

# 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 and girls to make and perform music. Inspired by an international movement of Girls Rock Camps, we run day camps where women and girls 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 at the camps. It also 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 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.

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 Girl's 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 (**Lydia Stober**) who will take action following any expression of concern and the lines of responsibility in respect of child protection are clear.

3. The DSP knows how to make appropriate referrals to statutory child protection agencies.

4. 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.

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

6. 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.

7. 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.

8. 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.

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

10. 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.

## Part 2: Defining child protection and safeguarding

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.
- **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 types of abuse (physical abuse, neglect, emotional abuse, and sexual abuse).

## **FGM**

All trustees and camp staff will have an understanding of FGM and its implications and report any concerns to the DSL and/or deputies. Information on practice, risk factors and indicators of FGM can be found in **Appendix K**.

**See Appendix A for detailed definitions of abuse, Appendix D for potential indicators of abuse or neglect and Appendix K for signs of FGM.**

## **Prevent**

All trustees and camp staff will have an understanding of types of radicalisation and extremism and any concerns are to be reported. There are no known definitive factors which mean that a young person is vulnerable to radicalisation. However, factors to consider are outlined in **Appendix J**.

## **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 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 (even 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

**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.
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.

#### **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. 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. Under no circumstances should you examine the child where s/he is alleging injuries. This is a role for medical personnel only.

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 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 his/her 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 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 s/he is 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 Designated Safeguarding Person (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 Designated Safeguarding Person who will explore the seriousness of the allegation/concern.
2. The DSP, in consultation with 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. 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.
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 co-operating 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 Camp coordinator.

**Support for staff raising concern:** GRL will fully support and protect any member of staff who, in good faith, reports his or her 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 should consult with the DSP. 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.

## Part 6: Designated safeguarding person

GRL has appointed a Designated Safeguarding Person (**Lydia Stober**) and deputies (**Amy Harris Sandstrom and Lowell Black**) who are 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 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. Liaise with Hackney CVS to review the operation of the Safeguarding Children Policy, Procedures and Code of Practice regularly 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 1998:** 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 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.

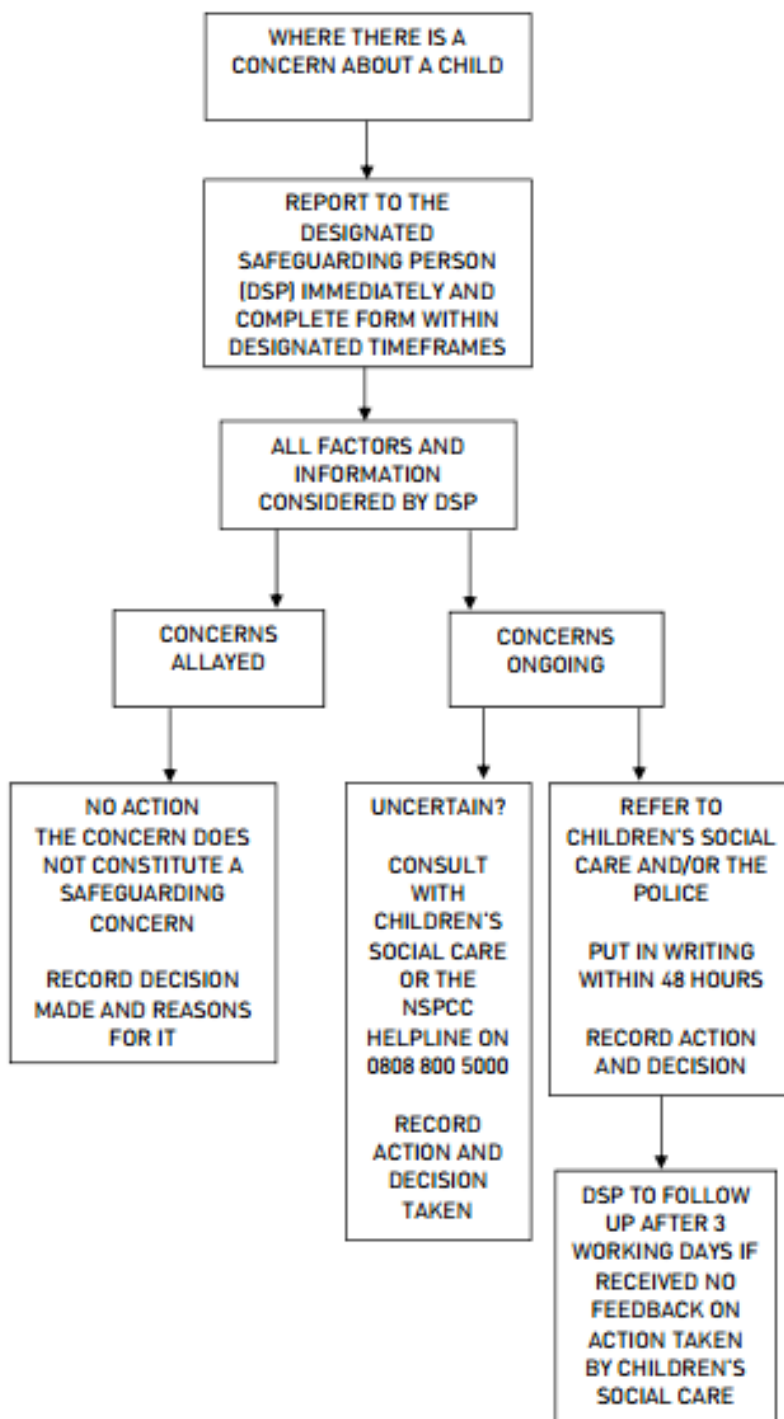
**Record of safeguarding/child protection concern:** it is very important that an accurate record is kept of any safeguarding concern and that this is updated each time any actions are taken in relation to that concern. A safeguarding concern report form is provided for this purpose and must be completed by the relevant member of staff. This should be sent to the Designated Safeguarding Person (DSP) who will review and note her 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: Record type Retention period Concerns about a child. The records should be kept for seven years Allegation or concerns about a staff member. The record should be kept until the person reaches normal retirement age or for ten years if that is longer. 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.

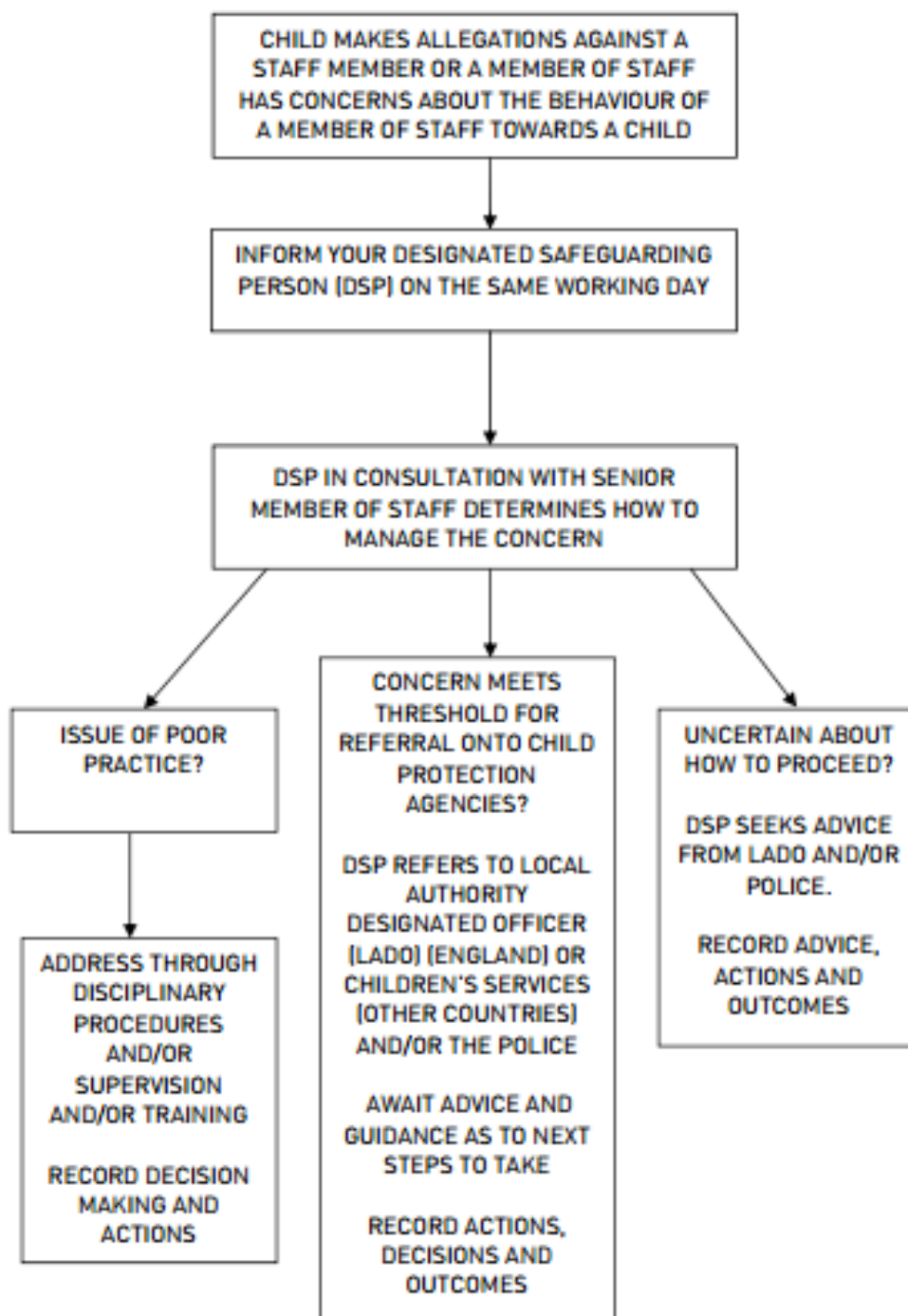
In all cases where information is shared the following should be recorded:

- 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 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



**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, safeguarding policy and online application form.
6. On receiving the safeguarding policy, each staff member will sign a declaration to confirm this.
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.

**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 deputies. 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



- 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. Disabled children are at greater risk of abuse than non-disabled children. Children living in homes where there are adverse parental circumstances may also be more at risk, in particular children living in homes where there is domestic violence, substance misuse and/or severe parental mental illness. Children from particularly isolated or new communities may also be at increased risk of abuse as well as those children who show challenging behaviour.

## 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? \_\_\_\_\_

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Signature \_\_\_\_\_

Print name and role title \_\_\_\_\_

Date \_\_\_\_\_

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 1998 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:**

Referrals can be made to CSC during office hours (9am-5pm Monday to Friday) in a variety of ways. Referrals should be made by telephone and followed by completing a multi agency referral form available online.

- Phoning First Response Team on **020 8356 5500** (managers are on 5116/5850/2806)
- Emailing a referral to [cscreferrals@hackney.gov.uk](mailto:cscreferrals@hackney.gov.uk) or [cscreferrals@hackney.gov.uk.cjsm.net](mailto:cscreferrals@hackney.gov.uk.cjsm.net) forms available <https://hackney.gov.uk/Assets/Documents/agency-referral-form.doc>

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.

First Response Team 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:**



- 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.
- In the event that there are problems with the Hackney Council telephone system the number for out of hours Children’s Social Care is **07508 697 883** which will go through to a manager.
- 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 hours 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 [cscreferrals@hackney.gov.uk](mailto:cscreferrals@hackney.gov.uk) and the First Response 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 2579 or, if there are telephone system issues, 07984 699 009

## **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.
- The out of hours service can remotely access City of London CSC records via the on-call Hackney CSC Head Of Service who has a VPN token.

- City of London children dealt with by Hackney CSC's out of hours service have their details passed to City of London CSC by First Response Team at the start of the next working day (emailed to [social.services@cityoflondon.gov.uk](mailto:social.services@cityoflondon.gov.uk), telephone 020 7332 1224).

## APPENDIX I

### 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:**

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'