

Safeguarding and Child Protection Policy

Ratified by the Board: November 2020

Date for full implementation: November 2020

Date for review: November 2021

Signature/s

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Chair of the Board

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Chief Executive Officer

Named personnel with designated responsibility for Child Protection

Designated Safeguarding Lead: Catherine McNamara (07841 432991)

Chief Executive Officer: Jay Stewart

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1. Aims

Gendered Intelligence aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff are aware of their responsibilities with respect to safeguarding
- Staff are properly trained in recognising and reporting safeguarding issues

2. Legislation and statutory guidance

This policy is based on the Department for Education's statutory guidance, Keeping Children Safe in Education (September 2018) and Working Together to Safeguard Children (July 2018) and The Charity Commission's Strategy for Dealing with Safeguarding Issues in Charities (May 2013, updated December 2017). We comply with this guidance and the procedures set out by our local safeguarding children board (LSCB) in Islington.

This policy is also based on the following legislation:

- The Children Act 1989 (and 2004 amendment), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015, which places a statutory duty on teachers and registered health care professionals to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18. While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks.
- Statutory guidance on FGM, which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children
- Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, which defines what 'regulated activity' is in relation to children
- We are not a specified authority, however as a charity working directly with young people we have a duty to take action to prevent abuse for extremist purposes in line with wider safeguarding frameworks

3. Definitions

Children includes everyone under the age of 18. At GI we often refer to 'young people' who attend our youth groups and access other services. For legal purposes any young person under 18 is referred to as a child and receives specific legal protection, as outlined in this policy.

Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm.

Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and 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. Appendix 1 defines neglect in more detail.

4. Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers

5. Roles and responsibilities

Safeguarding and child protection is everyone's responsibility. This policy applies to all staff (including contracted employees and consultants), volunteers and board members of the organisation and is consistent with the procedures of Islington Safeguarding Children's Board and other Local Safeguarding Children Boards (LSCBs). Our policy and procedures also apply to off-site activities.

5.1 All staff

All staff will read and understand this guidance at least annually and be thus aware of GI's approach to safeguarding.

All staff and volunteers working in contact with children will be aware of:

- Our systems which support safeguarding, including the staff code of conduct (found within the staff handbook) and the role of the designated safeguarding lead (DSL);
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals;
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE) and FGM.

- The early help process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment;
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play;

Section 12 and appendix 4 of this policy outline in more detail how staff are supported fulfil their duties with regard to safeguarding children.

5.2 The designated safeguarding lead (DSL)

Our DSL is Catherine McNamara. The DSL takes lead responsibility for child protection and wider safeguarding. The DSL will be available for staff to discuss any safeguarding concerns by phone, email or video conferencing:

- Catherine.mcnamara@genderedintelligence.co.uk
- by phone on 07841432991.

When the DSL is absent, a deputy DSL will act as cover. This person will be named and details circulated as appropriate. This is not a permanent role. If the DSL and named-deputy DSL are not available, Jay Stewart – CEO - will act as cover (for example, during out-of-hours/ periods of annual leave).

The DSL will be given the time, funding, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly
- The DSL will also keep the CEO and the Board informed of any issues, and liaise with local authority case managers and designated officers for child protection concerns as appropriate.
- The full responsibilities of the DSL are set out in their role description.

5.3 The Board of Trustees

The board will approve this policy at each review, and hold the CEO to account for its implementation.

The board will monitor the effectiveness of this policy.

The chair of the board will act as the 'case manager' in the event that an allegation of abuse is made against the CEO where appropriate (see appendix 3).

5.4 The CEO

The CEO is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction;
- Ensuring that this policy is communicated to parents when their child accesses GI services via the Gendered Intelligence website;

- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent;
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly;
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate (see appendix 3);
- Ensuring the relevant staffing ratios are met, where applicable.

6. Confidentiality

Timely information sharing is essential to effective safeguarding and all staff have a responsibility to share relevant information about the protection of children with other specified professionals, particularly investigative agencies (Children's Social Care and the Police). Information must be shared on a 'need-to-know' basis and consent is not required if a child is suffering, or at risk of, serious harm.

If a child confides in a member of staff and requests that the information is kept secret, it is important to tell the child (in a sensitive manner and appropriately to their development) that this cannot be promised. Staff will explain what will happen next and that information will be shared only with those who need to know in order to help.

Staff/volunteers who receive sensitive information about children and their families should therefore only share information with appropriate professionals.

Parents and carers are made aware of the organisation's Safeguarding and Child Protection Policy and Procedures and that these are available on our website. Staff, parents and carers also have access to resources relating to safeguarding and child protection on the website.

Parents should be informed prior to referrals being made to other agencies, unless to do so might place the child at further risk or cause evidence to be removed or destroyed. The DSL will ensure that our organisation's information sharing arrangements comply with the information sharing protocol.

7. Recognising abuse and taking action

Staff, volunteers and trustees must follow the procedures set out below in the event of a safeguarding issue.

7.1 If a child is in immediate danger

Make a referral to children's social care and/or the police immediately if a child is in immediate danger or at risk of harm. Anyone can make a referral.

Tell the DSL (see section 5.2) as soon as possible if you make a referral directly.

The referral to children's social care needs to be made to the Borough or Local Authority where the child lives. Each borough or Local Authority has a Local Safeguarding Children Board (LSCB) with a day-time number and an out-of-hours number. It is not possible to list every LSCB here, but for example (google to find details for the relevant area):

Islington LSCB 0207 527 7400. (After 5 pm during the week, at weekends or during public holidays call the Emergency Duty Team on 020 7226 0992.)

Camden LSCB 0207 974 3317 or the Emergency Duty Team: 020 7974 4444 (Mon-Fri 5pm-9am; Sat-Sun and Bank Holidays 24 hours for emergencies only).

Brent LSCB on 020 8937 4300 (9-5 weekdays) or 020 8863 5250 (out of hours).

Police 101 (and ask for the borough/ area where the alleged incident happened) or for immediate emergency: 999

<https://www.gov.uk/report-child-abuse-to-local-council>

7.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- Listen to and accept what they are saying. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own interpretation or judgement on it
- Complete a Record of Concern form as soon as possible. This can be done with or by the Director of Youth & Communities or Head of Youth Service. Ensure that any original notes are passed to the DSL.

Alternatively, if appropriate, make a referral to children's social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so.

7.3 If you discover that FGM has taken place or a child is at risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'. Possible indicators that a child has already been subjected to FGM, and factors that suggest a child may be at risk, are set out in appendix 4.

Any member of staff or volunteers who discovers that an act of FGM appears to have been carried out on a child under 18 must speak to the DSL and follow our local safeguarding procedures.

Any member of staff who suspects a child is at risk of FGM must speak to the DSL and follow our local safeguarding procedures. You will be asked for the home address of the child so that we can contact the Local Safeguarding Children Board in their borough/ Local Authority.

7.4 If you have concerns about a child (as opposed to a child being in immediate danger)

If you have concerns about a child's welfare and the child is not in immediate danger, where possible, speak to the DSL first to agree a course of action. Alternatively, make a referral to local authority children's social care directly (see 'Referral' below).

You can also contact the charity NSPCC on 0808 800 5000 if you need advice on the appropriate action.

If early help is appropriate, the DSL will support you in liaising with other agencies and setting up an interagency assessment as appropriate.

The DSL will keep the case under regular and frequent review and will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

Referral

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will usually make the referral. The DSL will use the Local Safeguarding Board Thresholds Guidance to decide upon the appropriate course of action.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must contact the local authority and make sure the case is reconsidered to ensure the concerns have been addressed and the child's situation improves.

7.5 Concerns about the conduct of a staff member or volunteer

If you have concerns about the conduct of a member of staff or volunteer, speak to the CEO. If you have concerns about the CEO, speak to the chair of the board.

You can also discuss any concerns about any staff member or volunteer with the DSL.

The CEO/Chair of the board/DSL will then follow the procedures set out in appendix 3, if appropriate.

Where appropriate, GI will inform Charity Commission of the allegation and actions taken, within the necessary timescale (see appendix 3 for more detail).

7.6 Allegations of abuse made against other children

We recognise that children are capable of abusing their peers. Abuse will never be tolerated. Abuse will not be passed off as "banter" or "part of growing up".

Most cases of young people hurting other young people will be dealt with under our code of conduct, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence

- Could put children at risk
- Is violent
- Involves children being forced to use drugs or alcohol
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)

If a child makes an allegation of abuse against another child you must tell the DSL and record the allegation, but do not investigate it. Let the child know that you will seek advice and support from the DSL.

The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence.

The DSL will consider any measures that can be put into place for all children involved – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed.

The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate.

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues such as sexualised or aggressive touching or grabbing, and initiation or hazing type violence
- Ensuring our activities help to educate children about appropriate behaviour and consent
- Ensuring that children know they can talk to staff confidentially
- Understand that a child/ young person harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

8. Notifying parents

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

9. Mobile phones and cameras

Staff are allowed to bring their personal phones into GI activity sessions for their own use, but will limit such use to break times when young people are not present. Staff members' personal phones will remain in their bags during sessions.

Staff who need to use a phone for work purposes and may be in contact with children will be issued with a work phone and should ensure that all phone contact with children happens via this phone. Children's numbers should never be stored in personal phones.

Staff will not take pictures or recordings of children on their personal phones or cameras.

We will follow the GDPR and the Data Protection Act 2018 when taking and storing photos and recordings for use within the organisation.

Staff have access to GI equipment for taking, using and storing photos and therefore, should never do so using their own personal devices.

10. Complaints and concerns about safeguarding practices

10.1 Complaints against staff

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 3).

10.2 Whistle-blowing

All staff and volunteers are made aware of their whistle-blowing responsibilities during induction and will promptly report any concerns in the interests of protecting children and staff from poor practice and or unsuitable behaviour. This includes the requirement to self-disclose any personal information that may impact on their suitability to work in a youth work setting.

We ensure that staff and volunteers are aware that sexual relationships with young people aged under 18 are unlawful and could result in legal proceedings taken against them under the Sexual Offences Act 2003. We ensure that all staff and volunteers are aware that sexual relationships and any sexual activity with any young person attending our youth groups is not permissible. Staff and volunteers must disclose any incident which may constitute sexual activity to their line manager.

Where internal reporting arrangements are viewed not to have been taken seriously or with sufficient rigour, any member of staff can raise concerns externally if the matter is not resolved by the CEO or Chair of the Board e.g. via the Local Authority's Designated Officer (LADO) for Managing Allegations or the Government's Whistle-blowing report line: 0800 028 0285.

We will inform the Charity Commission of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere), and any action taken in respect of the allegations. This notification will be made as soon as reasonably possible and always within 28 days of the allegations being made and will include reporting via whistle-blowing.

11. Record-keeping

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded. If you are in any doubt about whether to record something, discuss it with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have stopped using GI services.

All concerns are recorded electronically with restricted access. Paper-based records are not encouraged, however, where original notes are handwritten, these are stored securely.

In addition:

- Appendix 2 sets out our policy on record-keeping specifically with respect to recruitment and pre-employment checks
- Appendix 4 sets out our policy on record-keeping with respect to allegations of abuse made against staff

12. Training

12.1 All staff and volunteers who will work with children

All staff members who will work with children will undertake safeguarding and child protection training at induction, including on whistleblowing procedures, to ensure they understand GI's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice from our local safeguarding children board. All staff and Trustees have training annually. This can include online training.

Staff will also receive regular safeguarding and child protection updates (for example, through emails and staff meetings) as required, but at least annually.

Volunteers will receive appropriate training, if applicable.

12.2 The DSL

The DSL will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training.

12.3 Board members

All board members receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

12.4 Recruitment – interview/appointment panels

At least one person on any interview/appointment panel for a post involving work with children will have undertaken safeguarding training. This will cover, as a minimum, the contents of the Department for Education's statutory guidance, Working Together to Safeguard Children, and be in line with local safeguarding procedures.

12.5 Staff who have contact with children and families

The organisation will look for opportunities for all staff who have contact with children and families to be offered supervision which will provide them with support and training, promote the interests of children and allow for confidential discussions of sensitive issues. Gendered Intelligence is committed to monitoring the wellbeing of all staff.

13. Monitoring arrangements

This policy will be reviewed annually by the Designated Safeguarding Lead. After every review, it will be approved by the Board.

14. Links with other policies

This policy links to the following policies and procedures:

- Code of Conduct
- Staff code of conduct (in staff handbook)
- Complaints
- Equal Opportunities

- Conflict of Interests
- Safeguarding in online youth groups
- Safeguarding of vulnerable adults

These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education (September 2018).

Appendix 1: types of abuse

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

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

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

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

- Physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

Sexual abuse can be perpetrated by adults of all genders and can be perpetrated by other children.

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

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

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

Appendix 2: safer recruitment and DBS checks – policy and procedures

Appointing new staff

When appointing Youth Workers or staff who will have unsupervised contact with children, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below).
- We will not keep a copy of this for longer than 6 months
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate

We will seek references on all appointable candidates, including internal candidates. Appointments will be offers, subject to references. We will scrutinise these and resolve any concerns before confirming appointments.

Regulated activity means a person who will be:

- Responsible, on a regular basis (three times over 30 days) for teaching, training, instructing, caring for or supervising children
- Carrying out paid, or unsupervised unpaid, work regularly (three times over 30 days) where that work provides an opportunity for contact with children (in person, on the telephone, in online youth groups etc.)
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult:

- Where the 'harm test' is satisfied in respect of the individual (i.e. that no action or inaction occurred but the present risk that it could was significant)
- Where the individual has received a caution or conviction for a relevant offence
- If there is reason to believe that the individual has committed a listed relevant offence, under the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009
- If the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

Volunteers

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who will be working in regulated activity
- Obtain an enhanced DBS check without barred list information for all volunteers who are not in regulated activity, but who have an opportunity to come into contact with children on a regular basis, for example, supervised volunteers
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check for any volunteers not engaging in regulated activity
- Seek references for all volunteers who will engage in regulated activity

Board

All Board members will have an enhanced DBS check without barred list information. They will have an enhanced DBS check with barred list information if working in regulated activity.

Appendix 3: allegations of abuse made against staff

This section of this policy applies to all cases in which it is alleged that a current member of staff or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child, or
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child or children in a way that indicates they would pose a risk of harm to children

It applies regardless of whether the alleged abuse took place as part of GI activity or not. Allegations against a member of staff who is no longer working for us and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

Suspension

Suspension will not be the default position, and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeploying the individual to alternative work within the organisation so that they do not have unsupervised access to children

Definitions for outcomes of allegation investigations

- Substantiated: there is sufficient evidence to prove the allegation
- False: there is sufficient evidence to disprove the allegation
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)

Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the CEO (or Chair of the Board where the CEO is the subject of the allegation) – the ‘case manager’ – will take the following steps:

- Immediately discuss the allegation with DSL. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children’s social care services. (The case manager may, on occasion, consider it necessary to involve the police before consulting the DSL – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the DSL as soon as practicably possible after contacting the police)
- Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the DSL (and the police or children’s social care services, where necessary). Where the police and/or children’s social care services are involved, the

case manager will only share such information with the individual as has been agreed with those agencies

- Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the organisation is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from DSL, police and/or children's social care services, as appropriate
- If immediate suspension is considered necessary, agree and record the rationale for this with the DSL. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at the organisation and their contact details
- If it is decided that no further action is to be taken in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the DSL what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation
- If it is decided that further action is needed, take steps as agreed with the DSL to initiate the appropriate action within the organisation and/or liaise with the police and/or children's social care services as appropriate
- Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and consider what other support is appropriate such as union representation or a colleague who can act in a supportive role.
- Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against staff (where this applies) while investigations are ongoing. Any parent or carer who wishes to have confidentiality restrictions removed in respect of a member of staff will be advised to seek legal advice
- Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence)
- Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child
- We will inform the Charity Commission of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere), and any action taken in respect of the allegations. This notification will be made as soon as reasonably possible and always within 28 days of the allegations being made.
- Where the police are involved, wherever possible the local authority will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the organisation's disciplinary process, should this be required at a later point.

Timescales

Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 2 weeks.

If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 5 working days.

If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days.

Specific actions

Action following a criminal investigation or prosecution

The case manager will discuss with the Local Authority's Designated Officer or the Charity Commission whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

Conclusion of a case where the allegation is substantiated

If the allegation is substantiated and the individual is dismissed or GI ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager will discuss with the Local Authority Designated Officer or the Charity Commission whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required.

Individuals returning to work after suspension

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending the organisation.

Unsubstantiated or malicious allegations

If an allegation is shown to be deliberately invented, or malicious, the CEO, or other appropriate person in the case of an allegation against the CEO, will consider whether any disciplinary action is appropriate against the child(ren) who made it, or whether the police should be asked to consider whether action against those who made the allegation might be appropriate, even if they are not a young person who is engaged with Gendered Intelligence.

Confidentiality

The organisation will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the Local Authority's Designated Officer, the Charity Commission, the police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

Record-keeping

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken and decisions reached (and justification for these, as stated above)

If an allegation or concern is not found to have been malicious, the organisation will retain the records of the case on the individual's confidential personnel file, and provide a copy to the individual. We will retain these records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

References

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

Learning lessons

After any cases where the allegations are substantiated, we will review the circumstances of the case with the Local Authority's Designated Officer and/ or the Charity Commission to determine whether there are any improvements that we can make to the organisation's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual

Appendix 4: specific safeguarding issues

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals to and or discussion with a family's Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

Children with Disabilities or Special Educational Needs

Our organisation is committed to ensure that children with disabilities or special educational needs have exactly the same human rights to be safe from abuse and neglect, to be protected from harm and achieve the same outcomes as non-disabled children. We recognise that disabled children do however require additional action because they can experience greater vulnerability as a result of negative attitudes and because they may have additional needs relating to physical, sensory, cognitive and/or communication impairments.

This understanding is incorporated into our staff training, so that we all remain vigilant to identifying the additional vulnerabilities for these children in our care.

Gangs and Youth Violence

Early warning signs can be spotted that younger children may be at risk of getting involved in gangs or youth violence. Crucial preventive work can be done at this stage to prevent negative behaviour from escalating and becoming entrenched. We recognise that even low levels of youth violence can have a disproportionate impact on a child and their community environment. We will therefore, support children in developing safeguarding skills to prevent involvement in risky behaviours, and where serious concerns arise we will work collaboratively with our partner agencies to help prevent escalation of harm. For further information, refer to government guidance on advice on gangs and youth violence.

Domestic Abuse

We recognise the immediate and long-term impact of domestic abuse on a child's development and emotional wellbeing. All staff will remain vigilant to identifying the signs so that early help and protective action can be instigated where appropriate. We endeavour to provide the child with a safe and caring environment to help mitigate the impact of home-life stresses.

All notifications of domestic abuse will be managed in accordance with government guidance on domestic violence and abuse reporting.

Substance Abuse

a) We recognise the clear role that GI has to play in preventing drug misuse as part of our pastoral responsibilities. We will provide age appropriate information on drugs and alcohol and tackle

problem behaviour, working with local partners to prevent drug or alcohol misuse. For further guidance refer to DfE and ACPO Drug Advice.

b) Parental Substance Misuse: Substance misuse (drugs or alcohol) may impact on parental capacity and can significantly exacerbate other concerns such as domestic violence or mental health issues. We will remain vigilant in identifying and supporting children and their families facing such issues, and work in collaboration with other agencies where necessary to prevent significant harm.

Mental Health

a) Young people: Our organisation seeks to promote positive mental health and to identify and address those with less severe problems at an early stage and build their resilience. We are also committed to identifying and supporting young people with more severe needs and to help make appropriate referrals to specialist agencies such as Child and Adolescent Mental Health Services (CAMHS) where necessary. For further information refer to government guidance on mental health and behaviours to identify and support young people whose behaviour suggests they have unmet mental health needs.

b) Parental Mental Health: We recognise that some parents with mental health issues may experience difficulties at times with their parenting responsibilities. For further guidance refer to Think Child; Think Parent; Think Family: a guide to parental mental health and child welfare.

Children missing from education

A child going missing from education is a potential indicator of abuse or neglect, and such children are at risk of being victims of harm, exploitation or radicalisation. If you become aware that a child is no longer attending school and you think this is not a formal arrangement (i.e. they are being home schooled), please contact the DSL.

There are many circumstances where a child may become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families

We will follow our procedures if we become aware of any children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves a school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an

immediate referral to the local authority children's social care team, and the police, if the child is in immediate danger or at risk of harm.

Child Criminal Exploitation (CCE)

Child Criminal Exploitation (CCE) is a form of abuse and occurs where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into criminal activity.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual orientation, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, people of any gender and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may be accompanied by violence or threats of violence.

Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. Child Criminal Exploitation can include the following:

- County Lines
- Child Trafficking & Human Slavery
- Gang Affiliation & Knife Crime.

County Lines refers to situations where organised gangs use children and vulnerable people to move drugs and money including concealing them on or about their person. It can also include the person being forced to conceal the drugs internally (known as 'plugging').

Gangs establish a base, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'. One of the key factors found in most cases of County Lines is the presence of some form of exchange (e.g. carrying drugs in return for something).

Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

If staff suspect that a child is a victim of County Lines exploitation they must follow the GI's procedures for reporting child protection concerns and report to the DSL immediately. The DSL should report to the local safeguarding children's board immediately and the police if there is a risk of immediate harm.

Child sexual exploitation

Child sexual exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status.

This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam.

Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Our organisation will support the multi-agency activity to combat these crimes and help and support any young people affected by CSE. We will follow the LSCB protocol for identifying and managing cases of CSE.

Indicators of sexual exploitation can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older partners
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying inappropriate sexualised behaviour
- Suffering from changes in emotional wellbeing
- Misusing drugs and/or alcohol
- Going missing for periods of time, or regularly coming home late
- Regularly missing school or education, or not taking part in education

FGM

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM.

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a young person is at risk of FGM.

Indicators that FGM has already occurred include:

- A young person confiding in a professional that FGM has taken place
- A family member disclosing that FGM has been carried out
- A family/young person already being known to social services in relation to other safeguarding issues

A child with female genitalia:

- Having difficulty walking, sitting or standing, or looking uncomfortable
- Finding it hard to sit still for long periods of time (where this was not a problem previously)
- Spending longer than normal in the bathroom or toilet due to difficulties urinating
- Having frequent urinary, menstrual or stomach problems
- Avoiding physical exercise or missing PE
- Being repeatedly absent from school, or absent for a prolonged period

- Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
- Being reluctant to undergo any medical examinations
- Asking for help, but not being explicit about the problem
- Talking about pain or discomfort between their legs

Potential signs that a child may be at risk of FGM include:

- The child's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the child's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues

A child with female genitalia

- Having a mother, older sibling or cousin who has undergone FGM
- Having limited level of integration within UK society
- Confiding to a professional that they are to have a "special procedure" or to attend a special occasion to "become a woman"
- Talking about a long holiday to their country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the child out of the country for a prolonged period
- Requesting help from a teacher or another adult because the child is aware or suspects that they are at immediate risk of FGM
- Talking about FGM in conversation – for example, a child may tell other children about it (although it is important to take into account the context of the discussion)
- Being unexpectedly absent from school
- Having sections missing from the 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a young person is being forced into marriage, they will speak to the young person about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the young person about the concerns in a secure and private place

- Activate the local safeguarding procedures and refer the case to the Local Authority's Designated Officer
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or fmu@fco.gov.uk
- Refer the young person to an appropriate organisation for support and advice

Preventing abuse for extremist purposes

Extremism is vocal or active opposition to fundamental values such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs.

The Charity Commissions states that charities have a duty to prevent children from being abused for extremist purposes. The DSL will undertake appropriate training and make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of children who participate in activity at our organisation being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding children board and local police force.

We will ensure that suitable internet filtering is in place if young people access the internet during our activities, and equip our young people to stay safe online.

The government website Educate Against Hate and charity NSPCC say that signs that a child is being drawn into extremism can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities they used to enjoy
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of abuse for extremist purposes may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

If staff are concerned about a young person, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Private Fostering

We recognise the importance of identifying children in Private Fostering arrangements so that their needs can be fully assessed by the local authority. At Gendered Intelligence we will notify the local authority of any known or suspected Private Fostering arrangement. We will support any subsequent assessment and remain alert to any additional needs that children placed away from their immediate families might face.