – for instance saying, 'that's terrible.'
- Jump to conclusions especially about the alleged abuser.
- Tell them you can keep this a secret.
- Ask leading questions.
- Make promises you cannot keep.
- Stop them from speaking freely.

- Tell them to stop talking so that you can fetch a DSL.

3.4 Responding to a child protection emergency
In an emergency where a child has been seriously hurt or is in imminent danger of being harmed you should:

- Ring 999 and ask for the emergency service required - police and/or ambulance.
- Inform the DSL afterwards.
- If the DSL is not available then inform the deputy DSL.
- The procedures in 3 .1 must then be followed by the DSL.
- Alert the child's family if this is appropriate otherwise this is the responsibility of the social worker to do.

3.5 Responding to concerns about child sexual exploitation (CSE)
The DSL will follow any local interagency protocols on the prevention, detection and investigation of CSE. Specific requirements on this will be written in to care plans as relevant to the young person and their placing authority.

For more detail on CSE see **Appendix 5**

3.6 Sexting and Up Skirting
Sexting means sending indecent images (pictures and/or videos) of yourself or others or sending sexually explicit messages. Sexting is commonly known as "trading nudes", "dirties" or "pic for pic". Sexting can happen on any electronic device that allows sharing of media and messages including smartphones, tablets, laptops or mobiles.

In the UK, the age of consent for sexual intercourse is 16. However, it is an offence to make, distribute, possess or show any indecent images of anyone aged under 18, even if the content was created with the consent of that young person. Examples include:

- a child (under 18) sharing a sexual image with their peer (also under 18);
- a child (under 18) sharing a sexual image created by another child with a peer or an adult;
- a child (under 18) in possession of a sexual image created by a child (under 18).

"Indecent" means, for example: naked pictures; topless pictures of a girl; pictures of genitals; sex acts including masturbation; and sexual pictures in underwear.

The police have said that sexting by children will primarily be considered as a safeguarding issue. The police must, by law, record all sexting incidents on their crime system but as of January 2016, they can decide not to take further action against the young person if it is not in the public interest. This will be at the discretion of the police.

The DSL should record all incidents of sexting. This should include both the actions taken and the actions not taken, together with justifications. Staff must actively avoid viewing any images. In applying judgement to the sexting incident consider the following:

- Significant age difference between the sender/receiver involved.
- If there is any external coercion involved or encouragement beyond the sender/receiver.
- If you recognise the child as more vulnerable than is usual.
- If the image is of a severe or extreme nature.
- If the situation is not isolated and the image has been more widely distributed.
- If other knowledge of either the sender or recipient may add cause for concern.
- If these characteristics present cause for concern, then escalate or refer the incident. If not, manage the situation, accordingly, recording details of the incident, action, and

resolution.

Up skirting is a criminal offence. Up skirting typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm. Such an offence should be reported to the police.

3.7 Multi agency safeguarding meetings and case conferences
Learn 2 Live Youth Clinic recognises the importance of multi-agency working and will ensure that staff are able to attend all relevant meetings including case conferences, core groups and strategy meetings.

The DSL will attend case conferences unless they think it more appropriate for another staff member to attend. Staff attending such conferences will be offered support if they require it in preparation for their attendance at a multi-agency meeting.

3.8 The need for support services
Where you think that a child needs further support services for their welfare and development (Children Act 1989, section 17, Child in Need) rather than a need for protection, then staff should speak to the DSL about what to do. Consent should be sought from the child's parents/carers and therefore a discussion with them would be necessary. However, if it would place a child at risk then referral should be made regardless of consent.

4. Information sharing and confidentiality

4.1 It is essential that professionals working with children can confidently share information as part of their day-to-day work. This is necessary not only to safeguard and protect children from harm but also to work together to support families to improve outcomes for all. In general, you should always discuss any concerns the service may have with the child's parents/carers. They need to know that you are worried about their child.

4.2 We will proactively seek out information as well as sharing it. This means checking with other professionals whether they have information that helps us to be as well informed as possible when working to support children.

4.3 The following principles apply:

- Ideally information should be shared where there is consent for so doing
- Data protection law and regulations are not a barrier to sharing information about safeguarding
- Be open and honest about what you will do with the information
- Always consider the safety of the child
- Ensure what is shared is it necessary, proportionate, relevant, accurate, timely and secure.
- Don't assume that someone else will pass on information that they think may be critical to keeping a child safe.
- All allegations of harm or potential harm must be acted upon

4.4 We should be sharing any concerns we have with parents/carers at an early stage unless this would put a child at greater risk or compromise an investigation. Parents need to know what our responsibilities are for safeguarding and protecting children.

4.5 Try to get consent from parents/carers (and the child, if they have sufficient understanding) to share information, if possible. However, you should not discuss your concerns if you believe that this would place the child at greater risk or lead to loss of evidence for a police investigation.

4.6 Consent is not necessary in cases where children's social care is making child protection enquiries under section 47 of the Children Act 1989. Information needs to be shared with children's social care; staff members must make sure to record what information has been shared.

4.7 Consent is necessary for:

- Children's social care assessments under section 17 of the Children Act 1989.
- Early Help Assessments. Assessments are undertaken with the agreement of the child and their parents or carers.

4.8 If you are in any doubt about the need for seeking consent, get advice from the DSL.

4.9 Keep a record of your decision to share information, with or without consent, and the reasons for it. Remember also that it is just as important to keep a record of why you decided not to share information as why you did so.

5. Managing allegations of abuse made against Learn 2 Live Youth Clinic staff or contractors

5.1 Application of the procedure
Learn 2 Live Youth Clinic takes seriously all allegations of abuse made against staff members, including contractors, and will follow the defined processes outlined here. Learn 2 Live Youth Clinic recognises its duty of care to employees and will act to manage and minimise the stress inherent in the allegations process.

The procedure applies to all adults working in our services i.e., all staff, contractors and external service or activity providers (collectively referred to as staff or staff members in this procedure) where Learn 2 Live Youth Clinic is the primary employer.

If Learn 2 Live Youth Clinic is not the primary employer, we will notify the primary employer of the allegation. Learn 2 Live Youth Clinic will take the lead, as the primary employer will not be able to provide all of the relevant information required by the LADO as part of the referral process. The primary employer will be expected to be fully involved and co-operate in any enquiries from the LADO, police and/or children's social services.

The allegations management procedure will be used in all cases where it is alleged that a staff member, has:

- behaved in a way that has harmed a child, or may have harmed a child; or
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates that they would pose a risk of harm to children; or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

5.2 Identifying an allegation
Allegations may arise in several ways, for example a report from a child, a complaint from a parent/carer, or a concern raised by another adult within the service. An allegation may concern someone's behaviour or actions within their job or a voluntary activity, or within their family or private life.

The concerns may be about any form of child abuse or neglect. This will include concerns about inappropriate relationships between adults and children. For example:

- a sexual relationship between a child under 18 and an adult in a position of trust with them, even if the relationship may appear to be consensual.
- grooming, i.e., meeting a child under 16 with intent to commit a relevant offence (section 15 of the Sexual Offences Act 2003); or
- other behaviour that gives rise to concerns, such as possession of abusive images of children or inappropriate contact through texts or online, inappropriate messages, gifts or socialising with children outside a working day.

If an allegation or concern arises about a staff member outside of their work with children, and this may present a risk to children for whom the staff member is responsible, the general principles outlined in these procedures will still apply.

5.3 Roles and responsibilities:
Anyone who has concerns about, or has received an allegation about, the behaviour of a staff member must report the concerns immediately to the Designated Safeguarding Lead. In the absence

of the safeguarding lead, or if the safeguarding lead is the subject of the allegation, concerns must be reported to the deputy Designated Safeguarding Lead.

If no senior staff are available then report the allegation to the Local Authority Designated Officer (LADO) or NSPCC helpline and inform the Designated Safeguarding Lead of having done so as soon as possible.

The Designated Safeguarding Lead will report the allegation to the LADO at Hampshire Safeguarding Children Partnership. The DSL will liaise with the LADO and inform the HR Manager once they have spoken to the LADO. The DSL will not undertake their own investigation of allegations without prior consultation with the Local Authority Designated Officer (LADO). The LADO is involved in the overall management and oversight of individual cases. They will provide advice and guidance to the Designated Safeguarding Lead, liaise with the police and other agencies and monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

5.4 Initial action by the person noticing concerns or receiving an allegation first:

- Treat the matter seriously and keep an open mind.
- Do not make assumptions or offer alternative explanations.
- Do not investigate or ask leading questions, if seeking clarification.
- Do not promise confidentiality but give assurance that the information will only be shared on a need-to-know basis.
- Act quickly.
- Make a written record of the information. Where possible, record the exact words of the person making the allegation or the child's own words.
- Record the time, date and place and names of people present when the allegation was made or concerning behaviour was observed. Record the time, date and place of alleged incidents, persons present and what was said, if these were mentioned by the person making the allegation.
- Immediately report the matter to the DSL.
- Complete the safeguarding form.

5.5 Initial response by the Designated Safeguarding Lead

Do not investigate the matter immediately or interview the staff member or the child concerned.

Obtain written details of the concern or allegation by the person reporting it and date it. Record any decisions made and the rationale. Complete the safeguarding report form on the Access Online System.

Contact the LADO immediately to report the allegation if it meets one or more of the criteria described in 5.1 or to consult with them if uncertain as to how to proceed. There is a need to distinguish between an allegation, a concern about the quality of care or a complaint.

If the allegation requires immediate attention but is received out of hours, contact the children's out of hours social care Emergency Duty Team or the police and inform the LADO as soon as possible thereafter.

Refer allegations against a staff member who is no longer working in the service to the LADO and the police .

5.6 Initial consideration of the allegation by the Designated Safeguarding Lead and the LADO

- The LADO will consider the nature, content and context of the allegation and agree a

course of action, including whether further information is needed. Many cases may well either not meet the criteria in 5.1, or may do so without warranting consideration of either police investigation or enquiries by children's social care services. In these cases, local arrangements should be followed to resolve cases without delay.

- The Designated Safeguarding Lead may need to obtain relevant additional information, such as previous history, whether the child or their family have made similar allegations in the past and the staff member's current contact with children.
- If the allegation is not demonstrably false and there is cause to suspect that a child is suffering or likely to suffer significant harm, the LADO will refer the case to children's social care and ask them to convene a strategy meeting
- The LADO will consult the police if a criminal offence may have been committed. If the threshold for significant harm is not reached but a police investigation may be needed, the LADO will immediately inform the police.
- If an investigation by children's social care or the police is deemed as not necessary, the Designated Safeguarding Lead and the LADO will discuss the options open to the service depending on the nature of the allegation and the evidence available. This will range from taking no further action to dismissal or a decision not to use the staff member's services in the future.
- If the initial evaluation leads to no further action against the staff member concerned, the decision and justification should be recorded by both the Designated Safeguarding Lead and the LADO. Agreement should be reached on what information should be put in writing to the individual and what action should follow, including informing the person who made the allegation originally.

5.7 Persons to be notified

- After consultation with the LADO, the Designated Safeguarding Lead should inform the accused person about the allegation as soon as possible.
- However, if a strategy discussion is needed, or the police or children's social care need to be involved, the Designated Safeguarding Lead should not inform the accused person until those agencies have been consulted and have agreed what information can be disclosed to the individual.
- In principle, the Designated Safeguarding Lead should inform the child's parents/ carers about the allegation. The LADO should be consulted first to ensure that this will not impede any investigation or disciplinary process. In some cases, the parents/carers may need to be informed right away, e.g., if a child is injured and needs medical attention.
- The parents/carers and the child, if sufficiently mature, should be helped to understand the process and kept informed about the progress of the case and the outcome if no criminal prosecution will take place.

5.8 Confidentiality

- Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated. Information should be restricted to only those who need to know in order to protect the child concerned, carry out the investigation and manage the disciplinary process, if applicable.
- The Designated Safeguarding Lead should inform the parents/carers concerned about the implications of publishing details of the allegation in any form of media or on social networking sites.
- The Designated Safeguarding Lead should discuss with the LADO how best to manage speculation, leaks and gossip within the service and the community at large, and press interest, if it arises.

5.9 Supporting people

- The Designated Safeguarding Lead together with children's social care and the police, if they are involved, will consider the impact on the child concerned and provide support as appropriate. In some cases, there may be no known victim e.g., if the concern is about the distribution of obscene images of children.
- The Designated Safeguarding Lead will ensure that the child and family are kept informed of the progress of the investigation.
- The staff member who is the subject of the allegation will be advised to contact their union, professional association, or a colleague for support.
- HR will be consulted at the earliest opportunity to ensure that the staff member is provided with appropriate support, if necessary, through occupational health or welfare arrangements.
- The Designated Safeguarding Lead will appoint a named representative to keep the staff member updated on the progress of the investigation; this will continue during any police or section 47 investigation or disciplinary investigation.

5.10 Managing risk during the investigation

- The perceived level of risk during the investigation needs to be considered and managed. In some situations, the level of risk may require the staff member not to be working with specific child or all children.
- Based on an assessment of risk, the Designated Safeguarding Lead will determine what action to take with regards to the employment of the person – whether it is appropriate to suspend them, or redeploy them into another role without child contact, provide another person to be present when the individual has contact with children, whilst the investigation is carried out. Suspension should not be the default position: an individual should be suspended only if there is no reasonable alternative.
- Decisions about risk are best made in a multi-agency forum such as the strategy discussion. The LADO will canvass the views of the agencies participating and inform the Designated Safeguarding Lead. However, only the employer has the power to redeploy or suspend.
- If immediate suspension is considered necessary, the rationale and justification for such a course of action should be agreed ad recorded by the Designated Safeguarding Lead and LADO. This should also include what alternatives to suspension have been considered and why they were rejected.
- Possible risks to the child involved and any children in the accused staff member's home, work or community life will be evaluated and managed.

5.11 Timescales

- Within one working day of a referral being received, a local authority social worker should acknowledge receipt to the referrer and make a decision about next steps and the type of response required.
- The child and family must be informed of the action to be taken, unless a decision is taken on the basis that this may jeopardise a police investigation or place the child at risk of significant harm.
- For Children who are in need of immediate protection, action must be taken by the social worker, or the police or the NSPCC if removal is required, as soon as possible after the referral has been made to the local authority children's social care.
- It should not take longer than 45 working days from the point of referral for the assessment to conclude
- If the assessment exceeds 45 working days then the social worker should record the reasons for exceeding the time limit.

- Cases should be resolved as quickly as possible, consistent with a thorough and fair investigation.
- The timing will depend on the nature, seriousness and complexity of the case and the right outcome is far more important than meeting timescales.
- Cases where it is immediately apparent that the allegation is unsubstantiated or malicious should be resolved promptly..
- The DSL should discuss the timing of actions with the LADO for all allegations that do not require police involvement but for which there are child protection concerns.
- Disciplinary action should normally not be taken until the outcome of any external investigation has been completed. The decision to take such action lies with Learn2Live Youth Clinic.
- If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

5.12 Resignations and compromise agreements

- The allegation will be investigated according to procedure, even if the accused staff member resigns or ceases to provide their services.
- Every effort will be made to reach a conclusion to the case should the staff member refuse to cooperate, having been given a full opportunity to answer the allegation and make representation.
- Although it would not be possible to apply disciplinary sanctions if the period of notice expires before the conclusion of the investigation, the outcome of the disciplinary process will be recorded.
- The service will not use 'compromise/settlement agreements', for example where the staff member agrees to resign provided that disciplinary action is not taken and that a future reference is agreed.

5.13 Outcomes of an investigations

The following categories should be used in recording the outcome.

Substantiated – there is sufficient evidence to prove the allegation
Malicious – there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
False – there is sufficient evidence to disprove the allegation
Unsubstantiated – there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
Unfounded - there is no evidence or proper basis which supports the allegation being made

5.14 Malicious or unsubstantiated allegations

Details of allegations that are found to be malicious should be removed from personnel records. However, for all other allegations, it is important that a clear and comprehensive summary of the allegation, details of how it was followed up and resolved, and a note of any action taken and decisions reached, is kept on the confidential personnel file of the accused, and a copy provided to the person concerned.

If an allegation is determined to be unsubstantiated or malicious, the LADO should refer the matter to children's social care services to determine whether the child is in need of services, or may have been abused by someone else.

5.15 Disciplinary or suitability process and investigations

The LADO and the DSL will discuss whether disciplinary action is appropriate in all cases where:

- it is clear at the outset, or decided by a strategy discussion, that a police investigation or section 47 enquiry is not necessary; or
- the police or the Crown Prosecution Service informs that the criminal investigation and subsequent trial is complete, or that an investigation is to be closed without charge, or prosecution is discontinued.

The discussion will consider any potential misconduct or gross misconduct by the staff member, and consider:

- the information provided by the police and children's social care;
- the result of any investigation or trial; and
- the different standards of proof in disciplinary and criminal proceedings.

In the case of contractors, the LADO and the DSL will work with the providing agency in deciding whether to continue using the person's services.

5.16 Record keeping

- The DSL will keep a clear and comprehensive summary of the case record and provide a copy to the accused staff member. A copy of the record should also be given to the LADO.
- The record will include details of how the allegation was investigated and resolved and the decisions reached. It will be completed in collaboration with the LADO.
- Details of allegations that are found to be malicious will be removed from personnel records.
- In the case of all other allegations, the summary will be placed in the staff member's personnel file and kept until the person reaches retirement age or for a period of 10 years from the date of the allegation, if that is longer.

5.17 References

- If the allegation was proven to be malicious, false, or unsubstantiated, it will not be included in any employer references.
- A history of repeated concerns or allegations which have all been found to be malicious, false, or unsubstantiated will also not be included in any references.

5.18 Notifying the Disclosure and Barring Service (DBS)

The LADO will discuss with the DSL whether Learn 2 Live Youth Clinic needs to refer the staff member to the DBS, if the allegation is substantiated and the person is dismissed or the service ceases to use the person's services, or the person resigns or ceases to provide their services.

- There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child; or
- if there is reason to believe that they have committed one of a few listed offences (as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009) and have been removed from working in paid or unpaid regulated activity or would have been removed had they not left.

5.19 Notifying the Registered Body

Where an individual is a registered practitioner such as a Registered Nurse, they will also be referred to their Registered Body, such as the Nursing and Midwifery Council, irrespective of whether they were working as a registered practitioner for Learn 2 Live Youth Clinic. The responsibility for doing this rests with the Designated Safeguarding Lead.

5.20 Learning lessons

At the conclusion of a case in which an allegation is substantiated, the DSL and LADO should review the circumstances of the case to determine whether any improvements could be made to Learn 2 Live Youth Clinic's procedures or practice to help prevent similar events in future.

6. Managing Child-on-Child Abuse

6.1 Definition
All staff should be aware that children can abuse other children, this is referred to as child-on-child abuse. Abuse by one child of another child regardless of the age, of stage of development, or any age differential between them (DfE definition).

6.2 Forms of Child-on-Child Abuse
Child-on-Child abuse can take various forms including, but not limited to:

- Bullying – this includes cyberbullying, prejudice-bases and discriminatory (including misogyny/misandry) bullying.
- Hate incidents and hate crimes – which may also include an online element
- Abuse in intimate personal relationships between children (sometimes known as 'teenage relationships abuse'), which may also include an online element.
- Physical abuse – such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm. This may include an online element which facilitates, threatens and/or encourages physical abuse.
- Racism – occurs when a person is treated less favourably because of their skin colour, nationality, ethnicity, or cultural group. Racist behaviour can include verbal abuse, physical attacks, exclusion from activities or opportunities and microaggressions, which can be conscious and unconscious. It can occur in person or online.
- Initiation/hazing type violence and rituals – this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element.
- Harmful sexual behaviour (HSB) – is development inappropriate sexual behaviour which is displayed by children and young people which is harmful or abusive. HSB can occur online and/or face to face, and can also occur simultaneously between the two and includes, for example:
    - Sexual violence such as:
        - Rape
        - Assault by penetration
        - Sexual assault
        - Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or engage in sexual activity with a third party
        - Threatening the above behaviour, whether in person or by digital communications
    - Sexual harassment:
        - 'Unwanted conduct of a sexual nature' which can occur online and offline
        - Sexual comments, such as making lewd comments, intrusive questions about a person's sex life, spreading sexual rumours
        - Sexual "jokes"

        - Suggestive looks, staring or leering
        - Sexual gestures
        - Physical behaviour, such as deliberately brushing against someone
        - Displaying pictures, photos or drawings of a sexual nature
        - Upskirting, which is involving taking a picture or film under a person's clothing without their permission, with the intention of viewing their underwear, genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. Upskirting is a criminal offence.
    - Online sexual harassment
        - It may be stand-alone or part of a wider pattern of sexual violence or part of a wider pattern of sexual violence and/or harassment
        - Sharing of unwanted explicit content
        - Non-consensual sharing of nude and semi-nude images and/or videos (sexting or youth produced sexual imagery)
        - Revenge pornography, this is a criminal offence
        - Sexualised online bullying
        - Unwanted sexual comments and messages, including on social media
        - Sexual exploitation, coercion and threats
        - Coercing others into sharing images of themselves or performing acts they are not comfortable with online
    - Misogyny
        - Defined as dislike of, contempt for, or ingrained prejudice against girls and women.
        - This can be through language and behaviour, including incidents of sexual harassment
    - Misandry
        - Commonly defined as dislike of, contempt for , or ingrained prejudice against boys and men

6.3 Staff Awareness

Children's experiences of abuse and/or violence are rarely isolated events, and they can often be linked to other things which are happening in a young person's life. Different types of abuse rarely take place in isolation and often indicate wider safeguarding concerns.

All staff must ensure that abuse is not tolerated or passed off as "banter" or "part of growing up" and understand the importance of addressing inappropriate behaviour between children. This is to prevent a culture of unacceptable behaviour, an unsafe environment for children and a culture that normalises abuse.

Staff must understand that even if there are no reports of child-on-child abuse, this does not mean it is not happening.

If staff have any concerns about child-on-child abuse, they must speak to the Designated Safeguarding Leads

6.**4 Fellows**
Fellows who are being abused either by another Fellow or by another child outside of Learn 2 Live Youth Clinic are encouraged to tell the Designated Safeguarding Lead. If the Fellow has informed another staff member that staff member must report the disclosure to the Designated Safeguarding Lead and a Learn 2 Live Youth Clinic Safeguarding form must be completed.

6.5 Child Protection Procedures
When abuse by another child is suspected, child protection procedures will be applied to both (alleged) abuser and abused and that both are treated as being at risk. Learn 2 Live Youth Clinic Safeguarding Policy and Procedures must be followed.

The Designated Safeguarding Lead will follow the Hampshire Safeguarding Children's Partnership reporting procedures in notifying them of a safeguarding concern.

7. Recording, record keeping, retention and destruction

7.1 Purpose
Good record keeping is an important part of the services accountability to children and their families and will help us in meeting our key responsibility to respond appropriately to welfare concerns about children. Records should be factual, accurate, relevant, up to date and auditable. Where opinions are included, this must be made clear. Where people are referred to, they should be identified clearly by role.

Records should support monitoring, risk assessment and planning for children and enable informed and timely decisions about appropriate action to take.

7.2 Storage
Safeguarding records will be held securely on Learn 2 Live Youth Clinic's online system with restricted access.

7.3 The DSL must:

- record all consultations and decision-making sent by the staff member who identified the safeguarding concern. Update the chronology and add referral letters and forms to the child's file;
- create a stand-alone file if one does not exit;
- continue to update the file, including the chronology, as work progresses.

7.4 Checklist for a good safeguarding record:

- Structured and easily accessible
- Legible
- Clear and concise
- Writer's meaning clearly conveyed and writer's name is included
- Includes all relevant information
- Free from jargon and abbreviations
- Separates fact from opinion and hearsay
- Professional judgment supported by evidence
- Decisions reached are clearly recorded
- Dated and timed.

7.5 Good practice points

- Be specific – what is the exact nature of the concern and which category of abuse does it suggest?
- Show the evidence – What did you see, hear? Who said What, When, Where, How?
- Be precise with time words – what does always, frequent, never, mean.
- State your professional judgment and ensure its supported by evidence.

7.6 Records retention and destruction schedule
Learn 2 Live Youth Clinic keeps child records until the person reaches the age of 25 years. If the company were ever to be dissolved, then these records would be archived in line with Learn 2 Live Youth Clinic's policy.

8. Professional Challenge and Disagreements

8.1 Working with children and families can be stressful and complex, as well as involving uncertainty and strong feelings. To ensure that the best decisions are made for children, we need to be able to challenge one another's practice.

8.2 We will promote a culture within our service that enables all staff members to raise, without fear of repercussions, any concerns they may have about the management of child protection in the service. This may include raising concerns about decisions, action, and inaction by colleagues about individual children. If necessary, staff members can speak with the DSL or any other senior manager.

8.3 Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences, and case management. If the service disagrees with the child protection conference chair's decision, the DSL will consider whether they wish to challenge it further and raise the matter with Children's Services Head of Safeguarding or equivalent. Records must be kept of any such challenge and the outcome.

8.4 If there are any professional disagreements with practitioners from other agencies, the DSL will raise concerns with the relevant agency's safeguarding lead in line with guidance in the relevant local authority safeguarding children partnership inter-agency procedures.

9. Restrictive Practices

9.1 As per the HM Government document, Reducing the Need for Restraint and Restrictive Intervention (2019) at Learn 2 Live Youth Clinic, whilst we will always endeavor to avoid the use of restrictive intervention that may impact on Fellows, we acknowledge that situations of crisis may occur that may require a level of restriction in order to maintain safety.

We understand that restrictive intervention should only be used when absolutely necessary, in accordance with the law and clear ethical values and principles which respect the rights and dignity of children and young people, and in proportion to the risks involved.

A positive and proactive approach is taken at Learn 2 Live Youth Clinic in relation to the avoidance and subsequent management of behavioural displays that may require a level of restriction in order to minimize risk to both the Fellow and others. Preliminary discussions with both Fellows and their families are held prior to admission to the service and are fully documented.

Subsequent to admission, behaviour management care plans are developed with Fellows that include advance directives around how restrictive intervention is implemented, should it be required on an emergency basis.

Additionally, we understand that restrictive practices may extend beyond the use of physical intervention into areas such as the use of medication to control behaviour and the isolation of children away from others without justification. All medication within the service is administered to Fellows with full consent. Seclusion of Fellows is in no way advocated or employed within the service.

Appendix 1: Definitions of child abuse and neglect

There are four categories of harm[1] although often children may suffer more than one type of harm.

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 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 and 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, 'making fun' of what they say or how they communicate;
- age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- seeing or hearing the ill-treatment of another;
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

Sexual abuse and exploitation involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

- physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing.
- 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 can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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 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 using technology.

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 because 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 harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

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

[1] HM Government (2018) Working Together to Safeguard Children

Appendix 2: Types and indictors of child abuse

<table>
<tr>
<td>Physical abuse
Possible indicators are children who have:
frequent injuries
unexplained or unusual fractures or broken bones
unexplained: bruises, cuts, burns, scalds, bite marks.
bruising in pre-mobile babies.</td>
<td>Sexual Abuse and Exploitation
Possible indicators of sexual abuse are children who:
display knowledge or interest in sexual acts inappropriate to their age
use sexual language or have sexual knowledge beyond their years
ask others to behave sexually or play sexual games
self-harming behaviours
have problems with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.
Possible indicators of child sexual exploitation are children who:
appear with unexplained gifts or new possessions
associate with other young people involved in exploitation
have older boyfriends or girlfriends
suffer from sexually transmitted infections or become pregnant
suffer from changes in emotional well-being
misuse drugs and alcohol
go missing for periods of time or regularly come home late
regularly miss school or education.</td>
</tr>
<tr>
<td>Emotional abuse
Possible indicators are:
Children who are excessively withdrawn, fearful, or anxious about doing something wrong
Parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’
Parents or carers always blaming their problems on their child
Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.</td>
<td>Neglect
Possible indicators are:
Children who are living in a home that is persistently dirty or unsafe
Children who are frequently left hungry or dirty
Children who are left without adequate clothing for the weather conditions
Children who are living in dangerous conditions, i.e., around drugs, alcohol or violence
Children who are often angry, aggressive or self-harm
Children who fail to receive basic health care
Parents who fail to seek medical treatment when their children are ill or are injured
Children who are left alone when they are young or left in the care of unsuitable adults or dangerous adults.</td>
</tr>
</table>

Appendix 3: Grooming Behaviour

Grooming is when someone builds an emotional connection with a child and sometimes their family too in order to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age.

Many young people don't understand that they have been groomed or that what has happened is abuse. 'Grooming' is the process through which a person attempts to befriend a young person with the intention of later developing a sexual relationship with them. It involves making the child feel comfortable through a variety of methods thus developing trust, before initiating physical contact and abusing that trust. Some argue that the term *entrapment* or *control* better describes this process.

An offender is likely to look to groom the adults as well as the young person to gain their trust. This process can happen within any setting. Those who sexually abuse children are often experts at gaining confidence and can look for situations where they can have unsupervised access to children. Signs that an individual may be grooming a child include:

- Being dressed inappropriately around the young person
- Spends most of his/her spare time with young people and has little interest in spending time with someone of his/her own age
- Giving special attention to a young person
- Isolating a young person from other people
- Hugging, touching, kissing, tickling, wrestling with or holding a young person
- Giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason
- Treating a young person as a peer or like a spouse
- Finding ways to be alone with a young person when other adults are not likely to interrupt, e.g., taking the young person for a car ride, arranging a special trip, etc.
- Not respecting the privacy of a young person
- Discussing their own sex life or asking a young person to discuss sexual experiences or feelings
- Viewing indecent images of young people or asking them to send nude pictures
- Abusing alcohol or drugs and/or encourages young people to use them
- Allowing young people to consistently 'get away' with inappropriate behaviors
- Encouraging silence or secrets
- Makes fun of a young person's body parts – uses sexualised names for the young person
- Not adhering to the rules, authority or code of practice in the particular setting, organisation or within an activity
- Making threats of violence or blackmail to silence the young person
- Any unauthorised persons picking young people up or trying to contact them

Appendix 4: Child abuse in different contexts

Child-on-child abuse /sexually harmful behaviour Young people, particularly those living away from home, are vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. It is subject to the same safeguarding children procedures as apply in respect of any young person who is suffering or at risk of suffering significant harm from an adverse source.

Adolescence The nature of abuse and neglect for teenagers is different from that of younger children. They may face a wider range of risks due to the relationships they have, social media that they use, lifestyles that they lead and with their increasing independence. Risk taking and experimentation is a normal part of growing up but also can place young people in harm's way.

Child trafficking Child trafficking is child abuse. This is where children are recruited, moved or transported and then exploited e.g., for sexual exploitation or domestic servitude. They are often subject to multiple forms of abuse. Children may be trafficked into the UK from abroad but can also be trafficked from one part of the UK to another.

Child criminal exploitation 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 any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for financial advantage 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. Child criminal exploitation does not always involve physical contact; it can also occur using technology.

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.

Most abused parents have difficulty admitting even to themselves that their child is abusive. They feel ashamed, disappointed and humiliated and blame themselves for the situation, which has led to this imbalance of power. There is also an element of denial where parents convince themselves that their son or daughter's behaviour is part of normal adolescent conduct.

Although specific programmes to address CPV/APVA are in their infancy, help and support for abused parents is available through local Early Intervention and/or Domestic Abuse services.

County Lines This term is 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 drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Disabled children 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 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.

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 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.

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

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

Female genital mutilation (FGM) Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done. It's also known as female circumcision or cutting, and by other terms, such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of fifteen, most commonly before puberty. It's illegal in the UK and is child abuse. It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Regulated health and social care professionals and teachers are required to report cases of FGM in girls under 18 which they identify in the course of their work to the police. This is a personal duty; the professional who identifies FGM/receives the disclosure must make the report.

Forced marriage A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor. It is an entirely different from an arranged marriage. In an arranged or assisted marriage, the families take a role in choosing and introducing the marriage partners but the marriage is entered freely by both people, without pressure. In a forced marriage, this consent does not exist. If this form of harm is suspected, advice should be sought from the Forced Marriage Unit prior to any discussion with the young person or family on 0207 008 0151 or out of office hours contact: 0207 008 1500 (ask for Global Response Centre).

Online abuse This is abuse that is facilitated using internet-connected technology. It may take place through social media, online games, or other channels of digital communication. Technology can be used to facilitate illegal abusive behaviours including, but not limited to: harassment; bullying; stalking; threatening behaviour;

creating or sharing child sexual abuse material; inciting a child to sexual activity; sexual exploitation; grooming; sexual communication with a child; and causing a child to view images or watch films of a sexual act. Children can also be victimised if evidence of their abuse is recorded or uploaded online. Both online abuse and exposure to unsuitable content or behaviour can have a long-lasting impact on the well-being of children and young people. For further information on this topic see NSPCC Learning, CEOP, Internet Watch Foundation and the UK Safer Internet Centre websites.

Parental adversity Parental drug and alcohol misuse can cause harm from conception to adulthood, including physical and emotional abuse and neglect. Where drug misuse co exists with domestic violence and mental illness the risk of harm to a child is even greater (referred to as the toxic trio). Problems can be compounded by poverty; frequent house moves or eviction.

Race and racism Young people from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. The experience of racism is likely to affect the responses of the young person and parents/carers to other intervention in their lives. There is also a danger that professionals working with children may not intervene soon enough for fear of being racist and in so doing, offer the child less protection.

Radicalisation and violent extremism This refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Children may become susceptible to radicalisation through a range of social, personal and environmental factors. Indicators of radicalisation and violent extremism include:

- attempts to impose extremist views on others
- contact with extremist recruiters
- justifying the use of violence to solve societal issues
- joining or seeking to join extremist organisations
- glorifying violence, especially to other faiths or cultures
- possessing illegal or extremist literature
- out of character changes in dress, behaviour, peer relationships, secretive
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, artwork or writing that displays extremist themes
- verbalising anti-Western or anti-British views.

Young people who are showing signs of radicalisation and violent extremism will need to be considered as at risk of harm to themselves or others and therefore such concerns should be acted upon by following the safeguarding procedures.

'Channel' is the name for the process of referring a person for early intervention and support, including: Identifying people at risk of being drawn into terrorism assessing the nature and extent of that risk and developing the most appropriate support plan for the people concerned.

The Channel process is about safeguarding children, young people, and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from risk before a crime occurs.

The Counterterrorism and Security Act 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals.

The Act requires partners of Channel panels to co-operate with the panel in the carrying out of its

functions and with the police in undertaking the initial assessment as to whether a referral is appropriate.

Unaccompanied asylum-seeking children (UASC) A UASC is an asylum-seeking child under the age of 18 who is not living with their parent, relative or guardian in the UK. They can be more vulnerable to abuse and exploitation because they lack the necessary support networks, protection and communication skills.

Young people and gang activity Overall, young people can be particularly vulnerable to suffering harm in the gang context
are those who are:

- not involved in gangs, but living in an area where gangs are active;
- not involved in gangs, but at risk of becoming victims of gangs;
- not involved in gangs but at risk of becoming drawn in, for example, siblings or children of known gang members; *or*
- gang-involved and at risk of harm through their gang-related activities e.g., drug supply, weapon use, sexual exploitation and risk of attack from own or rival gang members.

Young carers A young carer is a person under 18 who provides or intends to provide care for another person (of any age apart from where that care is provided for payment or as voluntary work). Young carers may require support services either for them or for the person they care for to ensure that their health and welfare does not suffer. In some instances, young carers may need protection due to the adverse circumstances they may be experiencing or where the behaviour of the person that they are caring for is abusive.

Appendix 5: Child Sexual Abuse(CSE)

Over recent years there has been an increase in the profile and awareness of child's sexual abuse (CSE). Children subjected to CSE are often severely affected by it due to the violence, injury, and trauma that this form of abuse can involve.

CSE is known to take place in places that are part of the Night Time Economy such as on transport, hotels, licensed premises, food outlets, leisure complexes, petrol stations and at music or sporting events.

Vulnerabilities
There are some factors that can increase the chance that a child will be exploited by others:

- **Child**: if a child is in care, has learning difficulties, substance misuse issues or mental health problems.
- **Home/family**: if there is abuse or neglect, experience of violence, parental substance misuse, mental health issues and domestic abuse, poverty, lack of a good relationship with an adult, homelessness or insecure accommodation.
- **Friends**: if the child is exposed to other young people who are known to be exploited, or experiencing abuse by other friends.
- **Schools**: if the child has been excused from school and is not in education, training or employment
- **Neighbourhoods** if the child has been or is exposed to or has experienced violent crimes or lived in a deprived neighbourhood or involved in or have associations with gangs through relatives, friends or intimate relationships.

Warning signs of CSE

- Child spending a long time in one area
- Seen out late at night, or when they should be in school
- Appears to be travelling long distances, or out of their local area
- Is going to places that are not age - appropriate
- Is with an older person who doesn't seems to be their parent or carer or relative
- Is with a group of older people
- Is being picked up in stranger's cars
- Is given gifts including food, cigarettes, alcohol, drugs or are offered a place to stay
- Other people are speaking on behalf of the child when they are being directly addressed
- Child may show volatile or aggressive behavior, or may be quiet, withdrawn, trying to hide or be secretive
- Child may seem anxious, distressed, disheveled or tired
- Physical signs of abuse such as bruising or injury
- Child appears to be under the influence of, or being given, alcohol or drugs
- Signs of self-harm such as cutting or low self esteem
- Adults are frequently coming into venues with different young people

Law
Sexual Offences Act 2003 introduced a range of offences that recognise the grooming, coercion and control of children. The Act makes it an offence to arrange, facilitate the commission of a child sex offence; meet a child following sexual grooming; sexually exploit a child or control a child in relation to sexual exploitation.

Modern Slavery Act 2015 created new offences relating to trafficking into, within or out of the UK for sexual exploitation.

The police have a range of Orders, Warnings and Notices that can be used to help disrupt the exploitation of children.

Anti-Social Behavior, Crime and Policing Act 2014 allows the police to issue a notice requiring the owner,

operator or manager of relevant accommodation (including hotels) to disclose information where intelligence indicates the premises are being or have been used for the purpose of CSE.

Aside from sexual offences being committed, the detection of CSE may also link to other criminal activity such as domestic abuse, drugs related offences, immigration related offences, missing persons, production/possession and distribution of indecent images of children, anti-social behaviour, domestic servitude.

Appendix 6: The Role of the Designated Safeguarding Lead (DSL)

Designated Safeguarding Lead (DSL)
Luchie Cawood, CEO

Deputy Designated Safeguarding Lead (DDSL)
Sarah Thorpe, Registered Manager/Art Psychotherapist Sidra Bukhari, Registered Manager/Psychiatrist

Managing Referrals

- Refer all cases of suspected abuse to children's social care and to the Police if a crime may have been committed.
- Manage allegations against staff or contractors and the associated processes that may follow.
- Liaise with the safeguarding leads about safeguarding issues relating to individual children, especially ongoing enquiries under section 47 of the Children Act 1989.
- Act as a source of support, advice, and expertise to staff members on matters of child protection and safeguarding.

Record Keeping

- Keep detailed, accurate, secure written records of child protection and welfare concerns and referrals.
- Ensure a stand-alone file is created as necessary with safeguarding concerns.
- Maintain a chronology of significant incidents for each child with safeguarding concerns.
- As soon as a child with safeguarding concerns moves to another service, liaise with the new services Designated Safeguarding Lead for information sharing.

Multi-Agency Working and Information Sharing

- Cooperate with children's social care and the police for enquiries under section 47 of the Children Act 1989 or child in need assessments and plans.
- Attend, or ensure other relevant staff members attend, child protection conferences, core group meetings and other multi-agency meetings, as required.
- Liaise with other agencies working with the child, share information as appropriate and contribute to assessments.

Training

- Undertake appropriate training which is relevant and at a suitable level for the Designated Safeguarding Lead (DSL) role which follows best practice guidance, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth Edition: January 2019, Intercollegiate Document, published by the Royal College of Nursing.
- Update the safeguarding training level 4 at least every two years, and continually keeping up to date with changes to legislation and maintaining knowledge and skills to undertake their duties as Designated Safeguarding Lead.

Awareness Raising

- Review the safeguarding children policy and procedures annually or sooner if needs be and liaise with the services' senior management team body to update and implement them.
- Make the safeguarding children policy and procedures available publicly and raise awareness of it with children and families that referrals about suspected abuse may be made and the role of the service in any investigations that ensue.
- Provide an annual briefing or when changes occur to the service on any changes to safeguarding legislation and procedures and relevant learning from local and national serious case reviews.

- Encourage a culture of listening to children and taking account of their wishes and feelings in any action the service takes to protect them.

Quality Assurance

- Monitor the implementation of and compliance with safeguarding children policy and procedures, including periodic audits of safeguarding records.
- Provide regular reports, including an annual report, to the governance team detailing changes and reviews to policy, training undertaken by staff members and the number of children with child protection plans and other relevant data.
- Take lead responsibility for remedying any deficiencies and weaknesses identified in Learn 2 Live Youth Clinic's safeguarding arrangements.

Appendix 7: Hampshire Safeguarding Children Partnership Threshold Guidance

Hampshire and Isle of Wight Safeguarding Children Partnership and Children's Trust
Thresholds Chart – July 2019

Threshold:	1. Universal	2. Early Help	3. Targeted Early Help	4. Children's Social Care
The Child or Young Person (maybe unborn):	Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising.	Has additional needs identified within the setting that can be met within identified resources through a single-agency response and partnership working.	Has multiple needs requiring a multi-agency coordinated response.	Has a high level of unmet and complex needs or is in need of protection.
	The following circumstances and key features are for guidance and should always be considered in respect of the impact on the child or young person including unborn and newly born. Each child's case will be individually considered taking into account the child's circumstances and the strengths of the family.			
Circumstances and Key Features:	**Developmental Needs of child** • Achieving learning targets • Good attendance at school • Meeting developmental milestones • Has psychological wellbeing • Socially interactive and skilled • Ability to protect self and be protected	**Developmental Needs of Child** • Absence/truancy from school • Incidence of absence/missing from home • Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) • Is disabled and has specific additional needs • Is a young carer • Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups • Is misusing drugs or alcohol • Has previously been in care/returned home to their family from care • Subject to fixed-term exclusions • At risk of social exclusion • Has poor attachments • Language and communication difficulties • Reduced access to core services • Potential for becoming NEET (not in education, employment or training) • Potential not to attain • Slow in meeting developmental milestones • Missing health checks/immunisations • Minor health problems • Poor self-esteem • Low level emotional/mental health issues • Inappropriate use of social media (e.g. sexting/use of inappropriate images)	**Developmental Needs of Child** • Persistent absence from school • Missing from school/home regularly • Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) • No access to core services • Social exclusion • Poor attachments • Is disabled and has specific additional needs • Is subject to permanent exclusions/no school place • Not in education, employment or training (NEET) • Has returned home to their family from care • Developmental milestones not being met due to persistent parental failure/inability • Chronic/recurring health problems • Regular missed appointments affecting developmental progress • Teenage pregnancy • Is misusing drugs or alcohol • Risky sexual behaviour/underage sexual activity • Offending/antisocial behaviour resulting in risk of entering the Youth Justice System • Emotional/mental health issues including self-harm • Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups	**Developmental Needs of Child** • Chronic persistent absence, permanent exclusions or no school place that risks entry to the care system • Is frequently missing/goes missing from care or from home • Persistent social exclusion • Poor attachments • Complex/multiple disabilities • Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) • Is a non-ambulant child with bruising or unexplained marks. • Complex mental health issues affecting developmental needs including self-harm • High level emotional health issues and very low self-esteem • Has recently returned home to their family from care • Non-organic failure to thrive • Sexually inappropriate behaviour • Sexually aggressive behaviour • Teenage parent/pregnancy under the age of 13 • Drug/alcohol use severely impairing development • Relationship breakdown between child and parent/carer that risks entry to the care system • Offending/antisocial behaviour and in the Youth Justice System • Unaccompanied asylum-seeking children (UASC) • Is at risk of modern slavery, trafficking or exploitation • Is at risk of being radicalised or exploited

			• Inappropriate use of social media (e.g. sexting/use of inappropriate images)	• Is a privately fostered child • Inappropriate use of social media (e.g. sexting/use of inappropriate images) • Sexual exploitation/abuse (including online)
	Family and Environment • Supportive relationships • Housed, good diet and kept healthy • Supportive networks • Access to positive activities	**Family and Environment** • Family or household member relies on child for some care • Poor parent/child relationships • Children of prisoners/parent subject to community order(s) • Child exposed to bullying environment • Poor housing and poor home environment impacting on child's health • Community harassment/discrimination • Low income affects achievement • Parenting advice needed to prevent needs escalating • Poor access to core services • Risk of relationship breakdown • Concerns about possible domestic abuse	**Family and Environment** • Housing tenancy at risk • Imminent risk of homelessness • Community harassment/discrimination • Domestic abuse • Relationship breakdown • Transient family • Is in a family circumstance presenting challenges for the child such as drug and alcohol misuse, adult mental health issues and domestic abuse • Community harassment/discrimination	**Family and Environment** • Suspicion of physical, emotional or sexual abuse, or neglect • Domestic abuse resulting in child being at risk of significant harm • Homeless child/young person • Family intentionally homeless • Extreme poverty affecting child's wellbeing • Forced marriage, Honour-Based Violence, Female Genital Mutilation, Fabricated or Induced Illness (FII)
	Parents and Carers • Protected by carers • Secure and caring home • Receive and act on information, advice and guidance • Appropriate boundaries maintained	**Parents and Carers** • Inconsistent care arrangements • Poor supervision by parent/carer • Inconsistent parenting • Poor response to emerging needs • Historic context of parents/carers own childhood • Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system	**Parents and Carers** • Parental learning or physical disability, substance misuse or mental health issues impact on parenting • Inconsistent care arrangements • Poor supervision by parent/carer • Inconsistent parenting • Poor response to identified needs • Historic context of parents/carers own childhood • Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system	**Parents and Carers** • Previous history of child/ren of one or more adult in the household being in care or subject to child protection plans • Parental encouragement of abusive/offending behaviour • Continuing poor supervision in the home resulting in significant harm or risk of significant harm • Parental non-compliance/disguised compliance or cooperation • Inconsistent parenting affects child's developmental progress
What Do I Do Next?	Go direct to the family information site: www.iwight.com/wightchyps https://fish.hants.gov.uk/kb5/hampshire/directory/home.page	Consider Early Help checklist. Referral to agency for support to meet identified needs. For further advice or guidance in respect of Early Help, contact your local Family Support Service.	Early Help assessment to be considered. If you require advice or guidance in respect of the child or young person's needs, submit an Inter-Agency Referral Form to the Children's Reception Team.	Use the Inter-Agency Referral Form to refer to the Children's Reception Team or phone on **0300 300 0117** if the matter is an urgent safeguarding issue. Alternatively, ring police on **999** if at immediate risk.
Level of Assessment:	No formal assessment	Early Help checklist to be considered	Early Help assessment	Child and Family assessment / child protection (S47) investigation

Refer via Inter-Agency Referral Form (IARF)

Hampshire Professionals Number: 01329 225379

Hampshire Public Number: 0300 555 1384

Isle of Wight Professionals Number: 0300 300 0901

Isle of Wight Public Number: 0300 300 0117

Emergencies: 999

Appendix 8: Contact Details of the Local Agency Responsible for Child Protection and Country Wide

Hampshire Safeguarding Contact Details

Hampshire Children's Services: 0300 555 1384

Professionals to complete the Inter-agency Referral Form.

Concerns about a member of staff working with children, contact the Local Authority Designated Officer (LADO):01962 876364

NHS Safeguarding app (contact details for every safeguarding team in the country)

The app provides a directory of safeguarding contacts for every local authority in England, searchable by region. We encourage all staff to download the app onto their phones.

https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/

GOV.UK website – Report child abuse to local council

Please note you must also report to the local children's social care in which the child lives. The GOV.UK website has an online tool, Report child abuse to local council which directs to the relevant local children's social care contact number.

Appendix 9: Hampshire Safeguarding Children Partnership Contact information Flow Chart