



MYTIME YOUNG CARERS

Safeguarding policy and procedures

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Policy Aims

- To demonstrate to all MYTIME Young Carers commitment to safeguarding and child support
- To ensure the child's development in ways that will foster security, confidence and independence
- To provide an environment in which children and young people feel safe, secure, valued and respected
- To ensure that children feel confident to approach adults if they are worried or concerned about anything and know that they will be listened to
- To raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- To provide a means of monitoring children known or thought to be at risk of harm, and ensure we contribute to assessments of need and support packages for those children
- To ensure that all members of staff communicate effectively
- To maintain a structured procedure within the charity, followed by all members of MYTIME Young Carers staff in cases of suspected abuse
- To promote effective working relationships with all other agencies.
- To ensure that all staff working within MYTIME Young Carers who have regulated activity access to children are checked as to their suitability. This will include verification of their identity, qualifications, and a satisfactory DBS check with a single central record facility for audit.

Legislation and Statutory Guidance

This policy is based on the Department for Education's statutory guidance: Keeping Children Safe in Education September 2018 and Working Together to Safeguard Children July 2018. We comply with this guidance and the procedures set out by our local safeguarding children board.

This policy is also based on the following legislation:

- The Children Act 1989 (and 2004 amendment), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015, which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- Statutory guidance on FGM, which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM

- The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children
- Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, which defines what 'regulated activity' is in relation to children
- Statutory guidance on the Prevent duty, which outlines how to protect people from the risk of radicalisation and extremism under the Counter Terrorism and Security Act 2015
- The Childcare (Disqualification) Regulations 2009 and Childcare Act 2006, which set out who is disqualified from working with children

Definitions

Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm.

Neglect is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Children includes everyone under the age of 18.

Equality Statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face. We give special consideration to children who:

- Have special educational needs or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality

- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers

Key MYTIME Personnel

Designated Safeguarding Lead - Bournemouth Christchurch and Poole:

Laura Baldwin or John McLaughlin
01202 456744

<https://www.bournemouth.gov.uk/childreducation/working-in-childcare/early-years-safeguarding/safeguarding-documents/bcp-contact-details.pdf>

The nominated Child Safeguarding Lead Trustee is:

Matthew Barker
01202 291295

The Executive Director is:

Krista Cartlidge
07971071871

krista@mytimecharity.co.uk

The Designated Safeguarding Lead is:

Gemma Buchanan
operations@mytimecharity.co.uk

The Safeguarding Training Lead is:

Jonathan McKinney
07966 530448
jonathan.trainingmatters@gmail.com

Roles and Responsibilities

Safeguarding and child protection is everyone's responsibility. This policy applies to all staff and volunteers who work for or on behalf of MYTIME Young Carers. Our policy and procedures also apply to off-site activities.

The Directors and Trustees Will Ensure That:

- We have an up-to-date Child Safeguarding Policy together with a staff code of conduct
- Policies and procedures in regards to Child Safeguarding, Recruitment of Staff, and Management of Allegations, including the staff code of conduct, are consistent with statutory requirements and are reviewed annually
- The Child Safeguarding Policy is publicly available on the website and by other means
- All staff including temporary staff and volunteers are provided with the MYTime Young Carers safeguarding policy

- The charity has procedures for dealing with allegations of abuse against staff (including the CEO and Trustees), volunteers, and against other children
- A referral is made to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned
- A member of the Trustees, usually the Chair, is nominated to lead Child Protection issues in the event of an allegation of abuse made against the Executive Director
- A member of the senior MYTime staff has been appointed as the Designated Safeguarding Lead (DSL) by the Trustees and will take the lead responsibility for safeguarding. The DSL will undertake Designated Safeguarding Lead Training and also undertake 'Update' training every two years. All other staff have safeguarding training, updated as appropriate

The Executive Director Will:

- Ensure that the Child Safeguarding Policy and procedures are implemented and followed by all staff
- Ensure that sufficient time, training, support, and resources, are allocated to staff and volunteers to carry out their roles effectively
- Ensure that systems are in place for children to express their views and give feedback which operates with the best interest of the child at heart
- Ensure that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures
- Ensure that the charity liaise with the Bournemouth, Christchurch and Poole (BCP) Local Authority Designated Officer (LADO) where an allegation is made against a member of staff or volunteer, before taking any action
- Understand and abide by the principles of the Early Help process

The Designated Safeguarding Lead Will:

- Hold ultimate responsibility for safeguarding and child protection in the charity
- Act as a source of support and expertise in carrying out safeguarding duties for the staff and volunteers working for MYTIME
- Be appropriately trained with updates at least every two years and will refresh their knowledge and skills at regular intervals but at least annually
- Refer a child if there are concerns about possible abuse to the Multi Agency Hub. Referrals should be made in writing, following a telephone call using the appropriate Multi Agency Referral Form. <https://bournemouth-poole-lscb.org.uk/report-a-concern/>

- Keep detailed, accurate records of all concerns about a child regardless of the need to make an immediate referral.
- Ensure that all such records are kept confidentially, stored securely, and are separate from child records, until the child's 25th birthday.
- Liaise with the Local Authority and work with other agencies and professionals in line with Working Together to Safeguard Children 2018
- Maintain a working knowledge of relevant local BCP procedures
- Ensure that either they, or a suitable representative, attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report as required
- Ensure that all staff sign a document, confirming they have read, understood and agreed to work within the parameters of the charity's child safeguarding policy, staff code of conduct, anti-bullying policy, e-safety policy, photography and filming policy and whistleblowing policy and ensure that the policies are used appropriately
- Organise safeguarding inductions, regularly updated training and annual updates (including online safety) for all staff.
- Understand and abide by the principles of the Early Help process.
- Ensure that the identities of the Designated Safeguarding Lead are clearly documented along with a statement explaining the charity's role in referring and monitoring cases of suspected abuse

All Staff Will:

- Understand that it is everyone's responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information and taking prompt action
- Consider, at all times, what is in the best interests of the child
- Understand how to respond to a child who discloses abuse in line with the charity's safeguarding policy.
- Refer any safeguarding or child protection concerns to the DSL or if necessary (where the child is at immediate risk) to the police or MASH.
- Provide a safe environment at the MYTIME Young Carers activity centre in which children can enjoy weekend retreats.

Policy Principles

MYTIME Young Carers is committed to ensuring appropriate action is taken in a timely manner to safeguard and promote children's welfare. We ensure all staff and volunteers are aware of their statutory responsibilities with respect to safeguarding and are properly trained in recognising and reporting safeguarding issues. All staff at MYTIME Young Carers must provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.

Committee Governance	Board of Trustees
Trustee safeguarding lead	Matthew Baker
Staff safeguarding lead	Gemma Buchanan
Status and review cycle	Annually
Date for review	April 2022

Keeping Young People Safe

Abuse and neglect are forms of ill-treatment of a child. A child may suffer abuse either directly (if harm is inflicted upon them), or indirectly, (if a guardian fails to act to prevent harm). Children may be abused in a family, institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, and/or another child or children. Keeping children safe also includes educating and supporting them in the skills to ensure their own welfare. The MYTIME centre will have details of local contacts for making a safeguarding referral available. There are three main elements to our safeguarding children procedures:

- **Prevention:** By establishing a safe environment and a positive atmosphere. Risk assessment and management are integral to ensuring that children are safe, and protected from being abused. In addition, we will be vigilant to and challenge any form of derogatory or inappropriate language or behaviour we witness. Children will be made to feel respected at all times, and therefore will be more likely to feel able to talk to staff confidentially.
- **Protection:** By following agreed procedures to ensure staff are trained and supported to respond appropriately and sensitively to safeguarding concerns.
- **Support:** By responding sensitively and supportively to young people and staff who may have been abused.

All members of staff have a statutory responsibility to protect the rights of children in our care. In all issues of children's protection, the main responsibility of each member of staff is exclusively towards the child.

NB: Staff have a duty to report any child protection concerns to the Designated Safeguarding Officer

All issues regarding a child's safety will be logged via email to the MYTIME Young Carers safeguarding email address safeguarding@mytimecharity.co.uk . Failure by any member of staff to report actual or suspected physical, sexual, neglect or emotional abuse of a child is a disciplinary offence.

Local authority safeguarding policies and other information can be found here:

Bournemouth, Christchurch and Poole Safeguarding Documents
<https://www.bournemouth.gov.uk/childreducation/working-in-childcare/early-years-safeguarding/key-documents-and-guidance.aspx>

One Chance Rule

All staff are aware of the 'One Chance Rule' in relation to forced marriage, FGM and HBV. Staff recognise they may only have one chance to speak to a child who is a potential victim and have just one chance to intervene.

Charity Values

We recognise that a child who is abused, or witnesses abuse, may feel helpless and humiliated, blame themselves, and find it difficult to develop and maintain a sense of self-worth. MYTIME will support all children by:

- Encouraging self-esteem and self-assertiveness, through our retreats as well as our relationships, while not condoning aggression or bullying.
- Promoting a caring, safe and positive environment at our outdoor centre.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying MASH as soon as there is a concern.

Procedures

Standard Procedure

Any party bringing young carers to the centre will be expected to collect the following documentation:

- A signed agreement, authorising any necessary emergency medical treatment for a young person/adult.
- A signed consent form that indicates, for data protection purposes, that the use of photographs/films of the young person is permitted.

Upon request we will provide:

- A copy of the safeguarding procedures document.
- A copy of the locally compiled Risk Assessment which details any potential risk to the child/young person or the group, and outlines risk mitigation and management actions.

Visitors

Any visitor to the MYTIME Young Carers center will be recorded and supervised as appropriate. This will include checking individual identification.

Mobile Phones and Cameras

Staff are allowed to bring their personal phones to the site for their own use, but will limit such use to non-contact time when children are not present. Staff members' personal phones will remain in their bags or cupboards during contact time with young carers. Staff will not take pictures or recordings of pupils on their personal phones or cameras. We will follow the Data Protection Act 1998 when taking and storing photos and recordings for use in the charity.

Photography, Audio and Film Footage

Our policy on photography and filming is set out in a separate document. MYTIME Young Carers may take photos, audio and film footage of children during respite breaks as a visual memory aid for the children and to use as marketing material for the charity. MYTIME Young Carers realise that there may be various reasons why a child's parent/guardian would decide that they do not want these images and audio being made of their child. Therefore we request permission from each child prior to them attending a break to ascertain if they agree to MYTIME taking images and audio. This consent is compliant with GDPR. If MYTIME does not receive such consent then no images or audio will be taken of that child during the break for these purposes.

Anti-Bullying/Cyberbullying

Our policy on bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child safeguarding procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents which is shared with and analysed by the Trustees. All staff are aware that children with SEND and/or differences/perceived differences are more susceptible to being bullied/victims of child abuse. If the bullying is particularly serious, or the anti-bullying procedures are seen to be ineffective, the DSL will consider implementing child safeguarding procedures.

Racist Incidents

Our policy on racist incidents is set out in a separate document and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents and report them to the Police.

Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him or herself or others.

- The minimal force must only be used to prevent injury
- We understand that physical intervention may cause injury or distress to a child
- Any incidences of physical intervention are to be recorded
- Only staff trained in the use of physical intervention will use physical intervention except in exceptional circumstances where there is immediate risk, in which case any adult can intervene.

Early Help

Early Help is the responsibility of the DSL and Executive Director only. If Early Help is appropriate, the DSL will liaise with other agencies and set up an inter-agency assessment as appropriate. The DSL will keep the case under constant review and the charity will consider a referral to local authority children's social care if the situation does not seem to be improving.

Timelines of interventions will be monitored and reviewed.

If a Child is in Immediate Danger

Make a referral to children's social care and/or the police immediately if a child is in immediate danger or at risk of harm. Anyone can make a referral.

Tell the DSL as soon as possible if you make a referral directly.

If you are worried that a child may be at risk of abuse, harm or neglect please contact:

- Bournemouth, Christchurch and Poole MASH **01202 735046** during office hours or at all other times to contact the Out of Hours service on **01202 738256**.
- NSPCC Free Phone Child Protection Helpline: 0808 800 5000
- Or in an emergency contact the police by telephone on 999

If You Have Concerns About a Child (As Opposed to a Child Being in Immediate Danger)

Where possible, speak to the DSL first to agree a course of action.

Alternatively, make a referral to local authority children's social care directly (see 'Referral' below). You can also contact the charity NSPCC on 0808 800 5000 if you need advice on the appropriate action.

If You Have Concerns About a Staff Member or Volunteer

If you have concerns about a member of staff or volunteer, speak to the DSL. If you have concerns about the DSL, speak to the Executive Director. If you have concerns about the Executive Director speak to the Chairman of Trustees. The appropriate person will then follow the agreed procedures.

If Allegations of Abuse Are Made Against a Child.

MYTIME recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter" or "part of growing up". In the case of children hurting other children our safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put children at the site at risk
- Is violent
- Involves sexual exploitation or sexual abuse, such as indecent exposure or sexual assault

If a child makes an allegation of abuse against another child:

- You must tell the DSL and record the allegation, but do not investigate it
- The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- Ensuring children know they can talk to staff confidentially
- Ensuring staff are trained to understand that a child harming a peer could be a sign that the child is being abused themselves

If a Child Makes a Disclosure to You

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them
- Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it
- Sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate, make a referral to children's social care and/or the police directly and tell the DSL as soon as possible that you have done so.

Confidentiality

Timely information sharing is essential to effective safeguarding. Information must be shared on a 'need-to-know' basis, but you do not need consent to share information if a child is suffering, or at risk of, serious harm. Staff should never promise a child that they will not tell anyone about an

allegation, as this may not be in the child's best interests. Staff and volunteers must follow the procedures set out below in the event of a safeguarding issue.

If You Suspect that FGM Has Taken Place or that a Child is at Risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Any staff member who discovers that an act of FGM appears to have been carried out on a child under 18 must immediately report this to the police, personally. This is a statutory duty, and staff will face disciplinary sanctions for failing to meet it. The duty above does not apply in cases where a pupil is at risk of FGM or FGM is suspected but is not known to have been carried out.

Staff should not examine children.

Any member of staff who suspects a pupil is at risk of FGM, or may have had FGM carried out, must speak to the DSL and follow our local safeguarding procedures.

If You Have Concerns About Extremism

If a child is not at immediate risk of harm, where possible, speak to the DSL first to agree a course of action. Alternatively, make a referral to local authority children's social care directly if appropriate.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include Channel, the government's program <https://www.gov.uk/government/publications/channel-guidance> for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

There is also a dedicated telephone helpline, 020 7340 7264, that staff can call to raise concerns about extremism with respect to a child. You can also email counter.extremism@education.gov.uk.

Note that this is not for use in emergency situations. Call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

If You Suspect that Forced Marriage Has Taken Place or is going to Take Place

A forced marriage is a marriage in which one or both people do not (or in cases of people with learning impairment, cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or

sexual violence and abuse. Forced marriage is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the “Anti-Social Behaviour, Crime and Policing Act: 2014”. A forced marriage is not the same as an arranged marriage which is common in several cultures. The families of both spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the arrangement remains with the prospective spouses. Contact should be made with MASH via the DSL. Force marriage helpline: 020 7008 0515, fm@fco.gov.uk

If You Suspect that Honour-Based Violence Has Taken Place or is going to Take Place

Honour based violence (HBV) is described as a collection of practices, which are used to control behaviour within families, or other social groups, to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Honour based violence might be committed against people who:

- Become involved with a boyfriend or girlfriend from a different culture or religion
- Want to get out of an arranged marriage
- Want to get out of forced marriage
- Wear clothes or take part in activities that might not be considered traditional within a particular culture.
-

It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no honour in or justification for abusing the human rights of others.

Referral

If it is appropriate to refer the case to local authority children’s social care or the police, the DSL will make the referral or support you to do so. If you make a referral directly you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome.

The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child’s situation does not seem to be improving after the referral, the DSL or person who made the referral must contact the local authority and make sure the case is reconsidered to ensure the concerns have been addressed and the child’s situation improves.

Notifying Parents / Carers / Referrers

The charity will normally seek to discuss any concerns about a child with their parents/carer/referrer. This must be handled sensitively, and the DSL will, depending upon circumstance, make contact with the parent in the event of a concern, suspicion or disclosure. If a referral is made advice is sought in all cases from the authorities around disclosure to parents.

It should be made clear on the referral parents have/not been informed and MYTime urgently seek advice regarding this.

Record-Keeping

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them. Safeguarding records relating to individual children will be retained until the child's 25th Birthday.

Contacting the Charity Commission

You should report to the Charity Commission anyone, or more, of the following:

- There has been an incident where the beneficiaries of the charity have been, or are being, abused or mistreated while under the care of the charity, or by someone connected with the charity, such as a trustee, member of staff, or volunteer.
- There has been an incident where someone has been abused or mistreated, and this is connected with the activities of the charity.
- Allegations have been made that such an incident may have happened, regardless of when the alleged abuse or mistreatment took place.
- There are grounds to suspect that such an incident may have occurred.

As well as reporting to the Charity Commission, you should also notify the police, local authority and/or relevant regulator or statutory agency responsible for dealing with such incidents.

Email: rsi@charitycommission.gsi.gov.uk

Tel: 03000 66 9197

Appendix 1: Types of Abuse and How to Recognise Them

These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education.

Types of Abuse

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

Physical Abuse

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

Physical Harm

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

Sexual Abuse

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

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

- Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- A significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age-inappropriate sexual behaviour
- Child Sexual Exploitation

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but must be regarded as indicators of the possibility of

significant harm. This evidence justifies the need for careful assessment and discussion with the DSL. This could require consultation with and/or referral to Children's Services.

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access to home visits
- Be involved in domestic abuse.
- Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Signs of Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injury

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour, possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, handprints or a hairbrush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require an experienced medical opinion.

Any burn with a clear outline may be suspicious:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars are indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discoloration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

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

Scars

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

Recognising Signs of Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioral rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others.

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult unless

the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of the genital area
- Blood on underclothes.
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, the presence of semen on vagina, anus, external genitalia or clothing.

Recognising Signs of Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child is seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of a child to grow within the normal expected pattern, with accompanying weight loss.
- A child thrives away from home environment
- The child is frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods.

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. In order to more fully determine the nature of the incident, the following factors should be given consideration.

Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies

Consent – Agreement including all the following:

- Understanding that is proposed based on age, maturity, development level, functioning and experience.
- Knowledge of society’s standards for what is being proposed.

- Awareness of potential consequences and alternatives.
- Assumption that agreements or disagreements will be respected equally.
- Voluntary decision.
- Mental competence.

Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses - that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance. In evaluating the sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Signs of 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 through the use of technology.

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

- Going missing from home or school
- Regular school absence/truancy
- Underage sexual activity
- Inappropriate sexual or sexualised behaviour
- Sexually risky behaviour, 'swapping' sex
- Repeat sexually transmitted infections
- In girls, repeat pregnancy, abortions, miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Online safety concerns such as youth-produced sexual imagery or being coerced into sharing explicit images.

- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs) changes in the way they dress
- Going to hotels or other unusual locations to meet friends
- Seen at known places of concern
- Moving around the country, appearing in new towns or cities, not knowing where they are
- Getting in/out of different cars driven by unknown adults
- Having older boyfriends or girlfriends
- Contact with known perpetrators
- Involved in abusive relationships, intimidated and fearful of certain people or situations
- Hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- Associating with other young people involved in sexual exploitation
- Recruiting other young people to exploitative situations
- Truancy, exclusion, disengagement with school, opting out of education altogether
- Unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- Mood swings, volatile behaviour, emotional distress
- Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- Drug or alcohol misuse
- Getting involved in crime
- Police involvement, police records
- Involved in gangs, gang fights, gang membership
- Injuries from physical assault, physical restraint, sexual assault.

Recognising Signs of Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. Female Genital Mutilation (FGM) is illegal in England and Wales under the “FGM Act: 2003”. It is a form of child abuse and violence against women.

FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. “Section 5B of the FGM Act 2003” introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. Four types of procedure:

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

FGM may be carried out due to a belief that:

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

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

Recognising signs of future plans for FGM:

Circumstances and occurrences that may point to FGM happening are:

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

Recognising signs that FGM has taken place:

Signs of FGM may include:

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

Recognising Signs of Domestic Abuse

Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term, this can lead to mental health issues such as depression, self-harm and anxiety.

Children affected by domestic abuse reflect their distress in a variety of ways. They may:

- Change their usual behavior
- Become withdrawn
- Appear tired
- Start to wet the bed
- Have behavioural difficulties

- They may not want to leave their house or may become reluctant to return.
- They may excel, using their time in your care as a way to escape from their home life.

None of these signs are exclusive to domestic abuse so when you are considering changes in behaviors and concerns about a child, think about whether domestic abuse may be a factor.

Recognising Signs of Vulnerability to Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as: The demonstration of unacceptable behaviour by using any means or medium to express views which: Encourage, justify or glorify terrorist violence in furtherance of particular beliefs; Seek to provoke others to terrorist acts; Encourage other serious criminal activity or seek to provoke others to serious criminal acts; Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society

- Personal Crisis – the child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
- Personal Circumstances – migration; local community tensions; and events affecting the child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- Unmet Aspirations – the child may have perceptions of injustice; a feeling of failure; rejection of civic life
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration
- Special Educational Need – child may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisations
- Significant changes to appearance and / or behaviour
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

The Department of Education guidance: The Prevent Duty can be accessed via <https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-preventduty>

Appendix 2: safer recruitment and DBS checks – policy and procedures

We will record all information on the checks carried out in the charity's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

Appointing new staff

When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards.
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- Check that candidates taking up a management position are not subject to a prohibition from management (section 128) direction made by the secretary of state
- Ask for written information about previous employment history and check that information is not contradictory or incomplete.

We will seek references on all candidates, including internal candidates, before interview. We will scrutinise these and resolve any concerns before confirming appointments. We will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare Disqualification (Regulations) 2009 and Childcare Act 2006. Where we take a decision that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment on the individual's personnel file. This will include our evaluation of any risks and control measures put in place, and any advice sought.

Regulated activity applies to a person who will be:

- Responsible, on a regular basis in the MYTIME centre, for teaching, training, instructing, caring for or supervising children
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult:

- Where the 'harm test' is satisfied in respect of the individual (i.e. that no action or inaction occurred but the present risk that it could was significant)
- Where the individual has received a caution or conviction for a relevant offence
- If there is reason to believe that the individual has committed a listed relevant offence, under the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009
- If the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left Agency and third-party staff

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

Contractors

We will ensure that any contractor, or any employee of the contractor, who is to work at the charity and come into contact with young carers has had the appropriate level of DBS check. This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity

- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children

We will obtain the DBS check for self-employed contractors. We will not keep copies of such checks for longer than 6 months. Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances. We will check the identity of all contractors and their staff on arrival at the site.

Volunteers

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- Obtain an enhanced DBS check without barred list information for all volunteers who are not in regulated activity, but who have an opportunity to come into contact with children on a regular basis, for example, supervised volunteers
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check for any volunteers not engaging in regulated activity
- Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare Disqualification (Regulations) 2009 and Childcare Act 2006.

Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought.

Appendix 3: Allegations of abuse made against staff

This section of this policy applies to all cases in which it is alleged that a current member of staff or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

It applies regardless of whether the alleged abuse took place on MYTIME sites. Allegations against a staff or a volunteer who is no longer working for or with the charity, and historical allegations of

abuse will be referred to the police. We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation. Our procedures for dealing with allegations will be applied with common sense and judgement.

Suspension

Suspension will not be the default position, and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeployment within the charity so that the individual does not have direct contact with the child or children concerned
- Redeploying the individual to alternative work so that they do not have unsupervised access to children

Definitions for outcomes of allegation investigations

Substantiated: there is sufficient evidence to prove the allegation

Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive

False: there is sufficient evidence to disprove the allegation

Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)

Procedures for dealing with allegations

In the event of an allegation that meets the criteria above, the Executive Director (or Chair of Trustees where the Executive Director is the subject of the allegation) will take the following steps:

- Immediately discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children's social care services. (The Executive Director or Chairman of Trustees may, on occasion, consider it necessary to involve the police before consulting the designated officer – for example, if the accused individual is deemed to

- be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police)
- Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children's social care services, where necessary). Where the police and/or children's social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies
- Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the site is justified or whether alternative arrangements

such as those outlined above can be put in place. Advice will be sought from the designated officer, police and/or children's social care services, as appropriate

- If immediate suspension is considered necessary, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at the school and their contact details
- If it is decided that no further action is to be taken in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation
- Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and consider what other support is appropriate. Other advice should be sought from the local trades unions and professional associations.
- Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against staff (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the

confidentiality restrictions removed in respect of a staff member will be advised to seek legal advice

- Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence)
- Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child
- Where the police are involved, wherever possible the charity will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the school's disciplinary process, should this be required at a later point.

Timescales

Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 1 week. If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 3 working days. If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days

Specific actions

Action following a criminal investigation or prosecution. The Executive Director or Chairman of Trustees will discuss with the local authority's designated officer whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

Conclusion of a case where the allegation is substantiated If the allegation is substantiated and the individual is dismissed or the charity ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager and the charity's personnel adviser will discuss with the designated officer whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required.

Individuals returning to work after suspension If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

Unsubstantiated or malicious allegations

If an allegation is shown to be deliberately invented, or malicious the Executive Director (or the

Chairman of the Trustees in the case of an allegation against the Executive Director) will consider whether any disciplinary action is appropriate against the child(s) who made it, or whether the police should be asked to consider whether action against those who made the allegation might be appropriate, even if they are not a child.

Confidentiality

The charity will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. The case manager will take advice from the local authority's designated officer, police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

Record-keeping

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken and decisions reached (and justification for these, as stated above)

If an allegation or concern is not found to have been malicious, the charity will retain the records of the case on the individual's confidential personnel file, and provide a copy to the individual. We will retain these records at least until the individual has reached normal pension age, or for 10

years from the date of the allegation if that is longer. The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

References

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

Learning lessons

After any cases where the allegations are substantiated, we will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the charity's procedures or practice to help prevent similar events in the future. This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual