



BREATHE
ARTS HEALTH RESEARCH

Safeguarding and Protection Policy & Procedures

Updated April 2025

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SECTION 1

Breathe Arts Health Research Safeguarding and Protection Policy & Procedures

Everyone has a responsibility to keep children, young people and adults at risk safe. This policy and procedures apply to all staff, trustees, volunteers, or anyone working on behalf of Breathe Arts Health Research and all our service users and visitors.

All concerns about the welfare of a child, young person or adult at risk, including suspicions and allegations of abuse, will be taken seriously and must be reported to the Designated Safeguarding Officer (DSO) who will take the necessary measures to ensure the safety of the child, young person or adult at risk (previously known as a vulnerable adult).

The purpose of this policy and procedures

To give clear guidelines to all staff, trustees, volunteers or anyone working on behalf of Breathe Arts Health Research and all our service users on what to do if you have a concern about a child, young person or adult at risk, including:

- how we aim to safeguard and protect all children, young people and adults at risk
- who to speak to if you have a concern about a child, young person or adult at risk and the roles of the Designated Safeguarding Officers
- how to report a concern about a child, young person or adult at risk
- the types of abuse a child, young person or adult at risk may be at risk of
- the signs and symptoms of different types of abuse
- how to deal with a disclosure of abuse by a child, young person or adult at risk
- how we manage allegations against staff, trustees and volunteers
- how we use safe recruitment measures for all staff, trustees and volunteers to ensure the safety of children, young people or adults at risk using our services
- how we deal with confidentiality, privacy and record keeping
- other agencies we work with to ensure the safety of all children, young people or adults at risk
- whistleblowing and complaints about Breathe Arts Health Research
- anti- bullying measures
- reporting accidents

SECTION 2

We will aim to safeguard and protect all children, young people and adults at risk by:

- Adopting safeguarding guidelines through clear procedures, guidelines and a code of conduct for staff, trustees, volunteers and anyone working on behalf of Breathe Arts Health Research.
- Sharing information about safeguarding and protection and good practice with service users including children, young people, adults at risk parents/carers, staff trustees, volunteers and anyone working on behalf of Breathe Arts Health Research.
- Sharing information about concerns with appropriate agencies and the police, and involving parents/carers, children, young people and adults at risk appropriately. We will take steps to verify the identity of enquirers before sharing information.
- Carefully following the procedures for safer recruitment and selection of staff, trustees, volunteers and anyone working on behalf of Breathe Arts Health Research. We will ensure that they are all checked through the Disclosure and Barring Service (DBS) and that they all have an enhanced up-to-date DBS specifically for Breathe Arts Health Research. A record of all DBS numbers and dates for renewal are held by the central administration office (The Clarence Centre, 6 St George's Circus, London, SE1 6FE).
- Ongoing and up-to-date appropriate safeguarding and protection training for all staff, trustees, volunteers and anyone working on behalf of Breathe Arts Health Research.

Definitions

Child

In England, Northern Ireland and Wales, a child is someone who has not yet reached their 18th birthday. Once they turn 18, they are legally an adult.

Adult at risk

Adults at risk replaces the previously used term 'vulnerable adult' as set out in the government's 'no secrets' guidance in 2010. It is the term used to identify a person who due to their needs for care and support, whether that be permanent or temporary, and whether or not the local authority is meeting any of those needs, who as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

SECTION 3

Who to speak to if you have a concern about a child, young person or adult at risk

If you have any concerns about the welfare or safety of any child, young person or adult at risk using our services, including siblings or other children in the care of parents or carers using our services, then you should speak to the Designated Safeguarding Officers or any member of staff who will support you with your concern.

Photographs of our Designated Safeguarding Officers are displayed on our website, and below is their contact information.

Our Joint Primary Designated Safeguarding Officers (Adults at Risk and Children) are:

Name: Hannah Dye, Head of Programmes

Tel: 0203 290 2013

Email: Hannah@breatheahr.org

Name: Lorna Greenwood, Head of Scalability

Tel: 0203 290 2013

Email: Lorna@breatheahr.org

Our Secondary Designated Safeguarding Officer (Adults at Risk and Children) is:

Name: Drew Potter, Programme Manager, Breathe Magic

Tel: 0203 290 2013

Email: Drew@breatheahr.org

Our Board of Directors 'Safeguarding Representative', John Watt, can be contacted by any of the above Designated Safeguarding Officers.

SECTION 4

The role of the Designated Safeguarding Officers is to:

1. Listen to your concerns, take them seriously and reassure you that all concerns will be dealt with in the appropriate manner and without delay.
2. Obtain information from staff, volunteers, adults, children, or parents and carers who have safeguarding concerns and to record this information using the Breathe Arts Health Research 'Protection/Safeguarding Expression of Concern Form' (Appendix 2)
3. Assess the information quickly and carefully and ask for further information as appropriate to clarify the concern and/or situation involving the child, young person or adult at risk.
4. Consult with a statutory protection agency (specific to the residence of the child/ young person/ adult at risk) such as Southwark Adult Social Care for adults at risk and Southwark Multi Agency Safeguarding Hub (MASH), and/or the NSPCC, for advice and support with any concerns regarding the safety of a child, young person or adult at risk, and to clarify the appropriate next steps to take to protect them. The DSO should contact the relevant service and complete the Breathe Arts Health Research 'Confidential Recording Form' (Appendix 7) as additional information may be needed by these agencies.
5. if it is felt that the child, young person or adult at risk is in danger of immediate harm, the Designated Safeguarding Officer should contact the police without delay and complete the Breathe Arts Health Research 'Confidential Recording Form' (Appendix 7).

To report or discuss a Safeguarding concern related to a child or young person, contact:

The local Multi-Agency Safeguarding Hub (MASH) to where the young person resides

e.g.

Southwark Multi Agency Safeguarding Hub (MASH)

Tel: 020 7525 1921

020 7525 5000 (out of hours)

email: mash@southwark.gov.uk

Additional report information and guidance can be found [here](#).

For advice:

NSPCC Helpline

Tel: 0808 800 5000

email: help@nspcc.org.uk

If immediate danger or harm call the Police on 999

To report a concern about an adult with care and support needs who is experiencing or is at risk of abuse or neglect, contact **their local Adult Social Care service**.

SECTION 5

How to report any concerns about the welfare or safety of a child, young person or adult at risk using our services

Breathe Arts Health Research recognises that not all concerns raised will be child or adult protection issues but are committed to thoroughly investigating all concerns and refer to the appropriate agencies if a child, young person or adult at risk is considered to be at risk of abuse, neglect or harm, including self-harm.

In all instances you should speak directly to the appropriate Designated Safeguarding Officer, this can be face to face or via telephone. You may be asked to email the appropriate Designated Safeguarding Officer using the contact details above, ensure you mark with a high importance tag and write "URGENT & CONFIDENTIAL" in the subject line.

If the most appropriate Designated Safeguarding Officer for Child Protection or Adults is unavailable, then contact the alternative Protection Officer using the contact details above for support and assistance.

If neither is available, then you should speak to a senior member of staff.

A Child Protection Disclosure flow chart is attached at Appendix 4.

It is the right of any individual to make direct referrals to the protection agencies or the police.

If for any reason you are unable to contact the Designated Safeguarding Officers or are unable to share your concerns with anyone within Breathe Arts Health Research or believe that the Designated Safeguarding Officers have not responded appropriately to your concerns, then it is your responsibility to contact the protection agencies above or the police directly in order to safeguard and protect all children, young people and adults at risk.

Using the Breathe Arts Health Research 'Protection/Safeguarding Expression of Concern Form'

(Appendix 2) and 'Body Map Diagram for Recording Injuries Form' (Appendix 3)

These forms are designed to record any physical injuries noticed; details of the child, young person or adult at risk you are concerned about; your name and contact details; the date and time of the concern raised or incident; brief details of the concern or incident; and the action taken by the Designated Safeguarding Officer.

The Designated Safeguarding Officers have hard copies of the form available. There are also hard copies of the form available in each project. An electronic version is available by emailing the Designated Safeguarding and Protection Officers at the above contacts, mark the email with high importance tag if required urgently.

The forms, including the body map, should be completed as soon as possible and within 24 hours of incident or report. The forms must then be shared with the Designated Safeguarding Officer as soon as possible. NB: The Designated Safeguarding Officer should already know about the concern prior to receiving the paperwork.

The '**Breathe Arts Health Research Protection/Safeguarding Expression of Concern Form**' can be used in a number of ways:

1. You can record your concerns about a child, young person or adult at risk on it and hand it directly to the appropriate Designated Safeguarding Officer for action.
2. You can scan a hard copy of the completed form and email it to our designated email addresses marked with high importance and CONFIDENTIAL in the subject line: Please keep the hard copy safe in a sealed envelope marked confidential until you have a receipt response from the sender, you may be asked to send the hardcopy on.
3. You can complete an electronic copy and email it to our designated email addresses: marked with high importance status and CONFIDENTIAL: in the subject line.
4. You can record your concerns about a child, young person or adult at risk on it and place it in a sealed envelope marked 'Confidential' and addressed to the Director. They will ensure it is passed to the appropriate Designated Safeguarding Officer for actioning without delay.

Hannah@breatheahr.org

Lorna@breatheahr.org

Drew@breatheahr.org

The '**Breathe Arts Health Research Body Map Diagram for Recording Injuries Form**' should only be used if you notice any physical injury or injuries on a child, young person or adult at risk you are raising a concern about. You should:

- write the person's details on each page used (name, date of birth, male or female)
- write your name, role/job position on each page you use
- write the date and time of observation
- record in drawing (and words if necessary, for clarification) the injury and the site of the injury or injuries on the appropriate body picture
- sign and date each page
- include all pages used with the 'Breathe Arts Health Research Protection/Safeguarding Expression of Concern Form' and pass to the appropriate Designated Safeguarding Officer for action

SECTION 6

Categories of abuse and how to recognise them

Abuse can take place in any setting, public or private. People may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends, peers and associates, people who deliberately exploit vulnerable people and strangers.

Abuse can take many forms, and incidents of abuse may be one-off or multiple, and affect one person or more. Abuse may also be very subtle and therefore we draw your attention to the following types of abuse which you may come across. Professionals and others should look beyond single incidents or individuals to identify patterns of harm.

All staff, trustees and volunteers of Breathe Arts Health Research will receive appropriate and regular training on the different types of abuse children, young people and adults at risk are at risk of and how to recognise them.

It is their role to identify and report concerns relating to the welfare of all children, young people and adults at risk accessing our services and **not** to decide if any abuse has occurred or to confront any suspected abuser.

There are normally four main categories of abuse:

1. Neglect
2. physical abuse, including domestic abuse
3. emotional or psychological abuse
4. sexual abuse, including harmful sexual behaviour, child sexual exploitation and grooming

Other forms of abuse that usually apply to adults:

1. Financial or material abuse
2. Coercion

Other categories of abuse are:

1. human trafficking
2. female genital mutilation
3. online abuse
4. bullying and cyberbullying
5. extremism
6. spiritual abuse within faith communities
7. forced marriage and honoured based abuse

Recognising abuse can be difficult. It is easy to jump to the wrong conclusions when you are concerned about a child, young person or adult at risk's welfare as not all concerns raised will be abuse. However, this should not prevent you from reporting any concerns, as your one concern may form part of a much bigger worry, from more than one organisation, about a child, young person or adult at risk's welfare. This may help to build up a case that could lead to the individual needing protection from possible or real abuse.

Whilst some categories of abuse have some very clear signs and symptoms, (e.g. physical abuse and neglect) some are much harder to discern (emotional, on-line, bullying) and both abuser and victim may go to extraordinary lengths to hide the abuse.

There are also overlaps between different categories of abuse and more than one type of abuse can have the same or similar signs and symptoms. A child, young person or adult at risk may also be being subjected to more than one type of abuse at the same time so don't hesitate to make your concerns known to the appropriate Designated Safeguarding Officer, a protection agency such as Adult Social Care, NSPCC, Southwark's Multi-Agency Safeguarding Hub or the police.

A full description of the different categories of abuse and the signs and symptoms to look out for are to be found at the end of these procedures in the Appendices section (Appendix 1).

SECTION 7

How to deal with a disclosure of abuse by a child, young person or adult at risk

If a child, young person or adult at risk makes a disclosure of abuse to you this may be the only opportunity they have to tell someone. It is important to ensure that they can feel confident explaining what is happening, or has happened, to them.

The following steps will help you to manage their disclosure and keep them safe:

- Listen carefully to the person. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the individual to 'shut down', retract or stop talking. **DO NOT ASK LEADING QUESTIONS.**
- Let them know they've done the right thing. Reassurance can make a big impact to the person who may have been keeping the abuse secret.
- Tell them it's not their fault. Abuse, especially in the case of a child, is never the child's fault and they need to know this.
- Say you will take them seriously. An individual could keep abuse secret in fear they won't be believed. They've told you because they want help and trust you'll be the person who will listen to and support them.
- Don't talk to the alleged abuser. Confronting the alleged abuser about what the individual told you could make the situation a lot worse for the individual concerned.
- Explain what you'll do next. If age appropriate, or the individual has capacity, explain that you'll need to report the abuse to someone who will be able to help.
- Don't delay reporting the abuse. The sooner the abuse is reported after the disclosure the better. Report as soon as possible so details are fresh in your mind and action can be taken quickly.

Helpful statements to make:

- 'I'm listening to you' (show through body language and signals that you are listening to what the person says).
- 'Thank you for telling me'.
- 'It's not your fault'.

Do not say:

- 'Why didn't you tell anyone before?'
- 'I can't believe it!'
- 'Are you sure that this is true?'
- 'Why? Who? When? Where?'

Never make false promises or say you'll keep it a secret.

Steps to follow in order to report the abuse:

- Make notes as soon as possible (ideally within 1 hour of being told). You should write down exactly what the child, young person or adult at risk has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered).
- You should record the dates, times and when you made the record. All hand written notes should be signed and kept securely. The 'Breathe Arts Health Research Protection/Safeguarding Expression of Concern Form' should be completed as soon as possible but don't delay reporting the abuse.
- You should report your discussion to the appropriate Designated Safeguarding Officer as soon as possible. If this person is implicated you need to report to the alternative Designated Safeguarding Officer, the Director or the Chair of Trustees, a protection agency or the police.
- You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.
- After a child or young person has disclosed abuse the Designated Child Safeguarding Officer will contact the Southwark Multi-Agency Safeguarding Hub (MASH) team or the police to discuss putting safety measures into effect and for advice on whether or not it is safe for the child or young person to return home to what may be a potentially abusive situation. If you suspect that a crime has taken place against a child or young person inform the police as soon as possible.
- Should an adult at risk's mental capacity to make an informed choice about their safety or evaluate their own personal risk of abuse be unclear or suspended, the Designated Safeguarding Officer (Adults at Risk) must contact Southwark's Adult Social Care team for advice. If you suspect that a crime has taken place against an adult inform the police as soon as possible.
- If the adult at risk has capacity, the Safeguarding Champion applying the 6 safeguarding principles (below) that underpin this policy will need to have a conversation with the person concerned to determine the most appropriate action.
- Try to obtain permission to contact the Southwark Adult Safeguarding Helpdesk for advice, reassuring them the 2014 Care Act requires that no action will be taken without their being involved and being allowed to determine the outcomes. Also, that if they wish it MAY be possible to do this without using names.
- If the adult at risk does not wish an incident, or disclosure to be further investigated, or reported to the police, but the Safeguarding Champion still has cause for concern, the Local Authority Adult Safeguarding helpdesk may still be contacted under the confidentiality statement of this policy to obtain advice.

Adults and Capacity

Under the Mental Capacity Act 2005 people must be assumed to have capacity to make their own decisions and be given all practicable help to do so before anyone treats them as not being able to make their own decisions. For adults, this means that they have the capacity to choose how they live and make decisions about their safety, even if we do not agree with certain decisions.

These following six principles inform the ways in which to work with all adults including those at risk.

Empowerment: People being supported and encouraged to make their own decisions and give informed consent. It may sound like this, "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention: It is better to act before harm occurs. It may sound like this, "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality: The least intrusive response appropriate to the risk presented. It may sound like this, "I am sure that the professionals will work in my interest, I see them and they will only get involved as much as needed."

Protection: Support and representation for those in greatest need. It may sound like this, "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. It may sound like this, "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability: Accountability and transparency in delivering safeguarding. It may sound like this, "I understand the role of everyone involved in my life and so do they."

SECTION 8

Support for trustees, staff and volunteers to deal with the aftermath of a disclosure of abuse

At Breathe Arts Health Research we understand that it can be very distressing to hear about the abuse a child, young person or an adult at risk is experiencing or has experienced so we will ensure that you get the necessary support that you need in order for you to process the information you have been given and protect yourself from any mental or emotional distress.

The use of help lines (such as NSPCC), support groups and counselling may help. For example:

Talking Therapies Southwark

Tel: 020 3228 2194

Email: slm-tr.SPTS@nhs.net

Website: <https://talkingtherapiessouthwark.nhs.uk/>

SECTION 9

How we manage allegations against a member of staff or anyone working on behalf of Breathe Arts Health Research.

Breathe Arts Health Research recognises that abuse may be committed by anyone, including members of staff, trustees, and volunteers so will take any concerns relating to alleged abuse or misconduct seriously.

We are committed to fully supporting and protecting anyone, who in good faith reports his or her concern that a colleague (both those employed workers and volunteers) is, or may be, abusing a child, young person or adult at risk.

Where there is a complaint against anyone working on behalf of Breathe Arts Health Research our safeguarding and protection procedures will be followed and will lead to a full investigation. Three types of investigation will be considered:

1. A criminal investigation
2. A social services protection investigation
3. A disciplinary or misconduct investigation

The results of any police and/or social services protection investigations are likely to influence the disciplinary or misconduct investigation. Breathe's Disciplinary and Investigation Procedures are set out in Sections 7 and 11 respectively of the HR Policy Manual and for our volunteers within the Code of Conduct.

Concerns about suspected abuse

1. Any suspicion that a child, young person or adult at risk has been, or is being, abused by anyone working on behalf of Breathe Arts Health Research should be reported to the appropriate Designated Safeguarding Officer, who will take such steps as considered necessary to ensure the safety of the child, young person or adult at risk in question and any other child, young person or adult at risk who may be at risk.
2. If the abuse is on a child or young person the Designated Safeguarding Officer will either refer the allegation to the Local Authority Designated Officer (LADO), who may involve the police, or go directly to the police.
3. The parents or carers of the child, young person or adult at risk will be contacted as soon as possible following advice from the authorities or police.
4. If the otherwise appropriate Designated Safeguarding Officer is the subject of the suspicion/allegation, the report must be either, made to the Director or to the Chair of Trustees, who will refer the allegation to Southwark's Local Authority Designated Officer (LADO), the Adult Social Care Team or the police, or the person raising the concern can contact an appropriate safeguarding or child protection agency or the police directly.

In Southwark the LADO role is based within the Quality Assurance Unit.

Contact numbers:

QAU duty number 020 7525 3297

QAU service manager (LADO) 020 7525 0689

Concerns about poor practice:

1. If, following an investigation, the allegation is clearly about poor practice involving the individual; this will be dealt with as a misconduct issue in an internal disciplinary hearing.
2. If the allegation is about poor practice by the appropriate Designated Safeguarding Officer, or if the matter has been handled inadequately and concerns remain, the Director or the Chair of Trustees will decide how to proceed with the allegation and whether or not the Board of Trustees should initiate disciplinary proceedings.

Internal Enquiries and Suspension

1. On receipt of the report, the Director will make an immediate temporary suspension from activity, pending the resolution of an internal investigation. If the case is not resolved internally, it will be escalated to the police and social services protection inquiries, of any individual accused of abuse or suspected abuse.
2. Irrespective of the findings of any internal, social services protection or police inquiries, Breathe Arts Health Research will assess all individual cases to decide whether the person working on their behalf can be reinstated, and how this can be managed safely and sensitively. This may be

a difficult decision, particularly where there is insufficient evidence to uphold any action by the protection agencies involved or the police. The welfare of the child, young person or adult at risk will remain of paramount importance throughout and in such cases, Breathe Arts Health Research will make a decision based upon the available information.

Breathe's Disciplinary Procedures are set out in Section 7 of the HR Policy Manual.

SECTION 10

Support and Training for Safeguarding and Child Protection

We are committed to ensuring that all Breathe Arts Health Research staff, trustees and volunteers undertake basic on-line safeguarding training, through the local authority, NSPCC, a similar child protection agency or adult at risk support organisation every 3 years. Regular managerial, one to one and team supervision contact will routinely reflect on safeguarding issues, signs and signals in relation to clients and service users and highlight new and emerging best practice. A list of everyone who has completed the appropriate on-line safeguarding training and the date this is due for renewal is held by the Administration Office.

Our lead Designated Safeguarding Officers will have appropriate refresher training on safeguarding and protection for children, young people and adults at risk through the appropriate protection agencies at a level suitable for this role.

SECTION 11

Supervision and monitoring of activities

Before any activity starts, the Designated Safeguarding Officers shall ensure that adequate risk assessments and service user protection procedures are in place and that these are updated regularly.

We expect all staff, trustees, and volunteers to treat all children, young people and adults at risk with dignity and respect in their attitude, language and actions.

We will aim to protect children, young people and adults at risk from abuse and our staff, trustees, and volunteers from false allegations by adopting the following guidelines:

1. A risk assessment of our premises is completed annually and updated as required. All staff, trustees and volunteers are aware of the potential risks to all children, young people and adults attending Breathe Arts Health Research projects.
2. Each parent/carer or young person or adult at risk attending our projects as a participant will have a letter of agreement or a completed registration form as applicable. This registration is deemed as consent to attend and participate in the project.
3. We will keep a register of all attendees at our activities and include arrival and departure times.
4. We will keep a signing in sheet for all adults who are involved with our projects (staff, trustees, volunteers, parents, participants and visitors).

5. Our staff, trustees, volunteers will record any accidents in the accident book and any concerns regarding the welfare of a child, young person or adult at risk using the 'Breathe Arts Health Research Protection/Safeguarding Expression of Concern Form' (Appendix 1).
6. All reported accidents, incidents or cause for concerns should be passed to the appropriate Designated Safeguarding Officer for further action.
7. We carry out enhanced DBS checks (previously CRB) every 3 years for all staff. A record of their DBS numbers and dates of renewal is held by the Administration Office.
8. We recognise that physical touch between adults and children can be healthy and acceptable in public places, particularly participating in therapy and the arts. However, our staff, trustees and volunteers are discouraged from this in circumstances when they are alone with a child, young person or adult at risk. See the staff Code of Conduct contained within the HR Policy Handbook

SECTION 12

Safe recruitment and vetting of staff, trustees, tutors and volunteers

We will aim to ensure, as far as is possible, that anyone, paid or voluntary, who seeks to work with children, young people and adults at risk at our core services or other activities and who gains substantial access to them is as safe to do so in protection terms as possible.

We recognise that in family-based community groups many volunteers are recruited informally on personal recommendation from members. We are aware that while most staff and volunteers are wholly trustworthy and have the interests of the children, young people and adults at risk at heart, informal recruitment can make groups extremely vulnerable to infiltration by people who mean harm.

In recruiting and appointing staff, trustees, and volunteers we will be responsible for the following:

Everyone, prior to appointment, will:

- be given a clear job or role description, setting out expectations for their work and conduct
- show that they meet a person specification for the post or role
- supply the names of two referees who will be contacted personally
- be required to provide evidence of a recent Enhanced Disclosure Barring Services (DBS) (previously Criminal Record Bureau) check on appointment and complete a new enhanced DBS check, specific to Breathe Arts Health Research, on appointment, and every three years thereafter. This will give photographic and other evidence of identity, and includes a formal declaration of any criminal convictions.
- be given a copy of Breathe Arts Health Research's Safeguarding and Protection Policy and Procedures on induction
- be required to complete level one on-line protection awareness training within 1 month of their appointment.

SECTION 13

Prevent Duty & Promoting British Values

From 1st July 2015 all registered later years' childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

Although Breathe Arts Health Research is not regulated under education law, we expect staff to be aware of and know how to contribute to Prevent-related activity in their area where appropriate.

To that end we will work in partnership with the appropriate Prevent Team for guidance and support.

This duty is known as the "Prevent" duty and Breathe Arts Health Research will ensure that we adhere to and achieve the Prevent duty through appropriate Prevent Awareness training.

We will:

1. Provide appropriate training for staff to enable them to identify children and young people who may be at risk of radicalisation.
2. Build the children's resilience to radicalisation by promoting fundamental values (democracy; the rule of law; individual liberty; mutual respect for and tolerance of those with different faiths and beliefs and for those without faith) and enabling them to challenge extremist views.
3. Assess the risk of children, young people and adults at risk of being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.
4. Ensure that our staff, trustees, and volunteers understand the risks so that they can respond in an appropriate and proportionate way.
5. Be aware of the online risk of radicalisation using social media and the internet.
6. Ensure our staff, trustees and volunteers, who have regular contact with children, young people and adults at risk using our services, are alert to changes in an individual's behaviour which could indicate that they may need help or protection (children at risk of radicalisation may display different signs or seek to hide their views).
7. Not carry out unnecessary intrusion into family life but we will act when we observe behaviour of concern.
8. Build up an effective engagement with parents/carers and families (this is important as they are in a key position to spot signs of radicalisation).
9. Assist and advise families and carers who raise concerns with us. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms
10. Staff will be encouraged to undertake Prevent awareness training so that they can offer advice and support to other members of staff.

SECTION 14

Confidentiality, Privacy and Record Keeping

At Breathe Arts Health Research we recognise the importance of keeping personal information about children, young people, adults at risk and their families safe and confidential.

General Data Protection Regulations (GDPR)

In May 2018 the new General Data Protection Regulations (GDPR) came into force with new guidelines about controlling data and processing personal information. We are therefore working

towards complying with these new regulations relating to the information we hold on children, young people, adults at risk and their families, as well as, on all our staff, trustees and volunteers; the way we store and process this information; who we share this information with; individual's consent and privacy; individual's right of access to their personal data and retention of data.

We aim to keep the information we hold about our service users to a minimum and only share this information with those people directly involved in supporting them such as staff and selected volunteers. You can view our full privacy policy on the Breathe Arts Health Research website.

Information we hold includes:

1. Parental consent forms and letters of agreement for children and young people using our services.
2. Child, young person, adult at risk and parent/carer's names and addresses.
3. Parent/carers contact details (phone and email)
4. Child, young person or adult at risk's date of birth and age
5. Child, young person or adult at risk's gender (currently limited to 'male or female')
6. Child or young person's school's names and addresses
7. Adult at risk's further education or employer if applicable
8. Clinical records containing the following will be managed as per Clinical Record Keeping Standard from The Health and Care Professions Council (HCPC) and Royal College of Occupational Therapists (RCOT);
 - a) Details of the child, young person or adult at risk's developmental progress to agreed goals to assist with understanding their needs and to aid our staff in devising an individual plan for them
 - b) Copies of any reports or assessment reports with copies of any assessment work .
 - c) A child, young person or adult at risk's previous and current individual development plans to monitor progress and inform future sessions and to report progress to their parents/carers/social workers.
 - d) Notes/session plans relating to individual children, young people and adults at risk to inform future learning needs

Sensitive information

We understand that some information we hold on children, young people, adults at risk and their families is highly sensitive but are aware that there may be times when this information will need to be shared outside of Breathe Arts Health Research in order to protect the child, young person or adult at risk from any potential harm or abuse.

All sensitive information or documents, both hard copies and/or electronic copies, relating to concerns about the welfare of a child young person or adult at risk will be held securely by the appropriate Designated Safeguarding Officer. This information will be shared with other protection agencies or the police where a child young person or adult at risk is considered at risk of harm from any type of abuse or self-harm.

Retaining personal data

The General Data Protection Regulation states that personal data must be kept "no longer than is necessary for the purposes for which the personal data are processed" [Art.5(1)(e)].

All personal information and information relating to a child or young person's educational progress will be kept for 7 years or until they are 18 years old, whichever is soonest.

All information relating to concerns about a child or young person's welfare or directly related to child abuse, whether proven or not, will be kept until the child or young person reaches the age of 25 years. It is possible that this information may be needed in the future long after our association with the child or young person has ended. Therefore, we have a duty to retain this type of information for longer.

Right of Access to Personal Data

Children have the same rights as adults over their personal data. These include the rights to access their personal data; request rectification; object to processing and have their personal data erased. An individual's right to erasure is particularly relevant if they gave their consent to processing when they were a child.

Whilst we recognise that children may ask about, or ask to have access to, the data we hold on them, in accordance with GDPR guidelines, we reserve the right to refuse this where we make a judgement that the child is not yet mature enough to understand their rights or the information we hold about them. However, we also recognise that in the case of young children these rights are likely to be exercised by those with parental responsibility for them and we will give right of access to the child's data to the person(s) who have parental responsibility for them.

Where we deem a child or young person is sufficiently mature enough to understand their rights and the information we hold on them, and they make a request to access this data, we will make this data available to them.

More information about how we gather, store, and use children, young people and their families' data can be found in our Data Protection policy.

SECTION 15

Other agencies we work with to ensure the safety of all children young people and adults at risk

At Breathe Arts Health Research we recognise that the safety and welfare of all children, young people and adults at risk using our services is of paramount importance. To ensure their safety we work closely with a number of other organisations who are also committed to the safety and welfare of people.

Where appropriate, and with robust controls, we may share information with other organisations. This includes, for example, the Adult Social Work Team, SLAM Psychology Team, the Community Support Team (multi-disciplinary), community and tertiary therapy services and other statutory agencies as well as independent practitioners and case managers.

We work with NHS CCGs, GPs, schools, local statutory and independent therapists and clinicians.

SECTION 16

Whistleblowing and complaints about Breathe Arts Health Research

Breathe Arts Health Research aims to provide the highest standards in terms of safeguarding and protection through our members' exemplary conduct and good practice and the health and safety considerations of our working and recreational environments.

We recognise that everyone using our services and working for and on our behalf is entitled to feel safe, be free from any form of discrimination, treated with dignity and respect, and treated equally and fairly.

If this is found not to be the case, then we expect that this will be drawn to our attention immediately. Therefore, if you have a complaint against Breathe Arts Health Research or any of our staff, trustees, volunteers or anyone working for us or on our behalf then you can report this through our Whistleblowing or Complaints procedures.

Any member of staff, the board of trustees, volunteers or anyone working for us or on our behalf should report concerns using our Whistleblowing procedures. Details on how to do this can be found in Breathe Arts Health Research's Whistleblowing Policy contained within section 11 of the HR Policy Handbook.

Any service user (parents/carers, child, young person, adult at risk) should report concerns using our Complaints procedures. Details on how to do this can be found in Breathe Arts Health Research's HR Policy.

If your concern is related to Breathe Arts Health Research's poor safeguarding and protection practices and you believe a child, young person or adult at risk is at risk of abuse or harm then you should report your concerns directly to Southwark MASH, a child protection agency such as the NSPCC, Southwark Adult Social Care or the police.

SECTION 17

Anti-bully measures

Breathe Arts Health Research recognises that bullying is a form of abuse and as such will not tolerate it and will seek to protect any individual who is being bullied or at risk of bullying whether they are a child, young person or adult. We will support them to deal with the abuse and take such steps as necessary to stop the bullying.

We also recognise that the person who is doing the bullying may also be suffering some form of abuse and will seek to protect them from any real or potential harm and support them to stop their bullying behaviour.

We aim to ensure that all children, young people, adults at risk parents/carers, staff, Trustees and volunteers are protected from bullying by other children, young people, adults at risk, parents/carers, staff, trustees, tutors, and volunteers by adopting Breathe Arts Health Research's Prevention of Bullying and Harassment at Work Policy which is in the HR Policy Manual.

Where bullying is considered a child protection issue, the Designated Safeguarding Officer will follow the procedure for reporting abuse and contact Southwark Multi Agency Safeguarding Hub (MASH) or the NSPCC for advice and support.

SECTION 18

Reporting accidents

Breathe Arts Health Research aims to protect children, young people and adults at risk and keep them safe by adhering to health and safety regulations and maintaining a safe working and creative environment. This protection is extended to all staff, trustees and volunteers and anyone working for and on our behalf as well as any visitor to our classes, projects or events.

However, we also recognise that accidents do happen and that these need to be recorded and medical assistance sought and administered if necessary. Breathe Arts Health Research always has a qualified First Aider available during our classes, projects and events. A First Aid kit and Accident Book is kept at each project.

In the event of a serious injury advice should be sought from a medical practitioner (doctor or nurse) or the ambulance service.

All accidents, no matter how minor, should be recorded in the Accident Book with the following details:

- Date and name of person recording the accident
- Name and age of person injured
- Nature of the injury
- Type of first aid given and by whom
- Any further medical assistance required
- Outcome of accident

It should be signed and dated by the person recording the accident and countersigned by a Breathe Arts Health Research Project Manager or Head of Therapy. Breathe Arts Health Research's First Aiders are not allowed to administer any medication and should call for medical assistance if necessary.

For all medical advice contact: NHS, Tel: 111

For all emergencies contact: Ambulance Service, Tel: 999

Each project manager has an up-to-date list of first aiders.

Breathe Arts Health Research First Aiders:

Lorna Greenwood, Head of Scalability

Tim Osborn, Project Support Officer

Hannah Abraham, Company Administrator

In certain circumstances, medication may be administered by a Clinical Specialist Occupational Therapist who has the appropriate training. This must be pre-arranged with the relevant parents/young person or Adult at risk and with a management plan in place. Specific Administering Medication procedures are in place for these circumstances.

APPENDIX 1

Categories of Abuse

The four main categories of abuse:

- i. Neglect
- ii. Physical abuse, including domestic abuse
- iii. Emotional or psychological abuse
- iv. Sexual abuse, including harmful sexual behaviour, child exploitation and grooming

Other categories of abuse are:

- v. Child trafficking
- vi. Female genital mutilation
- vii. Online abuse
- viii. Bullying and cyberbullying
- ix. Extremism
- x. Spiritual abuse within faith communities
- xi. Financial or material abuse
- xii. Forced marriage and honour based abuse

Children, young people and adults at risk may be subjected to one or more types of abuse at the same time and some forms of abuse have the same or similar signs and symptoms. If you believe a child, young person or adult at risk is, or is at risk of, being abused then check the signs and symptoms in more than one category of abuse so that you can be more informed about what may be happening to them.

Do not delay in reporting your concerns to the appropriate Designated Safeguarding Officer, a child protection agency, adult social care or the police. Any concern is worth reporting.

Definitions of child abuse and signs and symptoms of abuse.

The following definitions are taken from 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children'. HM Government 2018 and the NSPCC: 'Preventing Abuse' guidelines:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect>

i. Neglect

Neglect is the persistent failure to meet a child, young person or adult at risk's basic physical and/or psychological needs, likely to result in the serious impairment of the individual's health or development. It may be through a lack of knowledge or awareness, or through a decision not to act when they know the individual in their care needs help.

Neglect may also occur during pregnancy as a result of maternal substance abuse. Once a child is born or in the case of young people or adults at risk, neglect may involve a parent, carer, institution etc. failing to:

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

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

Signs and symptoms

Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child, young person or adult at risk.

Having one of the signs or symptoms below doesn't necessarily mean that a child, young person or adult at risk is being neglected. But if you notice multiple, or persistent, signs then it could indicate there's a serious problem. Individuals who are neglected may have:

- Poor appearance and hygiene (smelly, dirty, inadequate clothing, hungry)
- Health and development problems (medical/dental issues, skin complaints, tiredness, children not reaching normal milestones or having poor language and communication skills)
- Housing and family issues (unsuitable home/care environment, being left alone for a long time, being a carer for a family member)

For more in-depth information, visit:

<https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/neglect/signs-symptoms-effects-neglect/>

<https://www.nidirect.gov.uk/articles/recognising-adult-abuse-exploitation-and-neglect>

ii. Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child, young person or adult at risk.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (known as 'Munchausen Syndrome by proxy' after the person who first identified this situation). It is also sometimes known as Fabricated or Induced Illness (FII).

Signs and symptoms

There's isn't one sign or symptom to look out for that will indicate a child, young person or adult at risk is definitely being physically abused.

Everyone from time to time will have accidents, trips and falls so bumps and bruises don't necessarily mean an individual is being physically abused. However, if a child, young person or adult at risk often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

Individuals who are physically abused may have:

Different types of bruises (possibly with different stages of healing):

- On the head, ear, neck, abdomen, back and buttocks
- Defensive wounds on arms, legs, hands and feet
- Clusters of bruises
- Bruises with dots of blood under the skin
- Bruises in the shape of a hand or object
- Bruised scalp or swollen eyes

Burns and scalds from hot liquids, hot objects, flames, chemicals or electricity:

- On the hands, back, shoulders or buttocks
- Scalds may be on lower limbs, both arms and/or both legs
- A clear edge, sometimes in the shape of an implement (e.g. a circular cigarette burn)
- Multiple burns and scalds (possibly with different stages of healing)

Bite marks which are:

- Visible wounds
- Oval or circular in shape
- Show indentations of individual teeth

Fractures or broken bones:

- Especially to the ribs (or leg bones in babies)
- More than one and at different stages of healing

Other injuries and health problems including:

- Scarring
- Effects of poisoning (vomiting, drowsiness or seizures)
- Respiratory problems (from drowning, suffocation or poisoning)

For more in-depth information, go to:

<https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/physical-abuse/signs-symptoms-effects/>

<https://www.scie.org.uk/safeguarding/adults/preventing-abuse-neglect>

Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It includes emotional, physical, sexual, financial or psychological abuse.

Abusive behaviour can occur in any relationship and can continue even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children, young people and adults at risk. Witnessing domestic abuse is child abuse, and teenagers can go on to suffer domestic abuse in their relationships. The effects of domestic abuse can last into adulthood.

Domestic abuse can include:

- Sexual abuse and rape (including within a relationship).
- Punching, kicking, cutting and hitting with an object.
- Withholding money or preventing someone from earning money.
- Taking control over aspects of someone's everyday life, which can include where they go and what they wear.
- Not letting someone leave the house.
- Reading emails, text messages or letters.
- Threatening to kill or harm them, a partner, another family member or pet.

Witnessing domestic abuse is really distressing and frightening for any child, young person and adult at risk and causes serious harm. Individuals living in a home where domestic abuse is happening are at risk of other types of abuse too. They may not realise that what's happening is abuse and even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

Children, young people and adults at risk can experience domestic abuse or violence in lots of different ways.

They might:

- See the abuse.
- Hear the abuse from another room.
- See a parent's injuries or distress afterwards.
- Be hurt by being nearby or trying to stop the abuse.

Signs and symptoms

It's often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children, young people and adults at risk who witness domestic abuse may:

- Become aggressive or more aggressive than usual.
- Display anti-social behaviour.
- Suffer from depression or anxiety
- Not do as well at school or other settings due to difficulties at home or disruption of moving to and from refuges

For more in-depth information, go to: <https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/domestic-abuse/signs-symptoms-effects/>

<https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf>

iii. Emotional abuse

Emotional or psychological abuse is the persistent emotional maltreatment of a child, young person or adult at risk such as to cause severe and persistent adverse effects on the individual's emotional development.

It may:

- Involve conveying to a child, young person or adult at risk that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Include not giving the child, young person or adult at risk opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Feature age or developmentally inappropriate expectations being imposed on children, young people or adults at risk. These may include interactions that are beyond an individual's developmental capability, as well as overprotection and limitation of exploration and learning, or the individual participating in normal social interaction.
- Involve seeing or hearing the ill-treatment of another.
- Involve serious bullying (including cyber bullying), causing the individual frequently to feel frightened or in danger, or the exploitation or corruption of children, young people or adults at risk.

Some level of emotional abuse is involved in all types of maltreatment of a child, young person or adult at risk though it may occur alone. As there's an element of emotional abuse in all other types of abuse and neglect, it can be difficult to spot the signs and to separate what's emotional abuse from other types of abuse.

However, emotional abuse includes:

- Humiliating or constantly criticising a child, young person or adult at risk

- Threatening, shouting at a child, young person or adult at risk or calling them names
- Making the child, young person or adult at risk the subject of jokes, or using sarcasm to hurt them
- Blaming, scapegoating
- Making a child, young person or adult at risk perform degrading acts
- Not recognising a child, young person or adult and risk's own individuality and/or trying to control their lives
- Pushing a child, young person or adult at risk too hard or not recognising their limitations
- Exposing a child, young person or adult at risk to distressing events or interactions such as domestic abuse or drug taking
- Failing to promote a child, young person or adult at risk's social development
- Not allowing them to have friends
- Persistently ignoring them
- Being absent
- Manipulating a child, young person or adult at risk
- Never saying anything kind, expressing positive feelings or congratulations on successes
- Never showing any emotions in interactions which can also be known as emotional neglect

Signs and symptoms

There often aren't any obvious physical symptoms of emotional abuse or neglect but you may spot signs in an individual's actions or emotions. Changes in emotions are a normal part of growing up, so it can be really difficult to tell if a child or young person is being emotionally abused. Babies and pre-school children who are being emotionally abused or neglected may:

- Be overly affectionate towards strangers or people they haven't known for very long.
- Lack confidence or become wary or anxious.
- Not appear to have a close relationship with their parent (e.g. When being taken to or collected from nursery etc.)
- Be aggressive or nasty towards other children and animals.

Older children and young people may:

- Use language, act in a way or know about things that you wouldn't expect them to know for their age.
- Struggle to control strong emotions or have extreme outbursts.
- Seem isolated from their parents or carers
- Lack social skills or have few, if any, friends
- Suffer from depression, anxiety and lack of confidence
- Self-harm

Emotional abuse is often seen as less serious than other forms of abuse and neglect because it has no immediate physical effects. However, over time emotional abuse can have serious long-term effects on a child, young person or adult at risk's social, emotional and physical health and development.

For more in-depth information, go to:

<https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/emotional-abuse/emotional-abuse-signssymptoms-effects/>

<https://www.relate.org.uk/relationship-help/help-relationships/arguing-and-conflict/what-emotional-abuse>

iv. Sexual Abuse

Sexual abuse involves forcing or enticing a child, young person or adult at risk to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.

Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Signs and symptoms

Children, young people and adults at risk who are sexually abused may stay away from certain people and may:

- avoid being alone with people, such as family members or friends
- seem frightened of a person or reluctant to socialise with them

Show age inappropriate sexual behaviour by:

- being sexually active at a young age
- being promiscuous
- using sexual language or knowing information that you wouldn't expect them to

Have physical symptoms, such as:

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy

For more in-depth information, go to: <https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/child-sexual-abuse/signs-symptoms-effects/>
<http://asg.returnonideas.co.uk/topics/what-is-sexual-abuse/>

Harmful sexual behaviour (HSB)

Children and young people who develop harmful sexual behaviour harm themselves and others. This includes any person under 18 or under 25 who has special educational needs or a disability and who displays inappropriate sexual behaviour.

Sexual behaviour between children is also considered harmful if one of the children is much older, particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't.

However, a younger child can abuse an older child, particularly if they have power over them (e.g. if the older child is disabled).

Harmful sexual behaviour includes:

- Using sexually explicit words and phrases
- Inappropriate touching
- Using sexual violence or threats
- Full penetrative sex with other children or adults

Children and young people who behave in a sexually harmful way may have been abused in the past. Sometimes a child's reaction to past abuse can lead to them developing harmful sexual behaviour.

To understand whether or not a child or young person's sexual behaviour falls within their age appropriate sexual development, it is necessary to know what the expected norms for this might be. Any sexual behaviour outside of these norms, which is not related to a child or young person's delayed development, may be considered harmful sexual behaviour (HSB).

Signs and symptoms

There are 4 phases of childhood sexual development: 0-4 years; 5-9 years; 10-12 years; 13-16 years. Just like every other part of growing up, some children mature sooner or later than others and children with developmental delays may not stick to these age guides.

0-4 years old

Even at this stage, sexual behaviour emerges through actions like:

- Kissing and hugging.
- Showing curiosity about private body parts.
- Talking about private body parts and using words like poo, willy and bum
- Playing "house" or "doctors and nurses" type games with other children
- Touching, rubbing or showing off their genitals or masturbating as a comforting habit

5-9 years old

As children get a little older, they become more aware of the need for privacy while also:

- Kissing and hugging.
- Showing curiosity about private body parts but respecting privacy.
- Talking about private body parts and sometimes showing them off.
- Trying to shock by using words like poo, willy and bum.
- Using swear and sex words they've heard other people say.
- Playing "house" or "doctors and nurses" type games with other children.
- Touching, rubbing or showing others their private parts

10-12 years old

Children are getting more curious about sex and sexual behaviour through:

- Kissing, hugging and 'dating' other children.
- Being interested in other people's body parts and the changes that happen in puberty.
- Asking about relationships and sexual behaviour.
- Looking for information about sex, this might lead to finding online porn masturbating in private

13-16 years old

As puberty kicks in, sexual behaviour becomes more private with:

- Kissing, hugging, dating and forming longer-lasting relationships.

- Being interested in and asking questions about body parts.
- Relationships and sexuality.
- Using sexual language and talking about sex with friends.
- Looking for sexual pictures or online porn.
- Masturbating in private and experimenting sexually with the same age group.
- Taking part in sex.

If you're unsure whether a behaviour is healthy, Brook provide a helpful, easy to use traffic light tool: <https://www.brook.org.uk/our-work/the-sexualbehaviours-traffic-light-tool>.

The traffic light system is used to describe healthy (green) sexual behaviours, potentially unhealthy (amber) sexual behaviours and unhealthy (red) sexual behaviours for children and young people from 0-17 years of age.

For more information, visit:

<https://www.nspcc.org.uk/preventing-abuse/childabuse-and-neglect/harmfulsexualbehaviour/signs-symptoms-effects/>

<https://www.nice.org.uk/guidance/ng55>

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.

Signs and symptoms

Sexual exploitation can be very difficult to identify as warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may:

- Go missing from home, care or education.
- Be involved in abusive relationships, intimidated and fearful of certain people or situations.
- Hang out with groups of older people, or antisocial groups, or with other vulnerable peers.
- Associate with other young people involved in sexual exploitation.
- Get involved in gangs, gang fights, gang membership.
- Have older boyfriends or girlfriends.
- Spend time at places of concern, such as hotels or known brothels.
- Not know where they are, because they have been moved around the country.
- Be involved in petty crime such as shoplifting.
- Have unexplained physical injuries.
- Have a changed physical appearance, (e.g. weight loss or gain).
- Multiple sexual partners

They may also show signs of sexual abuse or grooming.

For more in-depth information, visit:

<https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/child-sexual-exploitation/signs-symptoms-andeffects/>

Grooming

Grooming is when someone builds an emotional connection with a child or young person to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Groomers may be male or female and could be of any age. While grooming is most associated with child sexual abuse, it is also possible for adults, especially adults at risk to be groomed – or prepared – for abuse.

Children, young people and adults at risk can be groomed online or face-to-face, by a stranger or by someone they know (a family member, friend or professional). Many children and young people don't understand that they have been groomed or that what has happened to them is abuse.

It is not known how common grooming is because often children, young people or adults at risk don't tell anyone what is happening to them.

They may not speak out because they are:

- Ashamed
- feeling guilty
- unaware that they're being abused
- believe they are in a relationship with a 'boyfriend' or 'girlfriend'

Signs and symptoms

The signs of grooming aren't always obvious, and groomers will often go to great lengths not to be identified. In older children or adults at risk, signs of grooming can easily be mistaken for 'normal' teenage or adult behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age or development level.

If a child, young person or adult at risk is being groomed they may:

- be very secretive, including about what they are doing online
- have older boyfriends or girlfriends
- go to unusual places to meet friends
- have new things, such as, clothes or mobile phones that they can't or won't explain
- have access to drugs and alcohol

For more in-depth information, visit:

<https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/grooming/>

<https://www.survivorsuk.org/question/grooming/>

v. Child trafficking

Child trafficking and modern slavery are child abuse. Children and young people are recruited, moved or transported and then exploited, forced to work or sold.

Trafficked children and young people experience multiple forms of abuse and neglect. Physical, sexual and emotional violence are often used to control victims of trafficking. They are also likely to be physically and emotionally neglected.

They are trafficked for:

- Child sexual exploitation
- Benefit fraud
- Forced marriage
- Domestic servitude such as cleaning, childcare, cooking
- Forced labour in factories or agriculture

- Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft

Many children and young people are trafficked into the UK from abroad, but they can also be trafficked from one part of the UK to another.

Traffickers work as a network of individuals and groups. Each group or individual has a different role or task. Some people in the chain might not be directly involved in trafficking a child but play a part in other ways such as falsifying documents, bribery, owning or renting premises or money laundering. Child trafficking is a hidden crime and not much is known about who trafficks children and young people. What is known comes from small scale studies and the NSPCC's work with young people who have been trafficked.

Although it is a criminal offence prosecution of traffickers is rare and where trafficking happens across international borders, traffickers might be prosecuted in their home country so it will not be recorded as a UK prosecution.

It's difficult to prosecute traffickers because:

- legislation may be ineffective or may not exist
- victims may be afraid or reluctant to give evidence
- trafficking networks can make it difficult to gather evidence on individuals

Under the Modern Slavery Act 2015, (HM Government 2015), all current offences relating to trafficking and slavery are consolidated in order to tackle this (<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>).

Signs and symptoms

Signs that a child or young person has been trafficked may not be obvious, but you might notice unusual behaviour or events.

These include a child or young person who:

- spends a lot of time doing household chores
- rarely leaves their house, has no freedom of movement and no time for playing
- is orphaned or living apart from their family, often in unregulated private foster care
- lives in substandard accommodation
- isn't sure which country, city or town they're in
- is unable or reluctant to give details of accommodation or personal details
- might not be registered with a school or a GP practice
- has no documents or has falsified documents
- has no access to their parents or guardians
- is seen in inappropriate places such as brothels or factories
- possesses unaccounted for money or goods
- is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- has injuries from workplace accidents
- gives a prepared story which is very similar to stories given by other children

Children and young people who have been trafficked may find it difficult to tell anyone what's happened to them. They may also tell their stories with obvious errors, inconsistencies or a lack of reality. Many victims of child trafficking don't speak English.

Children and young people are often too scared to speak out.

They may be frightened of:

- what will happen to themselves, their friends and their family
- all adults and authorities
- being prosecuted for a crime
- being returned to their home country where their situation may be even worse
- Juju or witchcraft rituals performed during their experiences
- judgement from their community and families

They may also feel very guilty or ashamed about the abuse they've suffered. Some traffickers compose stories for victims to learn in case they are approached by the authorities. If a child is suffering from Post-Traumatic Stress Disorder (PTSD) they may have difficulty in recalling details or have blanks in their memory.

For more in-depth information, visit: <https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/child-trafficking/signs-symptoms-effects/>

vi. Female genital mutilation (FGM)

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Different types of FGM

The term FGM covers all harmful procedures to the female genitalia for nonmedical purposes. There are 4 types - all are illegal and have serious health risks:

- pricking or cauterizing the genital area, through partial or total removal of the clitoris (both can risk serious health problems for girls and women)
- cutting the lips (the labia) using instruments such as a knife, pair of scissors, scalpel, glass or razor blade
- narrowing the vaginal opening
- Labia elongation, also referred to as labia stretching or labia pulling, which involves stretching the labia minora, sometimes using sticks, harnesses or weights.

FGM is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Reporting requirements

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18s to the police (Home Office, 2016).

Signs and symptoms

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may become aware of:

- a long holiday abroad or going 'home' to visit family
- relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt

Other signs a teacher or school may notice

- a family arranging a long break abroad during the summer holidays
- unexpected, repeated or prolonged absence from school
- academic work suffers

A child may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

Indicators FGM may have taken place. A girl or woman who's had female genital mutilation (FGM) may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear

The physical effects of FGM

FGM can be extremely painful and dangerous. It can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections that can cause death in some cases

Girls and women who have had FGM may suffer medical, emotional and mental health problems that continue through adulthood. A dedicated Helpline is available, offering information, advice and support, for anyone who is concerned a child or young woman's welfare is at risk because of FGM: Phone: 0800 028 3550

For more in-depth information, visit:

<https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/female-genital-mutilation-fgm/signssymptoms-and-effects/>

vii. Online abuse

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children, young people and adults at risk may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

Children, young people and adults at risk can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming) or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children, young people and adults at risk can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

Reporting illegal content

If you see, or know of, any explicit images of children or young people on the internet then you can report them anonymously to the 'Internet Watch Foundation' (<https://www.iwf.org.uk/>) who work with the police to remove them.

3 types of abuse happen online:

- cyberbullying
- grooming
- child sexual abuse

viii. Bullying and Cyberbullying

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images or videos.

Children, young people and adults at risk may know who's bullying them online. It may be an extension of offline peer bullying or they may be targeted by someone using a fake or anonymous account. It's easy to be anonymous online and this may increase the likelihood of engaging in bullying behaviour.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - the sending of menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular individual
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name
- sending explicit messages, also known as sexting
- pressuring children, young people or adults at risk into sending sexual images or engaging in sexual conversations

<https://www.bullying.co.uk/cyberbullying/>

Grooming

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a child, young person or adult at risk.

They can spend time learning about an individual's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with person they are targeting.

Groomers may look for:

- usernames or comments that are flirtatious or have a sexual meaning
- public comments that suggest a child, young person or adult at risk has low self-esteem or is vulnerable
- groomers don't always target a particular child. Sometimes they will send messages to hundreds of people and wait to see who responds

Groomers no longer need to meet children, young people and adults at risk in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

Child sexual abuse

When sexual exploitation happens online, children and young people may be persuaded, or forced, to:

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity.

Images or videos may continue to be shared long after the sexual abuse has stopped.

They may be experiencing abuse online if they:

- spend lots, much more or much less time online, texting, gaming or using social media
- are withdrawn, upset or outraged after using the internet or texting
- are secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or e-mail addresses on their mobile phone, laptop or tablet

For more in-depth information, visit:

<https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/online-abuse/signs-symptoms-effects/>

Bullying and cyberbullying

Bullying is behaviour that hurts someone else, such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere: at school, at home or online. It's usually repeated over a long period of time and can hurt a child, young person or adult at risk both physically and emotionally.

Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. An individual can feel like there's no escape because it can happen wherever they are, at any time of day or night.

Signs and symptoms

It can be hard for adults, including parents and carers, to know whether or not a child, young person or adult at risk is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might think that they deserve to be bullied, or that it's their fault.

You can't always see the signs of bullying and no one sign indicates for certain that a child, young person or adult at risk is being bullied however there are indicators you should look out for.

These include:

- belongings getting "lost" or damaged
- physical injuries such as unexplained bruises
- being afraid to go to the project, being mysteriously 'ill' each morning, or skipping appointments at the project
- not doing as well at the project
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence, or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others

Bullying can have devastating effects which can last into adulthood. At its worst, bullying has driven children, young people and adults at risk to self-harm and even suicide.

All children who are affected by bullying can suffer harm, whether they are bullied, they bully others, or they witness bullying.

Children, young people and adults at risk who are bullied are more at risk of developing mental health problems, including depression and anxiety. Those at the highest risk are those who are both bullied, and who bully others.

Children, young people and adults at risk who are bullied also:

- have fewer friendships
- aren't accepted by their peers
- are wary and suspicious of others
- have problems adjusting to project settings and don't do as well as their peers

Children, young people and adults at risk who bully are at increased risk of:

- substance misuse
- academic problems
- violent behaviour in later life

Children and young people and adults at risk who witness bullying may show similar signs as those who are being bullied. They may:

- become reluctant to go to the project
- be frightened or unable to act
- feel guilty for not doing anything to help

For more in-depth information, go to: <https://www.nspcc.org.uk/preventingabuse/child-abuse-and-neglect/bullying-and-cyberbullying/signs-symptomseffects/>

ix. Extremism and radicalisation

Extremism goes beyond terrorism and includes people who target the vulnerable, including the young and adults at risk, by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as 'the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs'. Calls for the death of members of our armed forces are also regarded as extremist.

What is Radicalisation?

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

This could happen to children, young people or adults at risk if they feel:

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

A child, young person or adult at risk who has been radicalised might believe that sexual, religious or racial violence is OK. They may be influenced by what they see online, and they might have links to extreme groups that preach hate like Nazi groups or Islamic extremists like Daesh, also known as ISIS or IS.

Having extreme views can be dangerous and this can often lead children, young people and adults at risk into harmful and illegal activities involving violence, attacks, discrimination or hate, for which they could be arrested or sent to prison. This can then affect their future.

Signs and symptoms

Radicalisation can be really difficult to spot. Signs that may indicate a child, young person or adult at risk is being radicalised include:

- isolating themselves from family, friends and carers
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use
- Children, young people and adults at risk who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family

However, these signs don't necessarily mean a child, young person or adult at risk is being radicalised as it may be normal teenage behaviour or a sign that something else is wrong.

For more in-depth information, visit:

<https://childline.org.uk/info-advice/yourfeelings/anxiety-stress-panic/worries-about-the-world/>

<https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicatedhelplines/protecting-children-from-radicalisation>

<https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf>

x. Spiritual abuse within faith communities

Religious and spiritual abuse can happen in the context of domestic abuse or within faith communities and is also a form of emotional or psychological abuse. It occurs when a person is prevented from carrying out their religious or spiritual practices, is forced to engage in activities that conflicting with their beliefs or are being treated differently to others, by their peers or those in authority, within their own faith community.

It may include:

- preventing someone from attending their place of worship
- religious discrimination
- preventing someone from worshipping at all or in the way they wish to
- forcing someone to attend ceremonies for a religion which they do not practice
- forcing someone to eat foods that are forbidden by their religion
- destroying someone's religious texts and articles
- mockery and verbal abuse of their religion
- forcing someone to act in a way which negates their religion
- forcing someone to relinquish their religion
- forcing someone to partake in a spiritual activity or belief which they do not wish to
- using their religious or spiritual beliefs to control their behaviour,
- manipulate or exploit them
- faith leaders using their authority to manipulate, exploit or abuse them in other ways (bullying, online abuse, sexual abuse etc.)
- forcing a person to believe they are possessed by an evil spirit and abusing them in an effort to exorcise the spirit

A person's religious and spiritual beliefs are personal to them and children, young people and adults can develop their own religious and spiritual beliefs from a young age. In many instances these are formed within their family network but may be developed independently when their family have no particular religious or spiritual beliefs or do not belong to a faith community.

Understanding more about an individual's faith and the role faith plays in family life is important for anyone working with children, adults at risk, families or communities.

It can help when considering appropriate ways to approach conversations around the protection and safety of the individual. The safeguarding of children, young people and adults at risk should be the focus of all actions.

Children, young people and adults at risk need to be protected irrespective of cultural sensitivities and under UK law, different practices are no excuse for abuse or neglect.

Signs and symptoms

It is difficult to recognise when a child, young person or adult at risk is being abused on the grounds of their religious or spiritual views, as generally people do not have enough background knowledge of different faith groups' beliefs and practices or cultural traditions, even if they belong to a particular faith group.

However, a child, young person or adult at risk may:

- say their family make them to go a place of worship when they don't want to
- say they 'have to' read religious texts or go to faith classes to learn more about their faith when they don't want to
- say they are being made fun of by family members, friends, peers, other people or people within their faith community because of what they believe in and/or how they express this through their behaviour or dress
- say they are 'bad' because they have an evil spirit in them
- say they are punished because of what they believe or because they are possessed by an evil spirit
- say they must do things for a faith leader, or within their place of worship or faith community, which seem inappropriate for their age or which are clearly another form of abuse

It can be usual for families to insist their children, teenagers and adults at risk attend worship, read their faith's religious texts and to attend classes to learn more about their faith. It is also usual for children, young people and adults at risk to not want to do these things as they get older and develop their own views on religion and spiritual matters. This is not necessarily religious and spiritual abuse or a cause for concern about the individual's welfare but may be an indicator of this or another type of abuse.

As religious or spiritual abuse is related to other forms of abuse then it may be highlighted through the signs and symptoms of other types of abuse or neglect. It is of utmost importance that if you have any concerns about the welfare of a child, young person or adult at risk that you report this without delay to either the appropriate Designated Safeguarding Officer, a safeguarding and protection agency or the police.

The NSPCC works with faith communities in order to safeguard children and young people and their website has further information on this and some helpful videos about safeguarding in faith communities.

For more in-depth information, visit:

<https://www.nspcc.org.uk/preventing-abuse/safeguarding/safeguarding-faithcommunities>

<https://vcf-uk.org/>

xi. Financial and Material abuse

This form of abuse most commonly occurs in adults and it is defined as the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation.

Types of financial or material abuse can include the following:

- Theft of money or possessions
- Fraud
- Preventing a person from accessing their own money or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Someone moving into a person's home and living rent free without agreed financial arrangements
- False representation, using another person's bank account, cards or documents.
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority

Signs and symptoms

It is important not to jump to the wrong conclusions too quickly, however the following is a list of possible indicators of financial abuse:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the adult at risk's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

xii. Forced marriage

Everyone has the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when a person faces physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if they're made to feel like you're bringing shame on the family).

Forced marriage is illegal in England and Wales.

This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Contact the FMU if you know someone who's been taken abroad to be forced into marriage.

Give as many details as you can, for example:

- where the person has gone
- when they were due back
- when you last heard from them

Contact the Forced Marriage Unit (FMU) if you're trying to stop a forced marriage or an individual needs help leaving a marriage they've been forced into.

Forced Marriage Unit

Email: fmu@fco.gov.uk

Telephone: 020 7008 0151

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/crime-law/forced-marriage/>

APPENDIX 2

Individual's Protection/Safeguarding Expressions of Concern Form

This form should be completed when there is cause for concern and given to the appropriate Safeguarding and Protection Officer as soon as possible.

DETAILS OF PERSON:
Name: Date of Birth:
DETAILS OF THE PERSON REPORTING CONCERNS:
Full name: Post/Role:

**Do these concerns related to a specific incident/disclosure, if YES complete Section A;
if NO omit Section A and move straight to Section B.**

<u>SECTION A</u>
Date and Time of Incident/Disclosure: Location of Incident/Disclosure: Date this form was completed: Other persons present: <i>(please use full names and roles where possible)</i>

<u>SECTION B</u>
Details of concern/disclosure/incident <i>(continue on a separate sheet if needed; attach to this form; sign and date all sheets):</i> (what was said; observed; reported) Action Taken: (what did you do following the incident/disclosure/concern) Any other relevant information:

--

Signed:

Date:

Full Name:

For completion by the Designated Safeguarding Officer (DSO)

DSO RESPONSE

Action taken by DSO:

Rationale for decision making/actions taken:

Outcome of action taken by DSO:

Follow up action by DSO:

Feedback given to person reporting the concerns:

Signed by DSO:

Date:

Full Name:

Checklist:

- Concern: is it described in sufficient detail?
- Distinguished between fact, opinion and hearsay?
- Are individual's own words used? (swear words, insults or intimate vocabulary should be written down verbatim)
- Is the account jargon free?
- Free from discrimination/stereotyping or assumption?
- Was the concern recorded and passed to DSOS in a timely manner?
- Inform Director

APPENDIX 3

‘Child and Adult’s Body Map’ diagram for recording injuries

Body Map Guidance:

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. These forms can be used by anyone reporting a concern.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

*At no time should an individual tutor/staff member or volunteer take photographic evidence of any injuries or marks to an individual, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Services and/or Police directly and Breathe Arts Health Research’s appropriate Safeguarding and Protection Officer should be informed as soon as possible.

When you notice an injury, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimeters or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the individual feel hot?
- Does the individual feel pain?
- Has the individual’s body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record.

A copy of the body map should be kept on the individual’s concern/confidential file which will be held by the appropriate Breathe Arts Health Research’s Safeguarding and Protection Officer. Please ensure that you use the appropriate body map for the individual concerned.

Child Body Map

Name of individual:

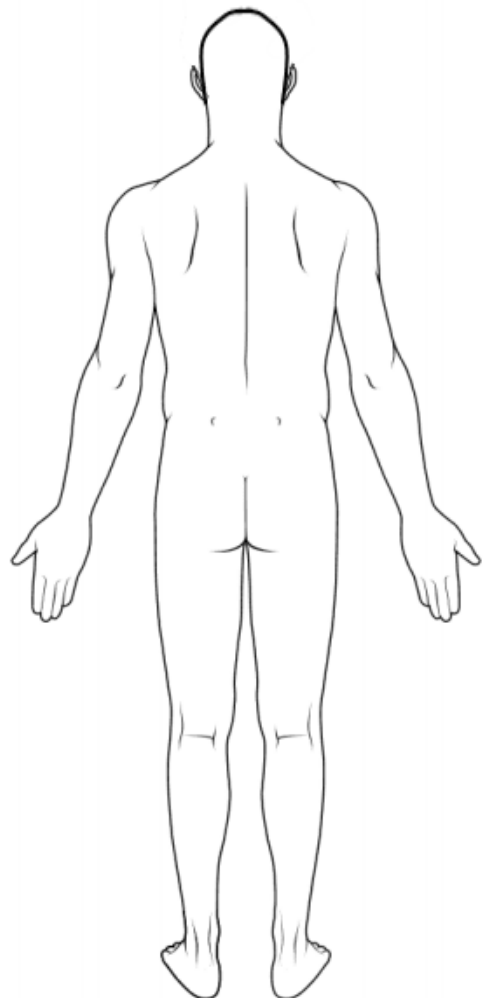
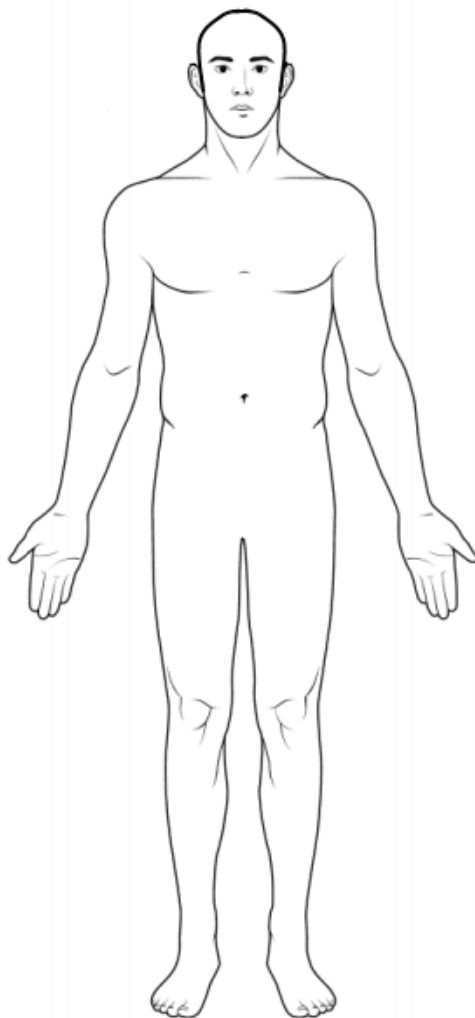
Name of Staff:

Date and time of observation:

Date of Birth:

Male, Female, Other:

Job title:



Signature:

Print Name:

Job title:

Date:

Name of individual:

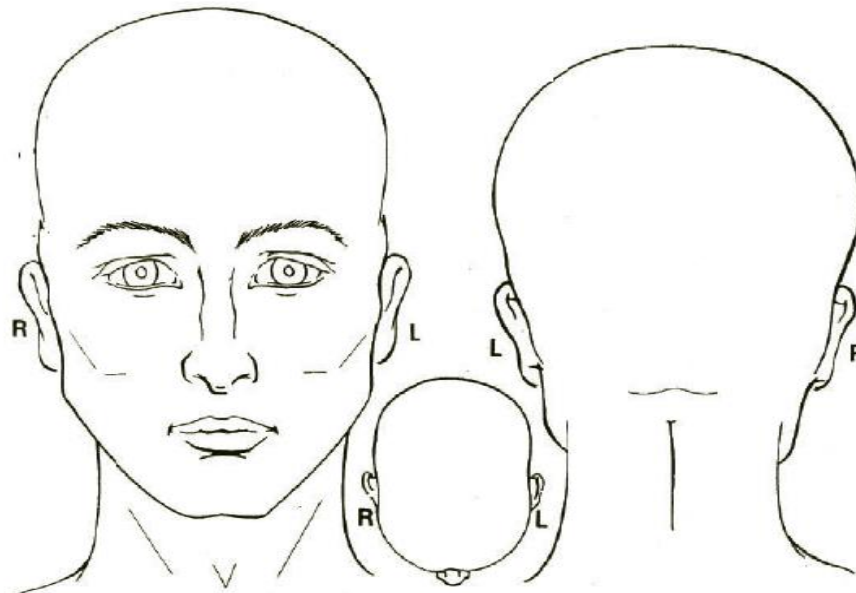
Date of Birth:

Name of Staff:

Male, Female, Other:

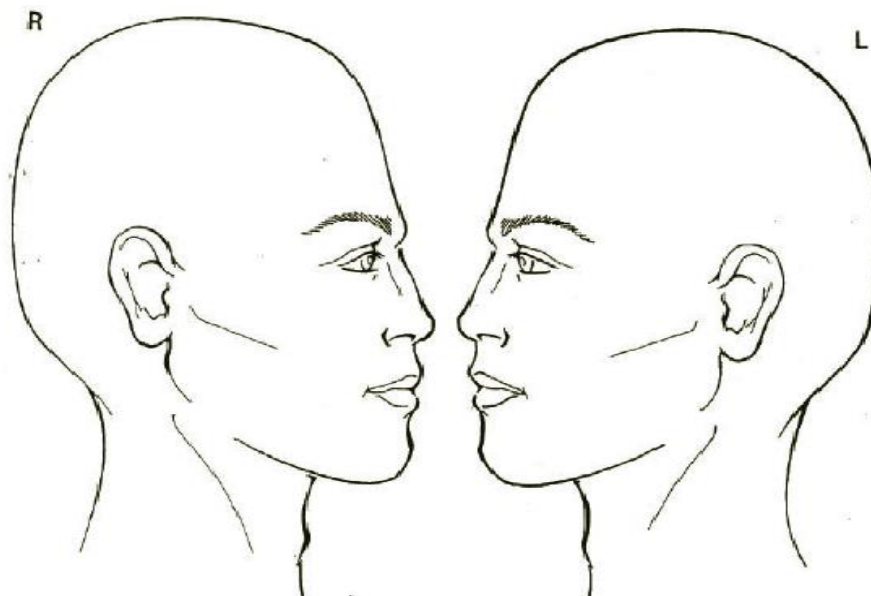
Job title:

Date and time of observation:



FRONT

BACK



RIGHT

LEFT

Signature:

Job title:

Print Name:

Date:

Name of individual:

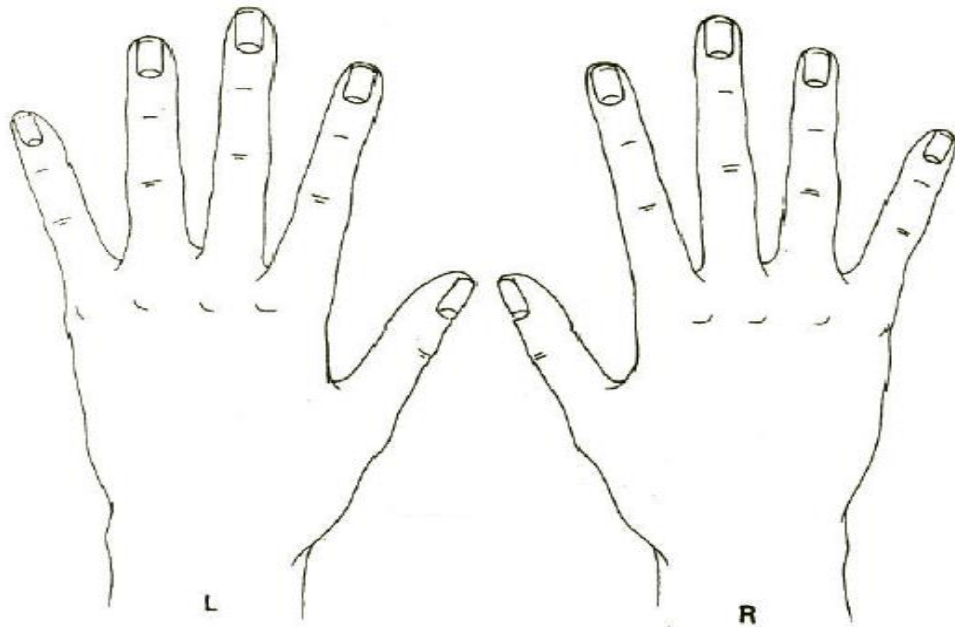
Date of Birth:

Name of Staff:

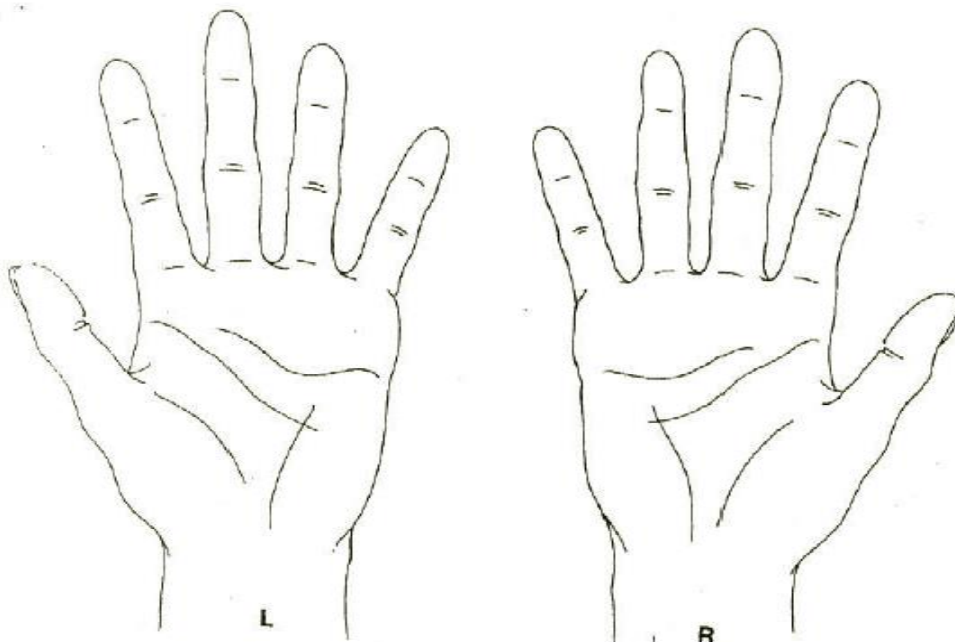
Male, Female, Other:

Job title:

Date and time of observation:



BACK



FRONT

Signature:

Job title:

Print Name:

Date:

Name of individual:

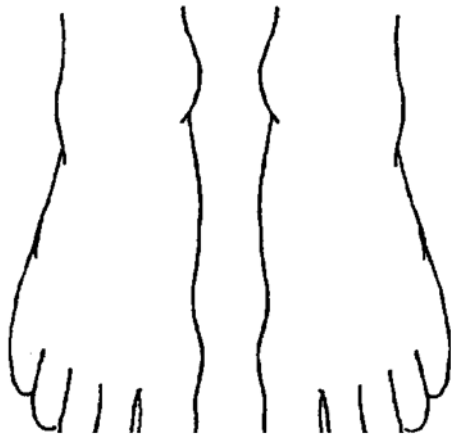
Date of Birth:

Name of Staff:

Male, Female, Other:

Job title:

Date and time of observation:



R

TOP

L



R

BOTTOM

L



R



INNER

L



R



OUTER

L

Signature:

Job title:

Print Name:

Date:

Adult body map

Name of individual:

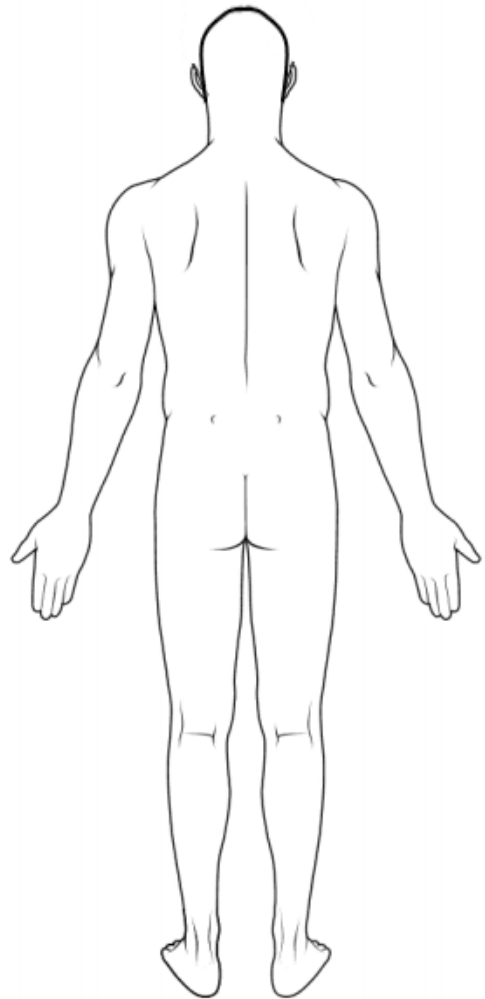
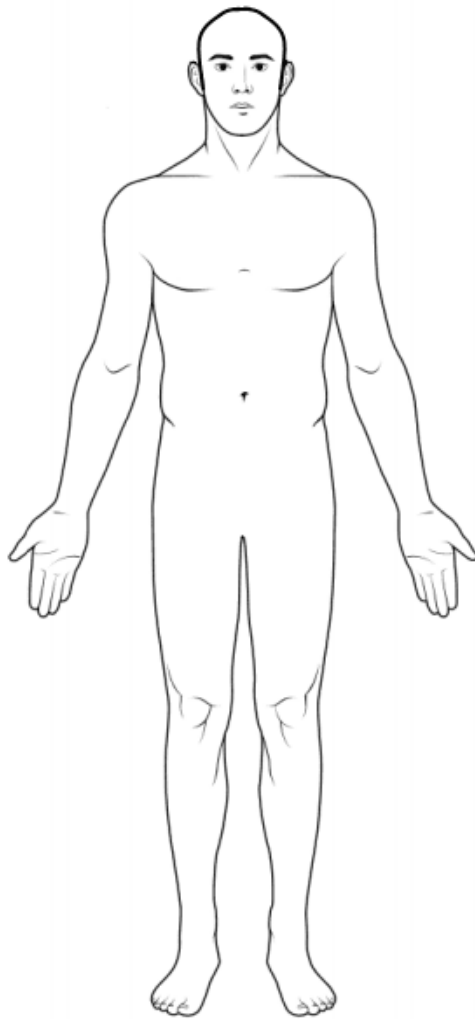
Date of Birth:

Male, Female, Other:

Name of Staff:

Job title:

Date and time of observation:



Signature:

Job title:

Print Name:

Date:

Name of individual:

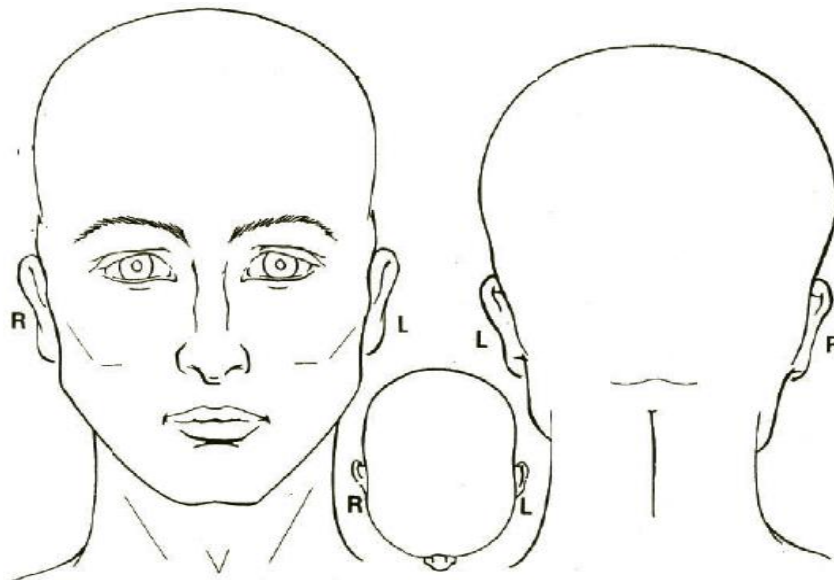
Date of Birth:

Male, Female, Other:

Name of Staff:

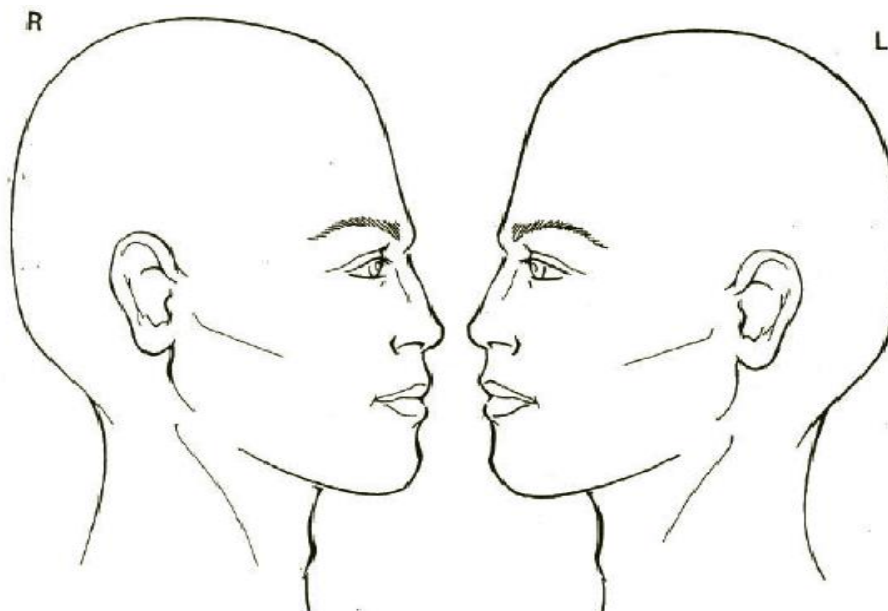
Job title:

Date and time of observation:



FRONT

BACK



RIGHT

LEFT

Signature:

Job title:

Print Name:

Date:

Name of individual:

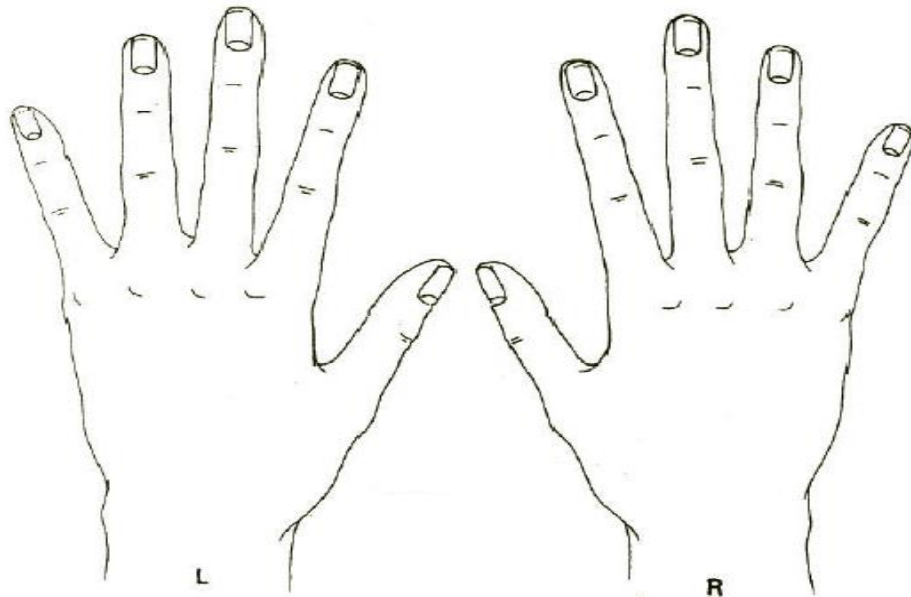
Date of Birth:

Male, Female, Other:

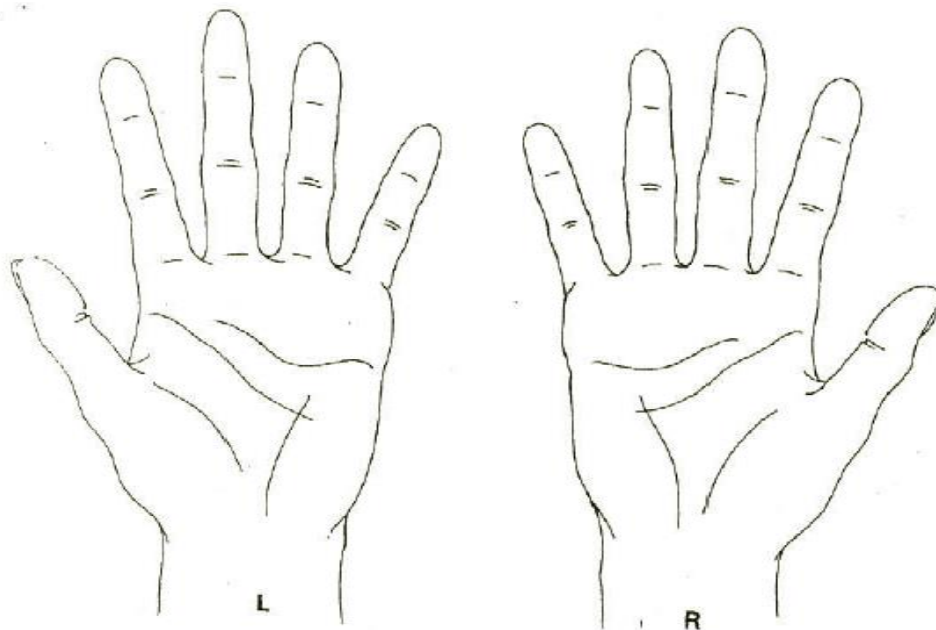
Name of Staff:

Job title:

Date and time of observation:



BACK



FRONT

Signature:

Job title:

Print Name:

Date:

Name of individual:

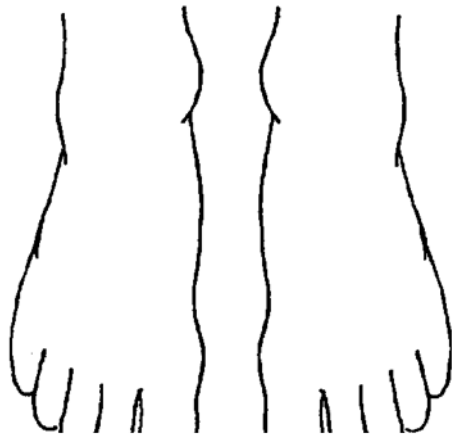
Date of Birth:

Male, Female, Other:

Name of Staff:

Job title:

Date and time of observation:



R

TOP

L



R

BOTTOM

L



R

INNER



L



R

OUTER



L

Signature:

Job title:

Print Name:

Date:

Name of individual:

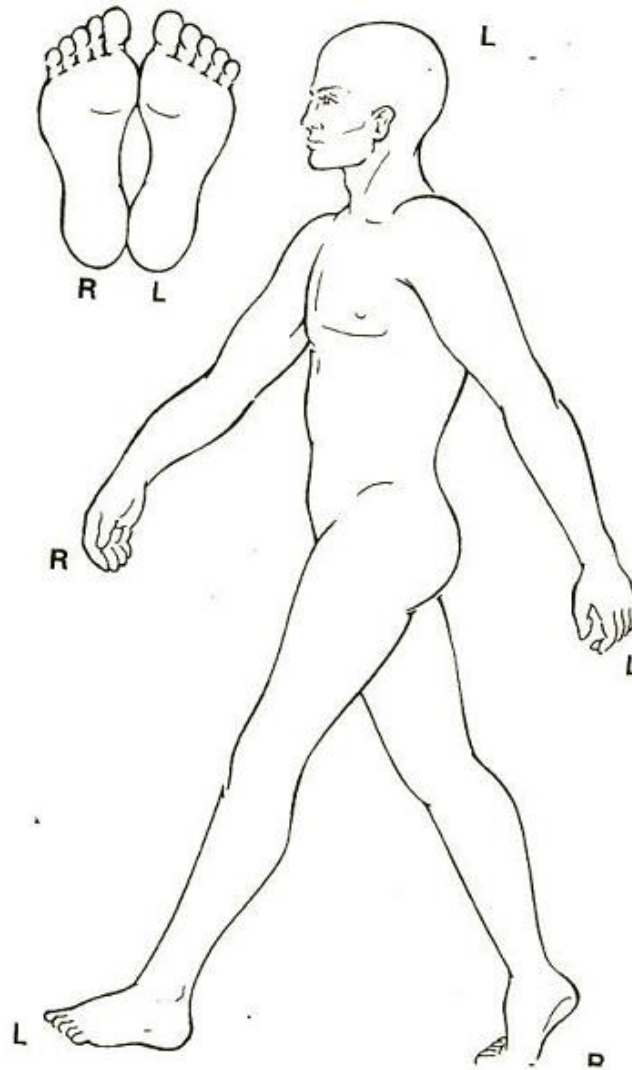
Date of Birth:

Name of staff:

Male, female, other:

Job title:

Date and time of observation:



Side view from left and soles of feet

Signature:

Job title:

Print name:

Date:

Name of individual:

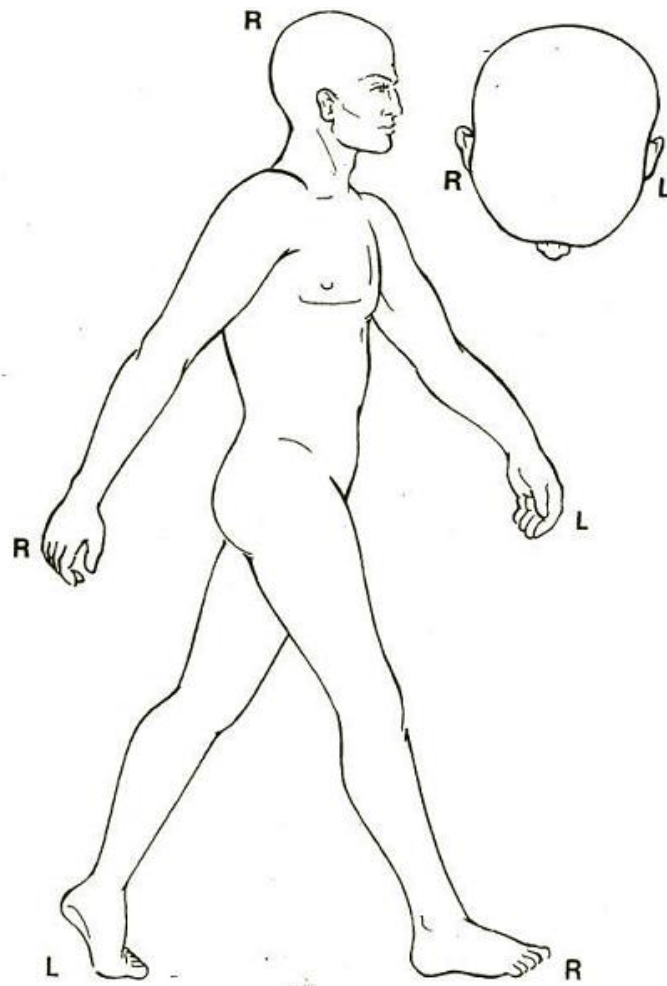
Date of birth:

Male, female, other:

Name of staff:

Job title:

Date and time of observation:



Side view from right and top of head

Signature:

Job title:

Print name:

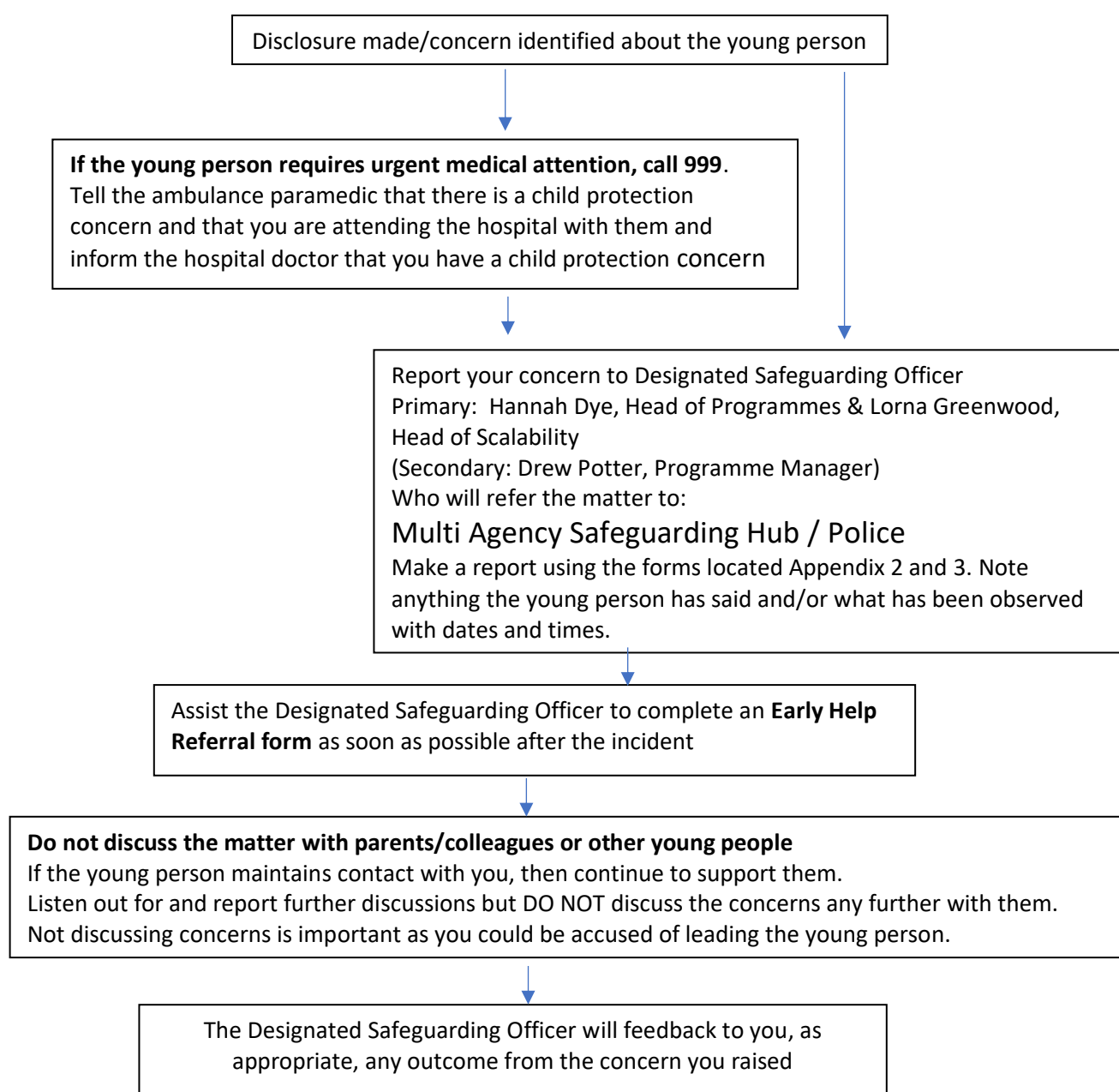
Date:

APPENDIX 4

Child Protection Disclosure Flow Chart

If a young person discloses to you, regarding an abusive situation or you have concerns about sexual abuse or violence is taking place, talking to the parents or carers, other children might put the child at greater risk. Let the young person know that if you feel that they are at risk you may have to report it to your Designated Safeguarding Officer (DSO), in this case Hannah Dye, Head of Programmes, Lorna Greenwood, Head of Scalability or Drew Potter, Programme Manager.

Report the disclosure immediately to your primary Designated Safeguarding Officer or if unavailable the secondary Designated Safeguarding Officer or an alternative senior member of staff. Otherwise phone Social services directly if they are not available. If the threat is imminent phone 999 and tell police the circumstances.



APPENDIX 5

Legal framework

This policy and procedures have been drawn up on the basis of law and guidance that seeks to protect children, young people and adults at risk, which includes:

- Sexual harassment, discrimination - Equality Act 2010
- Sexual assault, viewing pornography - Sexual Offences Act 2003
- Child sexual exploitation - Sexual Offences Act 2003
- Prevent- Counter-Terrorism and Security Act 2015
- Female genital mutilation - Female Genital Mutilation Act 2003
- Adult safeguarding – Care Act 2014
- Trafficking - Modern Slavery Act 2015
- Sexual communication with a child - Serious Crime Act 2015
- Photos/images of young people under 18 - The Protection of Children Act 1978
- Possession of such images - The Criminal Justice Act 1998
- Forced marriage –The Anti-Social Behaviour, Crime and Policing Act 2014
- Harassment - Protection from Harassment Act 1997
- Stalking - Protection of Freedoms Act 2012
- Children’s Act 1989
- The United Convention of the Rights of the Child 1991
- Human Rights Act 1998
- Children’s Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedom Acts 2012
- Children and Families Act 2014
- The Charities Commission: Safeguarding children and young people. HM Government 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities HM Government 2015
- Strategy for dealing with safeguarding issues in charities: The Charity Commission’s role and approach in dealing with safeguarding issues in charities. HM Government 2017
- Data Protection Act 2018
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. HM Government 2018
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. HM Government 2018
- The Charity Commission: Safeguarding duties for charity trustees. HM Government 2018
- Southwark Safeguarding Adult’s Board (LSCB)
- Southwark Safeguarding Children’s Board (SSCB)
- Final report of the pan-London Safeguarding Children Culture and Faith Project

APPENDIX 6

Good practice guidelines

Breathe Arts Health Research is committed to ensuring that we treat all children, young people, adults at risk their families and anyone working for and on behalf of us with dignity and respect.

All staff, trustees, tutors, and volunteers should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate.

Good practice means:

- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all children, young people and adults at risk equally, and with respect and dignity.
- Always putting the welfare of each child, young person and adult at risk first.
- Maintaining a safe and appropriate distance with children, young people and adults at risk (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them).
- Building balanced relationships based on mutual trust which empowers children, young persons and adults at risk to share in the decision-making process.
- Making on-site and offsite activities fun, enjoyable and safe.
- Keeping up to date with technical skills, qualifications and insurance.
- Involving parents/carers wherever possible. For example, encouraging them to take responsibility for their children in the changing rooms. If groups have to be supervised in the changing rooms, always ensure staff, parents, volunteers etc. work in pairs.
- Ensuring that at residential events, adults should not invite children into their rooms.
- Ensuring that at residential events only authorised adults enter children's rooms which should be only for supervision and health and safety purposes.
- Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of children, young people and adults at risk and not pushing them against their will.
- Securing parental consent in writing to act in loco parentis, if the need arises to administer emergency first aid and/or other medical treatment.
- Keeping a written record of any injury that occurs, along with the details of any treatment given.
- Requesting written parental/carer consent if staff have to transport children, young people and adults at risk in their cars although this is to be avoided and should only be used in an emergency
- Having an appropriate mix of male and female members of staff when taking people away
- Personal care should be attended, where possible, by a member of staff of the same sex

Practices to be avoided:

The following should be avoided except in emergencies. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of someone in charge in the organisation or the child's parents or carers. For example, a child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session:

- Avoid spending excessive amounts of time alone with children or young people away from others.
- Practices never to be sanctioned:
- The following should never be sanctioned. You should never:
- Engage in rough, physical or sexually provocative games, including horseplay.
- Share a room with a child or young person.
- Allow or engage in any form of inappropriate touching.
- Allow children, young people or adults at risk to use inappropriate language unchallenged.
- Make sexually suggestive comments to a child, young person or adult at risk, even in fun.
- Reduce a child, young person or adult at risk to tears as a form of control.
- Allow allegations made by a child, young person or adult at risk to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for children, young people or adults at risk that they can do for themselves.
- Invite or allow children, young persons or adults at risk to stay with you at your home unsupervised, unless planned and appropriate consents and approvals provided by the organisation, parents, carers etc. are obtained.

N.B. It may sometimes be necessary for staff or volunteers to do things of a personal nature for individuals, particularly if they are young or are disabled.

These tasks should only be carried out with the full understanding and consent of parents/carers and the child/young person or adult at risk involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child or adult at risk to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

APPENDIX 7

Reporting Suspected Abuse to Protection agencies or the Police Confidential Recording Sheet

Organisation:

Name of person reporting:

Name of child/young person/adult at risk:

Age and date of birth:

Ethnicity:

Religion:

First language:

Disability:

Parent's/Carer's name (s):

Home address/Tel no:

Are you reporting your concerns or reporting someone else's. Please give details. Brief description of what has prompted the concerns: include date, time, specific incidents:

Any physical signs? Behavioural signs? Indirect signs?

Have you spoken to the child, young person or adult at risk? If so, what was said?

Have you spoken to the parent(s)/carers? if so, what was said?

Has anybody been alleged to be the abuser? If so, please give details?

Have you consulted anybody else? Please give details:

Person reported to and date of reporting:

Signature of person reporting:

Today's date:

Action taken:

Notes: