Purpose

This Policy sets out the Charity's commitment to promoting best practice and ensuring that Children, Young People and Adults at Risk ("CYP/AAR") are free from harm and abuse. Where harm and abuse is recognised or suspected, the Charity expects staff and volunteers to respond and refer in accordance with this Policy and operational procedures.

The term "Adults at Risk" relates to adults at risk of abuse or neglect as provided by the Care Act 2014. This Policy uses the definition of abuse as given in "Working together to Safeguard Children and Young People" (HM Gov, 2015), which can include physical, emotional, sexual and neglect.

APPENDICES I, II, III & IV give further details and potential indicators of abuse.

Scope

This Policy applies to:

- Employees, workers (this includes bank, casual, and sessional workers), agency workers, contractors, apprentices, students, secondees, volunteers, Trustees, and Directors
- All other persons supporting, providing or delivering services for or on behalf of the Charity (hereafter referred to as partner organisations – see APPENDIX IV for a partner organisation policy statement).

General Principles

The Charity:

- is committed to keeping the needs and protection of CYP/AAR as its first priority
- is committed to checking the suitability of all those who work with CYP/AAR and anyone else covered under the scope of this Policy;
- recognises the importance of its work with CYP/AAR and its responsibility to protect and safeguard their welfare;
- seeks to serve the needs of CYP/AAR promoting holistic development. In doing so, the Charity takes seriously the welfare of all CYP/AAR who come onto its premises or who are involved in any of its activities;
- aims to ensure that all CYP/AAR are welcomed into a safe and caring environment with a safe, positive and friendly atmosphere;
- seeks to create environments which prevent the opportunity for inappropriate relationships to be built at its sites and activities, which could endanger the welfare of CYP/AAR at a later date, outside of the Charity's services;
- recognises its responsibility to implement, maintain and regularly review procedures, which are designed to recognise, respond and refer to such abuse;
- recognises that it is the responsibility of everyone covered under the scope of this Policy to prevent all forms of abuse and neglect as defined in relevant legislation and to report any abuse discovered or suspected;
- is committed to supporting, resourcing and training those who work with CYP/AAR and to provide ongoing support and supervision;
- is committed to maintaining good links with statutory safeguarding authorities

Our Commitment

The Charity endeavours to safeguard CYP/AAR by:

- taking steps to ensure CYP/AAR understand how to raise a concern;
- operating with a comprehensive safeguarding strategy;
- operating safe recruitment procedures to deter unsuitable people from applying for jobs;
- ensuring that positions are risk assessed to identify the levels of Disclosure and Barring Service checking required as well as addressing any further guidance provided by the Disclosure and Barring Service;
- ensuring that it has procedures and systems in place to secure information held by those individuals covered by the scope of this Policy;
- providing a comprehensive portfolio of policies and procedures which cover those listed under the scope of this Policy;
- operating a safeguarding allegations and complaints procedure to ensure that there is a consistent and effective response to any concerns, allegations or disclosures of abuse;
- providing service users with a comprehensive complaints procedure;
- supporting staff in reporting and investigating incidents of abuse;
- enabling all those covered under this Policy to follow best practice in preventing abuse from occurring within the Charity;
- ensuring staff have a knowledge and understanding about CYP/AAR protection and that they receive appropriate training on adhering to these procedures;
- prominently displaying contact details for the Designated Safeguarding Lead(s) (DSL(s)) and referral methods at all premises and on the website in such a way so as to be accessible to CYP/AAR, colleagues and partners;
- establishing multi-agency relationships and approaches to counteracting abuse.

Staff and volunteers have a responsibility to ensure that:

- service users, clients, contractors and designated partnership workers adhere to this Policy
- they inform Human Resources of any new offences, charges, cautions, reprimands or warnings against them.

The Charity reserves the right to ask for someone to complete a new Disclosure and Barring Service Check as appropriate. If a member of staff is accused or suspected of abuse or neglect they will be subject to the Charity's disciplinary procedures. The Charity reserves the right to instigate disciplinary procedure if a member of staff fails to report an incident of abuse or neglect.

Policy Monitoring and Review

This Policy will be reviewed annually by the Designated Safeguarding Leads (DSLs) and Human Resources Manager. The review of this Policy will also be prompted by changes to existing legislation and/or suggested best practice, or the introduction of new legislation/European directives prior to any review.

Disclosure Reviews

Copies of all Disclosure Forms will be retained securely and in compliance with the Data Protection Act. Safeguarding activity will be reviewed quarterly by the DSL(s) and/or Human Resources Manager to check the Policy is being followed correctly, to identify any areas of practice improvement and/or training needs for staff, and to monitor the outcomes of concerns raised.

Training

All trustees, staff and volunteers must be trained to a suitable level of Safeguarding proficiency relevant to their role, within two months of commencing working with CYP / AAR. The minimum training requirement involves an online seminar course, culminating in a certificate of completion. Staff members and volunteers who fail to pass this course within two months of commencement may be suspended from duties until they have met this basic threshold.

Training for DSLs and other key personnel will be more rigorous and will comply with the Local Safeguarding Board recommended levels; usually a half- or full-day course. The Charity will keep a record of Training undertaken, including due dates for refresher courses, but it is the responsibility of the staff member to ensure that they keep their safeguarding training up-to-date.

Support

Dealing with safeguarding issues or a disclosure from a child, young person or vulnerable adult can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with her/his line manager and the DSL(s).

Management and Departmental Responsibilities

Line Managers will:

- manage, operate and supervise their services with appropriately experienced and qualified staff, meeting the appropriate regulatory and governing body requirements;
- ensure the compliance with this policy of their direct reports and any partner organisations they engage the services of
- draft and maintain risk assessments for each department/activity addressing safeguarding as well as other safety issues; these will be reviewed on a regular basis;
- maintain working links with external agencies and regulatory bodies with copies of the Charity's Safeguarding Policy and Procedures being held by those bodies as required;
- establish a system whereby CYP/AAR may talk with an independent person;
- always report to HR any cases where an allegation is made against a Charity employee. HR will be responsible for contacting the Local Authority Designated Officer (LADO) within one working day of the allegation being made;
- regularly programme group and/or individual supervision of staff with opportunities to discuss observations and relationships with CYP / AAR. These

should include discussions of any member of staff or client behaviour patterns which may be of concern.

The Chief Executive will:
On behalf of the Charity, appoint suitable DSL(s) and ensure that all necessary training has taken place to ensure that such appointees are effective in any duties that flow from this Policy.

The Trustees will:
Nominate a lead Trustee to take the lead on Safeguarding governance matters.

Planning
In planning Charity activities:

- Staff will not plan to be alone with CYP/AAR in an environment where activities cannot be observed by others. This may mean leaving a door open or staying in a public area. Those covered under the scope of this Policy should not meet CYP/AAR outside of the Charity's services or premises without a parent/carer or other member of staff being present; where this is not possible the meeting must take place in a public area with the prior consent of the line manager. There will be occasions where employees will engage with CYP/AAR outside of Charity premises, eg. on outings arranged by the Charity, taking CYP/AAR to professional appointments etc. In such instances, there will be appropriate departmental procedures covering these events and a comprehensive risk assessment will be in place.
- Ratios of staff to CYP/AAR will be adhered to for appropriate age range; gender and/or specific need. A minimum of two adults are to be present with a group particularly when it is the only activity taking place on the Charity's premises. A group of solely under 18's must never be taken off the premises with fewer than two adults.
- Unsupervised routes to and from premises must be appropriate for the safety of CYP/AAR.
- A diary or daily log of activities, register of attendees (where practicable), staff present and any significant incidents must be kept for each service delivered.
- CYP/AAR being transported by car must wear seatbelts and should not normally be seated in the front seats. In minibuses, CYP/AAR are able to sit in front seats and staff escorts should be seated in the rear if any rear seats are occupied. Where possible, there should be more than one child/young person on board at any one time.
- Children under the age of 11 cannot be allowed to leave services unless in the presence of adults with identifiable permission to collect them.
- Staff will consult with their line manager if they are unsure of the correct protocol.

Premises

It is recommended that when contemplating hiring out Charity premises to groups / organisations whose work involves CYP/AAR that a suitable clause approved by a Director is incorporated into licenses or hire agreements that properly ensures that hirers are aware of their safeguarding duties and reporting responsibilities to the Charity.

Site or Centre Managers should obtain a written undertaking from each and every group/organisation which works with children or young people and who wish to use Charity premises, that they have read and understood the Charity's operational safeguarding procedures and protocols for each service and that they will abide by them.

The use of any devices that can take / store pictures, video or other social media materials

The Charity is clear that staff members and volunteers should not take images or videos of services users on their privately owned devices, even if consent has been given. The Charity has a number of image capture devices which can be booked for this purpose. All images remain the property of the charity.

Prior to capturing images or videos of service users using a Charity-owned device, staff and volunteers must ensure that specific, written consent is obtained from those in the photographs, or the parent / guardian where the subject matter is under 16. Staff or volunteers taking images under these circumstances should ensure that they are transferred to the Charity's IT network storage systems, images must not be stored locally on any device or external hard drive. All appropriate consent forms should be emailed to safeguarding@oneymca.org to be logged and data protection procedures need to be followed as appropriate.

The Role of the Designated Safeguarding Lead

DSL(s) shall be appointed by the Chief Executive and s/he/they will be responsible for overseeing the Safeguarding Policy and the way it is put into practice. S/he/they will be responsible for ensuring that CYP/AAR issues are reported to the relevant authorities and for maintaining a proper record of any child protection / adult at risk referral, complaint or concern.

The DSL(s) will be a senior member of staff with appropriate experience and training in safeguarding procedures and in working with CYP/AAR. They will have a key duty to take lead responsibility for raising awareness with the staff on issues relating to the welfare of CYP/AAR and the promotion of a safe environment for CYP/AAR within the Charity.

The appointed person(s) will be ratified by the Trustee Board. The DSL(s) will be accountable to the Chief Executive. S/he/they will be trained in CYP/AAR safeguarding issues and inter-agency working and will be required to keep up to date with developments in safeguarding of CYP/AAR. The DSL(s) will be supported by the

Charity to discharge their responsibilities and should ask their line manager for additional support in any area that would assist s/he/them to do this.

Where a Charity staff member or volunteer may be implicated, the DSL(s) must ensure the case is reported in confidence to the Human Resources Manager in order for the necessary support and advice to be made available.

The DSL(s) shall ensure that the Safeguarding Response Flowchart, including his/her/their contact details is displayed in all appropriate operational sites of the Charity.

If DSL responsibilities are transferred to another person, it is the responsibility of the outgoing DSL to arrange a full, face-to-face handover to ensure that there is no data loss or possibility for cases to slip 'off the radar'.

Dealing with a Disclosure

If a CYP/AAR discloses that he or she has been abused in some way, the member of staff or volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the CYP/AAR to talk freely
- Reassure the CYP/AAR, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Social Services (see contact details below)
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Email safeguarding@oneymca.org within 24 hours

The Charity recognises that confidentiality is key to ensuring that service users and alleged perpetrators are protected throughout investigations into allegations since allegations may prove to be unfounded.

Reporting concerns

Concerns should be raised in accordance with this Policy via the Safeguarding Response Flowchart and/or following the arrangements set out in the Whistleblowing Policy.

Upon receiving a Safeguarding disclosure or making an observation that indicates a Safeguarding issue, Staff or Volunteers should ensure they record as much information as possible on the Incident/Reporting form which can be found in S:\Safeguarding. The Incident/Reporting form must be emailed to safeguarding@oneymca.org within 24 hours of the incident/allegation being reported to the member of staff. Where a statutory referral form (i.e. BIC 100, mental health single point of access, Prevent etc.) has been used, this should be sent

to the safeguarding@oneymca.org email address, and an Incident/Reporting form is not required. If staff or volunteers have reason to believe a CYP/AAR may be at risk of suffering abuse or neglect and are not able to contact someone from the safeguarding process, they should contact:

Hertfordshire

- Children, young people and Adults At Risk – Health & Community Services by calling the customer services centre on 0300 123 4042
- Adults at risk (if you believe an adult is receiving mental health services) – by calling the Hertfordshire Partnership Foundation Trust on 0300 777 0707
- PREVENT - Preventengagement@bedfordshire.pnn.police.uk or by calling 01582 473048/3040

Central Bedfordshire

- Children and young people – by calling 0300 300 8585 (office hours) or 0300 300 8123 (out of hours)
- Adults at risk – by calling 0300 300 8122 (office hours) or 0300 300 8123 (out of hours)
- PREVENT - Preventengagement@bedfordshire.pnn.police.uk or by calling 01582 473048/3040

Bedford Borough

- Children and young people – by calling Multi Agency Support Hub (MASH) on 01234 718700 (office hours) or 0300 300 8123 (out of hours).
- Adults at risk – by calling 01234 276222 (office hours) or 0300 300 8123 (out of hours)
- PREVENT - Preventengagement@bedfordshire.pnn.police.uk or by calling 01582 473048/3040

Buckinghamshire

- Children and young people – by calling the First Response Team on 0845 460 0001 **(office hours) or ring** 0800 999 7677 **(out of hours).**
- Adults at risk – by calling 0800 137 915 (office hours) or 0800 999 7677 (out of hours)
- PREVENT - Preventengagement@bedfordshire.pnn.police.uk or by calling 0800 789 321

Child Exploitation and Online Protection Concerns

- https://www.ceop.police.uk

Prevent Duty

- Should your concern be about a person potentially being drawn into terrorism, you should contact the Channel Police Practitioner (CPP) within your local Police Station by telephoning 101 and asking for the Prevent Team.

Anti-terrorist hotline

- 0800 789 321

Relevant police force

- 101 if no immediate threat but a safeguarding concern
- 999 if an emergency, with immediate threat to the potential victim

Further Information
Further information and advice can be obtained from Human Resources.

Other Relevant Information
This Policy is to be read in conjunction with:

- YMCA Whistleblowing, Health & Safety and Equal Opportunities Policies and Code of Conduct; Grievance, Disciplinary, Information Security, Lone Working, and service-specific Safeguarding Procedures;
- Adult protocols – Principles, definitions and possible indicator guidance notes used by Housing in relation to obligations pursuant to the Care Act 2014 – http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- Working together to safeguard children – government guidance https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- "No Secrets" – government adult protection guidance https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets__guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf
- Information Sharing Advice for Safeguarding Practitioners – government guidance https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf
- Prevent Duty – government guidance https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf
- Hertfordshire Safeguarding Board details – https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/service.page?id=LhcHNuuKjec
- Central Bedfordshire Safeguarding Board details – http://www.centralbedfordshire.gov.uk/health-social-care/professionals-partners/safeguarding/board.aspx
- Bedford Borough Safeguarding Board details – http://www.bedford.gov.uk/health_and_social_care.aspx
- Buckinghamshire Safeguarding Board details – http://www.bucks-lscb.org.uk/bscb-procedures/local/

Appendix I

Possible Indicators of Harm - Adults

Physical Abuse

- Unexplained or inappropriately explained injuries;
- Adult exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- Adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- An adult without capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

Sexual Abuse

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;

- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
- Sexual exploitation.

Psychological Abuse

- Untypical ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;
- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted;
- Adult's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

Financial or Material Abuse

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult's accounts or cards
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision;
- Recent changes of deeds/title of house or will;
- Recent acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

Modern Slavery

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

- Adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn
- They have few personal possessions and often wear the same clothes
- What clothes they do wear may not be suitable for their work.
- the adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English
- Fear of authorities
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.

Environmental indicators

- Outside the property- there are bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to prevent use. There are signs the electricity may have been tacked on from neighbouring properties or directly from power lines.
- Inside the property- access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

Discriminatory Abuse

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- An adult making complaints about the service not meeting their needs.

Organisational Abuse

Organisational abuse can occur in any setting. A number of inquiries in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported in their work;
- receive inadequate guidance;

or where there is:

- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise.

Neglect and Acts of Omission

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

Self-neglect

- living in very unclean, sometimes verminous, circumstances;
- poor self-care leading to a decline in personal hygiene;
- poor nutrition;
- poor healing/sores;

- poorly maintained clothing;
- long toenails;
- isolation;
- failure to take medication;
- hoarding large numbers of pets;
- neglecting household maintenance;
- portraying eccentric behaviour/lifestyles;

NOTE: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

APPENDIX II

POSSIBLE INDICATORS OF HARM - CHILDREN

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.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries
Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning
Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness
Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks
Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

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

Emotional/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, somatization disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse
- Parent/carer has convictions for violent crimes

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatization disorder or false allegations of physical or sexual assault or a culture of physical chastisement

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.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted

- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection
- Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

- Lack of support from family or social network
- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatization disorder or false allegations of physical or sexual assault or a culture of physical chastisement

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 care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

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

Indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community
- Family has history of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatization disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

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.

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners

- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatization disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender

Female Genital Mutilation (FGM)

It is essential that staff and volunteers are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

There are four recognised types of procedure:

1) Clitoridectomy – partial/total removal of clitoris
2) Excision – partial/total removal of clitoris and labia minora
3) Infibulation – entrance to vagina is narrowed by repositioning the inner/outer labia
4) all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area

Procedures are carried out because of a belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

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

Signs that may indicate a child has undergone FGM:

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

APPENDIX III

POSSIBLE INDICATORS OF HARM – ALL AGE GROUPS

Radicalisation

Radicalisation is when someone starts to believe or support extreme views. They could be pressured to do things by someone else. Or they might change their behaviour and beliefs.

This could happen if they feel:

- isolated and lonely or wanting to belong
- unhappy about themselves and what others might think of them
- embarrassed or judged about their culture, gender, religion or race
- stressed or depressed
- fed up of being bullied or treated badly
- angry at other people or the government
- confused about what they are doing.

Extremism is when people have very strong opinions which could become extreme. People who have certain beliefs about politics or religions which are hateful, dangerous or against the law are often known as extremists. This harmful behaviour is called extremism. There are different types of extremists like environmental and animal rights activists who might use violence and damage to express their views.

Those in the process of being radicalised may become involved with a new group of friends, search for answers to questions about identity, faith and belonging, possess extremist literature or advocate violent actions, change their behaviour and language, or may seek to recruit others to an extremist ideology.

The following could describe general teenage behaviour but together with other signs may mean the young person is being radicalised:

- out of character changes in dress, behaviour and changes in their friendship group
- losing interest in previous activities and friendships
- secretive behaviour and switching screens when someone approaches them.

The following signs are more specific to radicalisation:

- showing sympathy for extremist causes
- advocating extremist messages
- glorifying violence
- accessing extremist literature and imagery

- showing a mistrust of mainstream media reports and belief in conspiracy theories
- appearing angry about governmental policies, especially foreign policy

It is important to note, that children and young people experiencing these situations or displaying these behaviours are not necessarily showing signs of being radicalised. There could be many other reasons for the behaviour including alcohol or drug abuse, family breakdown, domestic abuse, bullying, etc., or even something less worrying.

It is important to be cautious in assessing these factors, to avoid inappropriately labelling or stigmatising individuals because they possess a characteristic or fit a specific profile. It is vital that all professionals who have contact with vulnerable individuals are able to recognise those vulnerabilities and help to increase safe choices.

This is part of our wider safeguarding duty. We will intervene where possible to prevent vulnerable children being radicalised. The internet has become a major factor in radicalisation and recruitment.

As with all other forms of abuse, staff should be confident in identifying who might be at risk and act proportionately.

We will work with other partners including the Channel Panel.

Sexual Exploitation

Sexual exploitation is a type of sexual abuse. People in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Vulnerable people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.

Some people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Sexual exploitation doesn't always involve physical contact and can happen online.

Sexual Exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

People who are being sexually exploited may:

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

The effects of sexual exploitation

Sexual exploitation has long-term effects on social integration and economic well-being and may adversely affect life chances. Some of the difficulties faced by victims include:

- isolation from family and friends
- teenage parenthood
- failing examinations or dropping out of education altogether
- unemployment
- mental health problems
- suicide attempts
- alcohol and drug addiction

- aggressive behaviour
- criminal activity.

APPENDIX IV

PARTNER ORGANISATION POLICY STATEMENT

Safeguarding Children, Young People and Adult at Risk in Partnership

Our Charity is committed to safeguarding and promoting the welfare of children, and have a duty to ensure that there are arrangements in place so that written agreements clarify responsibilities around safeguarding for all partners involved.

Where third parties work in one of our venues, or in conjunction with one of our projects, but are not directly employed by our Charity, the third party is responsible for undertaking checks, storing records and ensuring their families are aware of who's safeguarding procedures. Written confirmation of this must be given to us prior to engagement as a partner.

We have a robust safeguarding policy and safeguarding procedures in place that are reviewed regularly. All staff (including supply staff, volunteers and partner agencies) must ensure that they are aware of, and understand, our policy and procedures. Therefore, please be advised that the One YMCA Group Safeguarding Policy will be the overriding version.

Parents and carers are welcome to read our policies and procedures on request.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a child's welfare.

We will ensure that our concerns about children who attend our services are discussed with the child's parents/carers first, unless we have reason to believe that such a move would be contrary to the child's welfare.

If you are concerned about a child's welfare, please report this to one of our Designated Safeguarding Leads as soon as possible on the same day. Contact details are displayed at all our sites.

Please do not investigate the incident except in conjunction with our safeguarding representatives.

All staff must read the safeguarding policy and sign below to confirm they have read, understand and will abide by it.

Name	Date	Signature