Child Safeguarding and Vulnerable Adults Protection Policy

Version: V5

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Date: 1st October 2020

Approved by: Br Malik Akram (Chair)

Next review date:

1. Introduction

Altrincham and Hale Muslim Association (AHMA) exists to provide a place of prayer and Islamic education and moral development for local children and families living in and around Hale/Altrincham/ Timperely/Sale area. AHMA acknowledges its duty of care to safeguard and promote the welfare of children/vulnerable adults and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and the Charity Commission's requirements. This policy sets out common values, principles, and beliefs and describes the steps that will be taken in meeting AHMA's commitment to protect children and vulnerable adults.

Who does this policy apply to?

This policy applies to all staff, consultants and volunteers working for or supporting the charity.

2. Our Values, Principles and Beliefs

- All child abuse involves the abuse of children's rights.
- All children have equal rights to protection from abuse and exploitation.
- The situation of all children must be improved through promotion of their rights as set out in the UN Convention on the Rights of the Child. This includes the right to freedom from abuse and exploitation.
- Child abuse is never acceptable.
- We are committed to practice in a way that protects them and to establishing and maintaining an ethos where children and young people feel secure and are encouraged to talk and are listened to.
- We have a commitment to protecting the children to whom we provide education.
- Staff and volunteers of AHMA have a responsibility to meet minimum standards of protection for children and vulnerable adults in their care.

3. What is child abuse?

It is important to recognise child abuse and combat it.
A basic definition of abuse is: 'The abuse of power by a person developmentally older / stronger than another, resulting in some distress, harm or neglect of necessary attention for the victim.'

The sustained abuse or neglect of a child can have major long-term effects on all aspects of health, development, and well-being. It is likely to have a deep impact on a child's self-image, self-esteem, and future life.

Most children from all communities receive love and care from their parents/guardians, which enable them to grow up as confident adults. It is difficult for certain people to accept that abuse exists within their families, communities, and organisations. However, some children may not be treated in a safe and a proper manner. Some children may have harm or neglect inflicted upon them.

4. Governance

4.1 Board of Trustees

AHMA Board of Trustees is accountable for ensuring that the organisation has appropriate structure, processes, and resources in place to ensure safeguarding is central to all the organisation does, and for monitoring compliance.

Trustees discharge their safeguarding responsibilities by:

- Appointing a Designated Safeguarding Lead (DSL) Trustee, who is the board's named expert on safeguarding. They provide advice and guidance to the board on safeguarding matters linked to discharging their duties. It will be a standard agenda item on all regular Trustee meetings where the DSL will report their own assessment of the safeguarding work to the Trustees as appropriate.
- Receiving an annual Safeguarding report and commissioning specific audits or deep dive assessments into any area pertaining to safeguarding within AHMA.
- Giving due scrutiny and consideration to any concerns identified by the Trustees.

4.2 Management Committee members

The Board of Trustees delegate the operational oversight of safeguarding to members of their Management Committee. This includes having oversight of any safeguarding concerns within their area, that volunteers are seeking expert safeguarding advice appropriately, and that there are systems in place to ensure that safeguarding matters are being appropriately reported and escalated in a timely manner.

4.3 Designated Safeguarding Lead (Trustee) and their deputies

- They are operationally accountable for safeguarding within the Centre and Bayaan Academy and hold accountability for ensuring that safeguarding policy and practice is developed, implemented, managed, and monitored across the charity.
- Trustee DSL working with the two deputy DSLs will ensure robust safeguarding reporting and governance structures are in place and they are operating effectively, including safeguarding reporting.
- This includes oversight of practice safeguarding training and development and implementation of best safeguarding practice.

4.4 Project Leads

All Project Leads across all activities have operational responsibility for the safeguarding practice and welfare of all people within the service they directly manage.

4.5 Staff, consultants, and volunteers

All staff, consultants and volunteers have the responsibility to recognise, report, and record safeguarding concerns about children, young people, and adults at risk in line with this policy document and associated guidance. This includes a responsibility to work closely with local authorities in order to share current information and effectively take part in multi-agency discussion.

Volunteers must work with staff directly on the reporting and recording of safeguarding concerns.

5. What we will do

AHMA acknowledges that some children, including disabled or of certain ethnic backgrounds, including young people; can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

As part of our safeguarding policy, we are committed to protecting children and vulnerable adults from abuse through the following means:

- **Awareness:** we will ensure that all staff and volunteers understand their roles and responsibilities in respect of safeguarding and are provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people.

- **Prevention**: we will ensure, through awareness and good practice that staff and volunteers follow robust safeguarding arrangements and procedures must be in operation. Ultimately, we must prevent the employment/deployment of unsuitable individuals by carrying out the necessary checks to ensure they will not present a threat to children or young people. (Please see Appendix 4 for details on dealing with Radicalisation/Extremism)

- **Reporting:** we will ensure that staff and volunteers are clear on what steps to take where concerns arise regarding the safety of children. We will also ensure that confidential, detailed, and accurate records of all safeguarding concerns are maintained and securely stored.

- **Responding:** we will ensure that action is taken to support and protect children where concerns arise regarding possible abuse.

- **Compliance:** All our staff and volunteers who are responsible for dealing with children and vulnerable adults will be DBS checked. (See Appendix 5)

The policy and procedures will be widely promoted and are mandatory for everyone involved with the charity. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from AHMA.

6. Code of Conduct

The following scenarios must not occur:

- Hit or otherwise physically assault or physically abuse children.
- Develop physical/sexual relationships with children.
- Develop relationships with children which could in any way be deemed exploitative or abusive.
- Act in ways that may be abusive or may place a child at risk of abuse.
- Use language, make suggestions, or offer advice, which is inappropriate, offensive, or abusive.
- Behave physically in a manner which is inappropriate or sexually provocative
- Have a child with whom they are working to stay overnight at their home unsupervised.
- Sleep in the same room or bed as a child with whom they are working.
- Do things for children of a personal nature that they can do for themselves.
- Condone, or participate in, behaviour of children which is illegal, unsafe, or abusive.
- Act in ways intended to shame, humiliate, belittle, or degrade children, or otherwise perpetrate any form of emotional abuse.
- Discriminate against, show differential treatment, or favour particular children to the exclusion of others.
- This is not an exhaustive or exclusive list. The principle is that staff should avoid actions or behaviour which may constitute poor practice or potentially abusive behaviour.

It is important for all staff and volunteers in contact with children and vulnerable adults to:

- Be aware of situations which may present risks and manage these.
- Plan and organise the work and the workplace so as to minimise risks.
- As far as possible, be visible in working with children and vulnerable adults.
- Ensure that a culture of openness exists to enable any issues or concerns to be raised and discussed.
- Ensure that a sense of accountability exists between staff/volunteer so that poor practice or potentially abusive behaviour does not go unchallenged.
- Encourage children to talk openly and to raise any concerns.

In general, it is inappropriate to:

- Spend excessive time alone with children away from others.

- Take children to your home, especially where they will be alone with you.

7. Procedures for reporting concerns

7.1 Procedures for all

If a staff, teacher, or volunteer is informed about or concerned about the abuse of a child, young person, or adult at risk, they must take the following steps:
(See Appendix for details of different types of abuse)

- Always place the child or adult's welfare and interests as the paramount consideration.
- Make safeguarding personal using a person-led and outcomes-focused approach. Staff/volunteers must talk with the child, young person, or adult at risk about how best to respond to their safeguarding situation in a way that enhances their involvement, control, and choice throughout the safeguarding process.
- Listen carefully and actively to the person – at this stage, there is no necessity to ask questions. Let the person guide the pace and remember their ability to recount an allegation will depend on age, culture, language and communication skills, and disability.
- Do not show shock at what is being said. This may discourage the child or adult from talking, as they may feel you are unable to cope with what they are saying, or perhaps that you are thinking badly of them.
- Do not investigate. If anything needs to be clarified in order to understand the safeguarding risk, ask clear, open questions:
    - Use the TED rule: tell, explain, and describe
    - Ask 'what, when, who, how, where' questions
    - Ask 'do you want to tell me anything else?'
    - Do not ask any 'why' questions as these can suggest guilt or responsibility.
- Remain calm and reassure the person that they have done the right thing by talking to a responsible adult.
- Never promise to keep a secret or confidentiality. AHMA works within wider statutory systems and must collaborate in order to effectively support and care for children, young people, and adults at risk. It is important that this fact, and its implications of transparency and reporting, are emphasised in early and ongoing conversations.

- Ensure the child or adult at risk understands what will happen next with their information.

- If the person disclosing is a child, staff/volunteers have a duty to ensure that the information is passed on in order to keep the child safe.

- If a child requests confidentiality, staff/volunteers must explain AHMA requirements, for example, 'I'm really concerned about what you have told me, and I have a responsibility to ensure that you are safe'.

- If the person disclosing is an adult, staff/volunteers have a duty to pass on information if someone is at immediate risk of harm, and to encourage and support the adult to share information and seek support.

- Staff/volunteers must ask for the adult's consent to take up their concerns. If the adult does not agree, or if staff/volunteers do not believe that the adult has capacity to decide about consent, they must consult with the DSL for more information.

- As concerns arise, staff/volunteers must talk to their DSL or, if they are not available, another DSL.

- Where there are concerns or allegations about an adult employee or volunteer who is working with children or adults at risk (often called someone in a "position of trust") within AHMA, staff/volunteers must follow the Managing Allegations and Concerns about a member of staff or volunteer who works with children, young people or adults at risk.

7.2 Responding to safeguarding concern

Immediate risk of harm

- If an employee believes a child or adult to be at immediate risk of harm or abuse, and/or a criminal offence is taking place, they must take immediate steps to protect that person by calling 999.

- Staff/volunteers must then contact the DSL to let them know what has happened and to take advice on next steps.

- If an emergency arises outside of Centre's usual working hours (some services operate on evenings and weekends), staff/volunteers must contact the DSL who is providing out of hours support for that service.

- Staff/volunteers must record their safeguarding concerns and

actions on Safeguarding Concerns Reporting form (See Appendix) and email it to safeguarding@ahma.co.uk on the same day.

- The Volunteer Coordinator must be informed of all safeguarding issues and concerns relating to volunteers as soon as an issue is identified by the DSL or when other staff/volunteers are informed/involved.

No immediate risk of harm

- Staff/volunteers must consult with DSL as soon as possible on the same working day of the safeguarding concern.

- If there are concerns that a child is, or has been, at risk of abuse, staff/volunteers must make a referral on the same working day to the local authority children's services in the area where the child is living (or is found). Staff/volunteers must take guidance from the Lead DSL as needed.

- For safeguarding concerns raised by volunteers, a member of the Management Committee must appoint an appropriate person to make the referral. This must be done as soon as possible on the same working day.

- DSLs must (subject to issues of confidentiality or other sensitivities) keep volunteers informed as to the outcome of the referral.
- Staff/volunteers must discuss safeguarding concerns for an adult with the DSL. DSL must consider the safeguarding concerns and the adult's individual circumstances in order to decide if a referral is warranted, including a consideration of:
    - **Empowerment** – what does the person want? What rights need to be respected? Is there a duty to act, are others at risk of harm?

    - **Protection** – is this person an adult at risk? What support do they need? Is capacity an issue? Should others (such as a carer) be involved?

    - **Proportionality** – have risks been weighed up? Does the nature of the concern require referral through multi-agency procedures?

    - **Partnership** – what is the view of others involved? How do multi-agency procedures apply?

    - **Accountability** – is there a clear rationale on which to base a decision?

7.3 Concerns from the congregation/ general public

- The Administrator may receive safeguarding concerns from the general public via email or by phone.

- Where such concerns are received via email, these must immediately be passed onto the Safeguarding Leads via safeguarding@ahma.co.uk alongside a telephone call to the Lead DSL to ensure timely receipt and action.

- Where the concern is received via telephone, the Administrator must:
  - Listen to the concern
  - As soon as possible during the call, advise the caller that their concern will be passed onto the AHMA's Safeguarding team
  - Take the caller's contact details and send these to the safeguarding team via safeguarding@ahma.co.uk
  - Always confirm with the Safeguarding team via a phone call that they have received the information.

7.4 Recording Safeguarding concerns

- As soon as possible, staff/volunteers must factually record on the Safeguarding Incident Reporting form (See Appendix 2) the child or adult has told them (in the child or adult's own words) or what the staff/volunteer has observed.

- They must include the date, time, place, and observations of behaviour.

- If they fail to record accurately, or if they write down their interpretation of the child or adult's account (as opposed to a factual account), this may lead to inadmissible or unusable evidence should the information be required for court processes.

- They must not contact any individual about whom an allegation or concern is being raised. This could be putting the person making the allegations in serious danger, for example, where domestic violence is taking place. It could also prejudice an investigation.

- If the DSL decides that a referral to the local authority children's services or adults social care is not warranted, this decision must be recorded by the DSL on the incident reporting form 'Decision not to make a referral to social care' (with evidence to support decision making). DSL must be sure to include the reasons why this decision was reached.

7.5 Making a referral

Making a referral to the local authority

- Any sensitive information sent outside AHMA must be sent using a secure email.

- Referrals must be made on the same day where harm or risk of harm has been identified. If concerns arise out of office hours, referrals must be made to the local authority out of hours service.

For a child:

- Staff/volunteers must make referrals to the local authority children's social care services, following local procedures. Staff/volunteers must always confirm the referral in writing via secure email.

- Where possible, staff/volunteers must discuss their concerns with the child's parent, and an agreement should be sought for a referral to the local authority children's social care. Staff/volunteers must only do this if it does not increase risk to the child (through either delay, or the parent's possible actions or reactions).

- If staff/volunteers decide not to seek parental permission before making a referral to children's social care, they must record and date this in the child's file along with reasons. This must also be confirmed in the referral to children's social care via secure email.

For an adult:

- If the adult consents to safeguarding procedures and a referral, staff/volunteers must follow the local Safeguarding Adults Board (SAB) procedures.

- Staff/volunteers must act on the same working day that the concerns were noted, and consent obtained.

- If the adult does not consent to contacting other agencies, and has the mental capacity to make that decision, staff/volunteers must provide information and advice to the adult. This must include a summary of the concerns and advice of other services that the adult may choose to access.

7.6 Referrals when working with a partner organisation or a school

- If the safeguarding concern arises within the context of AHMA working with a partner organisation or service (or example a school), staff/volunteers must check with DSL for any agreed safeguarding processes contained in the agreement. Usually, this will involve contacting their Designated officer or School Safeguarding officer.

- Within the partner organisation, volunteers must also consider any local safeguarding children or adults multi-agency arrangements, including their local child protection or adults at risk procedures which are detailed on their partners website.

- In such cases, both AHMA's and the partner organisation's policies must be followed.

8. Medical support for young people

AHMA will do everything reasonable to support those young people who have underlying health problems to participate in all its activities including Bayaan Academy. Parents must declare any medical details on the initial registration form and if necessary, a support plan will be put in place. First Aider cover is needed for all physical activities or large events where young people are participating. The Bayaan Academy have first aiders in attendance on site.

Volunteers or staff will not administer any medication but will provide support for the child to self-administer. In the event of unexpected illness, AHMA staff/volunteers will immediately contact the parent/guardian. If the emergency is critical, the Lead/teacher must call 999 ambulance service.

Only where the child requires immediate intervention e.g. an anaphylactic reaction (life threatening allergic reaction) should action be taken. Any medication/ intervention should only be administered by a trained First Aider or medical professional. All First Aiders must have regular training in common emergencies and resuscitation techniques. All details of a medical intervention MUST be recorded on a Safeguarding Concern form and sent to safeguarding@ahma.co.uk

9. Confidentiality

It is important that confidentiality is maintained in child protection. However, teachers have a professional responsibility to share appropriate child protection information with the relevant agencies. If a child discloses abuse, then the teacher is required to be honest and open with the child and let them know that other people will have to be informed in order to prevent the child from being hurt further.

9.1 Group Leaders/Teachers responsibilities

Group Leaders who receive information about children and their families within their work capacity should not discuss this information with inappropriate person's e.g. family or community members as this could potentially harm the child.

9.2 Who can access

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

This includes the following people:

- the Designated Safeguarding Person
- the parents of the person who is alleged to have been abused (unless a parent is the alleged abuser in which case advice should be sought from the LADO)
- the person making the allegation
- social services/police
- the Chair of Trustees

9.3 GDPR requirements

AHMA is committed to complying with the GDPR and Data Protection Act 2018 when dealing with information relating to safeguarding children and vulnerable adults. In order to comply with the data protection principles, AHMA will:

- Ensure appropriate security is applied to safeguarding information by ensuring that any paper files are stored in a filing cabinet that remains locked at all times, with restricted access to any keys. Electronic information will be stored in a way that means that it is only accessible to those who need to see it and encrypted/password protected where appropriate.

- Ensure that only relevant information is kept, and that information is updated quickly when it becomes apparent that anything recorded is inaccurate.

- Ensure that the information is kept in accordance with **(the retention policy, which states that safeguarding information shall be kept indefinitely**) - best practice in accordance with NSPCC and the Independent Inquiry into Child Sexual Abuse.

- Ensure that the information is used for the purposes of assessing risk and complying with safeguarding obligations – including an obligation to protect the welfare of children under the care of AHMA only.

9.4 Collection and storage of information

The collection, storage and use of any safeguarding information is fair and transparent, on the basis that AHMA works with children, and it is therefore expected that they will act to safeguard those individuals by recording any allegations or incidents that are relevant. All data will be stored in a secure cloud storage facility. This use is lawful on the basis that it is in the substantial public interest because the information is necessary to protect the individual from neglect or physical, or mental or emotional harm, or necessary for the protection of the physical, mental or emotional wellbeing of an individual. In most cases, it will not be appropriate to seek the consent of the individual to the collection, storage and use of this information, as to do so would prejudice the ability of AHMA to use the information to protect the individual, or consent is not otherwise appropriate because of the age of the individual involved.

9.5 External disclosure

Where possible, the information should be kept confidential, but where a disclosure needs to be made outside of the organisation, this can be done as long as the disclosure is considered to be in the substantial public interest, which means that the disclosure is required to protect the individual from neglect or physical, or mental or emotional harm, or necessary for the protection of the physical, mental or emotional wellbeing of the individual.

10. Recording of Information

AHMA should keep a record of every child's details which includes:

- Name.
- Date of Birth.
- Address and Telephone number.
- Ethnic Origin.
- First Language.
- Family Composition - ages and the school attended by the other children.
- School.

Some important points for all staff, Project Leads, and teachers to remember when recording accidents and injuries and child abuse are:

- Make a record using the Safeguarding Incident form (See Appendix 2)
- Record the date and time of the injury on your form.
- How you saw the injury.
- What you observed.
- What you asked the child and what the response was.

These points should also be kept in mind for the Designated Child protection teacher when a teacher has caused an injury.

It is also important for all Teachers that:-

- Information recorded should be detailed and accurate.
- Information is based on fact rather than opinion.
- There is an avoidance to jumping to conclusions.
- That they are prepared to discuss injuries with other professionals.
- Adopt a system for responding to allegations of child abuse.
- Ensure all staff are aware of the process and who is the designated officer.

11. Training

- All Trustees, Management Committee members and Project Leads must complete approved safeguarding training.
- Designated Safeguarding Leads must complete accredited Level 3 training.
- Everyone understands their roles and responsibilities, and those of other professionals and organisations in relation to the safeguarding of adults at risk, children, and young people.
- A regular report will be provided to the Trustees confirming what proportion of eligible volunteers are up to date with safeguarding training.
- Those dealing directly with children on a regular basis must be DBS checked (See Appendix).
- Refresher safeguarding training should be provided every 3 years

12. Monitoring of policy

This policy will be reviewed annually, or in the following circumstances:

- changes in legislation and/or government guidance.
- as required by the Local Authority Designated Officer (LADO), The Charities Commission; if appropriate; or
- As a result of any other significant change or event.

Confirmation

Signed on behalf of the AHMA Board of Trustees:

Signature:

Name: Br Malik Akram (Chair)

Date: 11th October 2020

Appendix

1. Types of Abuse

1.1 Physical Abuse

Physical abuse is causing harm to a child. This may involve hitting (using belts, sticks, whips, and other similar objects). It may also include shaking, throwing, poisoning, burning, or scalding, drowning, suffocation and giving a child an illegal drug.

Physical abuse can also involve a child made to do 'chicken squats' or being made to bend over or stand for a long period as a punishment.

Actions and behaviour of adult/carer

- Minor injuries.
- Serious injuries e.g. those resulting in fractures or head injuries.
- Premeditated sadistic injuries.
- Burns and scolds.
- Bites.
- Repeated abuse resulting from lack of control.
- Injury resulting from physical chastisement.
- Genital / anal area injuries.
- Shaking.
- Poisoning.
- Physical assaults regarded as bullying.
- Suffocating.
- Factitious illness - parent/carer manufactures the symptoms of an illness in the child.
- Female circumcision.
- Death.

Physical signs on child / young person

- Unconscious.
- Multiple bruising / scratching.
- Injuries of different ages.
- Adult bite marks.
- Outline bruising, e.g. belt, handprint, shoe mark.
- Bruises to eyes and ears.
- Fingertip bruises.
- Burns and scalds on hands, feet, buttocks, groin, cigarette burns.
- Difficulty in moving limbs.
- Blood in white of eyes, small bruises on head, bruises on rib cage – may be associated with shaking injuries.
- Injuries and / or fractures in babies and children who are not mobile.
- Torn fraenulum.
- Drowsiness e.g. from head injury or poisoning.

- Female genital mutilation.

Behaviour and emotional state of child / young person

- Aggressive.
- Withdrawn.
- Fearful: 'frozen watchfulness'.
- Low self-esteem.
- Poor concentration.
- Poor self-image.

1.2 Neglect

Neglect is the failure to meet the child's basic physical and psychological needs such as the parent/guardian failing to provide adequate food, housing, clothing, or failing to protect a child from physical harm or danger. In addition, it would also include failing to ensure that a child receives appropriate medical care and supervision. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Actions and behaviour of adult / carer

- Abandonment or desertion.
- Living alone.
- Malnourishment, lack of food, inappropriate food or erratic feeding.
- Lack of warmth.
- Lack of adequate clothing.
- Unhygienic home conditions.
- Lack of protection or exposures to dangers, including moral danger or lack of supervision appropriate to child's age and development stage.
- Persistent failure to attend school.
- Non-organic failure to thrive.
- Leaving child alone to care for younger brothers / sisters.
- Lack of appropriate stimulation.
- Lack of protection from dangerous substances, e.g. fire, drugs, household chemicals.
- Lack of appropriate medical care when required.

Physical signs on child / young person

- Delayed physical development, underweight and of small stature.
- Hands and feet which are cold and puffy.
- Chronic nappy rash.
- Slow growth in both height and weight.
- Frequently smelly.
- Persistently dirty, unkempt appearance.
- Persistently hungry.
- Non-organic failure to thrive.
- Impairment of health.
- Death.

Behaviour and emotional state of child / young person

- Low self-esteem.
- Destructive tendencies.
- Neurotic behaviour.
- Running away.
- Stealing and / or hiding food.
- Indiscriminately seek affection from unfamiliar adults.
- Impairment of intellectual behaviour
- Long term difficulties with social functioning, relationships, and educational progress

1.3 Sexual Abuse

Sexual abuse involves any contact or interaction whereby a child or a young person is used for sexual stimulation of an older, stronger influential person. This may include direct or indirect sexual exploitation of children. It includes any touching, stimulating, rubbing that is meant to arouse sexual pleasure in the perpetrator. In addition, it includes exposing children to pornography and unsuitable videos.

Actions and behaviour of adults / carer

- Inappropriate fondling.
- Mutual masturbation.
- Digital penetration.
- Oral / genital contact.
- Anal or vaginal intercourse.
- Exploitation from pornography.
- Encouraging children / young people to become prostitutes.
- Encouraging children to witness intercourse or pornographic acts.
- Leaving a child in the care of a known sex offender.
- Internet child pornography.

Physical signs on child / young person

- Injuries to the genital / anal area.
- Sexually transmitted diseases.
- Pregnancy.
- Bruises, scratches, burns or bite marks.
- Eating disorders.
- Self-Harm e.g. suicide, self-mutilation, substance misuse.
- Bleeding from vagina or anus.
- Pain in passing urine or faeces.
- Persistent discharge.
- Warts in genital or anal area.

Behaviour and emotional state of child / young person

- Frequent masturbation.
- Nightmares and disturbed sleeping patterns.
- Persistent offending, non-school attendance, running away.

- Wetting, soiling, smearing excreta.
- Significant changes in child's behaviour.
- Sexual awareness which is inappropriate to child's age and developmental stage.
- Sexual aggression towards other children.
- Low self-esteem.
- Limited attention span.
- Aggression.
- Withdrawn.
- Isolation.
- Depression.

1.4 Emotional Abuse

Emotional abuse is the emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. This can involve making children feel inadequate, worthless, and unloved or valued only in so far as they meet the needs of another person. This can be caused by using repeated verbal threats, criticism, shouting and showing lack of love. It may involve causing children to frequently feel frightened or in danger or the exploitation and corruption of children. Some level of emotional abuse is involved in all types of ill treatment of children.

Actions and behaviours of adult / carer

- A child is rejected by parent / carers.
- Parents behave in a cold, hostile and / or unpredictable way towards the child.
- Parents behave in an emotional inconsistent way towards the child.
- A child is criticised and blamed unreasonably.
- Scapegoating may occur within families where the same child receives more than his fair share of blame and is seen to be the cause of all the family's problems.
- A child is ridiculed and mocked.
- A child is denied opportunities to gain new experiences.
- A child is denied opportunities to relate to others.
- Lack of opportunity to fulfil intellectual development.
- A child is denied the opportunity to organise and achieve levels of responsibility appropriate to their age.

Effects of emotional abuse

- The child may become timid and withdrawn and avoid making relationships with peers and adults.
- There may be little spontaneous conversation and avoidance of eye contact.
- The child appears frightened, easily startled by loud noises. He/she is soon in tears and may twitch and tremble.
- The child has outbursts of verbally or physically aggressive behaviour.
- The child seeks affection inappropriately.

- The child feels confused and insecure.
- The child has difficulty in making and sustaining relationships.

1.5 Sexting

Sexting is when you send a sexual message, photo, or video to someone else. It could be a picture of you, but sometimes people send pictures and videos of other people.

Messages could be to a friend, boyfriend, girlfriend, or someone online.

Sexting includes:

- being partly or completely naked, or in your underwear
- posing in a sexual position
- sending 'nudes' or 'inappropriate pics'
- talking about sexual things you are doing or want to do
- doing sexual things on a live stream

For anyone under the age of 18 years, it is against the law to send nudes or sexual videos of you to anyone else. It is also against the law for anyone to save or share a nude or sexual video of you. Even if it is a selfie or they are under 18 too.

1.6 Upskirting

Upskirting' is a form of sexual harassment and since April 2019 has been listed as a criminal offence. It normally involves taking a picture under a person's clothing without them knowing with the intention of viewing their genitals or buttocks to obtain sexual gratification, or to cause upset to the victim. Upskirting often occurs in a public crowded place, making it hard for the victim to know that a photograph is being taken, victims are often distressed and feel humiliated.

1.7 Child Trafficking and Modern-Day Slavery

A child has been trafficked or enslaved if he or she has been moved within a country, town, or city, or across borders whether by force or not, with the purpose of exploiting the child. This may include forced labour such as domestic servitude and forced criminality such as begging or cannabis cultivation. Any form of slavery or trafficking children is abuse. Children who are coerced, deceived, or forced into the control of others who seek to profit from their exploitation and suffering would need protection.

1.8 Child Sexual Exploitation (CSE)

Sexual exploitation of children and young people 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 (CSE) 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 child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other 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. (HM Government, 2009).

1.9 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) refers to procedures that intentionally alter, mutilate, or cause injury to the female genital organs for non-medical reasons. FGM is medically unnecessary and can have serious health consequences, both at the time it is carried out and in later life.

FGM is prevalent in 28 African countries and areas of the Middle and Far East, but it is increasingly practiced in the UK in communities with larger populations of first-generation immigrants, refugees, and asylum seekers. It is usually carried out on girls before they reach puberty, but in some cases, it is performed on new-born infants or on women before marriage or pregnancy. It is often justified by the belief that it is beneficial for girl or women, but FGM is illegal in the UK and is considered as a criminal offence.

If a practitioner becomes aware of a FGM risk to a child they must contact the relevant Social Services department for the local authority where the child resides, who may, in partnership with the police undertake appropriate enquiries and also liaise with health services regarding medical assessments.

2. Safeguarding Incident/Concern Reporting Form (Example)

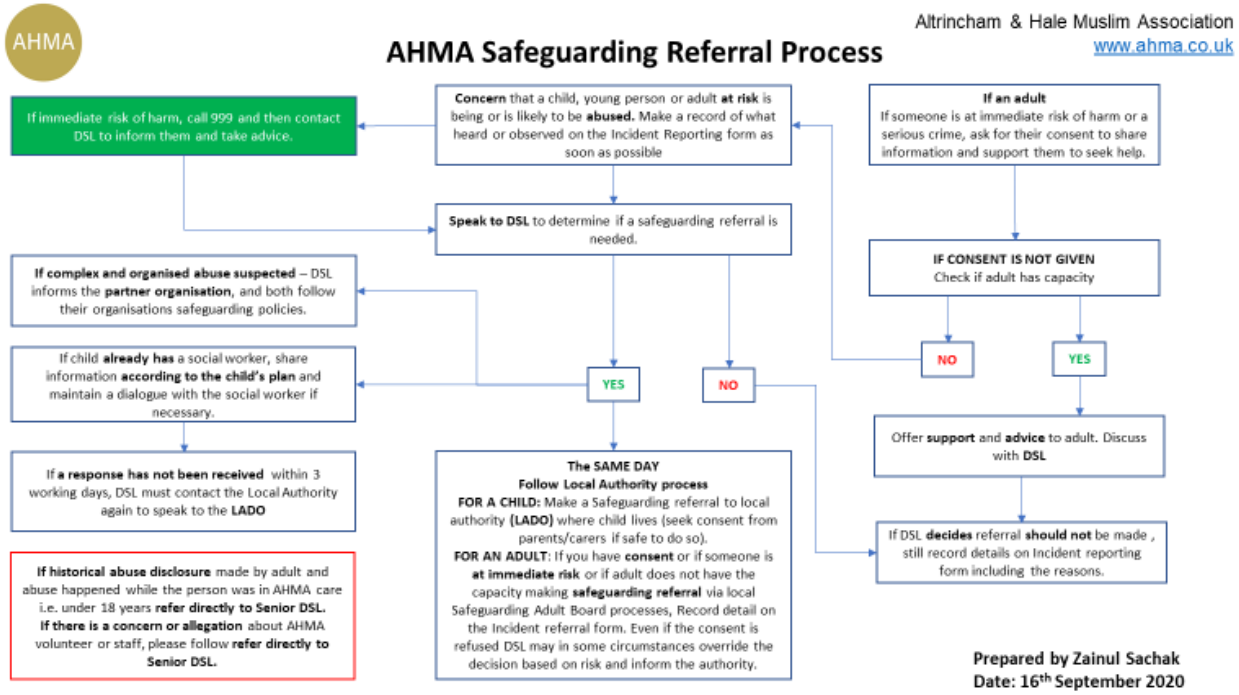
Section 1: Child's/Young Person's Details		
Full Name:		
Gender: Male ✈ Female ✈	**Age:**	**Date of Birth:**
Ethnicity: *(See details below *)*	**Religion:**	**First Language:**
Full Postal Address:		
Communication needs (interpreter/signer/other):		
Special needs:		
Other:		
Section 2: Your Details		
Your name:	**Your position:**	**Date & time of Incident:**
Section 3: Your report		

Are you reporting your own concerns or responding to concerns raised by someone else?	
✈ Responding to my own concerns ✈ Responding to concerns raised by someone else	**If responding to concerns raised by someone else, please provide their name and position within the organisation:**
Please provide full details of the incident or concerns you have, including times, dates or other relevant background information (such as a description of any injuries, whether you are recording fact, opinion or hearsay):	
The child/young person's account, if it can be given, of what has happened and how (*record young person's words verbatim if possible. When asking, think of 'TED' Tell me, Describe, Explain):*	
Please provide details of the person alleged to have caused the incident/injury including, where possible, their name, address, and date of birth (or approximate age):	
Please provide details of any witnesses to the incident(s)	
Next steps (please note here what you will do next/have done).	
Your signature:	
Designated Safeguarding Person received information **Date:** **Time:** **DSL's signature:**	

A copy of this MUST be submitted to the Designated Safeguarding Lead and Deputy DSL within 24 hours.

**Details of a person's ethnicity is recorded for equality reasons – White, Black African, Black Caribbean, Indian, Pakistani, Bangladesh ,Chinese and Other.*

3. Reporting Flow chart (Sample)



4. Prevention of Extremism and Radicalisation

- Current legislation requires all organisations working with children, young people, and adults at risk to play a role in preventing and deterring their possible radicalisation – whether on grounds of religion, culture, or for other ends. Extremism can take many different forms, including far-right extremism.

- While the Prevent duty is a high-profile one, it is quite rare as a practice issue for AHMA staff/volunteers. Certain behaviours or risks for a young person can indicate criminal exploitation as opposed to radicalisation and are far more likely.

- All staff and volunteers are encouraged to complete an online Prevent e-learning course. https://www.elearning.prevent.homeoffice.gov.uk/

- Advice on preventing individuals from being drawn into serious and organised crime is available at https://www.gov.uk/government/publications/individuals-at-risk-of-being-drawn-into-serious-and-organised- crime-a-prevent-guide

- Staff/volunteers are strongly encouraged to closely examine available evidence, assess indicators, and discuss these with a DSL experienced in work with such issues, or the safeguarding team, before taking a view on the

potential of radicalisation risk.

- While the nature of the risk to the child or young person or adult at risk may raise security issues, the process for responding to likelihood of significant harm or vulnerability is the same as for any other safeguarding concern.

- If an staff/volunteer becomes aware of a situation or information that a violent act is imminent, or where weapons or other materials may be in the possession of a young person, adult at risk, or member of their family, they must take the following steps:

  - Call 999 as soon as it is safe to do so.

  - Contact a DSL immediately for guidance and support and consider together whether further information-sharing is required. Consideration must be given to the possibility that sharing information about the concerns with the child's parents/guardians may increase the risk to the child, and it may therefore not be appropriate to inform the parents/guardians at the referral stage.

  - Make a referral to the local authority. Whilst many of these referrals will be received by local authorities as early intervention services, the referral must be recorded on the Safeguarding Incident Reporting Form.

  - Make a referral to the local police prevent team (call 101 for details) and discuss any concerns in relation to assessing risk in relation to safeguarding individuals from suspected extremist or terrorist behaviour and what further actions to take. As a result of this you may be required to attend a Channel Panel to see if the criteria are met for intervention to the person through the Channel Panel process. Each local authority was required to establish a Channel Panel under provisions in the Counter- Terrorism and Security Act 2015.

5. DBS Requirements

DBS checks play a crucial role in helping AHMA meet its safeguarding requirements. Under the Protection of Freedoms Act 2012, organisations have a legal duty to check to see whether any employee or volunteer engaging in regulated activity with a vulnerable group is barred from working with them.

This means that if an individual (volunteer/teacher) is carrying out a specified activity in relation to children or vulnerable adults, such as providing care, then AHMA must check the applicant against the applicable barred list(s).

To do this, AHMA will request an enhanced DBS check for the applicant and select the appropriate barred list checks as part of the application. By doing this AHMA will have met its legal obligations and can make sure it is meeting its safeguarding requirements.

DBS checks will also provide details of the applicant's criminal record, including both

spent and unspent convictions, as well as any cautions, warnings or reprimands they have on their record. Having access to this information will assist AHMA in making a safe recruitment decision.

Applying for DBS checks

Carrying out DBS checks is simple and straightforward. All CRB checks are requested using an online application form with a 3rd party provider.

Once submitted, results are returned, on average, within 48 hours. If the result is clear, then AHMA will be able to view and download a representative copy of the certificate online and a certificate will be posted to the applicant's home address.

Details of all current DBS holders will be held on an AHMA central log.

6. Agencies in Trafford dealing with children and vulnerable adults

Trafford Children's First Response Team are the front door for contacts and referrals regarding the children and families of Trafford, based at Trafford Town Hall. It is a multi-agency team, made up of Social Workers, Health professionals, Police, Education, Domestic Abuse Specialist, and CAMHS.

First Response offer a consultation service to support professionals by offering general advice. No details are shared of the family unless the professional has consent from the family to share but professionals can receive general social work advice. They can also provide advice re the referral process. Hours of opening are 8.30am to 4.30pm Monday to Friday, 0161 912 5125. Outside of these hours, if there is an Emergency, Trafford's Emergency Duty Team can be contacted on 0161 912 2020.

Details of the referral process, and link to the referral form can be found via the following link:

https://www.trafford.gov.uk/residents/children-and-families/worried-about-a-child/trafford-first-response.aspx

Trafford use a five tier Level of Need. Details of this can be found at the following link:

https://www.trafford.gov.uk/residents/children-and-families/worried-about-a-child/Levels-of-Need.aspx

The Local Authority Designated Officer (LADO) is Anita Hopkins.

Details of the LADO referral process can be found via the following link:

https://www.traffordsafeguardingpartnership.org.uk/safeguarding-children-and-young-people/Allegations-Against-Adults-Who-Work-With-Children/allegations-against-adults-who-work-with-children.aspx

Trafford's Strategic Safeguarding Board have their own website. They are a statutory body that coordinate and ensure effective safeguarding across the whole of Trafford for both adults and children. Link to their website below:

https://www.traffordsafeguardingpartnership.org.uk/

7. Breach of policy

Failure to comply with the AHMA safeguarding policy may be managed in a number of ways, depending on the nature and consequences of any incident. In some cases, a combination of responses may be required.

- Local authority co-ordinated safeguarding investigation
- Police investigation
- Referral to the Disclosure & Barring Service (DBS)
- People & Performance disciplinary process
- Serious incident reporting to The Charity Commission
- Internal review or co-operation with an external review