

Safeguarding Children and Child Protection Operating Guidance

Policy Level	Two
Policy Category	Safeguarding Children and Vulnerable Adults
Policy Authority	Safeguarding
Lead Committee	Safeguarding
Lead Director	Emma Corina
Approved Date	09/06/2022
Review Date	31/07/2025

Introduction

As one of its major activities the YMCA Fairthorne Group (YMCA FG) seeks to serve the needs of children and young people and in doing so, takes seriously the welfare of all children and young people who we work with whether on our premises or within their communities. YMCA FG recognises that it is our responsibility as an organisation to prevent the physical, sexual and emotional abuse of children and young people or their neglect. Each individual employee, volunteer or board member shares this responsibility. Therefore, we are committed to implementing, maintaining and regularly reviewing our Child Protection and Safeguarding policies and procedures.

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Section 1 Identifying Abuse

Definitions

The term abuse is used to describe a range of ways in which people, usually but not exclusively adults, harm children. Often the adult is a person who is known and trusted by the child, such as a parent, relative or family friend. This could also include a childcare professional or volunteer. Child abuse can be from neglect, physical injury, sexual abuse, emotional abuse, exploitation or any combination of the four definitions. Abuse can be deliberately inflicted or knowingly not prevented.

Physical Abuse

Physical abuse takes place when an adult:

- Physically hurts a child by hitting, shaking, squeezing, burning, biting or attempting to drown or suffocate them.
- Harms a child by given them alcohol, drugs or poisons. Poisons could include excessive quantities of prescribed or non-prescribed medication.
- Fails to prevent physical injury or suffering by not removing or guarding against an obvious risk.

Sexual Abuse

Sexual abuse can take a number of forms, including:

- Forcing or encouraging a child to engage in full sexual intercourse or inappropriate sexual actions such as fondling, masturbation or oral intercourse.
- Making a child observe inappropriate sexual behaviour.
- Showing a child pornographic material such as videos and photographs.
- Engaging in inappropriate discussions about sexual matters.
- Making or keeping pornographic images of children.

Emotional Abuse

Emotional abuse is persistent or severe emotional ill treatment or rejection that has, or is likely to have, a serious effect on the child's development. Emotional abuse may include the following:

- **Persistently withholding love and affection, which is essential to support a child's** natural emotional development.
- Constantly shouting at, threatening or demeaning a child.
- Persistently being over protective to the extent that the child is not allowed to mix with friends and peers.
- **Racial or other forms of harassment that will undermine a child's** self esteem and prevent the child from developing a positive self image.

Neglect

Children can suffer from neglect when:

- Any of their basic needs are not being met. This could include having an inadequate diet, being denied proper health care or being inadequately dressed.
- They are left unsupervised in situations, which represent possible dangers, whether at home or elsewhere.

- They are left alone at any age when it is inappropriate for their physical or emotional development.

Child Sexual Exploitation

Child Sexual Exploitation (CSE) is a form of sexual abuse in which children and young people are exploited for money, power or status. Children and young people may often describe the relationship as consensual but often they have been tricked or manipulated into the situation. Relationships that seem (by the young person) to be built on love, trust and positive attention often decline into degrading situations in which the child or young person feels trapped. YMCA staff should pay particular attention to young people receiving gifts and regularly meeting previously unknown people in person or online.

The following definition has been produced by the UK working group for CSE:

*CSE of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of **technology without the child’s immediate recognition**; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the children/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the **child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability**.*

Our understanding of exploitation has grown in recent years. We are now increasingly aware of the methods used by those in power to exploit the vulnerabilities of others. Exploitation often involves the manipulation of an individual in order for them to seemingly consent to their involvement in a particular activity. Individuals can become trapped and may also be coerced to involve others. The YMCA FG is mindful that our venues and services could be targeted by those wishing to exploit the vulnerable.

Missing, Trafficked and Enslaved

Modern day trafficking is a type of slavery that involves the transport or trade of people for the purpose of work. According to the U.N., about 2.5 million people around the world are ensnared in the web of human trafficking at any given time. Human trafficking impacts people of all backgrounds, and people are trafficked for a variety of purposes. Boys and young men are often trafficked into hard labour jobs, young women and girls are typically trafficked into the commercial sex industry, i.e. prostitution or other forms of sexual exploitation.

Not all slaves are trafficked, but all trafficking victims are victims of slavery. Human trafficking is a particularly cruel type of slavery because it removes the victim from all that is familiar to them, rendering them completely isolated and alone, often unable to speak the language of their captors or fellow victims. Increasingly our services at the YMCA FG are coming into contact with young people who may be victims of trafficking.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it became an offence for UK nationals or permanent UK residents to take their child abroad to have FGM. The 2003 act

was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. An FGM Protection Order is a civil measure that can be applied for through a family court. The FGM order is a means of protecting actual or potential victims from FGM under civil law. An FGM order can be applied for by:

- The person to be protected
- A relevant third party such as a local authority
- Another person with permission from the court such as a teacher, health care professional or a childcare professional.
- YMCA FG staff who have concerns that a child or young person in their care is at risk of **FGM should report their concerns to Children's Services immediately.**
- The YMCA FG has a duty to report to the police via 101 if;
- We are informed by a girl under the age of 18 years that she has undergone FGM.
- We observe signs that an act of FGM may have been carried out to a girl under the age of 18 years.

Bullying

Bullying is “the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. It can happen face to face or online”.¹ Under the Children Act 1989, a bullying incident should be addressed as a child protection concern when there is ‘reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm’.

Racist, Disability and Homophobic or Transphobic Abuse

Children from black and minority ethnic groups and their parents are likely to have experienced harassment, racial discrimination and institutional racism. The experience of racism is likely to affect the responses of the child and family to assessment and enquiry processes. Failure to consider the effects of racism will undermine efforts to protect children from other forms of significant harm. The effects of racism differ for different communities and individuals, and should not be assumed to be uniform. The specific needs of children of mixed parentage and children from abroad should be given attention. In particular, the need for neutral, high quality, gender appropriate translation or interpretation services should be taken into account when working with children and families whose preferred language is not English.²

Disability may be defined as:

- A major physical impairment, severe medical illness, and/or a moderate to severe learning disability; and
- There is an ongoing high level of dependency on others of personal care and the meeting of other basic needs.
- Evidence available in the UK on the extent of abuse among children with a disability suggests that they are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Parents of children with a disability may well experience multiple stresses. It is essential for professionals to consider the full impact of caring for the child on the parents/caregivers. Children with a disability may be especially vulnerable to abuse for a number of reasons. Some may:
 - Have fewer social contacts with other children;

- Receive intimate personal care and other contacts, from a larger number of caregivers;
- Have an impaired capacity to challenge abuse;
- Have communication difficulties which may make it difficult to tell others what is happening;
- Be inhibited about complaining because of a fear of losing services;
- Be especially vulnerable to bullying and/or intimidation;
- Be more vulnerable than other children to abuse by their peers.

Because of increased vulnerability, it is particularly important to gain a clear perception of the individual child's experience of life. It is often difficult for professionals and workers who have supported the family for a long time to be objective and implement Child Protection Procedures, because of their detailed knowledge of how parents have struggled hard to care adequately for their child. However, where there is a risk of significant harm it is only by implementing these procedures that the whole family can receive the assistance they need to improve the situation.

Where there are concerns about the welfare of a Disabled Child, they should be acted upon in accordance with these procedures in the same way as with any other child. The same thresholds for action and the same timescales apply. It would be unacceptable if poor standards of care were tolerated for disabled children that would not be tolerated for non-disabled children.³

Stonewall's 2017 School Report found that nearly half of lesbian, gay and bisexual students have experienced direct bullying and 86% hear the word gay used in a derogatory way. Less than a third of gay pupils who experience homophobic bullying say that teachers who witness the bullying never intervene. Homo/bi/trans (HBT) phobic bullying can be experienced by any young person regardless of their sexuality or gender identity.

Domestic Abuse

There are different types of domestic abuse, including emotional, psychological, physical, sexual, and financial abuse. Many abusers behave in ways that include more than one type of domestic violence, and the boundaries between some of these behaviours are often quite blurred.

Children have historically been considered as the "hidden victims" of domestic abuse as many agencies focus upon the needs of adults. However, evidence has shown that there are significant implications for children in the household.

- In households where domestic violence occurs 50% of children are also being directly abused by the same person.
- In families with children where domestic violence occurs 90% of children are in the same or next room during an incident.
- **75% of children on the 'at risk' register live in households where domestic violence occurs.**
- Mothers who are beaten are more likely to physically abuse their children than mothers who are not abused. Sometimes this is to avoid the perpetrator from punishing their children more severely.
- Domestic abuse can be perpetrated by wider family members through forced marriage, female genital mutilation and honour based violence.

There is a direct correlation between domestic abuse and child abuse which means that professionals should always consider the possibility of the co-existence of both types of abuse if one is identified.⁴

Gender-based violence/violence Against Women and Girls

“**Gender**-based violence (GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific **society.**” (Bloom 2008, p14). The primary targets of GBV are women and adolescent girls, but not only are they at high risk of GBV, they also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and less resources at their disposal to avoid or escape abusive situations and to seek justice.⁵

Child-on-Child and Peer-on-Peer Abuse

Child-on-child abuse can be a manifestation of many of the types of abuse listed. There are four key definitions⁶:

1. Domestic abuse – young people who experience physical, emotional, sexual and/or financial abuse, and coercive control, in their intimate relationships, as well as family relationships.
2. Child sexual exploitation – those under the age of 18 who are sexually abused in the context of exploitative relationships, contexts and situations, by a person of any age, including another young person.
3. Serious youth violence – any offence of most serious violence or weapon-enabled crime, where the victim is aged 19 or younger, e.g. wounding with intent, rape, murder and grievous bodily harm.
4. Harmful sexual behaviour – young people displaying sexual behaviours that are outside of developmentally ‘normative’ parameters.

Child Criminal Exploitation and County Lines

The UK Government defines county lines as gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using **dedicated mobile phone lines or other form of “deal line”**. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.⁷

Serious Crime

Children and young people may be vulnerable from being coerced into violent crime by their association with criminal networks. YMCA staff and volunteers should be aware of the behaviours that could indicate that a child or young person has fallen under their influence. Signs could involve an increased absence from school or YMCA service, a change in friendships and relationships especially with older individuals. Unexplained gifts or new possessions or unexplained injuries could also be a sign.

The Impact of Technology on Sexual Behaviour, eg ‘**Sexting**’, Upskirting and Accessing Pornography

In recent years, misuse of the internet and mobile phones by children and young people has become a serious problem. Not only can technology be used as a way to bully other children - such as by sending compromising images of a young person to members of their peer group or exposing personal information about a young person in a chat room, on a

blog or through a social networking site - but they are also, at times, used by young people in a harmful sexual way.

We need to be concerned if young people have access to adult pornography and view it regularly. Although we do not know what effect looking at such material may have on their sexual and emotional development, it may adversely impact on their understanding of intimacy and personal relationships.

Some young people become involved in downloading sexually abusive images of children on the internet and may become sexually aroused by what they are viewing. Often, they have little understanding of the impact of the abuse on the child in the image and some do not understand that it is against the law to view such material on the internet.

It is important to understand the detrimental impact on young people's personal development caused by viewing such abusive images and to take action to help them stop.⁸

Upskirting

Upskirting became a criminal offence in April 2019. The definition of Upskirting provided by the DfE is as follows; ***“taking a picture under a persons clothes of their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm”***.

Teenage Relationship Abuse

Domestic abuse is not limited to adults; there is an increasing awareness of domestic violence within teen relationships:

- 1 in 5 teenage girls have been assaulted by a boyfriend.
- Young women are more likely to experience sexual violence than other age groups.
- Young women with older partners are at increased risk of victimisation.
- Recent surveys (including NSPCC, Zero Tolerance and End Violence Against Women campaign) reveal that approximately 40% of our young people are already being subjected to relationship abuse in their teenage years.⁹

Substance Misuse

Families where parents / carers drink problematically, use drugs or misuse prescribed medication can still provide a safe, secure and supportive family environment for children. However for some families, drug and / or alcohol misuse can become the central focus of the adults' lives, feelings and social behaviour, and has the potential to impact on a child at every age from conception to adulthood. It is therefore essential that the implications for each child in the family are carefully assessed (Hidden Harm 2003 and 2007).

Adults who misuse drugs and / or alcohol may be faced with multiple problems including homelessness, accommodation or financial problems, difficult relationships, domestic abuse, mental health issues, lack of effective social support systems, issues relating to criminal activities and poor health. Assessment of the impact of these stresses on the child is as important as the drug and / or alcohol misuse itself.¹⁰

Forced Marriage

A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties. Victims of forced marriage may be the

subject of physical violence, rape, abduction, false imprisonment, enslavement, emotional abuse, and murder. **It is important not to confuse 'forced' marriage with 'arranged' marriage. In the instance of an 'arranged' marriage both parties freely consent.**¹¹

Fabricated or Induced Illness

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

Concerns may arise about possible fabricated or induced illness when:

- reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering
- physical examination and results of medical investigations do not explain reported symptoms and signs
- there is an inexplicably poor response to prescribed medication and other treatment
- new symptoms are reported on resolution of previous ones
- reported symptoms and found signs are not seen to begin in the absence of the carer
- over time the child is repeatedly presented with a range of signs and symptoms
- **the child's normal, daily life activities are being curtailed, for example school attendance, beyond that which might be expected for any medical disorder from which the child is known to suffer.**¹²

Poor Parenting

Evidence from the 1995 child protection research (Department of Health 1995a) indicated that when parents have problems of their own, these may adversely affect their capacity to respond to the needs of their children. For example, Cleaver and Freeman (1995) found in their study of suspected child abuse that in more than half of the cases, families were experiencing a number of problems including mental illness or learning disability, problem drinking and drug use, or domestic violence.

Private Fostering

Private fostering is when a child or young person under 16 years old (or 18 if they have a disability) is looked after for a period of 28 days or more by someone who is not a parent, close relative, legal guardian or person with parental responsibility. Close relatives are step-parents, aunts, uncles, brothers, sisters and grandparents. Other people, such as neighbours, friends or more distant relatives need to have an assessment. Following a successful assessment, the local authority must visit the child regularly to ensure they are and remain safe.

By law, the local authority where the private foster carer lives must be told about all **private fostering situations. The child's parents, private foster carer and anyone else** involved in the arrangement are legally required to inform the local authority. At YMCA we should be clear who has parental responsibility for children in our settings, and where we identify a private fostering arrangement we must report this to the relevant local authority.

Homelessness

Children can be adversely affected by homelessness. They can experience an overwhelming sense of displacement, in addition to practical challenges such as keeping track of possessions, access to bathrooms or facilities, and no quiet place to do homework. **Homelessness can impact on a child's ability to attend school, sustain relationships, and can lead to them feeling emotionally and physically exhausted.**

So-Called Honour Based Violence

'Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place.

HBV can exist in any culture or community where males are in position to establish and enforce women's conduct, examples include: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (this is not an exhaustive list).

Males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim. In addition, the Forced Marriage Unit have issued guidance on Force Marriage and vulnerable adults due to an emerging trend of cases where such marriages involving people with learning difficulties.

This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed.¹³

Radicalisation and Extremist Behaviour, and the Prevent Duty

On the 1st July 2015 the Prevent Duty Guidance came into force. The YMCA FG will raise awareness and formally train staff teams to help prevent children, young people and their families from being drawn into terrorism or radicalised. Concerns about individuals must be treated and reported as a safeguarding concerns. Recent trends have seen an increase in the recruitment of young people by far right groups.

Child abused linked to faith or belief (CALFB)

There is a variety of definitions associated with abuse linked to faith or belief:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- Ritual or multi-murder where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies.
- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

- Children’s actions are believed to have brought bad fortune to the family or community.

Child abuse linked to faith or belief is not confined to one faith, nationality, ethnic group or community. Cases have been recorded worldwide across various religions including Christians, Muslims and Hindus. Not all with the belief go on to harm children. The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children.

Abuse may happen anywhere, but it most commonly occurs within the child’s home.

- **Children with disability including autism, epilepsy, down’s syndrome, dyslexia etc**
- Albinos
- Children living away from home in private fostering situations or in domestic servitude situations
- Children living with a step-parent, with one of the natural parents absent or dead
- Children whose parents have been branded as witches
- **Children who are seen as “naughty” or have challenging behaviour**
- Precocious children and left handed children
- Children who are living within complex family structures e.g. a polygamous setting or reconstituted family

Most of the indicators may appear similar to other types of maltreatment:

- **A child’s body showing signs or marks, such as bruises or burns, from physical abuse;**
- A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- **A child’s personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or food money or being unkempt with dirty clothes and even faeces smeared on to them;**
- It may also be **directly evident that the child’s parent does not show concern for or a close bond with them;**
- **A child’s attendance at school becoming irregular, or being taken out of school altogether without another school place having been organised;**
- A child reporting that they are or have been accused of being evil, and / or that they are having the devil beaten out of them.
- A child made to wear some form of paraphernalia that could be of a religious nature.

Section 2 Responding to concerns

Glossary of Roles

YMCA Designated Safeguarding Officer – DSO (Organisational)

Designated Safeguarding Trustee (The Chair of the Board)

Designated Safeguarding Lead- DSL (Branch level)

Local Authority Designated Officer LADO or DOFA - (Local Authority)

Trusted Person- Safety net in case of allegations made against a DSL. (Branch Level)

Responsibilities of Staff and Volunteers

Every staff member and volunteer has a responsibility to report any concerns about the safety and welfare of a child. Equally staff and volunteers should report any actions or conversations which make them suspect that a colleague, parent or other adult is abusing a child whether in our care, in their home or within the community. In some circumstances the abuse could be from another child or young person.

Reporting Procedures

The YMCA FG has a Designated Safeguarding Officer (DSO) who is the Chief Executive. Day to day safeguarding duties of the DSO are delegated to Designated Safeguarding Leads (DSLs) in the senior leadership team and at all branches. In addition, a Designated Safeguarding Trustee (The Chair of the Board) provides a link to the Board of Trustees. Contact details are displayed at each branch office and place of service delivery. Branch Managers have direct access to guidance and support from Designated Safeguarding Leads in their branch or other branches.

Reporting concerns about a child

Reporting procedures are displayed at every branch in the form of a flow chart (appendix 1). Staff should report their concerns to the branch Designated Safeguarding Lead (DSL) or any other DSL, or trusted person, to act on their information. The term **'trusted person'** is used as a safety net in case of concerns about the branch Designated Safeguarding Lead (DSL) or other senior staff.

The Designated Safeguarding Lead (DSL) (or trusted person) will consider the concern and, if necessary, refer the case directly to Childrens and Families Services (via the Contact Centre or making a MASH referral). Confidentiality should be maintained and sensitive information should not be more generally shared. A YMCA Child Protection Reporting Form (appendix 4) must be completed at the earliest opportunity. This tracking system is designed to eliminate delays in referral and to clearly state with whom the responsibility for actions now lays.

For every new case, regardless of external reporting, a Child Protection file should be created in the confidential digital filing area by emailing safeguarding@ymca-fg.org. Records of all concerns, conversations, reporting and decisions should be recorded in the electronic file and an up to date physical copy must be kept in a locked location within the branch. In the cases of outreach delivery, the files should be in a locked box on-site which is locked away overnight. A tracker form should be used on the front of each physical file to record a summary of incidents, decisions and actions so that a rapid review can take place strengthening the ability to identify patterns or the impact of multiple low level concerns.

Reporting concerns about a member of staff, volunteer or member of the public
Child Protection reporting forms are available at every branch and place of service delivery as well as linked from this policy.

If a concern or allegation is regarding a member of staff or volunteer, staff should report their concern immediately to any Designated Safeguarding Lead (DSL). Reporting procedures are displayed at every setting (appendix 2 flowchart) After receiving the concern, the Designated Safeguarding Lead (DSL) must notify the Local Authority Designated Officer (LADO/DOFA) as soon as possible and within one working day. If a

staff member or volunteer is not satisfied with how the matter is being handled, or the concern relates to the DSL, or there is any delay in accessing a DSL, any staff member should notify the LADO/DOFA directly:

Portsmouth: LADO@portsmouthcc.gov.uk

Southampton: lado@southampton.gov.uk

Hampshire and Isle of Wight: 01962 876364 or via online form [LADO service initial enquiry form- \(office.com\)](#)

Wiltshire DOFA: 0300 456 0108 or dofaservice@wiltshire.gov.uk

Other agencies to be informed may include:

- The Police
- Ofsted (If allegation relates to a registered setting) within 14 days.
- Independent Safeguarding Authority (ISA) if investigation concludes wrongdoing.

Any staff member or volunteer who is the subject of allegations may be suspended from duty immediately (on full pay). Suspension is not a presumption of guilt. Suspension from duty allows time and space for a full investigation to take place. Suspended staff members will receive appropriate support and will be kept informed of the processes. An interview with the staff member would normally form part of the investigative process.

The Safety Net

To fully protect the children within our care it may, in exceptional circumstances mean that the normal hierarchy or communication protocols need to be bypassed. Staff and volunteers may contact the Designated Safeguarding Officer (DSO) or Designated Safeguarding Trustee (DST) directly, should they have any concerns about making a report within their branch or place of work.

The External Safety Net

Should a member of staff feel that their concerns have not been dealt with appropriately, or that they are unable to report their concerns for whatever reason, they are encouraged to call Children and Families Services or LADO directly, or the NSPCC hotline. Contact **details for Children and Families Services 'Duty' and 'Out of Hours' teams**, LADO, and the freephone 24 hour NSPCC hotline are displayed at every place of service delivery and within this policy document.

Whistleblowing

Please refer to the YMCA FG Whistleblowing Policy.

Concerns about the actions or behaviour of a colleague or volunteer in relation to the welfare and safety of children should be reported to the YMCA Designated Safeguarding Officer (CEO or their deputy) who will provide support and delegate operational duties to a suitable senior Designated Safeguarding Lead. In the absence of the Designated Safeguarding Officer, any senior Designated Safeguarding Lead should be consulted. Concerns may come directly from your own observations and interactions or from information disclosed to you by a child, young person, colleague, volunteer parent or carer.

In 2016, the NSPCC introduced a Whistleblowing Advice Line. This government funded service enables staff and volunteers to access help if they believe that their concerns have not been dealt with by an organisation. YMCA FG will display the number in every

setting. The advice line must be highlighted during induction and awareness of it maintained thereafter. In the first instance staff or volunteers should always raise their concerns internally with their trusted person, manager or the Designated Safeguarding Lead. The advice line should be contacted if you believe that your concerns are not being dealt with appropriately.

0800 028 0285 help@nspcc.org.uk

Sharing 'Low level' Concerns

On occasion inappropriate, problematic or concerning behaviour by staff or other adults is observed but does not meet the threshold for significant harm. This may be classed as a 'low-level' concern, although this does not mean that it is insignificant.

We define a low-level concern as:

- Any concern, no matter how small, that an adult working with children may have acted in a way that is inconsistent with our Staff behaviour policy, including inappropriate behaviour outside of work
- A concern that may be **a sense of unease or a 'nagging doubt' and does not meet the harm threshold or is serious enough to refer to the LADO.**

We encourage a culture of openness, trust and transparency, with clear values and expected behaviour, monitored and reinforced by all staff. All concerns or allegations, however small, will be shared and responded to. All concerns should be shared with the Designated Safeguarding Lead, or other trusted person, as in our reporting procedures. We encourage concerns to be shared as soon as reasonably practicable and preferably within 24 hours of becoming aware of it. However, it is never too late to share a low-level concern.

It is not expected that staff will be able to determine whether the behaviour in question is a concern, complaint or allegation before sharing the information. If the DSL is in any doubt as to whether the information meets the harm threshold, they will consult the LADO or Children and Family Services as appropriate.

Occasionally a member of staff may find themselves in a situation which could be misinterpreted or appear compromising to others. If this occurs, staff are encouraged to self-report to the DSL. Equally, a member of staff may have behaved in a manner which, on reflection, falls below the standards set in our Staff behaviour policy. If this occurs, staff are encouraged to self-report to the DSL. We encourage staff to be confident to self-refer and believe it reflects awareness of our standards of conduct and behaviour.

When the DSL receives the information, they will need to determine whether the behaviour:

- Meets, or may meet, the harm threshold (and if so contact the LADO or Children and Family Services)
- Meets the harm threshold when combined with previous low-level concerns (and if so contact the LADO or Children and Family Services)
- **Constitutes a 'low-level' concern** that should be internally recorded only
- Is appropriate and consistent with the law and our staff behaviour policy.

The DSL will make appropriate records of all information shared, including:

- With the reporting person
- The subject matter of the concern
- Any relevant witnesses (where possible)
- Any external discussions such as with LADO or Children and Family Services
- Their decision about the nature of the concern
- Their rationale for that decision
- Any action taken.

This constitutes a record of low-level concern. We retain all records of low-level concerns in a low-level concerns file, with separate concerns regarding a single individual kept as a chronology. These records are kept confidential and held securely, accessed only by those who have appropriate authority.

If the low-level concern raises issues of misconduct, then appropriate actions following our disciplinary procedures will be taken. Records will be kept in personnel files as well as in the low-level concerns file.

Staff Support

All staff and volunteers who are involved in reporting suspicions of abuse will be supported appropriately. Individuals who regularly deal with safeguarding scenarios may require regular supervision and this may be provided/commissioned from an external source if necessary.

Making a Referral – **Police, children’s contact centre/MASH (Multi Agency Safeguarding Hub)** or LADO (Local Authority designated Safeguarding Officer)

Designated Safeguarding Leads (DSL) should consider the following definitions:

A) Allegation is of potential abuse at home or in the community. Action = refer to **children’s contact centre/MASH (where the child/young person lives)**.

B) Allegation of a serious incident or crime on YMCA premises. Action= preserve potential evidence and call the Police immediately.

C) Allegation against a staff member or volunteer. Action = refer to Local Authority Designated Officer.

A) Allegations/Information

On receiving information, the Designated Safeguarding Lead (DSL) will co-ordinate the documenting of information/evidence and will in most cases make a referral to MASH. In some cases, the Designated safeguarding Lead (DSL) will decide that the information **received does not constitute a referral to children’s contact centre/MASH. In these** instances, the reasons for not making a referral will be explained to the member of staff or volunteer who initially reported the concern. All information received whether referred or not is kept securely in case of future relevance.

Referrals to the relevant children’s contact centre/MASH team are made according to:

- Where the child lives

- If reporting a staff member etc. – where the alleged incident took place, branch/ location.

Referrals can be made by telephone or using the online inter-agency form specific to the locality. MASH referral forms are available online and links are available in Flowchart 1.

Telephone referrals should be followed up in writing to the relevant MASH team within 48 hours.

Staff should be made aware that if they are unsatisfied with the decision made by the Designated Safeguarding Lead (DSL) or they perceive a delay, they can make a referral to the local safeguarding partner directly.

B) Serious Incident/Scene of Crime

If a serious incident or assault takes place or is alleged to have occurred on site or within YMCA FG premises, branch managers should contact the police and appropriate emergency services. The area in which the incident or alleged incident took place should be treated as a scene of crime. Access to the area should be prevented to avoid the contamination or removal of potential evidence. Examples may include allegation of sexual assault or physical violence resulting in injury.

C) Allegations against staff or volunteers

If a concern or allegation is regarding a member of staff or volunteer, staff should report their concern to the Designated Safeguarding Lead (DSL) immediately. Reporting procedures are displayed at every setting (appendix 2 flowchart) After receiving the concern, the Designated Safeguarding Lead (DSL) must notify the Local Authority Designated Officer (LADO) within one working day. However, if staff are not satisfied with how the matter is being handled, or if a concern relates to the DSL, any staff member should notify the LADO.

Recording System

The YMCA FG has a secure confidential recording and tracking system, which is administered by the office of the Designated Safeguarding Officer (DSO). The system is designed to ensure that there is no ambiguity in relation to where responsibility for each referral lays. Dates and times of referrals are recorded as well as the name of the social worker or person who has received information. The system designates each referral a case number and password. A case file will be created on the YMCA FG intranet and all reports, forms and statements must be password protected.

OFSTED

Any allegations of serious harm against or abuse of a child by any person looking after children at an OFSTED registered setting must be reported to OFSTED (legal requirement within 14 days). In all cases reporting locally to Children and Families Services and or the police should take priority. OFSTED should be informed at the earliest opportunity thereafter. 0300 123 1231.

Section 3 Safer Recruitment & DBS Renewals

Please refer to Recruitment Policy and Procedure for a full guide to safer recruitment.

DBS Renewal Frequency

The DBS Disclosure renewal frequency for the YMCA FG is as follows;

From April 1st 2013 2 years

Seasonal, Sessional/Bank staff and UK Volunteers 18 months

Criminal Declaration renewal (annually)

Every employee, trustee and volunteer is required to renew their Criminal Conviction Declaration annually. Employees are already contractually required to declare any new convictions.

Section 4 Training and development

Staff and Volunteer Induction and Training

New staff members and regular volunteers receive detailed induction training. Child Protection awareness, policy and reporting procedures are included within induction programmes. Dissemination is achieved through:

- Specific induction in Child Protection and Safeguarding Policy.
- Child Protection reporting procedures are displayed in all branches and sites of service delivery. New staff are shown the location of this information on their first day.
- All new staff and volunteers should be informed about the NSPCC Whistle Blowing Advice Line for Professionals and given the contact number.
- All staff and regular volunteers are registered on the Educare training portal.
- *Guidance for Safer Working Practice for Adults who work with Children and Young People DCSF*. Document to form part of Induction Training.
- New employees receive site specific Child Protection training from the Designated Safeguarding Lead in their workplace.

Update Training

The Designated Safeguarding Officer oversees implementation of a rolling programme of refresher or update training annually at each YMCA setting with additional sessions being delivered on a needs led basis. Managers and other key staff will also attend safeguarding training provided by or through their relevant local authority.

Advanced Training

Managers of early years, Daycamps and youth work settings are required to attain at least level 3 or above Safeguarding certification which should be renewed every two years. Managers should also refresh their knowledge annually.

Online Professional Development Training

Every member of staff and those who volunteer regularly will be given access to the YMCA FG's **online training platform**. **The platform includes** compulsory modules which should be completed and passed within the induction period. Thereafter role specific modules will be allocated to staff and some volunteers.

The compulsory modules are:

- Safeguarding and Child Protection (for all staff)
- Safeguarding vulnerable adults (for those in adult services)
- Equality & diversity

- Prevent
- FGM

Please refer to our Recruitment Policy for more information on induction and training.

Section 5 Professional Conduct Including Staff Behaviour

Maintaining Professional Boundaries

Staff and volunteers are required to maintain professional boundaries with children, young people and their families (collectively known as clients). Staff and volunteers should not seek to build personal relationships, social friendships or associations through direct contact or through social media. Likewise, they should not accept invitations to do so from clients. Activities such as baby sitting are specifically prohibited. Transporting children to and from the YMCA are prohibited, unless undertaken as an agreed aspect of your job or volunteering role. In cases where a member of staff or volunteer works at a setting where extended family members, existing friends or close neighbours attend, the staff member should declare any potential conflicts of interest to their line manager. A Maintaining Professional Boundaries declaration form (safeguarding form 5) should be completed. **The manager will agree and record any necessary 'ground rules' with the staff member or volunteer.**

<https://ymcafg.sharepoint.com/:w:/s/Resources/EaikbWgC5wFCj7KgfWLk4qkBi3Cbu25tDyqOba16ZZSJ7A?e=zZnMSm>

Social contact within the community at schools, places of worship, interest groups and clubs should be managed by the individual member of staff or volunteer to ensure that confidentiality of work related information is maintained at all times. Guidance to maintaining professional boundaries can be found throughout the aforementioned Guidance to Safer Working Practice.

Mobile Phones and Image Recording Devices

YMCA FG understands the public and parental sensitivities about the use of mobile phones and other devices which can record images in our settings. Equally, we recognise the benefits that technology can bring towards keeping children safe, supporting the delivery of the curriculum, and celebrating their achievements. We believe that blanket bans on such devices are impractical, unenforceable and may create a false sense of security. We therefore believe that the best way to protect children and young people is to apply the following principles:

Mobile phones

- Staff and volunteers must not make or receive calls or text messages on personal devices whilst working directly with children and young people.
- Staff in Early Years settings must not carry their personal mobile phone in delivery areas. Use is restricted to staff rooms and offices.
- Parents should refrain from using their mobile phone whilst inside our childcare settings and will be asked to do so.
- Children and young people should not use mobile phones whilst being supervised by YMCA FG staff during activities, unless their use is a planned element of the activity. Their use at other times should not impact negatively on others or compromise safety.

Sanctions for misuse may include disciplinary actions for staff and volunteers and temporary or permanent exclusions for children and young people.

YMCA Allocated Mobile Phones

Staff who have been allocated a mobile phone to make or receive worked related calls should exercise discretion and ensure that children are suitably supervised and ratios maintained.

Image Recording Devices

- Staff and volunteers should only use devices provided by the YMCA FG for making images that support the programme, curriculum, or for marketing purposes.
- Anyone (staff, volunteer or client) taking an image that compromises the wellbeing or undermines an individual will be challenged and the appropriate sanctions applied.

IT Screening

The YMCA FG has contracted our IT provider to continuously monitor web use. Monitoring will flag up and alert us to inappropriate use. This will include private use of Wi-Fi by staff, volunteers and customers. All IT equipment including laptops, notebooks, smart phones, tablets, etc. provided by the YMCA will be temporarily removed from use and screened. Screening will take place at least once a year and will be logged. Little or no notice of screening will be given. Further information can be found in the YMCA FG staff handbook.

Section 6 Settings Where Individuals Reside on the Premises or Have Access to Children and Young People

At YMCA childcare settings where individuals live on or adjacent to the setting, a risk assessment must be carried out which identifies, and mitigates against, any risk from the individuals accessing children and young people. This includes settings which host short term residential groups.

The risk assessment:

- applies regardless of whether or not the residential accommodation is occupied.
- must identify who is responsible for letting the accommodation, and what vetting of prospective tenants is undertaken.
- must identify and mitigate risks from the physical layout of the building, such as shared access, connected access, and escape routes.
- include outdoor space as well as indoor space.

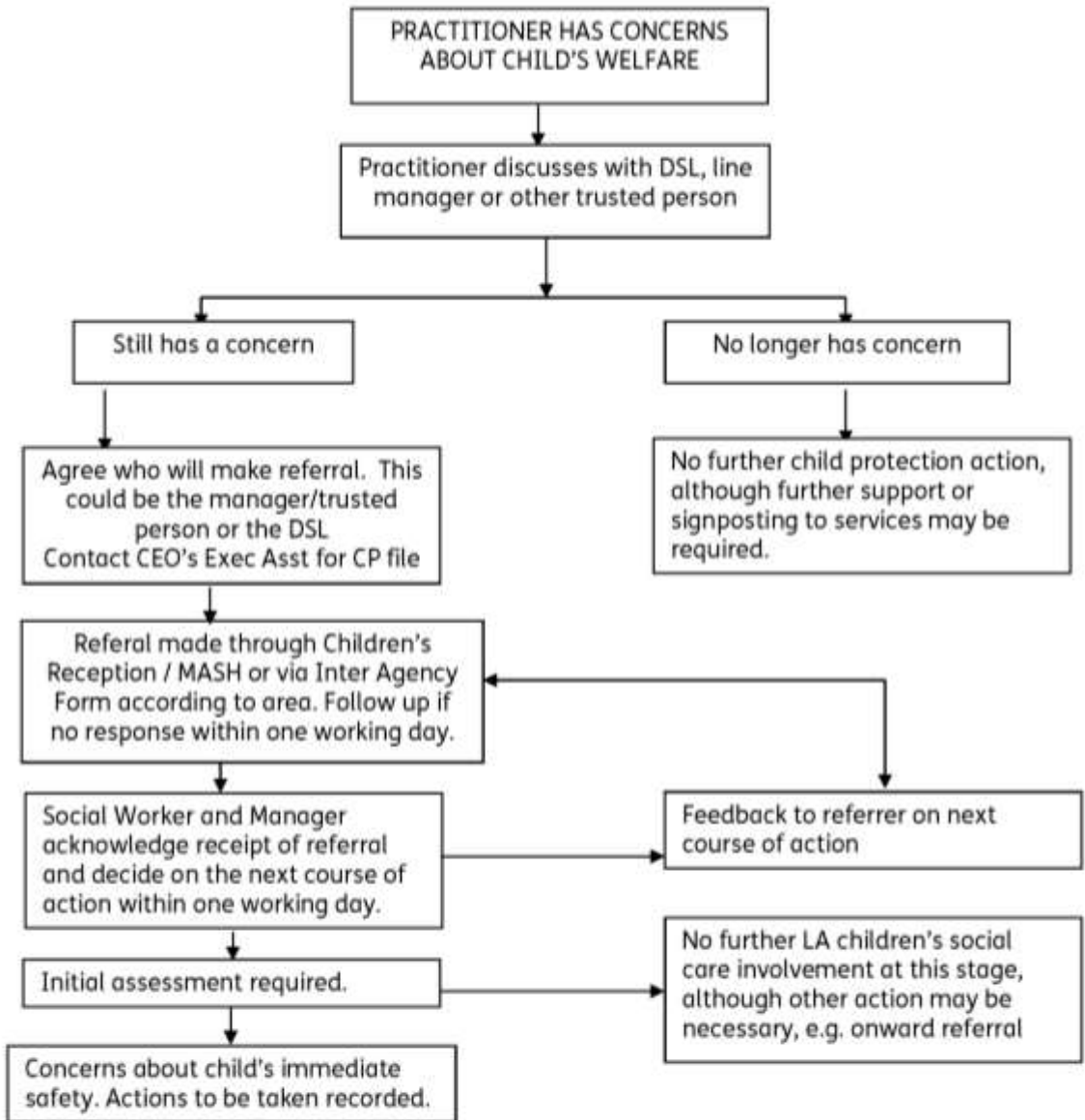
Section 7 Appendices

Appendix 1 Flow Chart 1

Flow Chart 1 PRACTITIONER (STAFF OR VOLUNTEER) HAS CONCERNS ABOUT THE WELFARE OF A CHILD

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Hants & IW: 0300 555 1384 8.30am-5pm Mon to Thurs, 8.30am to 4.30pm Fri. 0300 555 1373 at all other times. Professionals should complete the [Agency Referral Form \(IARF\)](#).

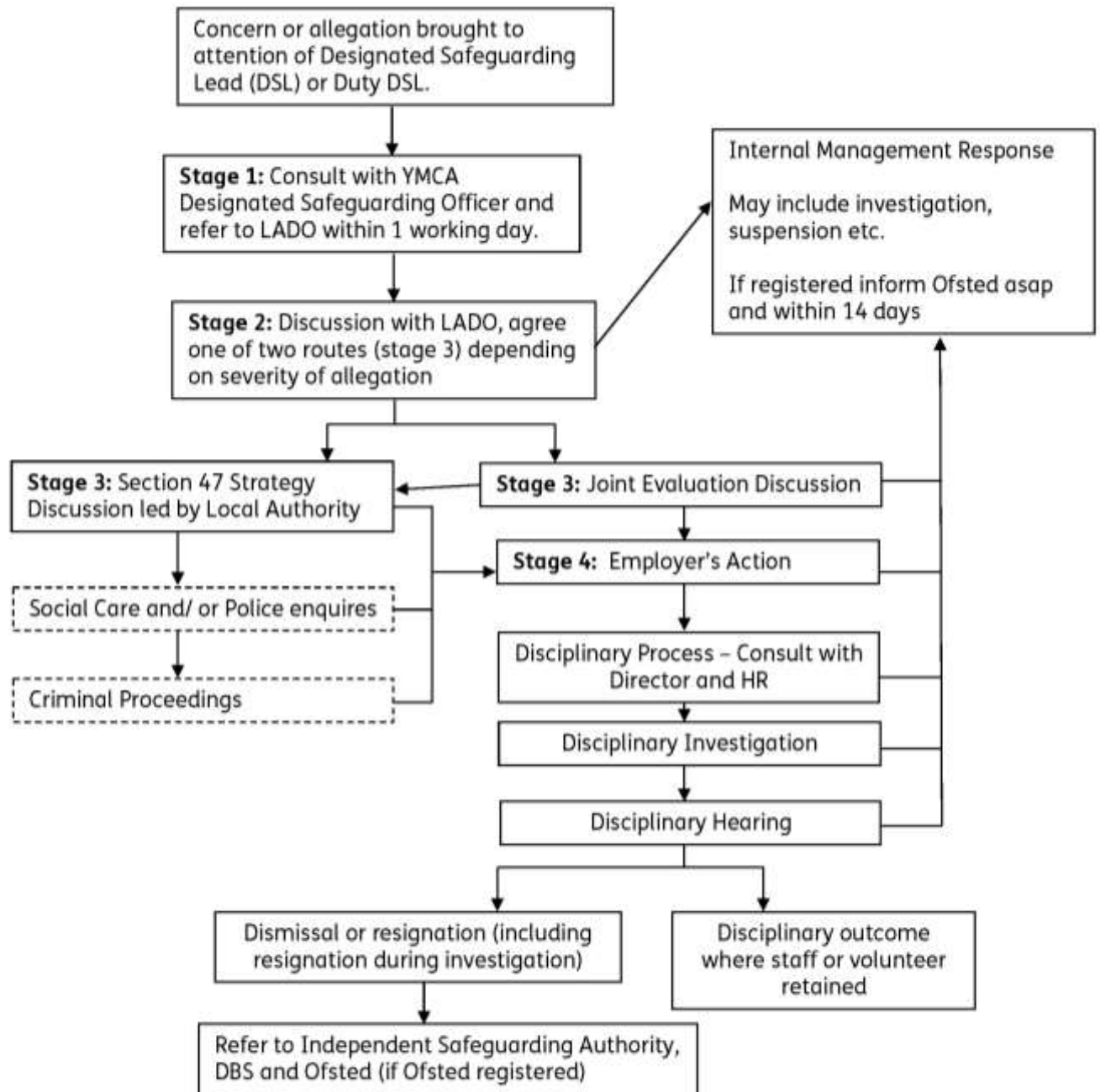
Portsmouth: 0845 671 0271 or MASH@portsmouthcc.gov.uk and follow up with contact form within 48 hours [Inter-Agency Contact Form](#)

Southampton: 023 8083 3004 and follow up with contact form: [Children's Resource Service Request](#)

YMCA DSO 07787 505288 **DfE Counter Extremism** 02073407264 **OFSTED** 0300 1231231

Appendix 2 Flow Chart 2

YMCA Fairthorne Group Procedures for Managing Allegations Against Staff or Volunteers - Flow Chart 2



Southampton LADO 02380 915535
lado@southampton.gov.uk

Hants & IW LADO 01962 876364
[LADO initial enquiry form](#)

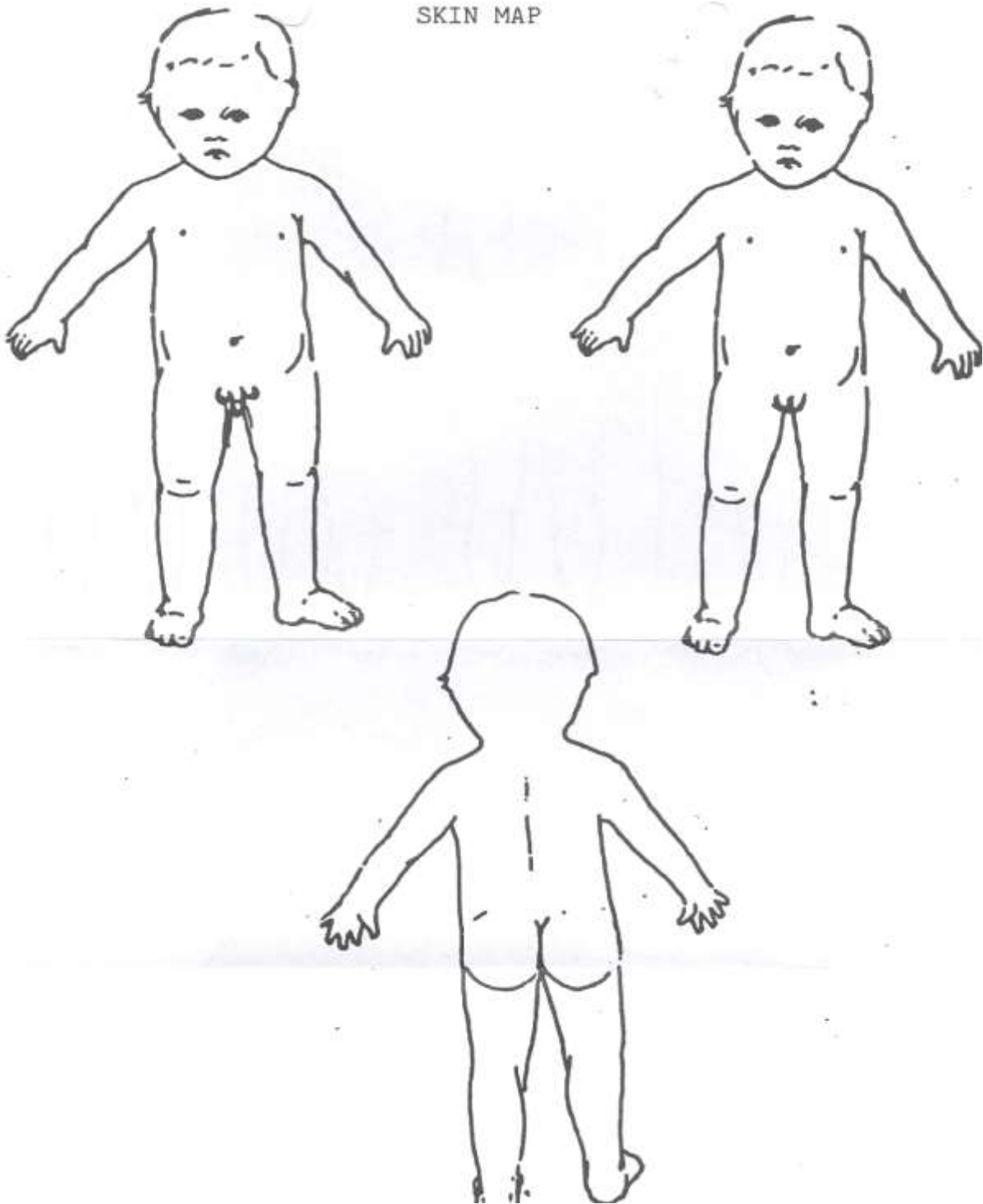
Ports LADO 02392 882500
LADO@portsmouthcc.gov.uk

OFSTED 0300 123 1231

YMCA DSO (duty) 07787 505288 Emma Corina

Appendix 3 Skin Maps and injury recording

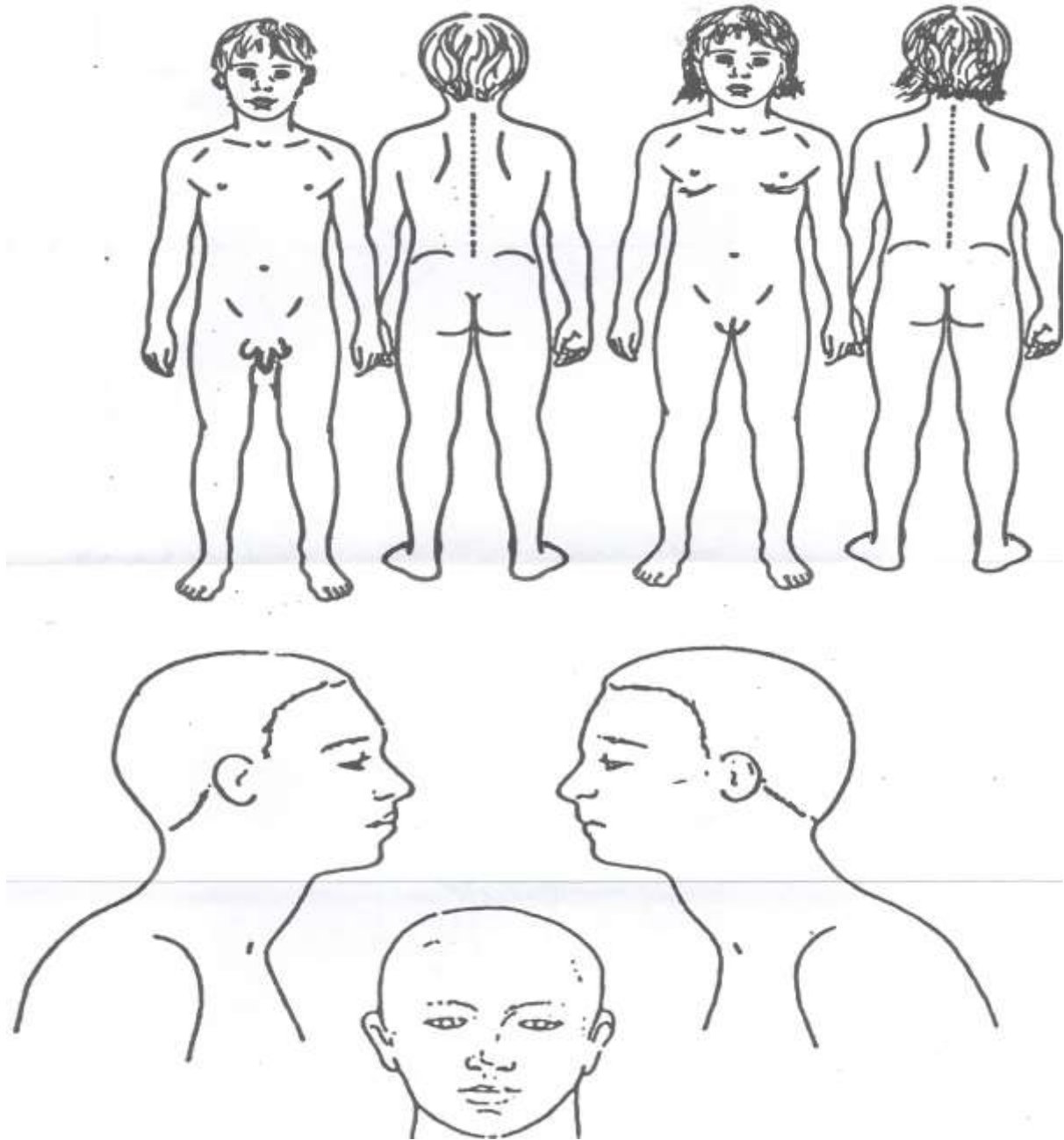
SKIN MAP



Name of child.....Date of observation.....

Observed by.....Witnessed by.....

SKIN MAP



Name of child.....Date of observation.....

Observed by.....Witnessed by.....

Please number all injuries on skin map and describe below;

Size in cm, colour, shape, characteristics and record any explanation given by the child.

Injury 1

Injury 2

Injury 3

Injury 4

Appendix 4 YMCA Fairthorne Group Child Protection Reporting Form

Please complete this form immediately that you have any concerns over the safety or welfare of a child/young person.

Actions

- 1 Reassure Child or young person
- 2 Complete Form & Inform Line Manager, Trusted Person or Designated Lead
- 3 Line Manager or Trusted Person to inform Designated Person or CEO

BRANCH.....Location.....

Child's Name.....DOB (if known).....

Name of Staff.....

Date...../...../201.... Time of Report...../.....hrs (24hour clock)

What are your concerns?

Staff Members Signature.....Date...../...../201....

Line Manager/Trusted Person Informed at/.....hrs Date...../...../201.....

Name.....Signature.....

Designated Person informed at...../.....hrs Date...../...../201.....

Name.....Signature.....

Children and Families Services Referral Made YES/NO to

Name.....

Time of referral...../.....hrs Date...../...../201...

YMCA Confidential Report Number.....

Appendix 5 Links to Key Information on SharePoint

YMCA FG Safeguarding Children and Vulnerable Adults Policy Level 1

<https://ymcafg.sharepoint.com/sites/Resources/Policies%20%20Procedures/Safeguarding%20Children%20%26%20Vulnerable%20Adults%20Policy.docx>

Working Together to Safeguarding Children 2018 DfE Statutory Guidance

<https://ymcafg.sharepoint.com/:b:/s/Resources/EasIJh6veUhCjxExMbnWVrMBfGU-P6LytCRNIcTUZCCKiA?e=C51SJ1>

What to do if you are worried about a child being abused

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

Guidance to Safer Working Practice - **Safe working in education, childcare and children's social care settings**, including the use of personal protective equipment (PPE)

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care>

YMCA FG Reporting forms

Child;

[Useful Information - YMCA FORMS - All Documents \(sharepoint.com\)](#)

Adult;

<https://ymcafg.sharepoint.com/sites/Resources/Safeguarding%20vulnerable%20adults/Forms/AllItems.aspx?RootFolder=%2Fsites%2FResources%2FSafeguarding%20vulnerable%20adults%2FYMCA%20Forms&FolderCTID=0x01200011FF24F13EF23F4BB5C7A898BAF2A90F&View=%7BF8C51A58%2DB2B2%2D4BD8%2DB4AC%2DF8F55279E339%7D>

Handling Allegations Practice Guidance 2009

<https://ymcafg.sharepoint.com/sites/Resources/Safeguarding%20and%20Child%20Protection/Handling%20Allegations%20Practice%20Guidance.pdf>

Bruising Protocol for non-independently mobile children

<https://ymcafg.sharepoint.com/sites/Resources/Safeguarding%20and%20Child%20Protection/bruise%20protocol%20updated%20April%202018.pdf>

FGM Reporting Guidance

<https://ymcafg.sharepoint.com/sites/Resources/Safeguarding%20and%20Child%20Protection/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf>

Prevent Duty Guidance HM Government Revised April 2019

<https://www.gov.uk/government/publications/prevent-duty-guidance>

HIPS Local Safeguarding Partners Procedures web link <http://hipsprocedures.org.uk/>