

Child Protection and Safeguarding Policy

Last Update: February 2025

ME, YOU & US
Safeguarding is everyone's responsibility

Policy reviewed	March 2025
Next reviewed date	February 2026

Key Personnel

Role	Name	Email	Telephone
CEO & Director	Joel Sutton	Retracted for website use	Retracted for website use
Head of Content	Claire Sutton	Retracted for website use	Retracted for website use
Volunteer Project Manager	Marie Louise	Retracted for website use	Retracted for website use
Volunteer Administration	Debbie Dugdall	Retracted for website use	Retracted for website use
Safeguarding Director	Joel Sutton	Retracted for website use	Retracted for website use

**Out of hours contact details will be made available to staff*

***Any changes to key personnel/holiday/emergency contacts will be shared with the appropriate agencies and LA safeguarding boards/hubs*

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Child Protection and Safeguarding Policy

1. Safeguarding Statement

Youth Mental Health Foundation recognise our moral and statutory responsibility to safeguard and promote the welfare of all pupils and expects all staff, Directors and volunteers to share this commitment. We recognise that all children, regardless of age, disability, SEND, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. We listen to participants and take seriously what they tell us, and we will refer children to the adults they can talk to if they have a concern. When there are concerns for a child's welfare, we may need to share information and work in partnership with other agencies. We will ensure concerns are discussed with parents/carers first unless we have reason to believe that by doing so would compromise the child's safety. This Child Protection and Safeguarding policy underpins and guides our safeguarding procedures and protocols.

2. Terminology

Safeguarding and promoting the welfare of children is defined as:

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

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Staff refers to all those working for or on behalf of the organisation, full or part time, temporary or permanent, in either a paid or voluntary capacity.

Child includes everyone under the age of 18 or 25 if a care leaver.

Parents refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers, adoptive parents and LA corporate parents.

3. Safeguarding Legislation and Guidance

The following safeguarding legislation and guidance has been considered when drafting this policy:

- [Working Together to Safeguarding Children](#)
- [Keeping Children Safe in Education](#)

- [Information Sharing 2018](#)
- [What to do if you're worried a child is being abused](#)

4. Policy Principles, Aims and Values

The welfare of the child is paramount:

- All children regardless of age, gender, culture, language, race, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities.
- We recognise that all adults, including temporary staff¹, volunteers and directors, all have a duty to protect children from harm and have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm.
- All staff believe that our projects and work should provide a caring, positive, safe and stimulating environment that promotes the social, physical, mental wellbeing and moral development of the individual child.
- Children and staff involved in child protection issues will receive appropriate support and supervision.

This policy aims to:

- Raise the awareness of all staff of the need to safeguard children.
- Provide all staff with guidance on the procedures they should adopt in the event that they suspect a child, or young person may be experiencing, or be at risk of experiencing, harm. Including (by DSL/DDSL) consideration to the use of appropriate assessments, resources and agency support.
- Provide an environment in which children and young people feel safe, secure, valued and respected, and that they will be listened to should they make a disclosure.
- Raise awareness that abuse can be both Familial and/or Contextual; and abusers can be both adult/s to child/ren or child/ren to child/ren.
- Demonstrate the organisation's commitment with regard to safeguarding and child protection to children, parents, carers and other partners.
- Provide a systematic means of monitoring children known or thought to be at risk of harm.
- To emphasise the need for high levels of communication between staff and the designated safeguarding leads internally and with external agencies and partners, including our contribution to assessments, referrals and support plans.
- To develop and promote effective working relationships with other partnership agencies, particularly Children's Social Care, Police and Health.
- Support the child's development in ways that will foster security, confidence and independence.
- Ensure that all staff working within our organisation who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)², and a single central record is kept for audit.
- Provide clarity and expectations on professional behaviours and code of conduct including lone working requirements.

¹ Wherever the word "staff" is used, it covers ALL staff, including ancillary supply and self-employed staff, contractors, volunteers working with children etc. and Directors.

² Guidance regarding DBS checks recently updated by the Protection of Freedoms Act 2012

Supporting and Protecting Children:

- We provide:
 - (i) School based assemblies and workshops for school children in their schools with school staff present.
 - (ii) Power2Parent, Horizon Plan and Oasis courses for parents and carers.
 and recognise at any of these events, we may receive a disclosure or recognise that there is a safeguarding matter which will require recording, reporting and referral to Children's Social Care.
- We recognise that a child who is abused or witnesses' violence may feel helpless and humiliated and could experience barriers to making a disclosure. We understand that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn as well as exhibiting signs of mental health problems. We understand the impact on a child's mental health, behaviour and education from familial and/or contextual abuse.

We will support all children by:

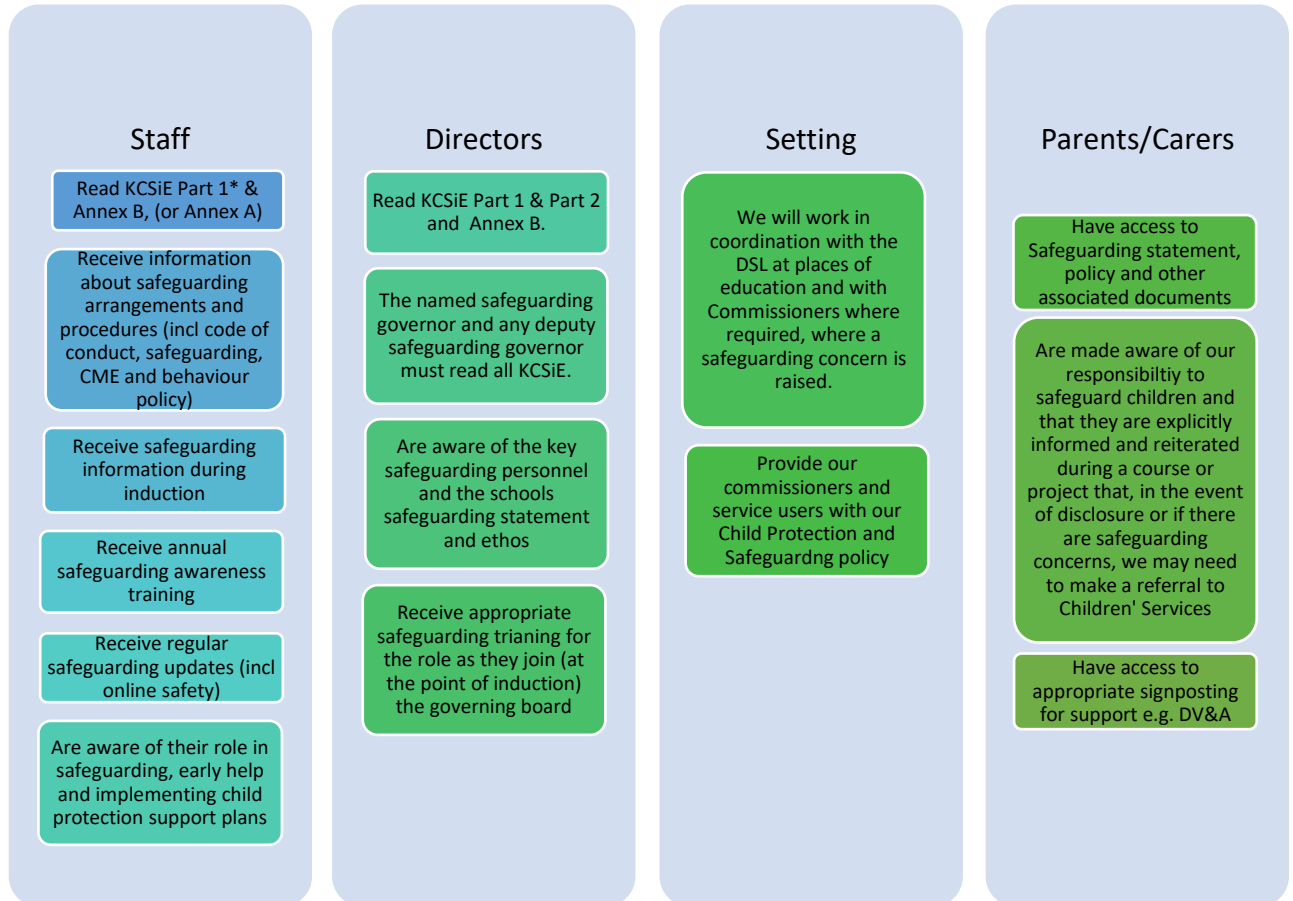
- encouraging self-esteem and self-assertiveness, through our work as well as our relationships, whilst not condoning aggression or bullying (incl. cyber bullying).
- promoting a caring, safe and positive environment within our projects and providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- responding sympathetically to any requests for time out to deal with distress and anxiety.
- offering details of helplines, counselling or other avenues of external support.
- liaising and working together with all other settings, support services and those agencies involved in the safeguarding of children.
- notifying Children's Social Care as soon as there is a significant concern.
- reassuring victims that they are being taken seriously and that they will be supported and kept safe.

We will work together with schools and multi-agency teams to protect children by:

- working to establish and maintain an ethos where children feel secure, are encouraged to talk and are always listened to.
- ensure that all children know there are adults in the setting whom they can approach if they are worried or in difficulty.
- respecting and including the children's voice.
- ensure all our staff put their mobile phones away during all project work (with the exception of when they are used to play music in a school workshop, and only then under the supervision of a teacher or teaching assistant from the school)

5. Safe Work, Safe Staff

We will ensure that Staff, Directors, Setting and Parents/Carers:



6. Roles and Responsibilities

Regardless of whether our courses or projects are school or community based, we will follow the statutory guidance as set out in the latest Keeping Children Safe in Education (and associated documents and guidance), adhering to the roles, responsibilities and expectations identified for:

- Governing bodies, proprietors and management committees.
- The designated safeguarding lead
- The deputy designated safeguarding lead/s
- Staff

[Keeping Children Safe in Education](#)

Governing bodies and management committees:

All members of The Governing Body understand and fulfil their responsibilities, namely, to ensure that there is a Child Protection and Safeguarding policy together with a Staff Behaviour policy (Code of Conduct).

Governing bodies should ensure that all Directors receive appropriate safeguarding and child protection (including online) training at induction. This training should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place in settings and colleges are effective and support the delivery of a robust whole setting approach to safeguarding. Their training should be regularly updated.

Roles and responsibilities will include:

- Child protection, safeguarding, recruitment and managing allegations policies and procedures, including the staff behaviour policy (code of conduct), are consistent with the Local Authority and statutory requirements, are reviewed annually and that the Child Protection and Safeguarding policy is publicly available on the setting website or by other means.
- Ensures that all staff including temporary staff and volunteers are provided with the our Child Protection and Safeguarding policy and staff Code of Conduct.
- All staff have read Keeping Children Safe in Education Part 1* and Annex B and those mechanisms are in place to assist staff in understanding and discharging their roles and responsibilities as set out in the guidance. (* or Annex A if not working directly with children)
- We operate a safer recruitment procedure that includes statutory checks on staff, disqualification by association regulations and by ensuring that there is at least one person on every recruitment panel who has completed safer recruitment training.
- A member of the senior leadership team has been appointed as the Designated Safeguarding Lead (DSL) who will take lead responsibility.
- On appointment, the DSL and deputy(ies) will already possess current certification, or undertake appropriate Level 3 identified training offered by the Local Authority or other provider every two years.
- All other staff have Level 2 safeguarding training updated as appropriate; but at least annually.
- Enhanced DBS checks at the appropriate level are in place for all Directors.
- Any weaknesses in Child Protection are remedied immediately.

The Designated Safeguarding Lead (DSL):

The designated safeguarding lead should take lead responsibility for safeguarding and child protection (including online safety). This should be explicit in the role holder's job description.

Roles and responsibilities will include:

- Availability – being available for the prompt acceptance of safeguarding referrals
- Manage referrals – to e.g. Children's Social Care, Channel programme, Disclosure and Barring service, the Police

- Working with others – e.g. a point of contact with safeguarding partners, a source of support and advice for staff, to promote supportive engagement with parents and/or carers and the Senior Leadership Team/Governing body
- Information sharing and managing files
- Raising Safeguarding and Child Protection Awareness
- Updating training, knowledge and skills required to carry out the role of DSL
- Providing support to staff
- Holding and sharing information

Staff:

Roles and responsibilities will include:

- maintaining an attitude of 'it could happen here' where safeguarding is concerned.
- identifying concerns early, provide help for children, promote children's welfare and prevent concerns from escalating.
- to provide a safe environment in which children can learn.
- knowing what to do if a child tells them they are being abused, exploited, or neglected.
- being able to reassure victims that they are being taken seriously and that they will be supported and kept safe.
- recognising the barriers for children and parents/carers (in parenting courses) when wanting to make a disclosure (verbal or non-verbal)
- identifying children and families who may benefit from Early Help and making relevant referrals and signposting.
- raising any concerns for a child following our safeguarding policies and procedures
- being aware of local authority referral processes and supporting social workers and other agencies following any referral.
- Attending regular safeguarding and child protection training.

7. Confidentiality

- Our organisation recognises that in order to effectively meet a child or family's needs, safeguard their welfare and protect them from harm we may need to contribute to inter-agency working in line with Working Together to Safeguard Children (2018) and share information between professionals and agencies where there are concerns.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 2018³ is not a barrier to sharing information where the failure to do so would place a child at risk of harm.

³ The UK Data Protection Act 2018 (DPA 2018) is supplementary to the General Data Protection Regulation 2016 (the GDPR) and replaces DPA 1998.

- All staff must be aware that they cannot promise a child, parent or carer to keep secrets which might compromise the child's safety or wellbeing.
- However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential, and we will only disclose information about a child to other members of staff on a need-to-know basis.
- We will always undertake to share our intention to refer a child to the Local Authority Safeguarding Hub with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will contact the Local Authority Safeguarding Hub consultation line.
- In line with KCSiE all children's safeguarding files will be kept confidential and stored securely.

8. Recognising and Responding to Safeguarding Concerns

Recognising:

Any child, in any family, in any setting, could become a victim of abuse. Staff should always maintain an attitude of **"It could happen here"**. We also recognise that abuse, neglect and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another.

- Abuse and neglect are forms 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 the 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 by another child or children.
- Abuse and Neglect may also take place outside of the home, contextual safeguarding, and this may include (but not limited to), sexual exploitation criminal exploitation, serious youth violence, radicalisation.
- Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via child-on-child abuse.

Further information about the four categories of abuse; physical, emotional, sexual and neglect, (familial and contextual) and indicators that a child may be being abused can be found in appendices 1 - 17 and in Keeping Children Safe in Education Part 1/Annex A/Annex B. There are also a number of specific safeguarding concerns that we recognise children may experience.

• child missing from education • child missing from home or care • child sexual exploitation (CSE), child criminal exploitation (CCE) • bullying including cyberbullying	• gender-based violence/violence against women and girls (VAWG) • mental health difficulties • private fostering • radicalisation
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• domestic abuse • drugs • fabricated or induced illness • faith abuse • female genital mutilation (FGM) • forced marriage • gangs and youth violence	• youth produced sexual imagery (sexting) • teenage relationship abuse • trafficking • child on child abuse • upskirting • serious violence • sexual harassment
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- There will be occasions when staff who are conducting a school-based activity may suspect that a child may be at risk but have no 'real' evidence.
- In these circumstances staff will liaise with the DSL at the school.

Further information on the different types of safeguarding concerns and settings' response can be found in the Appendices section.

Responding to school-based safeguarding and to community-based safeguarding:

- Following an initial conversation with the pupil or parent, if the member of staff remains concerned, they should discuss their concerns with the School and Youth Mental Health Foundation DSLs and put them in writing, see FLOW CHART A. Records should include:
 - a clear and comprehensive factual summary of the concern.
 - details of how the concern was followed up and resolved.
 - a note of any action taken, decisions reached and the outcome.
- If the child or parent of the child does begin to reveal that they are being harmed, staff should follow the advice in FLOW CHART A and in the table below 'pupil making a disclosure'.
- All concerns however small must be recorded and shared with the DSL as this information could provide the 'missing' piece of the bigger picture of the lived experience for the child.
- Although Youth Mental Health Foundation has its own DSL, in the case of school-based work, any school-based safeguarding would involve liaison between our DSL and the school DSL.

FLOW CHART A

1. Offer reassurance, listen and take seriously what is being said. Never promise to keep secrets or be persuaded by the child, young person or their family not to take action.



2. Recognise that it is not your job to investigate, verify what is being said or examine the individual disclosing; this is the statutory responsibility of the child protection services and/or the Police. However, it is important to ascertain relevant information.



3. Explain the process to the individual; that you will need to pass this information on, to whom, the reasons why and possible actions.



4. Any concerns will be recorded, including the child's voice, body map (if necessary) and other relevant information in line with our schools recording procedure. Concerns may also be shared with the DSL/DDSL verbally, these conversations will also be recorded in writing

If a pupil discloses to a member of our staff

- We recognise that it takes a lot of courage for a child or parent of a child to disclose that abuse is occurring. They may feel ashamed, guilty or scared. In the case of children, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.
- A child who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During their conversation with the pupil our staff will;

- listen to what the child has to say and allow them to speak freely.
- remain calm and not overreact or act shocked or disgusted – the pupil may stop talking if they feel they are upsetting the listener.
- reassure the child that it is not their fault and that they have done the right thing in telling someone.
- not be afraid of silences – staff must remember how difficult it is for the pupil and allow them time to talk.
- take what the child is disclosing seriously.
- ask open questions and avoid asking leading questions.
- avoid jumping to conclusions, speculation or make accusations.
- not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
- avoid admonishing the child for not disclosing sooner. Saying things such as 'I do wish you had told me about it when it started' may be the staff member's way of being supportive but may be interpreted by the child to mean they have done something wrong.

- tell the child what will happen next, that they cannot keep secrets, and that information will be shared to ensure the right level of support is given.

Notifying Parents

- In the case of school-based work, Youth Mental Health Foundation will immediately liaise with the School DSL and will involve our DSL. The school will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and normally the school DSL/DDSL will make contact with the parent in the event of a concern, suspicion or disclosure of abuse of that the child has been harmed in some way.
- However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's Local Authority Safeguarding Hub e.g. familial sexual abuse.
- In the case of community-based parenting courses, if Youth Mental Health Foundation believes that notifying parents could increase the risk to the child or exacerbate the problem advice will first be sought from children's Local Authority Safeguarding Hub.
- Where there are concerns about forced marriage or honour-based abuse parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police.

Making a referral

- Concerns about a child or a disclosure should be immediately raised with the DSL who will help decide whether a referral to children's Local Authority Safeguarding Hub or other support is appropriate in accordance with The Local Authority Threshold Tool⁴.
- If we need guidance about whether a concern raised should be referred to the Local Authority Safeguarding Hub, a consultation will be sought with the Local Authority to seek further support and guidance.
- If a referral is needed, the DSL should make this rapidly and have the necessary systems in place to enable this to happen. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn't been made, they can, and should, consider making a referral themselves.
- The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.
- If after a referral the child's situation does not appear to be improving, the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child's situation improves.
- If a child is in immediate danger or is at risk of harm a referral should be made to children's Local Authority Safeguarding Hub and/or the police immediately. Anybody can make a referral.
- Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

Supporting our Staff

- We recognise that our staff who have become involved with a child who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting.

⁴ DCFP Levels of Need document

- We will support our staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.

9. Children who are particularly vulnerable

Youth Mental Health Foundation recognises that some children are more vulnerable to abuse, neglect and contextual safeguarding concerns and that additional barriers exist when recognising abuse for some children. We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances.

In some cases, possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

Any child may benefit from early help, but all Youth Mental Health Foundation staff should be particularly alert to the potential need for early help for a child who, insofar as we are party to the relevant knowledge:

- is disabled and has specific additional needs.
- has special educational needs (whether or not they have a statutory education, health and care plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is misusing drugs or alcohol themselves
- is at risk of modern slavery, trafficking or exploitation
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
- has returned home to their family from care
- is showing early signs of abuse and/or neglect
- is at risk of being radicalised or exploited
- is a privately fostered child
- has an imprisoned parent
- is experiencing mental health, wellbeing difficulties
- is persistently absent from education (including persistently absent for part of the setting day).
- is at risk of 'honour' based abuse such as FGM or Forced Marriage

10. Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All our staff are made 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, poor or unsafe practice and potential failures in the organisation's safeguarding arrangements. If it becomes necessary to consult outside the setting, they should speak in the first instance, to the Local Authority Designated Officer following the Whistleblowing Policy.

In a school setting, whistleblowing re the Headteacher should be made to the Chair of the Trustees whose contact details are readily available to staff (as pertinent to setting).

11. Allegations against staff

All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults. Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction⁵.

In line with KCSiE part 4 guidelines,

12. Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Such events should be recorded and signed by a witness.

Staff who are likely to need to use physical intervention will be appropriately trained.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

13. Confidentiality, Sharing Information and GDPR

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

⁵ Refer to "Guidance for Safe Working Practice"

Staff should be proactive in sharing as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care.

Staff should only discuss concerns with the DSL or CEO. That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

However, following a number of cases where senior leaders in setting had failed to act upon concerns raised by staff, Keeping Children Safe in Education emphasises that *any* member of staff can contact children's social care if they are concerned about a child.

Child protection information will be stored and handled in line with the Data Protection Act 2018⁶ and HM Government Information Sharing and Advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018.

Information sharing is guided by the following principles:

- necessary and proportionate
- relevant
- adequate
- accurate
- timely
- secure

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Youth Mental Health Foundation will ensure that images of children used within publications, publicity and on the website have been taken by school staff who have written parental consent prior to any images being taken and used.

14. Policy Links

This policy also links to our policies on:

• Staff Behaviour Policy / Code of Practice • Whistleblowing • Health and Safety • Allegations against staff	• Physical intervention • Online Safety, including staff use of mobile phones • Risk Assessment • Recruitment and Selection • Data Protection/GDPR Guidance
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⁶ The UK Data Protection Act 2018 (DPA 2018) is supplementary to the General Data Protection Regulation 2016 (the GDPR) and replaces DPA 1998.

Appendices

1. Categories of Abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse (including child sexual exploitation)
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-needing behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression and/or anxiousness
- Age-inappropriate sexual behaviour
- Child Sexual Exploitation
- Criminality
- Substance abuse
- Mental health problems
- Poor attendance

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s

- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, handprints or a hairbrush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face

- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Mongolian Blue Spot: Bruising in non-mobile children is rare and may indicate abuse or neglect. Birth marks, especially Mongolian Blue Spots, can mimic bruising. Mongolian Blue Spot can be identified (see below), however if in any doubt as to the cause of the bruise refer to [Southwest Child Protection Procedures \(proceduresonline.com\)](https://proceduresonline.com) local authority guidance and consultation.

- Areas of skin hyperpigmentation – flat, not raised, swollen or inflamed
- Not painful to touch
- Usually present at birth/ develop soon afterwards
- Will not change in shape or colour within a few days
- Normally uniform blue/ grey in colour across the mark
- Common in African, Middle Eastern, Mediterranean and Asian children
- While most occur at the lower back and buttocks, they can appear anywhere (e.g. back of shoulder or limb). Scalp/ face rarely affected
- Can be single/ multiple, vary in size, but mostly few centimetres diameter
- Gradually fade over many year

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type

- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about, and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

2. Radicalisation and Extremism

The Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services to have due regard to the need to prevent people from being drawn into terrorism.

Extremism is defined as 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Some children are at risk of being radicalised; adopting beliefs and engaging in activities which are harmful, criminal or dangerous.

YMHF is clear that exploitation of vulnerable children and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for settings and childcare providers on preventing children and young people from being drawn into terrorism⁷.

YMHF seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

⁷ [The Prevent duty](#)

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the School DSL in the event of schools work and with the Local Authority Safeguarding Hub with regard to parent courses. They should then follow normal safeguarding procedures. If the matter is urgent then the Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and governors to raise concerns around Prevent (020 7340 7264).

Indicators Of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

3. Extremism is defined by the Crown Prosecution Service as:
The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs.
 - Seek to provoke others to terrorist acts.
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
 - Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that setting staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society.
- Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship

group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging.

- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
- Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life.
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration.
- Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters.
- Accessing violent extremist websites, especially those with a social networking element.
- Possessing or accessing violent extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage.
- Justifying the use of violence to solve societal issues.
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour.
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

The Prevent duty ensures settings and colleges have 'due regard' to the need to prevent people from being drawn into terrorism.

Channel is the voluntary, confidential support programme which focuses on providing support at an early stage to individuals that have been identified as being vulnerable to radicalisation. Prevent referrals may be passed to the multi-agency Channel panel to determine whether individuals require support.

[The Prevent Duty can be accessed via this link.](#) (School specific para's 57-76)

[Summary of The Prevent Duty for Schools and Childcare Providers \(June 2015\)](#)

[The Prevent Duty, for Further Education Institutions](#)

Guidance on Channel <https://www.gov.uk/government/publications/channel-guidance>

Further information can be obtained from the Home Office website.

3. Domestic Abuse (incl. Operation Encompass)

Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, and religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.

How does it affect children?

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn. In some cases children may blame themselves for the abuse or may have had to leave the family home as a result. Children who witness domestic abuse are at risk of significant harm.

What are the signs to look out for?

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

What should I do if I suspect a family is affected by domestic abuse?

If this occurs as a result of work in a school, immediately refer to School DSL and YMHF DSL and through liaison, ensure that the following process takes place

Contact: <https://new.devon.gov.uk/dsva/>

If you are concerned about a child or young person in Devon please contact the [Multi-Agency Safeguarding Hub \(LOCAL AUTHORITY SAFEGUARDING HUB\)](#) on 0345 155 1071 or email [Local Authority Safeguarding Hubsecure@devon.gov.uk](mailto:LocalAuthoritySafeguardingHubsecure@devon.gov.uk).

If you are concerned about an adult (aged 16+) in Devon please complete the [Risk Identification Checklist](#) (Safelives DASH RIC) to identify the level of risk which support service to refer them too, and follow the advice on the [MARAC page](#) for all levels of risk.

If you are concerned about a vulnerable adult please contact [Care Direct](#) on 0845 155 1007 (8am – 8pm Monday to Friday and 9am – 1pm on Saturdays) In an emergency, please contact the Emergency Duty Service 0845 6000 388 or email csc.caredirect@devon.gov.uk.

Splitz Support Service is a charity delivering support services to women and young people experiencing the trauma of domestic abuse and sexual violence. Telephone 0345 155 1074 or email admin@splitzdevon.org

SAFE (Stop Abuse For Everyone) is a charity based in Exeter providing help and support to children and families who have experienced domestic abuse and violence. Telephone 030 30 30 0112 or email hello@safe-services.org.uk (Monday to Friday, 9am – 5pm)

National Domestic Abuse Helpline Refuge runs the National Domestic Abuse Helpline, available 24hour a day 0808 2000 247 and its website offers guidance and support for potential victims.

Refuge: <https://www.refuge.org.uk/>

Operation Encompass

Operation Encompass helps police and schools work together to provide emotional and practical help for children. Police will inform the ‘key adult’ within school if they have been called to an incident of domestic abuse, where there are children in the household before registration the next day.

4. Exploitation (incl Child Sex Exploitation, Child Criminal Exploitation & County Lines)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. This power imbalance could be due to age, gender, sexual identity, cognitive ability, physical strength, status, and /or access to economic or other resources. The abuse could be linked to an exchange for something the victim perceives that they need or want and/or will be to the financial benefit or other advantage (such as increase status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, and adults or children (who themselves may be experiencing exploitation). The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It may involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

Victims can be exploited even when the activity appears consensual, and it should be noted exploitation as well as being physical can be facilitated and/or take place online. The experience of girls who are criminally exploited can be very different from boys, the indicators may not be the same and both boys and girls that are being criminally exploited may be at higher risk of sexual exploitation.

Any concerns that a child is being or is at risk of being sexually or criminally exploited should be passed without delay to the School’s DSL in the event of school work and YMHF in the event of

community work/parenting courses. Schools will be aware there is a clear link between regular school absence/truancy, CSE and CCE. Staff should consider a child to be at potential CSE/CCE risk in the case of regular setting absence/truancy and make reasonable enquiries with the child and parents to assess this risk.

The School DSL in the event of school work, or YMHF DSL in the event of community/parenting courses, will use the appropriate Local Authority Assessment tool e.g. the Exploitation Toolkit, the Devon Safeguarding Children Partnership Adolescent Safety Framework Safer Me Assessment⁸ on all occasions when there is a concern that a child is being or is at risk of being sexually or criminally exploited or where indicators have been observed that are consistent with a child who is being or who is at risk of being sexually or criminally exploited. These assessments will indicate to the DSL whether e.g. a Safer Me Early Help approach or referral to the Exploitation Hub/Local Authority Safeguarding Hub is required. If the DSL is in any doubt, they will contact the Safeguarding Hub consultation.

In all cases if the assessment identified any level of concern the relevant DSL should contact their local MACE⁹ (Missing and Child Exploitation) and email the completed (e.g. Safer Me) assessment along with a Safeguarding Hub enquiry form. If a child is in immediate danger the police should be called on 999.

YMHF is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. As a consequence, the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse. If YMHF are involved in such a safeguarding issue, this will be in close liaison with the School DSL. Other matters will be in full liaison with the Local Authority Safeguarding Hub.

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual or criminal exploitation.

Signs include:

- going missing from home or setting
- regular setting absence/truancy
- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)

⁸ [DCFP Adolescent Safety Framework info and Safer Me Assessment](#)

⁹ [DCFP MACE guidance](#)

- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with setting, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Child Criminal Exploitation can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

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

Exploitation is an integral part of the county lines offending model with children and vulnerable adults being exploited to move (and store) drugs and money. The same grooming models used to coerce, intimidate and abuse individuals for sexual and criminal exploitation are also used for grooming vulnerable individuals for county lines.

CSE is a form of child sexual abuse. CSE can occur over time or be a one-off occurrence. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17-year-olds who can legally consent to have sex.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to

behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

For further information on signs of a child's involvement in sexual exploitation: [Child sexual exploitation: guide for practitioners](#)

For further information on County Lines: [Criminal exploitation of children and vulnerable adults: county lines guidance](#)

5. Female Genital Mutilation (FGM)

It is essential that YMHF staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. If a member of staff, in the course of their work, discovers that an act of FGM appears to have been carried out, the member of staff must report this to the Police.

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

What is FGM?

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

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement

- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. A mandatory reporting duty requires teachers to report 'known' cases of FGM in under 18s, which are identified in the course of their professional work, to the police¹⁰.

The duty applies to all persons in our organisation. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead; however the DSL should be informed.

If a member of staff is informed by a girl under 18 that an act of FGM has been carried out on her, or our staff member observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18, and they have no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, the teacher should personally make a report to the police force in which the girl resides by calling 101. The report should be made by the close of the next working day.

Setting staff are trained to be aware of risk indicators of FGM identified in this section of the Appendix. Concerns about FGM outside of the mandatory reporting duty should be reported as per our organisation's child protection procedures. Staff should be particularly alert to suspicions or concerns expressed by female pupils about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practicing community.

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

There are no circumstances in which a member of staff should examine a girl.

Circumstances and occurrences that may point to FGM happening are:

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

¹⁰ [FGM procedural information](#)

- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

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

The 'One Chance' rule

As with Forced Marriage (outlined below) there is the 'One Chance' rule. It is essential that organisations /schools/colleges take action **without delay** and make a referral to children's services.

6. Forced Marriage

A forced marriage is a marriage in which one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse.

Forced marriage is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

A forced marriage is not the same as an arranged marriage which is common in several cultures. The families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

YMHF staff should never attempt to intervene directly as an organisation or through a third party. Contact should be made with the Local Authority Safeguarding Hub.

7. Honour-based Abuse

Honour based abuse (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Honour based abuse might be committed against people who.

- becomes involved with a boyfriend or girlfriend from a different culture or religion.
- wants to get out of an arranged marriage.
- wants to get out of a forced marriage.
- wears clothes or take part in activities that might not be considered traditional within a particular culture.

It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no, and cannot be, honour or justification for abusing the human rights of others.

8. One Chance Rule

All YMHF staff are aware of the 'One Chance' Rule' in relation to forced marriage, FGM and HBV. Staff recognise they may only have one chance' to speak to a pupil who is a potential victim and have just one chance to save a life.

YMHF is aware that if the victim is not offered support following disclosure that the 'One Chance' opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBV cases.

9. Mental Health

Regarding all mental health concerns, where YMHF is working in a School, referrals will be made to the School Staff and DSL.

Where YMHF Staff are involved with community work/parenting courses, they will be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Whilst setting recognise that only appropriately trained professionals can diagnose mental health problems; staff are able to make day to day observations and identify such behaviour that may suggest they are experiencing a mental health problem or be at risk of developing one.

How traumatic Adverse Childhood Experiences and experiences of abuse and neglect can impact on a child's mental health, behaviour and education through to adolescence and adulthood will be covered in safeguarding awareness training and updates. If staff have a concern about a child's

mental health that is also a safeguarding concern, they will share this with the DSL or deputy. Setting will also refer to the mental health and behaviour in settings' guidance¹¹.

Where YMHF Staff are involved with community work/parenting courses, they will signpost to appropriate local organisations.

10. Private Fostering Arrangements

A private fostering arrangement occurs when someone other than a parent or close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16 or 18 if the child is disabled. Children looked after by the local authority or who are placed in residential settings, children's homes or hospitals are not considered to be privately fostered.

Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

YMHF recognises that most privately fostered children remain safe and well but are aware that safeguarding concerns have been raised in some cases. Therefore, all staff are alert to possible safeguarding issues, including the possibility that the child has been trafficked into the country.

By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible. However, where a member of staff becomes aware that a child may be in a private fostering arrangement, they will raise this with the DSL and the DSL will notify Front Door/MASH of the circumstances.

11. Child on Child Abuse (including Sexual Violence, Sexual Harassment and HSB)

YMHF recognises that children are capable of abusing their peers. It will not be passed off as 'banter' or 'part of growing up'. The forms of child-on-child abuse are outlined below.

- domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality.
- bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- child sexual exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.
- harmful sexual behaviour – children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others
- upskirting – which 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.

¹¹ [Mental health and behaviour in schools: guidance](#)

- serious youth violence¹² – any offence of most serious violence or weapon enabled crime, where the victim is aged 0-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way but also includes assault with injury offences. All staff will receive training so that they are aware of indicators which may signal that children are at risk from or involved with serious violence and crime.
- 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); and
- consensual and non-consensual sharing of nudes and semi nude images and or videos (also known as sexting or youth produced sexual imagery).

The term child-on-child abuse can refer to all these definitions and a child may experience one or multiple facets of abuse at any one time. Therefore, our response will cut across these definitions and capture the complex web of their experiences.

There are also different gender issues that can be prevalent when dealing with child-on-child abuse (i.e. girls being sexually touched/assaulted, or boys being subjected to initiation/hazing type violence).

YMHF will always work alongside schools to aim to reduce the likelihood of child-on-child abuse through:

- the established ethos of respect, friendship, courtesy and kindness.
- high expectations of behaviour.
- clear consequences for unacceptable behaviour.

Research indicates that young people rarely disclose child-on-child abuse and that if they do, it is likely to be to their friends.

Any concerns, disclosures or allegations of child-on-child abuse in any form should be referred to the YMHF's DSL using the child protection procedures as set out in this policy. When discovered in a school setting, the YMHF's DSL will cooperate with the school to seek advice from the Local Authority Safeguarding Hub and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

12. Online Safety

Children and young people increasingly use electronic equipment on a daily basis to access the internet and share content and images via social media sites such as Facebook, twitter, Instagram, Snapchat and ooVoo.

Unfortunately, some adults and other children use these technologies to harm children. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing children to

¹² [Preventing youth violence and gang involvement](#)

engage in sexual behaviour such as webcam photography or face-to-face meetings. Pupils may also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders.

13. Additional Resources

NSPCC: <http://www.nspcc.org.uk/>

Childline: <http://www.childline.org.uk/pages/home.aspx>

Anti-Bullying Alliance: <http://anti-bullyingalliance.org.uk/>

Beat Bullying: <http://www.beatbullying.org/>

Childnet International –making the internet a great and safe place for children. Includes resources for professionals and parents <http://www.childnet.com/>

Thinkuknow (includes resources for professionals and parents) <https://www.thinkuknow.co.uk/>

Safer Internet Centre <http://www.saferinternet.org.uk/>

Transgender [Schools transgender toolkit](#) / [Intercom trust transgender guidance](#)



Front Door

For Early Help, Consultation and Enquiries please contact:

Telephone: **0345 155 1071**

Email: Local Authority Safeguarding Hubsecure@devon.gov.uk

Fax: 01392 448951

Enquiry Form available at:

<https://new.devon.gov.uk/making-a-Local Authority Safeguarding Hub-enquiry>

Post: **Multi-Agency Safeguarding Hub, P.O. Box 723, Exeter EX1 9QS**

Emergency Duty Team out of hours 0845 6000 388

Police non-emergency 101

For all LADO enquiries Exeter (01392) 384964

<https://new.devon.gov.uk>

Early Help Team – contact information:

<https://www.devonscp.org.uk/document/early-help-locality-contact-information/>

Locality Early Help Mailbox

North: earlyhelpnorthsecuremailbox@devon.gov.uk

Mid & East: earlyhelpmideastsecuremailbox@devon.gov.uk

South & West: earlyhelpsouthsecuremailbox@devon.gov.uk

Exeter: earlyhelpexetersecuremailbox@devon.gov.uk

For emergencies outside of office hours please call:

0345 600 0388 or 0845 600 0388

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