

Safeguarding policy and procedure

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Part 1: Policy statement

Girls Rock London (GRL!) is a not-for-profit organisation that creates opportunities for women, girls, trans and non-binary youth to make and perform music. Inspired by an international movement of Girls Rock Camps, we run day camps where women, girls and non binary youth form bands, learn an instrument, and write and perform an original song, with the support of women mentors and coaches currently working in the music industry.

Girls Rock London has responsibility for the safety of children and young people. It recognises that good safeguarding and child protection policies and procedures are of benefit to everyone involved with organisation's work, including staff, as they can help protect them from erroneous or malicious allegations

The following principles underpin Girls' Rock London's approach to safeguarding and child protection:

- The welfare of the child is paramount
- All children regardless of age, disability, sex, racial heritage, religious belief, sexual orientation or gender identity have the right to equal protection from all types of harm or abuse
- Working in partnership with children, their parents, carers and other agencies is essential in promoting children's welfare

A child is defined in law as a person up to the age of 18 years therefore the term 'child' is used throughout this policy and procedure and this includes young people. This comes from the Children Act, 1989 and United Nations Convention on the Rights of the Child, 1989. The United Nations Convention for the Rights of the Child is the international framework which sets out the specific rights of children. This policy should also be used in conjunction with Hackney's 'Safeguarding partners', previously known as the CHSCB (the City of London & Hackney Safeguarding Children Board). For the purposes of this policy, Girls' Rock London's workforce includes everybody who works in a paid or voluntary capacity. This includes camp organisers, band coaches and mentors, music tutors, the safeguarding and well-being team, volunteers, trustees and patrons.

Purpose of policy and procedure

The purpose of this document is:

1. To ensure all Girls' Rock London staff are clear about how to identify and respond to safeguarding concerns about children, especially those that are of a child protection nature.
2. To ensure all Girls' Rock London staff have a clear understanding of the principles and practice involved in the safeguarding and protection of children.
3. To ensure all Girls' Rock London staff understand the importance of prevention in responding proactively and efficiently to all concerns.

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4. To provide information for children and parents/carers participating in Girls' Rock London events on the responsibilities of, and approach taken by, Girls' Rock London in the protection of children through the GRL website.

5. To ensure participating groups, children and staff understand that if abuse is disclosed, this information cannot remain confidential and that Girls' Rock London will report it to the appropriate authority.

6. To ensure all current and potential members of the Girls' Rock London staff are clear that Girls' Rock London will not engage workers who have allegations relating to child safeguarding and abuse made against them.

It is GRL's policy that:

1. Everyone working on behalf of Girls' Rock London accepts that the welfare of children who come into contact with the project in connection with its tasks and functions is paramount, and that they will report any concerns about a child or somebody else's behaviour using the procedures laid down.

2. There is a **Designated Safeguarding Person (DSP)** within Girls' Rock London (Geraldine Smith: T: 07753 168246 E: girlsrocklondon@gmail.com) who will take action following any expression of concern and ensure the lines of responsibility in respect of child protection are clear. The DSP may be supported by Lead Safeguarding Officers (LSO) during camp, who will lead on safeguarding during that period of time.

3. The DSP and LSO's know how to make appropriate referrals to statutory child protection agencies.

4. The **Designated Safeguarding Trustee** is Roxanne Horton (roxannehorton1@gmail.com), who can be contacted by the DSP, or LSO, for guidance as necessary during camps.

5. All those who are involved with children on behalf of Girls' Rock London should adhere to the **GRL code of practice** in relation to children.

6. Information relating to any allegation or disclosure will be clearly recorded as soon as practicable, and there is a procedure setting out who should record information and the time-scales for passing it on.

7. The Children Act 1989 states that the 'welfare of the child is paramount'. This means that considerations of confidentiality which might apply to other situations should not be allowed to override the right of children to be protected from harm. However, every effort should be made to ensure that confidentiality is maintained for all concerned when an allegation has been made and is being investigated.

8. Girls' Rock London's position on duty of care to children will be referred to or included in recruitment, training, moderation and policy materials where appropriate, and the policies are openly and widely available and actively promoted within the organisation.

9. A culture of mutual respect between children and those who represent Girls' Rock London in all its activities will be encouraged, with adults modelling good practice in this context.

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10. Anyone with access to children will be evaluated as to whether they involve 'regulated activity' or not and vetted appropriately for such roles.

11. It is part of Girls' Rock London acceptance of its responsibility of duty of care towards children that anybody who encounters child protection concerns in the context of their work on behalf of Girls' Rock London will be supported when they report their concerns in good faith.

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance is available from nspcc.org.uk/childprotection.

An addendum safeguarding policy which outlines GRL's response to Covid-19, is available on our website; girlsrocklondon.com.

Part 2: Defining child protection and safeguarding of children

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are provided with circumstances consistent with the provision of safe and effective care

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

In terms of **protecting** those children where concerns or risks have been identified we expect camp staff to:

- Take all suspicions and/or allegations of abuse or risk to children seriously, and respond swiftly and appropriately through the provision of child protection procedures.
- Support the timely sharing of information, with relevant authorities, when there are concerns about a child's welfare.

In terms of **safeguarding** children GRL expect everyone to adhere to the principles and practices as outlined above.

Any concerns you might have may not always be of the same nature, and may not require the same course of action. In practical terms, concerns are likely to arise in a number of ways:

- **Day to day concerns at the camp:** these are concerns that will arise as part of the child's day to day activities at the camp and are not concerns to do with safeguarding or child protection, e.g. anxiety about a performance. On the whole such concerns will be dealt with as part of our mentoring and coaching scheme. A well being team will be on site to support this.
- **Safeguarding concerns:** these concerns will go beyond those that are dealt with as above and will usually indicate a concern about a child's vulnerability, where it is felt that vulnerability needs further assessment and possible action, e.g. a child not eating or being withdrawn.

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· **Child protection concerns:** these will arise when a member of the GRL camp staff is worried or has evidence that a child has been harmed or is likely to be harmed or where a child makes a disclosure. Everyone has a responsibility to ensure concerns about children, no matter how unclear, are passed on and assessed. GRL camp should not undertake any investigations. The responsibility of the GRL camp staff is to be vigilant, and to record and report as soon as possible.

Definitions of abuse: 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 family or in an institutional or community setting by those known to them or by a stranger. They may be abused by an adult or adults or another child or children. Males and females can be involved in the abuse of children. There are four main types of abuse (physical abuse, neglect, emotional abuse, and sexual abuse).

See Appendix A for detailed definitions of abuse and Appendix D for potential indicators of abuse or neglect.

Part 3: CODE OF PRACTICE

GRL camp expects that its entire workforce will be aware of this Code of Practice and adhere to its principles of good practice in their approach to all children. Your attention is drawn to the position of trust you hold in working with children.

1. The camp and learning process should be as open as possible, and it is important that no more time should be spent alone with children than is necessary during the facilitation process.
2. Value and respect children as individuals.
3. It is important not to have unnecessary physical contact with children and this should be avoided.
4. Ensure the use of appropriate language when communicating with young people, even in fun, as this could be misinterpreted.
5. GRL does not endorse validating young people using comments about their physical appearance.
6. It is important not to deter children from making a 'disclosure' of abuse through fear of not being believed, and to listen to what they have to say. Guidance on handling a disclosure is set out in Appendix C. If this gives rise to a child protection concern it is important to follow GRL's procedure for reporting such concerns, and not to attempt to investigate the concern yourself.
7. Consider that those who abuse children can be of any age (including other children), gender, ethnic background or class, and it is important not to allow personal preconceptions about people to prevent appropriate action taking place.
8. Good practice includes valuing and respecting children as individuals and the adult modelling of appropriate conduct - which will always exclude bullying, shouting, racism, sectarianism, sexism or gender based incidents.
9. All staff and volunteers that have access to data that could identify young people, including photos, videos and information provided via application forms and through our in-person and online work, should ensure that this information is collected, stored and shared securely, and familiarise themselves with GRL's Privacy Policy and other data handling processes.

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10. No information that identifies a young person should be shared on our social media channels without the written consent of parents and the agreement of the young person, and this should always be signed off with the designated safeguarding lead.

11. Volunteers and staff must not post content from their personal social media accounts (unless it is sharing publicly available content from the GRL accounts).

In their dealings with children who they encounter in the course of GRL camp or other activities, GRL camp staff must not:

1. Have, or be perceived to have, favourites.
2. Take children to their home.
3. Use physical punishments or any action that involves locking up or restraining a child.
4. Arrange meetings outside working hours.
5. Develop social relationships with children that participate in GRL events.
6. Have contact with children through social media, e.g. Facebook or Twitter. If they are contacted by a young person on social media they will inform the designated safeguarding lead.
7. Partake in any form of sexual activity with a child including grooming (i.e. befriending a child for the purpose of a future sexual relationship and this includes children aged 16 years and over). This is not permitted and represents a breach of GRL's Code of Practice. If such behaviour is suspected or alleged, it will be dealt with under Part 5 of this document.
8. Take photos or video footage of children on their personal phones, unless it has been agreed with the Camp Coordinator in advance, in which case the photos should immediately be deposited in a secure digital location and deleted from the phone.
9. Contact young people or their families using their personal phones or email accounts, or any private messaging function on eg Facebook or Zoom, or share their personal phone numbers with young people. All communication with young people should happen via official GRL email account or organisation mobiles.
10. Accept any private offers to do workshops over webcam / video chats.

Part 4: Procedure: What to do if you are concerned about a child's welfare

There are four key steps to remember and this procedure explains them. They are referred to as the **4 Rs**:

1. **Recognising** abuse or neglect
2. **Responding** to the concerns
3. **Referring** concerns on
4. **Recording** any actions taken and outcomes.

Members of GRL's workforce could have their suspicion or concern raised in a number of ways, the most likely of which are:

- The conduct of a member of GRL's camp staff
- A child 'disclosing' abuse
- Bruising or evidence of physical hurt which may or may not be accompanied by
- Unusual behaviour by a child

If anyone has such concerns they should be reported to the Designated Safeguarding Person (DSP) who will employ the form as set out in Appendix E as a part of the process flowchart.

Concerns about a specific child should be reported to the DSP and confirmed in writing within 24 hours using the form at Appendix E. Delay could prejudice the welfare of a child.

If the concerns relate to the conduct of a member of the camp staff these should be reported to the DSP. Steps will be taken to fully support anyone who in good faith reports his or her concerns about a colleague and every effort will be made to maintain confidentiality for all parties whilst the allegation is considered.

Concerns in relation to a member of the camp staff may indicate unsuitability to continue working with children in their present position, or in any capacity. Consideration will need to be given to whether:

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

There may be up to three strands in the consideration of an allegation against a member of GRL's camp staff:

- A police investigation of a possible criminal offence
- Enquiries and assessment by children's social care about whether a child is in need of protection or in need of services

The DSP will consider the report and either refer this immediately to the Hackney children's social care team or decide not to refer the concerns to the authorities but keep a full record.

Action camp staff must take (within the same working day) when a concern arises:

1. Report the concern immediately to the DSP, or LSO if they are unavailable. They will then determine the next steps to take, including consultation with other professional agencies e.g. the NSPCC helpline, in order to determine the best course of action. Consideration will need to be given as to whether the concern involves an immediate risk of significant harm, a clear allegation of abuse by the child, or does not involve an immediate risk of significant harm.
2. It is not the responsibility of GRL staff to determine if abuse has taken place rather they are responsible for reporting on their concerns to the appropriate authorities.
3. Concerns that are anonymous or that relate to historical concerns (e.g. relating to previous staff or an incident that happened some time ago) should not be ignored and must be reported to the DSP.
4. A record must be kept of the concern. Use the safeguarding concerns report form for this purpose (**see Appendix E**). The form can be completed by the person reporting the concern or the DSP or LSO. Under no circumstances should you examine the child where they are alleging injuries. This is a role for medical personnel only.

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If you are worried about sharing your concerns about possible abuse within the organisation you should contact the **NSPCC** on **0808 800 5000** which operates a 24 hour helpline service. If appropriate the DSP will make a referral through Children's Social Care (CSC) in Hackney.

If you are reporting concerns about a child outside of the UK, you should report your concerns to the local authority in the country that you are based in, and also inform the DSP following the GRL policy and procedure. The DSP should contact the NSPCC Helpline, who will also be able to take the information and pass this on to the appropriate authorities.

Responding appropriately to a child sharing their concerns (see Appendix C).

Part 5: What to do if there are concerns or allegations about a member of GRL camp staff

Welfare of the child must remain as the central concern: child abuse can and does occur outside the family setting. Although it is a sensitive and difficult issue, child abuse also occurs within organisations as well as in other settings. This could involve anyone who has the opportunity to have contact with children through their work.

Evidence indicates that abuse that takes place within an organisation is rarely a one off event. It is crucial that those involved in GRL are aware of this possibility and that all allegations (current or historical) are taken seriously and appropriate action is taken. When dealing with any allegation against staff it is vital to keep the welfare of the child as the central concern.

Circumstances for consideration: these procedures about managing cases of allegations or concerns about a member of staff within GRL should be used in respect of all cases in which it is alleged that a staff member has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child in a way that indicates they are unsuitable to work with children

Procedure to follow if an allegation or concern is made about a staff member: there may be instances where there are concerns about the behaviour of any member of staff towards a child/ren. The concerns may be very clearly abusive, e.g. hitting a child or subtler, e.g. isolating a child or sharing personal phone numbers. It may involve a breach of the GRL Code of Practice, or it could be an allegation made by a child, other staff member, or another adult. The DSP must inform Hackney CSC of all cases that meet the criteria within one working day. In any of these circumstances the following procedure should be followed:

1. Staff are responsible for sharing their concern with the DSP who will explore the seriousness of the allegation/concern.

2. The DSP/camp coordinator (**Geraldine Smith**) will determine if the police need to be contacted and/or Hackney CSC of the home address of the member of staff. The DSP will seek advice from the Designated Safeguarding Trustee as and when required. There may need to be one or more type of inquiry depending on the nature of the concern: a child protection inquiry, police investigation and/or a disciplinary process.

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3. In dealing with any allegation the DSP needs to balance: the seriousness of the allegation; the risk of harm to children; possible contamination of the evidence and the welfare of the person concerned.
4. The DSP will require a written account from the member of staff hearing the allegation/concern and a summary of any available additional information including the names and addresses of any potential witnesses. Both documents should be signed and dated.
5. Investigations will be dealt with quickly, fairly and impartially. The member of staff should be informed about the allegation or concern as soon as possible but not before consultation with the DSP and children's social care/police where necessary, in respect of timing and content. The police and children's social care investigation will usually need to take place prior to any disciplinary enquiry and the results may inform the disciplinary enquiry. The outcome of any investigation must be recorded and a copy kept on the member of staff's personnel file.
6. Under no circumstances should the accused or their colleagues make contact with or try to retaliate against those that have raised the concern or those involved in the investigation.
7. Those involved in managing the concern are not permitted to discuss the situation with others except for cooperating fully with those performing the enquiry. Failure to comply will likely result in disciplinary action.
8. If an allegation has been made and the accused staff member requires advice/support they should speak with the identified support person. The DSP will keep the member of staff informed of the progress of the case.
9. If the concerns are about the DSP, they should be raised with the Lead Safeguarding officer who will contact the Designated Safeguarding trustee.

Support for staff raising concern: GRL will fully support and protect any member of staff who, in good faith, reports their concern that a colleague is, or may be abusing a child. If an allegation is made that is found to be malicious or fraudulent GRL retains the right to take appropriate action against the individual responsible for making the claim.

No compromise agreements: the fact that a member of staff ceases to provide their services will not prevent an allegation/concern from being followed up in accordance with these procedures and a conclusion reached.

Referral for consideration of barring: if an allegation/concern is substantiated and the person is dismissed or GRL decides to cease to use their services then the DSP in conjunction with Hackney CSC will decide whether a referral should be made to the Disclosure and Barring Service as regards whether that individual is barred from, or has conditions imposed in respect of working with children. If a referral is appropriate the referral should be made within one month. A referral must always be made if GRL thinks that the individual has harmed a child or poses a risk of harm to children.

Poor practice: There may be circumstances where allegations are about poor practice rather than child abuse but, where there is any doubt, the camp coordinator/DSP will consult with the Lead Safeguarding Trustee. If the investigation shows that the allegation is clearly about poor practice then GRL will determine how best to remedy this, e.g. as part of its performance management, or disciplinary procedure dependent on the nature and seriousness of the practice.

Whistleblowing: if a member of staff has concern about a dangerous or illegal activity or any wrongdoing within GRL, they can contact the **NSPCC Whistleblowing advice line** on **Call 0800 028 0285** or **help@nspcc.org.uk**. Such concerns can include believing that your concerns won't be dealt with properly or may be covered-up, that you've raised a concern but it hasn't been acted upon or that you're worried about being treated unfairly.

Part 6: Designated safeguarding person

GRL has appointed a Designated Safeguarding Person (**Geraldine Smith**) who is responsible for dealing with any concerns about the protection of children.

The role of the DSP is to:

1. Know which outside child protection agency to contact in the event of a child protection concern coming to the notice of GRL
2. Provide, or arrange for the provision of, information and advice on child protection within GRL
3. Ensuring appropriate information is available when making a child protection referral and that the referral is made within one working day and confirmed in writing within two working days
4. Liaise with local children's social care services and other agencies, as appropriate
5. Keep relevant people within GRL informed about any action taken and any further action required; for example, disciplinary action against a member of the workforce
6. Ensure that a proper record is kept of any referral and action taken, and that this is kept safely and in confidence
7. Advise GRL of safeguarding and child protection training needs
8. Ensure that the Safeguarding Children Policy, Procedures and Code of Practice updated (at least annually) to ensure the procedures are working and that it complies with current best practice

Part 7: Confidentiality and information sharing

The principles of the Data Protection Act 2018: must be adhered to when handling personal information, that is:

- Personal information is obtained and processed fairly and lawfully
- Only disclosed in appropriate circumstances
- Accurate, relevant and not held for longer than necessary
- Kept securely

The Act and GDPR (General Data Protection Regulations) do not prevent, or limit, the sharing of information for the purposes of keeping children safe. The Act allows for the disclosure of personal information **without consent** of the subject in certain conditions, including for the purposes of the prevention and detection of a crime, for example where there is a child protection concern. Any report/records regarding abuse shall be kept confidential and disclosure should be restricted to only those that have authority for dealing with the incident.

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

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Record of safeguarding/child protection concern: it is very important that an accurate record is kept of any safeguarding concern and that this is updated each time any actions are taken in relation to that concern. A safeguarding concern report form is provided for this purpose and must be completed by the relevant member of staff. This should be sent to the DSP who will review and note their actions, and then store the form securely. **The form is attached as Appendix E.**

Written reports about safeguarding concerns must be either stored away in a locked filing cabinet (with restricted access to that filing cabinet) or held securely electronically. Retention of these records is as follows:

- If concerns have been raised about an adult's behaviour around children, GRL will securely keep the records either until the person reaches the age of 65 or for 10 years – whichever is longer. GRL will keep records for the same amount of time regardless of whether the allegations were unfounded or not. However, if allegations are found to be malicious, GRL will destroy the records immediately. This applies to volunteers and paid staff.
- Records relating to child welfare concerns that are referred onto social care or the Police, should be kept for 6 years after the last contact with the child/young person.
- Records relating to child welfare concerns that the organisation decides do not warrant a referral to social care or the Police, should be destroyed 1 year after the last contact with the child/young person.

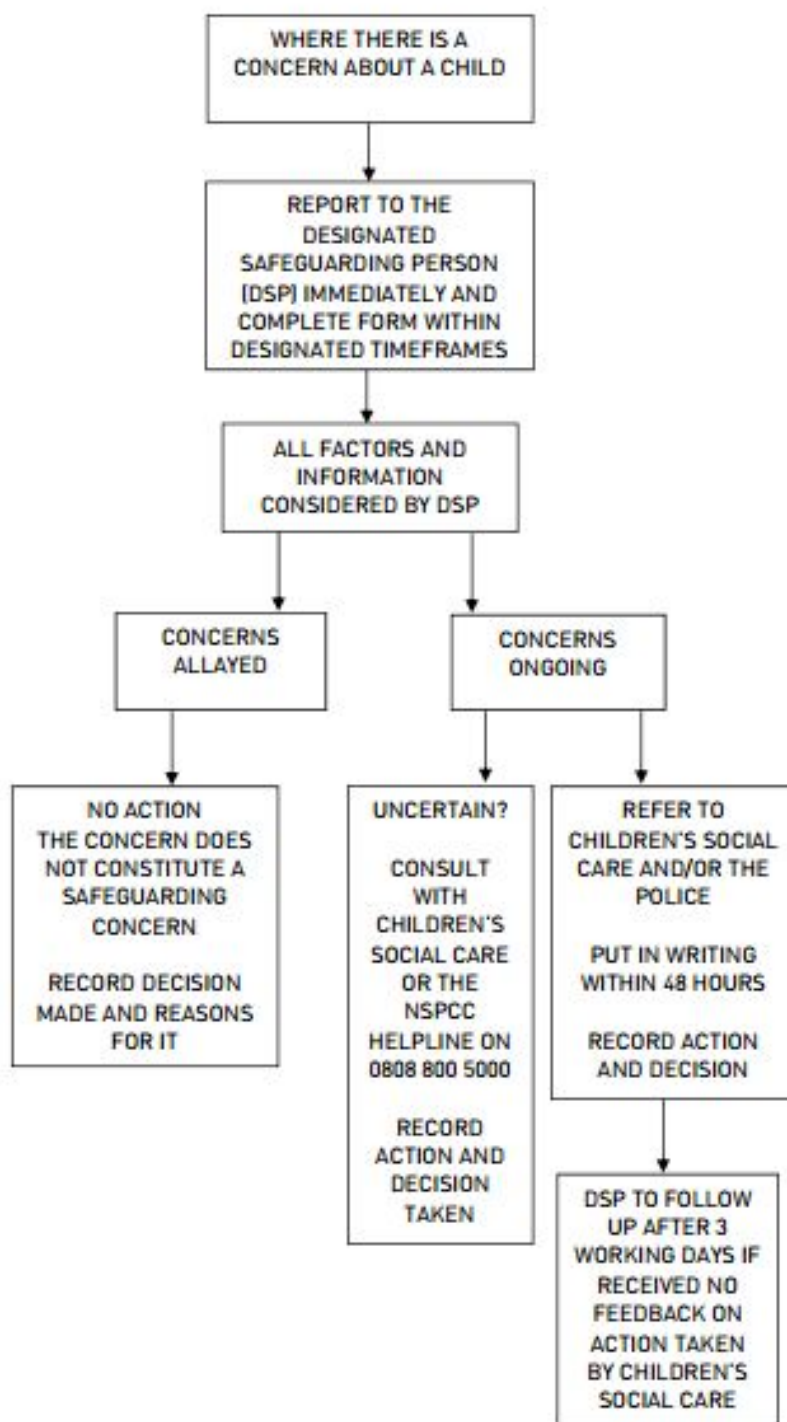
Paper records should be destroyed through shredding and disposed of as confidential waste. Electronic records should be deleted. A record should be made of records destroyed and this should be authorised by the DSP. In all cases where information is shared the following should be recorded:

- Date and time
- Summary of information shared
- Who the information was shared with
- Whether you are sharing with or without consent
- If sharing without consent, whether the child, adult or family were informed
- How the information was shared and any receipt of it having been received

See Appendix F Principles for information sharing.

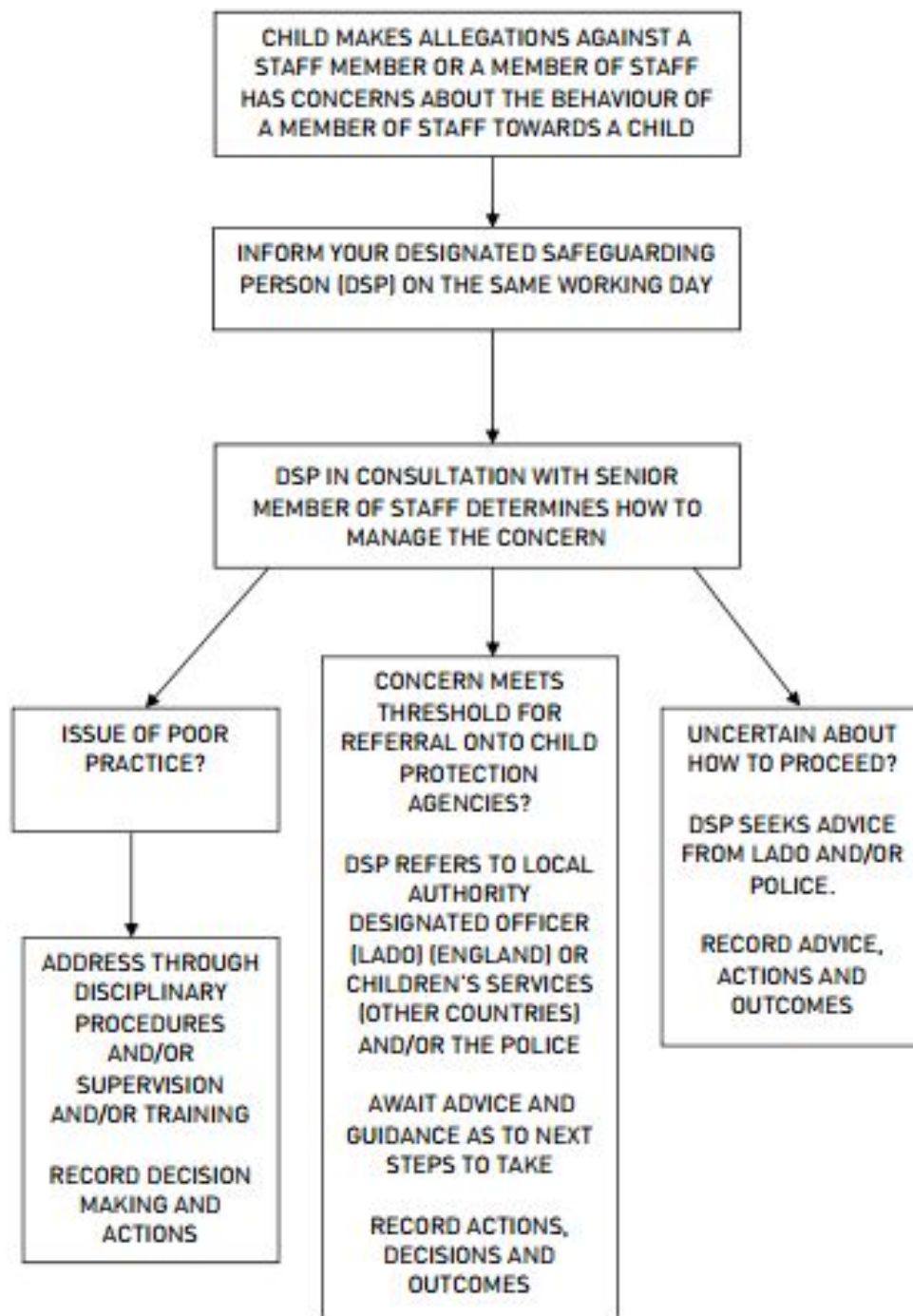
Part 8: Process flow chart. What to do if you have safeguarding concerns about a child

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Part 9: Process flow chart: What to do if there is concern or an allegation is made about a member of the workforce



DEFINITIONS OF ABUSE

Statutory guidance offers four defined areas of abuse:

- **Physical abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- **Emotional abuse:** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature 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. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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. They may also include non contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **Neglect:** Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
 - Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
 - Protect a child from physical and emotional harm or danger
 - Ensure adequate supervision (including the use of inadequate caregivers)
 - Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional need.

RECRUITMENT AND SELECTION PROCEDURES

GRL has adopted appropriate recruitment and selection procedures for camp staff in the context of safeguarding and child protection and these include the following:

1. Ensuring that the recruitment and selection procedure is up to date with current legislation.
2. Ensuring that GRL's commitment to safeguarding is included in all recruitment and selection materials.
3. Ensuring that we have an up-to-date role descriptions
4. Ensuring that our methods for attracting camp staff contain all necessary information about the role and our commitment to safeguarding.
5. Ensuring that we have compiled a suitable camp staff information pack containing all the required information about GRL, the role and the safeguarding policy.
6. On receiving the safeguarding policy, each staff member will confirm this in writing.
7. Ensuring that each application received is reviewed in a systematic way by the GRL camp team
8. Ensuring that we are able to make a confident selection of a preferred camp staff based upon their demonstration of suitability for the role.
9. Ensuring that all appropriate checks have been undertaken on camp staff including references and DBS checks where necessary.
10. Ensuring that all camp staff are informed that working with GRL could be conditional on receiving satisfactory information from all necessary checks.
11. Enhanced DBS checks will be valid for 3 years. DBS checks undertaken by other organisations will not be accepted.
12. A completed self disclosure/declaration form will be required from every member of staff before the start of camp.
13. A professional reference will be required for all members of staff.
14. All positions are exempt from the provisions of the Rehabilitation of Offenders Act 1974. All applicants must therefore declare all previous convictions and cautions, including those which would normally be considered "spent" except those received for an offence committed in the United Kingdom if it has been filtered in accordance with the DBS filtering rules. It is unlawful for GRL to employ anyone who has been barred from working with children.
15. If the applicant has not been barred from working with children but checks have raised concerns (for example if they have a criminal record), GRL will carry out a risk assessment to ascertain whether the applicant is suitable to work with children and young people.

RESPONDING APPROPRIATELY TO A CHILD MAKING AN ALLEGATION OF ABUSE

1. The abuser may have told them that no-one will believe them. The child may need reassurance to feel heard and may need to be told that you believe them.
2. If you feel shock or disbelief, try not to show it.
3. Do not let the child/young person think that you are unwilling to hear what they are telling you. Do not say things such as; “ Are you sure?”, “ Why didn’t you tell me before?” or “I don’t believe it”.
4. Say, “You were right to tell me”.
5. The abuser may have tried to frighten them into keeping silent, and may have told them the abuse is a secret that they must keep.
6. Tell the child that the abuse was not their fault. The abuser may have made them feel responsible. You should try not to show anger. However, if you have shown anger, make sure the child knows your anger is directed at the abuser, not them.
7. Tell the child that the abuser was wrong rather than bad; the child may love the abuser but not the abuse.
8. Tell the child you will try to help to stop the abuse.
9. Do not promise things you cannot do; never agree to keep what the child has told you a secret. Do reassure the child that you will do all you can.
10. Tell them who you will be telling and why.
11. Remember that in telling you they are taking the first steps towards ending the abuse. They may not realise it but they want to take action.
12. If the child tells you and you are surprised, do not leave the child immediately to inform other people. Control your reaction and spend time with the child until you have reassured her. You must keep disclosures of abuse confidential but you have a duty to inform the DSP. If the DSP is not available you should contact any of the Lead safeguarding Officers. They will, when necessary, inform the appropriate authorities.
13. Be mindful of the appropriateness of physical contact at this point. See appendix I on Touch.

POTENTIAL INDICATORS OF ABUSE OR NEGLECT

The following signs may be indicators or signs that abuse has taken place although some of these indicators can also be caused by other factors, e.g. a bereavement, family breakdown or illness. It is not the role of GRL's camp staff to decide if abuse or neglect has taken place rather this is a complex task undertaken by skilled professionals working together across agencies. However, if any of these signs are present then these concerns should be shared as outlined in the procedure. In deciding if something may be a concern it is always helpful to think about the child's age, abilities and stage of development too. It is important to keep in mind that abuse may be committed against children by members of the child's family or party; by other children; or by members of the workforce.

Physical signs of abuse:

- Injuries which occur to the body in places which are not normally exposed to falls or games
- Most children will collect cuts and bruises in their daily life, particularly on bony parts of their body like elbows, knees and shins. You should be more concerned by bruising which can almost only have been caused non-accidentally, is unexplained, or the explanation does not fit the injury, or where treatment isn't being sought. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may be needed.
- Patterns of bruising that are suggestive of physical child abuse include: - bruising children who are not independently mobile - bruising in babies - bruises that are seen away from bony prominences - bruises to the face, back, stomach, arms, buttocks, ears and hands - multiple bruises in clusters or of uniform shape, or carrying the imprint of an implement used, hand marks or fingertips
- Unexplained bruising, marks or injuries on any part of the body
- Cigarette burns, bite marks, broken bones, scalds
- Injuries which have not received medical attention
- Repeated urinary infections or unexplained stomach pains
- Changes in behaviour which may indicate physical abuse:
 - Fear of parents being approached for an explanation
 - Aggressive behaviour or severe temper outbursts
 - Flinching when approached or touched
 - Reluctance to get changed, for example, wearing long sleeves in hot weather
 - Depression
 - Withdrawn behaviour
 - Running away from home

The physical signs of emotional abuse may include:

- A failure to thrive or grow particularly if a child puts on weight in other circumstances, e.g. in hospital or away from their parents' care
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour that may indicate emotional abuse include:

- Neurotic behaviour e.g. sulking, hair twisting, rocking
- Obsessions or phobias
- Being unable to play
- Attention-seeking behaviour
- Fear of making mistakes

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- Self-harm
- Fear of parent being approached regarding their behaviour

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy Changes in behaviour that may indicate sexual abuse include:
- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond his/her age or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way with adults

The physical signs of neglect may include:

- Constant hunger or stealing food from other children
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions
- Under nourishment, failure to grow, inadequate care

Changes in behaviour that can also indicate neglect include:

- Complaining of being tired all the time
- Untreated illnesses, not requesting medical assistance and/or failing to attend medical appointments
- Having few friends
- Being left alone, being unsupervised or being supervised by an unsuitable adult or young person

Bullying (in some circumstances bullying can be considered as emotional, physical or sexual abuse)

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet) can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm).

Additional vulnerabilities:

It is also important to be mindful that some children are particularly vulnerable to abuse because of their age or their living circumstances or characteristics. Children from particularly isolated or new communities may also be at increased risk of abuse as well as those children who show challenging behaviour. Staff should, in particular, be alert to the potential need of support for a child who:

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

SAFEGUARDING CONCERNS REPORT FORM

Child's name: _____

Age and date of birth: _____ Ethnic background _____

First language _____ Religion _____

Date _____

Place _____

Disability/special factors _____

Parent/Guardian's name(s) _____

Home address and telephone number _____

Are there any physical or behavioural signs? What are they? _____

Have you spoken to the child? What did the child say? _____

Has anybody been alleged to be the abuser? Please give details _____

Have you talked to anyone else about your concerns? Please give details _____

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Who was this reported to and when? _____

Signature _____

Print name and role title _____

Date _____

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Actions following completion of safeguarding concerns form:

Date and time	Details of any discussions, liaison with others, sections, information shared and outcomes	Completed by (name and job title)

PRINCIPLES FOR INFORMATION SHARING

The government (HM Government Information Sharing: Guidance for practitioners and managers) has produced a list of 'seven golden rules' to support organisations and their workers when making decisions about when it is appropriate to share information with others, these are:

1. Remember that the Data Protection Act 2018 is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information, will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, the lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

REFERRAL CONTACT POINTS FOR CHILDREN ACROSS THE UK

The majority of GRL's workforce lives in England and hence this safeguarding document has been framed around the English law and terminology. However, GRL recognises that there are differences within each devolved nation both in terms of legislation and the terminology used to describe children services, so this additional guidance is provided for clarification.

If anyone is in any doubt about who best to refer to they should ring the 24 hour **NSPCC Helpline** for advice on **0808 800 5000**. If a situation arises at an event where a child is at immediate risk of harm (e.g. child injured, child refusing to go home, parent unfit to care etc.) then the local children's social care team/police should be contacted rather than those in the area where the child lives (**see making a safeguarding referral**). Equally this applies to urgent medical attention which should be sought from the nearest hospital to the event.

MAKING A SAFEGUARDING REFERRAL TO HACKNEY CHILDREN'S SOCIAL CARE TEAM

During office hours: 020 8356 5500

Out of office hours: 020 8356 2710

Hackney Children's Social Care provides a 24 hour service to children and their families. The service deploys 'day staff' on a voluntary out of hours rota to deliver a seamless service. This approach provides for a consistent, effective and timely response to children in need of support or protection and is managed within the Access and Assessment Service; the service is supported by a daily CSC Head of Service on call arrangement.

Referrals to Hackney CSC during office hours:

- If you're worried about the welfare of any child or young person, you can contact the First Access and Screening Team (FAST) for advice and guidance.
- Contact FAST directly 9am to 5pm, Monday – Friday, except bank holidays on **Tel: 020 8356 5500** and **Email: fast@hackney.gov.uk or FAST@hackney.gov.uk.cjism.net (secure address)**
- The FAST team should initially be called to report a concern and then a written referral should be emailed to them. Forms available at **<https://hackney.gov.uk/child-protection>**

All children **must** be referred to the day service unless there is a very good reason why a child cannot be referred during office hours e.g. the child is in need of immediate support and/or protection out of office hours.

FAST will make contact with the referrer once the decision has been made on the referral and inform you of any allocation for assessment. Where applicable, the allocated social work unit will follow up with you during and at the conclusion of any statutory assessment of need and risk. Except in cases where it is felt a child may be at immediate risk of harm, parents or carers should be notified that a referral to CSC has been made. It is helpful to have as much detail as possible about the child(ren) and parents/carers, the event that prompted the referral and information about the child or young person's presentation, such as:

- Health and hygiene
- Whether they appear unduly hungry or tired
- Whether they are dressed appropriately for the weather
- Interactions between them and their parent or carer
- Any indication of parental issues (domestic violence, substance misuse, mental health)
- The level of risk
- The child or young person's wishes and feelings

Referrals to Hackney CSC outside office hours:

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- The out of hours service is operational every night from 5pm – 9am and 24 hours over weekends and all Public Holidays when normal services are closed to the public.
- Urgent referrals can be made to CSC outside office hours by calling 020 8356 2710. Please do not e-mail referrals as these will not be picked up until the next working day.
- Hackney and City of London CSC staff can provide a written summary to the out of hours service if they believe an open case is likely to come to the attention of the out of hours service via an internal e-mail address.
- Any public or professional callers to the out of hours service will immediately access a qualified senior social worker who will be able to assist with their enquiry
- If the out of hours social worker is on the telephone you will be able to leave a voicemail and they will return your call as soon as they are free.
- The out of hours service is not office-based and use remote-working technology; they are able to access CSC databases only
- The service cannot facilitate, manage or review on-going social work arrangements e.g. undertaking visits or holding meetings unless these are taking place within a place of safety e.g. hospital, police station etc. The out of hours service will not undertake a lone home visit out of hours.
- If there are immediate concerns for a child's safety one of the emergency services (police, ambulance, fire) must be called first; if the child is in danger the emergency services can remove them to a place of safety where the out of hours social worker can meet with them to assess their welfare.
- The out of hour's social worker will send an email record of any intervention directly to the allocated Social Work Unit. If the child is not allocated to a social work unit the information will be sent by email to FAST@hackney.gov.uk and the First Access and Screening Team will begin a new contact/referral process.
- Referrals to Adults' Emergency Duty Team who respond to adult mental health or care issues should be made on 020 8356 2300 or, if there are telephone system issues, 07944295550

City of London out-of-hours cover

- Hackney CSC and the East London NHS Foundation Trust provide out-of-hours cover for the City of London regarding children and adults respectively.
- All staff members on the out of hour's service can remotely access City of London CSC records via a VPN token.
- City of London children dealt with by Hackney CSC's out of hours service have their records updated on City of London's Frameworki system (during the out of hours period) and their details passed to City of London CSC by the First Access and Screening Team at the start of the next working day (emailed to dccsdutyfypteam@cityoflondon.gov.uk, telephone 020 7332 3621).

GUIDANCE ON TOUCH

Physical contact for the purpose of maintaining safety (non-procedural contact)

GRL recognises that occasionally for reasons of safety non-procedural contact may occur, e.g. if a camp staff member puts an arm out and grabs a young person to prevent them being harmed by something falling.

Camp staff will always shout a warning to the child and, following any non-procedural contact explain why it has taken place, in order to reassure her. GRL does not condone non-procedural contact for any other reason other than the immediate safety of the child.

Physical contact as a communication of comfort or reassurance

Children/young people will often seek or need physical contact in order to be reassured or to help them calm down. Camp staff will, where possible, wait until the child initiates contact and respond only if the child feels it to be appropriate.

Camp staff will always endeavour to be sensitive towards children/young people who might find any form of touching frightening. Camp staff will not try and hug children unless they initiate it, and will be economical about physical contact without appearing cold to the child/young person.

In situations where physical contact is likely e.g. instrument tuition, camp staff will give gentle warnings and ask permission before touch is initiated.

Camp staff will explain that, as a ground rule, neither the child/young person nor the camp staff will touch each other in any part of the body which would normally be covered by a swimming costume e.g. breasts, genital areas and bottom.

Camp staff will discuss all these issues with the Wellbeing team as they emerge. The key task is to understand what the need for physical contact means for the particular child/young person and therefore respond appropriately. The aim is not to be cruel or rejecting, but to observe boundaries and ensure that any physical contact is not about fulfilling the staff member's need but meeting the child's /young person's need. Camp staff will always take into account the child protection policy and procedure.

PREVENT

Possible indicators of vulnerability

There are no known definitive indicators which display that a young person/adult is vulnerable to radicalisation; however there are factors to consider:

- Identity Crisis – the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society; a person may feel they do not “belong”
- Personal Crisis – the child 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 child’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 child 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 – child may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

FGM (Female Genital Mutilation)

FGM involves partial or total removal of the external female genitalia or other injury to the female genital organs that causes anatomical changes for non-therapeutic reasons.

FGM occurs mainly in Africa, parts of the Arab world, and parts of South-East Asia. The World Health Organization (WHO) estimates that, in Africa, over 130 million girls and women living today have undergone some form of FGM. Women who have had the procedure are seen increasingly in Europe, Australia, Canada, and the USA, primarily among immigrants from affected regions.

At current rates of population increase, and with slow decline in these procedures, at least 2 million girls are at risk of genital mutilation annually. FGM is performed on girls between one week old through to adolescence and young womanhood. The motivation for the practice varies from setting to setting and reflects beliefs and cultural mores that include religious, health, and social factors. For example, FGM is believed to maintain cleanliness, increase a girl's chances of marriage, protect her virginity, discourage "female promiscuity," improve fertility, prevent stillbirth.

FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child. It is acknowledged that some FGM practising families do not see it as an act of abuse. However FGM is child abuse and has severe significant physical and mental health consequences both in the long and short term.

Practice: Female genital mutilation is classified into 4 major types.

- **Type 1:** Often referred to as **clitoridectomy**, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Type 2:** Often referred to as **excision**, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Often referred to as **infibulation**, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Cultural and social factors:

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The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.
- Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.

Indications that FGM may have taken place (relevant to GRL camp):

- a disclosure that FGM has taken place
- a girl having difficulty walking, sitting or standing and may look uncomfortable
- a girl spending more time in the toilet due to difficulties urinating or with menstrual problems

Indications that FGM may be about to take place:

- a disclosure that FGM is about to take place
- a girl expressing concern about forthcoming overseas travel
 - a girl confiding that she is to have a 'special procedure' or is to attend a special occasion to 'become a woman'

Criminal exploitation and 'County lines'

'County lines' is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.

Potential indicators of vulnerability:

- persistently going missing from school or home and / or being found out-of-area;
- unexplained acquisition of money, clothes, or mobile phones
- excessive receipt of texts / phone calls and/or having multiple handsets
- relationships with controlling /older individuals or groups
- leaving home / care without explanation
- suspicion of physical assault/unexplained injuries
- carrying weapons
- gang association or isolation from peers or social networks
- self-harm or significant changes in emotional well-being.

Child Sexual Exploitation (CSE)

Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, drugs, alcohol, gifts or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organised crime involving gangs and groups.

Exploitation is marked out by an imbalance of power in the relationship and involves varying degrees of coercion, intimidation and sexual bullying, including cyber bullying and grooming. It is important to recognise that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognise it as abuse. Young people who go missing can be at increased risk of sexual exploitation.

Potential indicators of vulnerability

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour. Young people who are being sexually exploited may:

- go missing from home, care or education
- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- be involved in petty crime such as shoplifting
- have unexplained physical injuries
- have a changed physical appearance, for example lost weight.

Fabricated or Induced Illness (FII)

Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child. FII is also known as "Munchausen's syndrome by proxy" (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves).

Signs of fabricated or induced illness

Fabricated or induced illness (FII) covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to get medical care) to induced illness.

Behaviours in FII include a parent or other carer, who:

- persuades healthcare professionals that their child is ill when they're healthy
- exaggerates or lies about their child's symptoms
- manipulates test results to suggest the presence of illness, for example, by putting glucose in urine samples to suggest the child has diabetes
- deliberately induces symptoms of illness, for example, by poisoning their child with unnecessary medicine or other substances

Table of substantive changes since May 2019

Where	What
Page 3	Policy statement amended to include trans and non-binary people.
Page 4	Contact details for DSP and safeguarding trustee included.
Page 5	Covid-19 safeguarding addendum is signposted to.
Page 6/7	Code of practice updated to include guidance around social media, digital engagement with young people, taking photographs and keeping personal data safe.
Page 11	Greater detail added to the policy on retention of safeguarding records.
Page 16	Paragraph included about the Rehabilitation of Offenders Act 1974.
Page 26	Contact details for Hackney CSC updated. Link to referral form updated.
Page 34	An appendix was added with a definition and signs and symptoms of Fabricated or Induced illness.