

Safeguarding Children and Young People Policy and Procedure

1. Context

- 1.1. Burton and District Mind (B&D Mind) is committed to providing a safe and supported environment for staff, volunteers, and beneficiaries. Our organisation fully complies with the Staffordshire Safeguarding Children Board staffsscb.org.uk and other relevant legislation to safeguard children and young people (CYP) from abuse and harm.
- 1.2. We will achieve this by having an effective and robust Safeguarding Procedure and following National and local guidance; Working Together to Safeguard Children 2023 (Department for Children - DFE) and the Staffordshire Safeguarding Children Board (SSCB) Child Protection Procedures at <https://www.staffsscb.org.uk/>
- 1.3. The [Children Act 1989](#) provides the legislative framework for child protection in England. Key principles established by the Act include:
 - the paramount nature of the child's welfare.
 - the expectations and requirements around duties of care to children.
- 1.4. This was strengthened by the [Children Act 2004](#), which encourages partnerships between agencies and creates more accountability, by:
 - placing a duty on local authorities to appoint children's services members who are ultimately accountable for the delivery of services.
 - placing a duty on local authorities and their partners to co-operate in safeguarding and promoting the wellbeing of children and young people.
- 1.5. Both of these acts were amended by the [Children and Social Work Act 2017](#). Key provisions include:
 - the establishment of a Child Safeguarding Practice Review Panel to review and report on serious child protection cases that are complex or of national importance.
 - Local Safeguarding Children's Boards (LSCBs) were replaced by local safeguarding partners who publish reports on safeguarding practice reviews.
 - child death review partners are required to review each death of a child normally resident in their area and identify matters relevant to public health and safety.
 - local authorities must appoint personal advisers for care leavers up to the age of 25.
- 1.6. The Human Rights Act 1998 includes the right to life, the right not to be subjected to inhuman or degrading treatment, the right not to be arbitrarily deprived of liberty and the right to respect for private and family life. Everyone has the right to live their lives free from violence, abuse, and neglect. This right is underpinned by the duty on public agencies to intervene proportionately to protect the rights of citizens.

- 1.7. The Mental Capacity Act 2005 is a statutory framework to empower and protect people over the age of 16 who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act. For people who lack capacity, the Mental Capacity Act (2005) introduced two new criminal offences of ill treatment and wilful neglect. This can be applied to family carers, health, or social care staff in any setting, other paid or unpaid carers and appointed attorneys or court appointed deputies.
- 1.8. B&D Mind recognises its duty under the relevant legislation. We will put the interests of children at the heart of everything we do, co-operating and sharing information with partners to improve children's wellbeing and protect them from harm and neglect.

2. Aim

- 2.1. This policy sets out how B&D Mind will monitor, record, and escalate any concerns that staff, volunteers, or beneficiaries may have or receive about the welfare and safety of CYP.
- 2.2. This policy aims to outline how members of staff and volunteers should alert both internal and external agencies and report what they have heard, seen, suspect or been told. This policy is an essential resource that all staff and volunteers need to be aware of and fully understand during day-to-day activities.

3. Scope

- 3.1. This policy applies to all people working on behalf of B&D Mind, including:
- Staff
 - Volunteers
 - Trustees
 - Counsellors
 - Associate workers
 - Trainees
- 3.2. All must abide by this policy and procedure whenever carrying out their duties for B&D Mind.
- 3.3. In applying this policy, B&D Mind workers must pay due regard to all children who are either directly supported by the organisation or who workers become aware of through their work (e.g., the child of a beneficiary).
- 3.4. A Child is defined as a person under the age of 18 (Children Act 1989). In this policy, the terms child and children should be taken to cover children and young people up to but not including the age of 18. It also refers to unborn children and recognised harm that may come to babies during pregnancy.

- 3.5. Safeguarding issues concerning individuals aged 18 and above should be handled using the procedures in the Safeguarding Adults policy.

4. Responsibilities

- 4.1. B&D Mind believe that everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them. As a result, all people working on behalf of the organisation have specific responsibilities as follows.

4.2. Board of trustees:

- 4.2.1. Ensure a safeguarding CYP policy and procedure is in place and remains fit for purpose.
- 4.2.2. Be aware of the organisation's legal duties and responsibilities under safeguarding and ensure legal and policy compliance with regard to safeguarding referrals and recruitment practice.
- 4.2.3. Allocate sufficient resources to safeguarding practices.
- 4.2.4. Chair – respond to safeguarding concerns involving the CO/DSL.

4.3. CO:

- 4.3.1. Support the board to understand the importance of safeguarding.
- 4.3.2. Ensure appropriate staff and volunteer wellbeing support is in place.
- 4.3.3. Contribute to the monitoring of safeguarding concerns, making recommendations for changes to practice, as necessary.

4.4. Designated Safeguarding Lead (DSL):

- 4.4.1. Ensure the safeguarding CYP policy and procedure is regularly reviewed.
- 4.4.2. Be aware of local safeguarding policies and procedures and ensure B&D Mind's practice is consistent with the local approach.
- 4.4.3. Ensure that the organisation is compliant with local and national safeguarding policy.
- 4.4.4. Act as B&D Mind's liaison with the local safeguarding boards and local authority.
- 4.4.5. Support managers in responding promptly to incidents, concerns, or allegations.
- 4.4.6. Review all safeguarding concerns.
- 4.4.7. Address any deviations from the agreed procedure.
- 4.4.8. Notify external bodies of serious safeguarding incidents.
- 4.4.9. Maintain the safeguarding log.
- 4.4.10. Create and share quarterly safeguarding monitoring reports.
- 4.4.11. Regularly monitor safeguarding concerns and update this policy and procedure as appropriate.
- 4.4.12. Support the board to understand the importance of safeguarding.
- 4.4.13. Recommend changes to safeguarding practices to the board.

4.4.14. The DSL for B&D Mind is currently the CO. In their absence, this role will fall to members of the Operations Manager or Development and Sustainability Officer.

4.5. Managers:

- 4.5.1. Ensure staff have completed safeguarding training.
- 4.5.2. Support staff to understand and follow the safeguarding CYP policy and procedure.
- 4.5.3. Respond promptly to all reported safeguarding concerns.
- 4.5.4. Ensure the views of CYP have been obtained where appropriate.
- 4.5.5. Ensure the safety and protection of CYP and other people.
- 4.5.6. Refer the concern externally and liaise with other organisations as appropriate.
- 4.5.7. Record all actions taken and any relevant justification.
- 4.5.8. Keep the reporting staff member/volunteer and child/young person abreast of developments.
- 4.5.9. Support staff and volunteers to access appropriate wellbeing support.
- 4.5.10. Contribute to the monitoring of safeguarding concerns, making recommendations for changes to practice, as necessary.

4.6. All staff and volunteers:

- 4.6.1. Read and understand this policy and procedure.
- 4.6.2. Attend and actively participate in all safeguarding training.
- 4.6.3. Adhere to the principles of safeguarding when responding to concerns.
- 4.6.4. Always remain vigilant to potential abuse.
- 4.6.5. Respond appropriately to safeguarding concerns, in line with the procedures below.
- 4.6.6. Record and report all concerns to your line manager as soon as possible.
- 4.6.7. Contribute to whatever actions are needed to safeguard and promote the child's welfare.
- 4.6.8. Take part in regularly reviewing the outcomes for the child against specific plans.
- 4.6.9. Work co-operatively with parents unless this is inconsistent with ensuring the child's safety.

5. What is CYP safeguarding?

- 5.1. Working Together to Safeguard Children 2018 defines safeguarding and promoting the welfare of children as:
- a) *Protecting children from maltreatment.*
 - b) *Preventing impairment of children's mental and physical health or development.*
 - c) *Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
 - d) *Taking action to enable all children to have the best outcomes,*

5.2. Child protection is defined as:

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

5.3. Effective safeguarding arrangements should aim to meet the following two key principles:

- a) Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and
- b) A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

5.4. The aims of CYP safeguarding are to:

- 5.4.1. Stop abuse or neglect wherever possible.
- 5.4.2. Prevent harm and reduce the risk of abuse or neglect to CYP.
- 5.4.3. Safeguard CYP in a way that supports them in making choices and having control about how they want to live.
- 5.4.4. Promote an approach that concentrates on improving life for the CYP concerned.
- 5.4.5. Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect.
- 5.4.6. Provide information and support in accessible ways to help CYP understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of a CYP; and
- 5.4.7. Address what has caused the abuse.

5.5. Key principles of CYP safeguarding

5.5.1. The following principles will guide LLR Mind in implementing this policy:

- In all matters concerning CYP safeguarding, the welfare of the child is paramount, and the child's rights, wishes, and feelings will be promoted and respected.
- All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse.
- All staff, volunteers and trustees will take suspicions and allegations of abuse very seriously and will act on them swiftly and appropriately.
- Any staff member, volunteer or trustee raising concerns about potential abuse will be supported by the organisation.

6. What is child abuse and neglect?

6.1. Any form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

6.2. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse.

6.3. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.

6.4. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. It can be one-off, repeated act, or historical.

6.5. Child abuse and neglect generally takes four basic forms, all of which can cause long term damage to a child:

- physical abuse
- emotional abuse
- sexual abuse
- neglect

6.6. However, the NSPCC recognises several other forms of child abuse and neglect, including bullying and domestic abuse. More information about each type of abuse can be found in [Appendix A – Types of child abuse and neglect](#).

6.7. Staff and volunteers should not limit their view of what constitutes abuse or neglect, as it can take many forms and the circumstances of individual cases should always be considered.

6.8. *Who can commit abuse?*

6.8.1. Anyone can abuse a child. This could be someone that the child knows or a stranger. It can be one person or a group of people. Abuse might be carried out by anyone in contact with CYP, even by people employed to provide care.

6.8.2. Abuse is not always deliberate. It sometimes happens when people are trying to do their best but feel stressed. Or they don't know what to do because of a lack of knowledge, training or understanding.

6.9. *Where does abuse happen?*

6.9.1. Abuse can happen anywhere, in a child's own home, at school, in hospital, in residential care, at a club or social event.

7. Discovering abuse

7.1. You may become aware of suspected abuse in the following ways:

- a) by receiving an allegation directly from the child/young person (i.e. a disclosure),
- b) by receiving an allegation from someone who is not child/young person,
- c) by receiving a report from outside agencies or other activities the child/young person may be involved with, or
- d) developing a strong suspicion based on your own observations or experience.

8. Responding to disclosures

8.1. If you receive a disclosure of alleged abuse or develop a strong suspicion that abuse is taking place, you should:

- React calmly.
- Assure the individual that you are taking the concerns seriously.
- Do not be judgemental or jump to conclusions.
- Give them time to talk.
- Listen carefully to what they are telling you and paraphrase what they said back to them.
- Use open ended questions to establish the basic facts – remember the acronym ‘TED’ and encourage the person to ‘Tell,’ ‘Explain’ and ‘Describe’ the concern.
- Do not investigate or ask detailed or probing questions.
- Don’t promise the person that you’ll keep what they tell you confidential; explain that you have a duty to tell your manager who may decide it needs to be referred externally.
- Explain that you will respect their wishes where possible, but that referrals and actions can be taken without their consent. Tell them what action you will be taking.

8.2. It is important to note that the child/young person may not see the information as an allegation as they may not think there is anything wrong with what has occurred. In this instance, follow the guidelines above and explain to them that you need to pass on the information as you are worried about them.

9. Consent

9.1. It is always essential in safeguarding to consider the child’s understanding of the significance and consequences of any safeguarding activity. Their views should be sought on what safeguarding support or actions they would like. However, it should be explained that whilst their view will be considered, B&D Mind has a responsibility to take whatever action is required to ensure their safety and the safety of other children.

9.2. Children may not want safeguarding information to be shared for a number of reasons. For example, they may be unduly influenced, coerced, or intimidated by another person, they may be frightened of reprisals, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. Staff should consider the following and:

- Explore the reasons for the child’s objections – what are they worried about?
- Explain the concern and why you think it is important to share the information.
- Tell the child with whom you may be sharing the information with and why.
- Explain the benefits, to them or others, of sharing information.

- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will only be shared with people who need to know.
- Reassure them that they are not alone, and that support is available to them.

9.3. Parent/Guardian consent may also need to be sought, but this should only be done in addition to ascertaining the child's wishes. It should also only be done where it will **not cause additional risk** to the child or others. Even where parent/guardian consent is sought, the granting or denial of this will not preclude a referral to the local authority as the welfare of the child will always be paramount.

10. Responding to safeguarding concerns

10.1. You are not expected to be an expert in identifying abuse. Instead, it is your duty to record and report any concerns to a manager or the DSL and support them in taking appropriate action.

10.2. Details of the actions to take in response to a safeguarding concern can be found in Appendix B – CYP Safeguarding Procedure

11. Concerns involving staff, volunteers, or trustees

11.1. If a safeguarding allegation is made against someone working on behalf of B&D Mind (or there are suspicions about their behaviour) this should be reported to your line manager within 24 hours so they can decide what protective measures need putting into place.

11.2. If your line manager is implicated, you should inform the CO or DSL. If the CO/DSL is implicated, the Chair of trustees should be informed.

11.3. The online Safeguarding Reporting Form should not be completed. The line manager (or alternative) should add details of the concern directly to the safeguarding log once appropriate protective measures have been put in place.

11.4. In all instances, consideration should be given to informing the police, as a criminal offence may have been committed.

12. Concerns arising when working in non-B&D Mind premises.

12.1. If you become aware of a concern when working in a non-B&D Mind premises (e.g., a school or community centre), you need to follow the safeguarding procedures for both B&D Mind and the organisation in whose premises you are working. If you are not sure of their procedure, ask a member of their staff to explain what to do. Report it according to their procedure and then follow the process in [Appendix B – CYP Safeguarding Procedure](#).

12.2. Following both reports, the line manager will follow up with the other organisation (within 24 hours of the initial report) to verify what actions they have taken before deciding the actions required from B&D Mind.

13. Confidentiality

13.1. B&D Mind respects and understands the need for confidentiality. All safeguarding issues will be managed in accordance with our Confidentiality and Data Protection policies.

13.2. Matters will only be discussed on a need-to-know basis.

13.3. Records will be factual and non-judgemental and only retained for as long as is necessary.

14. Monitoring of concerns

14.1. All safeguarding concerns will be regularly reviewed by the DSL, as well as the board and Management Team.

14.2. Any deviations from procedures determined during the initial review of safeguarding incident report forms will be addressed with the individual staff member/volunteer in the first instance. Where deviations are repeated, this will be addressed on a team/organisational level as necessary to ensure understanding. This may also prompt a review of this policy and procedure to ensure it remains fit for purpose.

14.3. The CO/DSL will also create a safeguarding report bi-monthly. This will show safeguarding data for the past quarter and year to date, including the:

- Number of concerns reported.
- Sources of reports (i.e. which service).
- Types of abuse involved.
- Actions taken.

14.4. This report will be shared and discussed with the board of trustees and Management team to identify trends and potential learnings and any changes to practice required.

15. Training

15.1. B&D Mind is committed to providing CYP safeguarding training for all staff, volunteers, trustees and, where appropriate, beneficiaries. The training will include:

- CYP safeguarding awareness.
- Mental Capacity Act.
- Policy and procedure awareness.

15.2. The level of training will depend upon the role of the person within the organisation.

15.3. All training will be completed during induction and then subsequently refreshed at least every three years.

16. Staff and volunteer wellbeing support

16.1. It is important that staff and volunteers who deal with safeguarding issues get the support they need. Some support, such as an immediate debrief, is included in the procedures below. Other support available includes:

- Discussing concerns in supervisions.
- Sharing learning in team meetings.
- Reflective practice sessions.
- Additional training.

16.2. Managers should discuss with individuals what would be beneficial for them and assist them to access the relevant support.

17. Policy review

17.1. This policy and procedure will be reviewed at least annually. It may be the subject of more frequent review in the light of safeguarding concerns reported and/or changes to national procedures or guidelines.

17.2. All reviews of this policy will include discussion with staff, trustees, volunteers, people with lived experiences of mental health problems, and beneficiaries to ensure it remains fit for purpose for all groups.

17.3. Each updated version of the policy will be ratified by trustees at a full meeting of the board.

17.4. Old versions of this policy will be archived and retained for at least 7 years.

18. Further reading

- Local Authority Designated Officer[LADO] Leaflet expand Local Area design [Staffordshire only] <https://www.staffsscb.org.uk/working-together-to-safeguard-children/publications/>
- ‘What To Do If You’re Worried A Child Is Being Abused’ and the additional information on recognising a child in need and what to do next <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

Appendix A – Types of child abuse and neglect

The NSPCC recognises four main types of child abuse:

Category	Indicators
<p>Physical: Deliberately hurting a child and causing physical harm. It may involve hitting, kicking, shaking, throwing, poisoning, burning, scalding, drowning, any other method of causing non-accidental harm to a child.</p> <p>Physical abuse may also happen when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>	<ul style="list-style-type: none"> ‣ Injuries, such as: <ul style="list-style-type: none"> • Bruises • Broken bones • Burns • Cuts • Bite marks ‣ seizures ‣ vomiting ‣ behavioural changes, such as: <ul style="list-style-type: none"> • fear of specific individuals • flinching when approached • wearing long sleeves in hot weather • becoming withdrawn
<p>Emotional/psychological: Ongoing emotional maltreatment of a child, which can have a severe and persistent negative effect on the child's emotional health and development. It may involve:</p> <ul style="list-style-type: none"> • Conveying that CYP are worthless or unloved, inadequate, or only valued as they meet the needs of others; • Imposing age or developmentally inappropriate expectations on CYP. • Seeing or hearing the ill-treatment of another e.g., domestic abuse; • Serious bullying, causing children to feel frightened or in danger; • Exploiting and corrupting children. <p>Some level of emotional abuse is involved in all types of child abuse, though it may also occur alone.</p>	<ul style="list-style-type: none"> ‣ lack confidence and have low self-esteem ‣ be withdrawn and very quiet ‣ experience mental health issues ‣ have a language delay ‣ struggle to focus and concentrate on tasks ‣ struggle to make or maintain relationships ‣ display behaviour perceived to be aggressive or hostile ‣ isolated from parents, carers and peers ‣ lack social skills and/or have few friends

<p>Sexual: When a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline.</p> <p><i>Contact abuse</i> involves activities where an abuser makes physical contact with a child, such as:</p> <ul style="list-style-type: none"> • sexual touching of any part of the body, • forcing or encouraging a child to take part in sexual activity • making a child undress or touch someone else's genitals <p><i>Non-contact abuse</i> is activities where there is no physical contact, such as:</p> <ul style="list-style-type: none"> • flashing at a child • encouraging or forcing a child to watch/hear sexual acts • making a child masturbate while others watch • making, viewing, or distributing child abuse images • meeting a child following grooming with the intent of abusing them • sexually exploiting a child for money, power, or status. 	<ul style="list-style-type: none"> ➤ Physical indicators include: <ul style="list-style-type: none"> • bruising • bleeding • discharge • pain/soreness in the genital area • sexually transmitted infections • pregnancy ➤ Behavioural indicators include: <ul style="list-style-type: none"> • being afraid of and/or avoiding a particular person • having nightmares or bed-wetting • being withdrawn • alluding to 'secrets' • self-harming • running away from home • developing eating problems • displaying sexualised behaviour • having inappropriate sexual knowledge • misusing drugs or alcohol
<p>Neglect Not meeting a child's basic physical and psychological need. Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties.</p> <p>Once a child is born, neglect may involve a parent failing to:</p> <ul style="list-style-type: none"> • <i>physical:</i> not meeting a child's basic needs, such as food, clothing, or shelter. • <i>educational:</i> not making sure a child receives an education. • <i>emotional:</i> not meeting a child's needs for nurture and stimulation. • <i>medical:</i> not providing appropriate health care 	<ul style="list-style-type: none"> ➤ be smelly or dirty ➤ wears dirty or inadequate clothing ➤ seems particularly hungry ➤ repeated accidental injuries ➤ untreated/recurring illnesses or injuries ➤ poor communication or social skills ➤ withdraws suddenly or seems depressed ➤ appears anxious ➤ becomes clingy, aggressive, or obsessive ➤ shows signs of self-harm ➤ particularly tired/finds it hard to concentrate

	<ul style="list-style-type: none"> ‣ has changes in eating habits ‣ misses school or medical appointments ‣ starts using drugs or alcohol
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Other categories to consider include:

- **Child sexual exploitation (CSE):** A child or young person may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. They may be tricked into believing they're in a loving, consensual relationship and often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They can also be groomed and exploited online. Some CYP are trafficked into or within the UK for CSE. It can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.
- **Harmful sexual behaviour (HSB):** Developmentally inappropriate sexual behaviour displayed by children which may be harmful or abusive. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children, or adults. It is harmful to the children who display it, as well as the people it is directed towards. It can include using sexually explicit words and phrases, inappropriate touching, using sexual violence or threats, or sexual activity with other children or adults.
- **Domestic abuse:** Any type of controlling, coercive, threatening behaviour, violence, or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional, or financial abuse. Exposure to domestic abuse is also child abuse. Children can be directly involved in incidents of domestic abuse, or they may be harmed by seeing or hearing abuse happening.
- **Bullying/Cyberbullying:** When individuals or groups seek to harm, intimidate, or coerce someone who is perceived to be vulnerable. It can happen anywhere – at school, at home or online. When bullying happens online it is known as cyberbullying and can involve social networks, games, and mobile devices. It includes verbal abuse, such as name calling; non-verbal abuse, such as hand signs or abusive text messages; emotional abuse, such as threatening, intimidating, or humiliating someone; exclusion, such as ignoring or isolating someone; undermining, by constant criticism or spreading rumours; controlling or manipulating someone; racial, sexual, or homophobic bullying; physical assaults, such as hitting and pushing; and making silent, hoax or abusive calls.
- **Child trafficking (Modern slavery):** Recruiting and moving children who are then exploited. Children can be trafficked into, out of, or within the UK. Children may be trafficked for CSE, benefit fraud, forced marriage, domestic servitude, forced labour, or criminal exploitation. Children who are trafficked experience many forms of abuse and neglect. Child trafficking can require a network of organised criminals but can also be organised by individuals and the children's own families. Traffickers trick, force or

persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family, or community.

- **Female genital mutilation (FGM):** Procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. There are no medical reasons to carry out FGM. The practice is illegal in the UK, and it is illegal to take a female out of the country to do this. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, before marriage or during pregnancy.
- **Online Abuse.** Online abuse includes a broad spectrum of abusive behaviours enabled by technological platforms. The main types of harassment include – offensive name calling, purposeful embarrassment, physical threats, sustained harassment, stalking and sexual harassment.

Further information about these and other types of abuse can be found at <https://learning.nspcc.org.uk/child-abuse-and-neglect>.

Self-Harm and Suicide - For this policy, safeguarding does not include self-harm/self-abuse. This is covered separately in the Risk from harm Policy.

The above are only examples. If you feel you have come across something which may be abuse but are not sure, you should follow the procedure set out in this document.

Appendix B – CYP Safeguarding Procedure

When a safeguarding concern has been identified, swift action on the same day needs to be initiated to ensure appropriate, protective measures are put in place.

Immediate action

The primary responsibility is to safeguard the child. Staff and volunteers should:

1. Evaluate the risk and take steps to ensure that the adult is in no immediate danger.
2. Contact the emergency services (on 999) if medical treatment is required, a crime is in progress or life is at risk.
3. Ensure that other people are not in danger.
4. Take steps to preserve any physical evidence if a crime may have been committed, such as discouraging the child from going to the toilet, changing their clothes, or washing their hands.

As soon as possible

Once the immediate safety of the child and others has been secured, the staff member or volunteer should:

1. Establish the basic facts of the issue (see Responding to Disclosures section above) if not already done.
2. If possible, discuss with the child what actions/outcomes they would like to see.
3. Inform your line manager via telephone or in person (or the DSL in their absence).
4. Record the information received and all actions taken on the Safeguarding Concern form.

Within 24 hours

Upon receipt of a completed safeguarding incident report form, the manager (in consultation with the DSL as necessary) will:

1. Clarify that the child is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken.
2. Address any gaps, by either discussing with the staff member/volunteer or contacting the child or their parent/guardian (unless this could increase the level of risk)
3. Check that issues of consent and mental capacity have been addressed.
4. Evaluate the risk and decide on appropriate actions.
5. Take action to safeguard other people, e.g.
 - a. If the person allegedly causing the harm is also a child or adult at risk, arrange appropriate care and support.
 - b. Take appropriate internal action, potentially including suspending staff/volunteers or moving them to alternative duties.
6. Refer externally as appropriate, which may include:
 - a. Referring the case to the local authority (see appendix D).
 - b. Arranging for additional services/support, e.g., refer to another organisation.

- c. If a criminal offence has occurred or may occur, contact the Police.
7. If a person's wishes are being overridden, check that this is proportional, and that the child (and their parent/carer where appropriate) understands why this action is being taken.
8. Record the information received and all actions and decisions on the safeguarding log.
9. Debrief the staff member/volunteer raising the concern to explain what steps have been/will be taken, and discuss any support needs they may have.

Within three days

Within three days of the concern first being raised, the manager will:

1. Follow up on any external reports to see what actions have been/will be taken.
2. Where appropriate, discuss any potential escalation with the DSL and escalate it with the relevant organisation (e.g. Mind, Charity Commission, etc), as necessary.
3. Record the information on the safeguarding log.
4. Inform the reporting staff member/volunteer of the outcome.

Adopted 03/05/2023

Reviewed by CO 12/04/2024.

Appendix C – Referring a safeguarding concern to the local authority.

Once it has been established to refer a concern to the local authority, this can be done using the details below. Concerns should be reported to the area in which the CYP resides. If you are unsure which Council covers the address you are concerned about, please use this link to find out: <https://www.gov.uk/find-local-council>.

STAFFORDSHIRE COUNTY

Contact Staffordshire County Council Early Help and Social Care Services

- i) **Report it online:** eds.team.manger@staffordshire.gov
 - Complete the
- ii) **Report it by phone:** 0300 111 8007 Mon-Thurs 8.30 – 5.00pm and Fri 8.30 – 4.30pm
- iii) **Out of hours phone:** 0345 604 2886 or email;
eds.teammanager@staffordshire.gov.uk
- iv) **Non-emergency – call Staffordshire Police on 101**

Reviewed by CO 14/04/2025