



Young People Safeguarding Policy

1. Statement of Intent

- 1.1 Every child or young person deserves to be happy and secure in their activities, and their parents or carers need to feel sure that the people in charge of these activities are trustworthy, responsible and will do everything they can to keep the child or young person safe from harm.
- 1.2 Unfortunately, sometimes people may pose a risk to children or young people and may wish to harm them. It is therefore the duty of CIL to put in place safeguards to protect the children and young people with whom we work.
- 1.3 All staff and volunteers have a duty to follow this policy and maintain the wellbeing of children and young people in their care.
- 1.4 We will review this policy annually to confirm it is up to date with legislation and the requirements of the Luton Safeguarding Children Board, and to ensure that it is being applied consistently and correctly throughout our organisation.

2. Safeguarding Aims

- 2.1 To create an environment which is safe and secure for all children and young people.
- 2.2 To enable children and young people to have the self-confidence and the vocabulary to resist inappropriate approaches.
- 2.3 To encourage children and young people to establish and sustain satisfying relationships within their families, with peers, and with other adults.
- 2.4 To encourage children and young people to develop a sense of autonomy and independence.

3. Fulfilling Our Aims

In order to fulfil these aims:

- 3.1 We have two named persons responsible for safeguarding in our organisation, with clear roles and responsibilities. Mostaque Koyes, Chairman and Aimee Clarke, Treasurer.
- 3.2 We follow the practice laid down by the Luton Safeguarding Children Board for recruiting all staff and volunteers.



3.3 All staff and volunteers working directly with children, young people, their families and/or carers receive training on safeguarding as part of their induction, and will receive on-going training.

3.4 All staff and volunteers know our procedures for recording and reporting incidents.

3.5 We have clear criteria and procedures for contacting the Local Authority's intake and assessment team.

4. Recruitment

4.1 Our procedure for recruiting staff and volunteers aims to be effective, fair and safe.

4.2 In recruiting a new member of staff or volunteer we allow sufficient time before appointment to carry out all necessary checks and references. We will not allow any member of staff or volunteer to take up a role in direct contact with children or their families without these having been completed.

4.3 Applicants for roles within CIL, whether paid or voluntary, will be clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Applicants working directly with children and young people will also be informed of the need to carry out DBS checks and take up references before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information. All DBS Checks are retaken every 2-3 years.

4.4 We abide by the Protection of Children Act requirements in respect of any person who is dismissed from our employment, or who resigns in circumstances that would otherwise have led to dismissal for reasons of a concern about safeguarding.

5. Disciplinary Action

5.1 If a member of staff or a volunteer is dismissed from CIL or internally disciplined because of misconduct relating to a child or young person, we will notify the relevant authorities so that the name may be included on the List for the Protection of Children and Vulnerable Adults.

6. Training & Support

6.1 Safeguarding children and young people is a core element of our professional development and training programme for all staff and volunteers.



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- 6.2 All new staff and volunteers directly working with children, young people and their families complete safeguarding training as part of their induction and before they take up any of their duties. This is repeated every 3 years.
- 6.3 Staff and volunteers working directly with children, young people, their families and/or carers regularly receive on-going training in safeguarding at least once a year.
- 6.4 All staff and volunteers are aware of the procedures for reporting and recording their concerns.
- 6.5 Dealing with a concern about a child / young person or their family can be a stressful experience for staff and volunteers. We will support team members by providing time for a staff member or volunteer to talk through their feelings after an incident of concern with the Safeguarding Lead.

7. Programme Content

- 7.1 We seek to create within CIL a culture of value and respect for the individual.
- 7.2 We ensure that this is carried out in a way that is appropriate for the ages and developmental stages.
- 7.3 Where appropriate, we introduce key principles of safeguarding into our programmes and activities so that children and young people can develop an understanding of why and how to keep safe.

8. Complaints

- 8.1 We ensure that all parents/carers know how to complain about staff and volunteers, which may include an allegation of abuse.
- 8.2 We have a procedure on allegations made against a member of staff and volunteers. We follow all the disclosure and recording procedures when investigating an allegation that a member of staff or volunteer has abused a child as if it were an allegation of abuse by any other person.

9. Suspected Abuse

- 9.1 We acknowledge that abuse of children and young people can take different forms: physical, emotional, sexual and neglect.
- 9.2 Safeguarding includes, but is not limited to safeguarding children in specific circumstances like:



- Neglect
- Emotional abuse
- Bullying, including online and prejudice-based bullying
- Gender-based violence or violence against women and girls
- Child Sexual Exploitation and trafficking
- Teenage relationship abuse
- Female Genital Mutilation (FGM)
- Fabricated / induced illness
- Physical abuse
- Sexual abuse
- Racist, disability and homophobic or transphobic abuse
- Radicalisation and/or extremist behaviour
- The impact of new technologies on sexual behaviour e.g. sexting
- Substance abuse
- Domestic abuse / violence
- Forced marriage
- Poor parenting

9.3 When children and young people are suffering from a form of abuse, this may be demonstrated through changes in their behaviour, or in other ways. Where such changes in behaviour occur, or where there is cause for concern, we will investigate.

9.4 We recognise the importance that investigations are carried out with sensitivity. Staff and volunteers take care not to influence the outcome either through the way they speak to or ask questions of the child or young person.

9.5 Where a child or young person shows signs and symptoms of abuse or neglect, we make appropriate referrals. We seek parent's permissions before making a referral unless by seeking this permission we put a child at risk.

9.6 We work co-operatively with the parent or carer unless this is inconsistent with the need to ensure the child's safety.

10. Types of Abuse

10.1 **Physical:** This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

10.2 **Domestic:** This includes psychological, physical, sexual, financial or emotional abuse. It also covers so called 'honour' base violence.



- 10.3 Sexual:** this includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting.
- 10.4 Psychological:** This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.
- 10.5 Financial or Material:** This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance, or financial transactions) or the misuse or stealing of property, possessions or benefits.
- 10.6 Modern Slavery:** This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.
- 10.7 Discriminatory:** This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.
- 10.8 Organisational:** This includes neglect and poor care in institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated, on-going ill treatments. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.
- 10.9 Neglect and Acts of Omission:** This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services or not giving someone what they need to help them live such as medication, enough nutrition or heating.
- 10.10 Self Neglect:** This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.
- 10.11 Abuse can take many forms.** It might not fit comfortably into any of these categories, or it might fit into more than one. Abuse can be carried out by one adult at risk towards another. This is still abuse and should be dealt with. The adult at risk who abuses may also be neglecting him/herself which could also be a reason for a safeguarding referral.
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11. Disclosures Made to Us

11.1 Where a child makes a disclosure to a member of staff and volunteers, they will offer reassurance to the child; listen to the child; and give an assurance that she or he will take action.

11.2 The member of staff and volunteers involved will not question the child themselves and will refer the disclosure to the Safeguarding Lead immediately.

11.3 Staff and volunteers should refer to the Safeguarding procedure for an overview of what will happen when a concern is shared.

12. Recording and Reporting Suspicions of Abuse and Disclosures

12.1 Staff and volunteers to whom a disclosure is made will make a record of:

- The child's name, address, date of birth
- The date and time of the observation or the disclosure
- An objective record of the observation or disclosure
- The exact words spoken by the child
- The name of the person to whom the concern was reported, with date and time
- The names of any other person present at the time

12.2 These records are signed and dated and kept in a separate confidential file. A pro forma is available to help with this.

12.3 Reports should be discussed and given to:

1. Aimee Clarke, Treasurer & Safeguarding Lead
Or, in Aimee Clarke absence / if there is a safeguarding concern:
2. Mostaque Koyes, Chairman & Named Person.

If a child's safety is at risk the Local Authority Rapid Intervention and Assessment team will be contacted immediately. We will take advice from them regarding information then given to parents.

12.4 In a case where a child is not in immediate danger, we try to discuss the matter with parents before making any referrals. However, it is the welfare of the child which is paramount and this is at the forefront of all our actions. We are aware that many children and young people have suffered because of lack of communication between agencies, and that government guidance now encourages the full sharing of information. We shall therefore use our professional judgement in sharing



information with the agencies that 'need to know', being open and honest with parents and children and young people as to why we feel we need to share the information.

12.5 Full records of conversations will be maintained when any referrals or discussions are held with any other agencies or with parents prior to a referral. These records will include dates and times of the conversation, who we speak to, and the advice we were given.

12.6 In exceptional circumstances where a member of staff or volunteer is unable to contact either of the Named Persons and the person is at immediate risk of serious harm, they should contact the local Social Services directly or, where necessary, the Police. In such circumstances the Safeguarding Lead should be contacted at the earliest possible opportunity.

12.7 Advice can be sought from:

Luton Initial Assessment Team: 01582 547 653

Luton Rapid Intervention and Assessment Team: 01582 547 653

Luton Emergency Duty Team: 0300 300 8123

Public Protection Team of Bedfordshire Police: 01234 846 960

13. External Support

13.1 In addition to CIL's Safeguarding Lead, Social Services and/or Police detailed above, the following agencies may also be contacted in the event of concern.

NSPCC Child Protection Helpline: 0800 800 5000

NSPCC Asian Child Protection Helpline: 0800 096 7719

Childline: 0800 1111

Samaritans (national): 08457 909 090

13.2 Each activity / project will make available a list of the relevant people, agencies and contact numbers including Local Authority's Referral Assessment Team, so that all staff have immediate access to this, should they require it.

13.3 All staff and volunteers are expected to keep regular reports of contact with children, young people and families where they have a significant conversation relating to a safeguarding concern. These will be kept centrally, by the Safeguarding Lead, and written using a Safeguarding Referral Response Form.



14. Confidentiality

14.1 All suspicions and investigations are kept confidential and shared only with those who need to know. If there are concerns, the member if staff or volunteer must immediately inform the Safeguarding Officer.

14.2 Where children and young people work with a number of different staff or volunteers, they should also be made aware that there are concerns about an aspect of well-being of the child in question.

14.3 Any information shared with external agencies is done under the guidance of the Luton Safeguarding Children Board.

Created On: 30th June 2017 Last

Reviewed: 30th June 2023

Review Period: Annually

Safeguarding Referral

Children & Families Social Care Service

*Notes for use: If you are completing the form electronically, the text boxes will expand to fit your text.
If there are not enough boxes in any section, continue on a separate sheet.
The completed form contains personal data to be protected and processed in line with the Data Protection Act 1998.*

Date of Referral:

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Identifying details:

Children	Forename(s)	Surname	Date of Birth	Referrers details
Child 1				Name <input style="width: 100%;" type="text"/>
	Child's Address:			
Child 2				Role <input style="width: 100%;" type="text"/>
	Child's Address:			
Child 3				Agency <input style="width: 100%;" type="text"/>
	Child's Address:			
Child 4				Contact number <input style="width: 100%;" type="text"/>
	Child's Address:			

Composition of Family and who else lives at the child's address
including non family members

Name	Relationship to Child	Sex	D.O.B.	Address & Contact number	School

**Please specify where known:
Childs ethnicity and first language**

Ethnicity	Language
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Parents Ethnicity and first language

Ethnicity	Language
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Is an interpreter required

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If so what is the preferred language

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Childs religion

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Parents religion

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Overview of Agency Involvement with child/family including information of attendance/engagement with your service:

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Breakdown of information for referral considering all areas of the Assessment Framework:

When an immediate risk of significant harm is suspected please include specific information including the following; in addition to any other supporting information requested below.

- a description of any physical injury you are concerned about
- the impact of any harm to the child
- Where an allegation has been made include details of information shared made by the child or other person using exact words where possible
- Where and when did the harm occur
- Who is suspected of causing the harm

<p>Current Dangers/Risks (what are you worried about in relation to this child?)</p>	<p>•</p>	<p>Safety and Protective Factors (that reduce the risks identified)</p>	<p>•</p>
<p>Historic or Complicating Factors (what factors contribute to difficulty for the child)</p>	<p>•</p>	<p>Strengths (positive resources that the family can draw on)</p>	<p>•</p>
<p>Grey Areas (areas of uncertainty which require further exploration)</p>	<p>•</p>		
<p>Type of suspected abuse</p>	<p>• Physical</p>	<p>• Sexual</p>	<p>• Emotional</p>
			<p>• Neglect</p>

What do you know about the child's experiences and any impact these have had on them? Including their health and education. Where a chronology has been completed please include or attach as a separate document:	•		
What action has been taken and what if any services have been provided (<i>tiers 1-3 of the tier of need, Meeting the Needs of Children, Young People and their Families in Luton document.</i>) by professionals to address the concerns identified regarding the child prior to this referral being made. What impact did these services have on the reducing the risks or concerns to the child.	•		
What do you know about the child's home situation: Include descriptions of patterns of family life – employment – standard of accommodation – income and who is known to stay at, or is a regular visitor, to the home, or cares for the child either occasionally or regularly. Where a Graded Care Profile has been completed please include Profile score (<i>in line with the LSCB Care Neglect Protocol</i>)	•		
What are you worried is going to happen to the child if the current situation continues:	•		
What would you want to see in order to be sure the child is safe enough?	•		
What can you contribute to keeping the child safe?	•		
What do you know about the family's views of the risks, dangers, strengths and safety factors?	•		
Which other agencies are currently involved with the child or their family please tick below	•		
GP	Tel	Health Visitor	Tel
Nursery	Tel	EWO	Tel
School	Tel	Police	Tel
YOS	Tel	Dentist	Tel
CAMHS	Tel	Paediatrician	Tel
School Nurse	Tel	Social Worker	Tel
Other	Tel	Other	Tel

<p>Has permission been given to share with other agencies?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> B</p>
<p>What form did it take?</p>	<p>Written <input type="checkbox"/> Verbal <input type="checkbox"/> B</p>
<p>Is the family aware of the referral?</p>	<p>Yes <input type="checkbox"/> B No <input type="checkbox"/> B</p>
<p>Signature of person completing the report:</p>	<p>.</p>

Please email to MASH@luton.gov.uk