Hounslow Action for Youth

Children & Vulnerable Adults Safeguarding Policy and procedure

4/23/2025

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Introduction

This policy outlines our approach to safeguarding children, young people, and vulnerable adults (for the purposes of this policy children are under the age of 14, young people are 14-17 years old and vulnerable adults are 18-25 years old) and is written in accordance with the **Children Act 1989** and **2004**; the **Safeguarding Vulnerable Groups Act 2006**; and with reference to **Working together to Safeguard Children (2018)** - https://www.londonsafeguardingchildrenprocedures.co.uk/

It will be reviewed, added to, or modified from time to time and may be supplemented in appropriate cases by further statements related to the work of Hounslow Action for Youth (HAY). Copies and subsequent amendments will be made available to all employees.

The success of this policy depends on the active support of all employees to achieve its objectives.

HAY recognises the need for a well-defined policy setting out the standards it aims to achieve for safeguarding children and young people within our care.

This Safeguarding Policy sets out the organisation and arrangements for achieving this aim including the detailed responsibilities for key staff.

The definition of a vulnerable adult is a person who is or may need community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation**.**

Policy Statement

HAY believes that it is always unacceptable for a child, young person, or vulnerable adult to experience harm and abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice, which protects them.

Safeguarding children

We recognise that:

- All children and young people under the age of 18 of all ethnic backgrounds, religions, and cultures, regardless of their age, disability, gender, racial heritage, religious belief, or lack thereof, sexual orientation or identity have the right to equal protection from all types of harm or abuse
- A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institution or community setting; by those who know them or by a stranger
- Working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare
- All our staff and volunteers are carefully selected and trained and accept responsibility for safeguarding children, young people, and vulnerable adults they come into contact with.

The purpose of the policy is to

- Provide protection for the children, young people and vulnerable adults who take part in HAY's services
- Provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of, harm.

This policy is mandatory for anybody working for or on behalf of HAY meaning all paid staff, including staff working on short-term contracts and permanent contractors and volunteers including the Board of Trustees and Advisers. The policy must be applied whenever there is a concern about a child, young person, or vulnerable adult or about the behaviour of an adult.

We will endeavour to safeguard children, young people, and vulnerable adults by

- Valuing them, listening to and respecting them
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Conducting robust recruitment and selection processes including the necessary safety checks in respect of references, declarations, and DBS checks
- Sharing information about child protection and good practice with stakeholders
- Reporting to Social Services any suspicion that a child, young person or vulnerable adult has suffered, is suffering, or is at risk of suffering abuse
- Providing effective management for staff and volunteers through supervision, support and training including guidance on what to do if an individual is worried about a child or young person

Individuals within the team are not expected to diagnose child abuse but do have a responsibility to be alert to and to be aware of the signs of abuse.

HAY staff members do not under any circumstances attempt to carry out any investigation into allegations or suspicions of abuse. It is the responsibility of Children's Services & Social Work (CSSW), division of the Children and Families - Child protection Team of Hounslow Council to investigate any referrals under **section 47 of the Children Act 1989.**

As services working with children and young people, we have a responsibility to act if abuse comes to light and, as far as possible, to protect children from the possibility of being abused.

Staff working in the HAY team should at no time be working without sharing concerns or knowledge where the welfare or safety of a child may be at risk.

It is mandatory for all staff working at HAY to maintain and update their knowledge of current child protection practice and procedures to ensure the safety of children. They should attend formal training in Safeguarding Children at least once a year, and a record of this (including a scanned copy of the Safeguarding certificate from the course) is maintained in the records.

Safeguarding Adults

HAY recognises that Children and adults may each face a different set of issues. Procedures for reporting abuse and handling cases are not the same.

One important difference between safeguarding adults and safeguarding children is an adult's right to self-determination. Adults may choose not to act at all to protect themselves, and it is only in extreme circumstances that the law intervenes.

HAY will work with the adult to inform, support, consult and advise them of the steps they can take to safeguard themselves. HAY will also work with other professionals to provide a network of support for the adult should the adult consent to do so.

In the instance where the concern will affect any child who the adult is responsible for, our normal safeguarding procedures will come into effect.

HAY will keep a clear record of any contact, discussions, decisions made in relation to safeguarding the adult.

This Policy will be reviewed when needed or at least annually.

The Safeguarding Vulnerable Groups Act 2006 (Miscellaneous Provisions Regulations 2012) & Independent Safeguarding Authority

The Safeguarding Vulnerable Groups Act (SVGA) 2006 place a duty on employers of people working with children or vulnerable adults to make a referral to the ISA in certain circumstances. This is when an employer has **dismissed or removed** a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

1. Been cautioned or convicted for a relevant offence; or
2. Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e., an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
3. Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e., there has been no relevant conduct (i.e., no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

The Designated Safeguarding Lead *is responsible for raising any concerns with the ISA.*

For more information visit the ISA website:

http://www.criminalrecordchecks.co.uk/crb/isa-independent-safeguarding-authority *or call the ISA Helpline on 0845 643 1145 (Monday – Friday 9am-5pm).*

HAY's Designated Safeguarding Lead is:

Bijal Karavadra, Deputy Director – Mobile: 07793 210283

Disclosure and Barring Service

The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). All professionals that have regular or unsupervised contact with children must have an up-to-date Disclosure and Barring Service (DBS) check. This is applicable to all staff employed by HAY (including trustees and volunteers) and commissioned services. The primary role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children. Staff are responsible for ensuring that their DBS check is renewed every 3 years and details shared with their team manager and the Safeguarding Leads.

Organisation and Responsibilities

Trustees

The Charity Commission is clear that Trustees have primary responsibility for safeguarding in their charity. In fulfilling their duty of care to HAY, trustees need to take steps to safeguard and take responsibility for the children with whom HAY works.

This means

- acting in their best interests
- taking all reasonable steps to prevent any harm to them
- assessing and managing risk
- putting safeguarding policies and procedures in place
- undertaking ongoing monitoring and reviewing to ensure that safeguards are being implemented and are effective
- responding appropriately to allegations of abuse

Within HAY the **Trustee with responsibility for Safeguarding** will chair the quarterly Safeguarding Committee where all the above will be monitored. This Trustee with responsibility for Safeguarding is also responsible for informing the Charity Commission of any serious incidents.

The Trustee with responsibility for Safeguarding is Mary Longhurst Mob: 07803 205550.

Chief Executive

The Chief Executive is responsible for

- The implementation, maintenance, monitoring and review of this Policy, across HAY
- Leading by example in actively promoting safeguarding practices in HAY
- Working with the Trustees to maintain this policy through planning, implementing, measuring, and reviewing performance on a corporate level
- Ensuring the Team they manage have implemented the Safeguarding Policy and have received the appropriate safeguarding training

Managers

Managers are the key to the success of this policy. They are accountable for the safeguarding standards within their area of control. Specifically, they are responsible for

- Ensuring the Safeguarding policy is communicated and implemented within their area of control
- Making sure they and their staff attend regular safeguarding training to update on most recent reviews and legislation
- Ensure that they and the staff they supervise understand the safeguarding arrangements within HAY
- Informing, instructing, training and supervising employees
- Ensuring all incidents relating to safeguarding are reported to a Designated Safeguarding Officer
- Reporting safeguarding issues which they cannot resolve to the CEO

All Employees

All employees are responsible for

- Making sure they understand the part they play regarding safeguarding children, young people and vulnerable adults
- Co-operating with managers in following the safeguarding arrangements set out in this policy
- Reporting any suspicions of abuse or neglect to a Designated Safeguarding Officer
- Reporting any concerns about the behaviour of any members of staff, volunteers or contractors towards children, young people or vulnerable adults

Safeguarding Manager

The Safeguarding Manager is responsible for

- Providing safeguarding advice to all areas of HAY
- Monitoring the implementation of this policy across HAY and reporting any concerns to the Directors
- Reporting to the trustees via the Safeguarding Committee any relevant matters relating to safeguarding
- Ensuring all necessary training is made available to all staff
- Ensuring the correct safer recruitments procedures are implemented.

CEO

The CEO is responsible for

- Informing the Trustee with responsibility for Safeguarding of any referrals to DBS
- Keeping records of concerns raised against a member of staff or volunteer on their staff file
- Making a referral to DBS
- Ensuring all necessary training is made available to all staff
- Ensuring the correct safer recruitments procedures are implemented.

Designated Safeguarding Officer

The Designated Safeguarding Officers are responsible for

- Responding in a timely manner to any suspected abuse allegations
- Keeping written records in line with our Data Protection Policy
- Referring a case on to other agencies where necessary

Regular meetings take place with the safeguarding committee where all vulnerable young people are discussed individually. There is a clear discussion about concerns, actions, and outcomes. This allows closer monitoring of young people who are vulnerable and accountability to those who are responsible for ensuring the young person is safeguarded.

Databases / monitoring systems are regularly updated to ensure clear records of any communication, referrals, contact, and concerns are logged.

HAY's Designated Safeguarding Officer is:

Bijal Karavadra, Deputy Director – Mobile: 07793 210283

Training

General Arrangements for Implementing the Safeguarding Policy

Working in Partnership

HAY will cooperate and coordinate with all organisations it works in partnership with, to safeguard the children, young people, and vulnerable adults it has contact with.

Safer Recruitment

Safeguarding the children, young people, and vulnerable adults who HAY have contact with is considered at the recruitment stage. All staff, volunteers and trustees are required to attend interviews and provide references, as detailed in HAY's recruitment, selection, and induction procedures.

A Disclosure and Barring Service (DBS) check will also be obtained for staff, volunteers and trustees recruited to certain positions. A repeat DBS check will be obtained every three years for all eligible employees, volunteers, and trustees.

During interview, all candidates will be questioned regarding their understanding of safeguarding and how that might be a consideration in the role they are applying for.

Safer Working

All staff and volunteers working for HAY have a responsibility to safeguard the welfare of the children, young people, and vulnerable adults that they are working with to ensure their physical, sexual and emotional safety. To achieve this all staff and volunteers should follow some simple guidelines.

Staff and Volunteer Code of Conduct

- Do treat everyone with respect
- Do ensure that your own behaviour is appropriate at all times

Good Practice Guidelines for Working with children, young people, and vulnerable adults

- Plan activities so that they involve more than one member of staff, volunteer, or other relevant accompanying (e.g., youth leader) adult being present, or are at least in sight or hearing of others
- When meeting with a child, young person or vulnerable adult this should take place as publicly as possible. If privacy is needed other staff and volunteers should be informed of the meeting
- Don't exaggerate or trivialise safeguarding issues
- Don't let allegations made by a child, young person or vulnerable adult go without being addressed and recorded
- Don't deter anyone from making allegations through fear of not being believed
- Don't engage in or permit abusive behaviour between young people e.g. ridiculing, bullying
- Don't engage in sexually provocative or rough physical games with a child, young person or vulnerable adult
- Don't make suggestive remarks or gestures or tell jokes of a sexually inappropriate or discriminatory nature
- Don't show favouritism to any individual
- Don't allow yourself to be drawn into inappropriate attention-seeking behaviour, such as tantrums or crushes but deal with such behaviour firmly and fairly
- Don't give a child, young person or vulnerable adult your personal contact details and do not communicate with them outside of the work you are doing with them
- Do respect a person's right to privacy

Physical Contact

Staff and volunteers should not have unnecessary physical contact with child, young person, or vulnerable adult. There may, however, be occasions when physical contact is unavoidable or positively desirable or necessary for safety reasons, for example

- Providing reassurance for a distressed person
- When teaching sports
- When working with a person with a disability who requests such assistance
- Giving direct assistance when fitting outdoor activity equipment, e.g., harness
- Administering first aid
- Intervening in a matter where a young person may get hurt

Wherever possible there should be an attempt to ask the person to agree to such contact. Where appropriate, staff should explain their actions. This should be conducted openly and ideally with another member of staff or volunteer present. Staff should be aware of their positioning so that, where possible, others can clearly see the assistance being given. Staff should, where possible, gain consent from the young person before physical contact takes place.

Staff and volunteers should avoid doing things of a personal nature that the young person can do themselves. However, when working with people with disabilities, personal care and help is sometimes required.

In very rare circumstances there may be a need to physically restrain a young person for their own or other's safety. See Appendix B for further guidance about restraint.

Social Media

As technology develops, the internet and its range of services can be accessed through various devices including mobile phones, computers and game consoles. Although the internet has many positive uses, it provides the key method for the distribution of indecent images of children.

Furthermore, social networking sites, chat rooms and instant messaging systems are increasingly being used by online predators to "groom" a child, young person or vulnerable adult. In addition, electronic communication is being used more and more by young people as a means of bullying their peers and distributing inappropriate images.

In order to safeguard HAY employees and the people we work with the good practice outlined in the HAY Social Media Guidelines must be followed.

Photography

Photos of young people taking part in HAY programmes and activities are an excellent way of communicating and promoting HAY but when personal information is added to photographs, these images can be used to identify children, and put their safety and privacy at risk. Photographs can also be adapted for inappropriate use. To manage the risks associated with photographing children and young people all employees must comply with the HAY Photography Policy. HAY has a media consent form that is completed for every young person by their responsible adult.

Residential Trips away

By following basic safeguarding best practices, we can protect children, young people and vulnerable adults participating in our programmes.

- Adults should ideally not share a bedroom with a child or young person. However, this may be necessary where the adult is the child or young person's carer
- Bedrooms of only two young people should be avoided if possible
- Bedrooms should not be mixed male and female. The exception to this may be where there are transgender young people
- Adults and young people must use private shower facilities

NB: - The Pan London Child Protection Procedures (5th Edition 2017) states: -

"Professionals in all agencies should be sufficiently knowledgeable and competent to contact local LA children's social care or the police about their concerns directly and to complete the appropriate referral form" **(Pan London Child Protection Procedure Part A; Section 1.5; paragraph 1.5.4; 5th Edition 2017). All members of HAY team are required to have the level of competence needed to make a referral to Local Authority Children's Services, Child Protection Team.**

Responding to Safeguarding Concerns Procedure

For types of Abuse, please see Appendix 1)

Staff and volunteers may become concerned about a person in several ways

- A child, young person or vulnerable adult **may tell (disclose)** that s/he or someone else has been or is being abused
- There may be concerns due to the person's **behaviour or presentation**
- Concerns may be raised about the **behaviour of an adult,** who may be a member of staff, volunteer, another professional or a member of the public
- A parent, carer, relative or member of the public **might share their concerns about** a child, young person or vulnerable adult

In all cases the following procedures must be followed:

Disclosure

(A child, young person or vulnerable adult may tell (disclose) that s/he or someone else has been or is being abused)

When a child, young person or vulnerable adult wants to confide in you

- Stay calm and listen carefully to them
- Show them that you take what they are saying seriously

- Encourage the child, young person, or vulnerable adult to talk, but do not interrupt whilst they are recalling events
- Ask questions only to clarify your understanding of what you are being told. Do not investigate. Do not ask them to repeat his/her account
- Do not promise to keep the information secret. Explain that you have to pass the information on to those who can help. Tell the child, young person or vulnerable adult what you are going to do next
- Do not confront any alleged abuser
- As soon as you can, write down what the young person has said, using the child's own words
- **Report to your Designated Safeguarding Officer immediately** – at the first opportunity and within the same day. (See next section for relevant designated safeguarding officers)

Reporting a young person's disclosure of abuse is not a betrayal of the young person's confidence. It is your duty and is also necessary to allow protective action to be taken in relation to the young person and any other children.

If you feel a young person may be going to tell you about abuse, but then stops or tells you something else, let them know that you are always ready to listen to them and/or remind them of the Childline number 0800 1111.

If the child, young person, or vulnerable adult has communication difficulties or English is not their first language, pass this information on so that an appropriate interpreter can be identified.

Hounslow no longer have forms to complete for Safeguarding Referrals, they are now all done through an online portal. Here is the link for social care referrals in Hounslow:

Professionals area (hounslow.gov.uk)

Observed concerns

(If you become concerned about a child, young person, due to the young person's behaviour, presentation, or other reason)

- Do not trivialise or dismiss your concerns
- If the behaviour may be sexually harmful to other young people do not explain it away as 'normal'
- Report your concerns to your Designated Safeguarding Officer as soon as you can, and before the end of the shift/day (see next section for relevant designated safeguarding officers)

Information that may seem trivial can frequently form the missing piece of the puzzle and lead to protective action being taken.

Children, young people, or vulnerable adults who display sexually harmful behaviour need to have an assessment of their needs, including possible needs for protection.

HAY has a clear whistle bowing policy in place. If you become concerned about the behaviour of an adult

- Do not dismiss your concerns
- Do not confront the person about whom you have concerns

- Report your concerns to your Designated Safeguarding Officer as soon as you can, and before the end of the shift/day (*see next section for relevant designated safeguarding officers)*

Concerns about other adult/ staff member

It is **VERY IMPORTANT you do not ignore** or dismiss suspicions about another professional or colleague, however well or little you know them, or whatever position they may occupy in their organisation.

If your concerns are about your Designated Safeguarding Officer, you should speak to the Chief Executive. If your concerns are about the Chief Executive, you should speak to HAY's Chair of Trustees. Your concerns will be taken in confidence and even if they are subsequently seen to be mistaken, you will not suffer any adverse consequences for raising the concern. The only exception to this would be where it could be conclusively shown that the concerns were raised maliciously.

If a parent, carer, or other member of the public tells you of their concerns about a young person or the behaviour of an adult

- Do not leave it to them to make their own referral to social care services. You should make your own report
- Take adequate details about their concern and the identity of the young person
- Report your concerns to your Designated Safeguarding Officer as soon as you can, and before the end of the shift/day (*see next section for relevant designated safeguarding officers*)

Concerns raised by members of the public should always be taken seriously and where necessary HAY should take responsibility to make the referral to social care services.

If you are dissatisfied with the response to any of your concerns above, raise these again with your Designated Safeguarding Officer. If you are unable or unwilling to do this, you can approach another Designated Safeguarding Officer or the Chief Executive or HAY's Chair of Trustees.

PLEASE NOTE:

If staff observe that a child or an adult are at immediate risk of harm, and any delay in contacting the police could cause serious harm, staff need to call emergency services 999 – ask for Police and report the concerns.

Designated Person

HAY have appointed Designated Safeguarding Officers who are trained to respond to safeguarding concerns.

Staff who have safeguarding concerns must raise these with a Designated Safeguarding Officer and should not make a direct referral to any outside agency.

Training

All HAY staff, volunteers and trustees will be given safeguarding training. Staff are required to attend the internally run training course within the first three months of their employment. Volunteers will be given safeguarding training relevant to the position in which they are volunteering, this could be their manager talking through the HAY Safeguarding Policy with them or they may need to attend HAY's Safeguarding training. This will be organised locally through their programme manager. Trustees will be invited to attend the HAY Safeguarding Training course or will be required to complete online Safeguarding Training.

All HAY staff working face to face will be required to undergo Statutory & Mandatory Training Level 3 Safeguarding Children & Young People.

HAY Trustees will attend the same training as well as Safeguarding Leadership and Management.

The Designated Safeguarding Leads will attend Designated Safeguarding Lead (Level 3) and Safeguarding Leadership and Management.

Refresher training will take place every 3 years. Safeguarding Training will also be covered in the annual training updates.

Working with Partner Agencies

Working with partner agencies is a key part of our work. It is important in these circumstances that there is clarity of responsibility for different aspects of safeguarding between the two parties.

Concerns about the behaviour of a member of staff or a volunteer

These procedures should be used in respect of all cases where it is alleged that a person who works with children, young people or vulnerable adults has:

- behaved in a way that has or may have harmed a child, young person, or vulnerable adult
- possibly committed a criminal offence against or related to a child, young person, or vulnerable adult

If the concern is not connected to the person's employment or work activity, these procedures may also apply.

It is in everyone's interest to resolve cases as quickly as possible, consistent with a fair and thorough investigation. All allegations must be investigated as a priority to avoid any delay. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness, and complexity of the allegation.

There may be up to three strands in the consideration of an allegation

- a police investigation of a possible criminal offence
- enquiries and assessment by social services about whether a child, young person or vulnerable adult is in need of protection or in need of services
- consideration by an employer or regulatory body of action in respect of the individual
- behaved towards a child, young person or vulnerable adult in a way that indicates he or she may pose a risk of harm
- in connection with the person's employment or voluntary activity.

If there is an immediate risk, appropriate actions may need to be taken by the member of staff e.g. urgent involvement of police; suspension of member of staff and removal from HAY premises; securing evidence; urgent medical attention.

Any allegation or concern which arises should be reported immediately to a Designated Safeguarding Officer.

Where staff receive an allegation against someone from another organisation, this should be reported to a Designated Safeguarding Officer.

Confidential Information and Retaining Records

All children, young people and vulnerable adults, and their families, are entitled to their privacy. However, where there are concerns about the safety or welfare of a child, young person or vulnerable adult, those concerns and the necessary personal information will need to be shared with those who can make decisions about action to safeguard the child, young person or vulnerable adult.

There is nothing in any legislation that prohibits the sharing of confidential and personal information where there are concerns about the safety or welfare of a child, young person or vulnerable adult, or where a criminal act may be, or may have been committed.

Employees should make written notes at the earliest opportunity, and these should be passed to the Designated Safeguarding Officer. The Designated Safeguarding Officer must keep all written documents relating to a safeguarding issue in a secure place.

These detailed records should be kept until HAY is confident that the information is held accurately with the agency responsible for taking further action to safeguard the child, young person or vulnerable adult i.e., partner agencies, social services or the police. A chronology of decisions made, and actions taken can then be kept on file once the detailed records are deleted or destroyed. This record should be held for 50 years.

More information can be found in the government document Working Together to Safeguard Children. https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity

Where concerns have been raised about a member of staff or a volunteer and these relate to behaviour that has harmed, or may have harmed a child, young person or vulnerable adult; possibly committed a criminal offence against, or related to a child, young person or vulnerable adult; or behaved in a way that indicates s/he is unsuitable to work with children, young people or vulnerable adults, then:

- The CEO must be informed
- A clear and comprehensive summary of any allegations made, details of how the allegations were followed up and resolved, and of any action taken and decisions reached, will be recorded
- This record will be kept in the person's confidential personnel file and a copy should be given to the individual
- Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for ten years if that is longer

The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

HAY have a Duty to Refer to DBS any employees or volunteers who have been dismissed, redeployed, retired/redundant or resigned where HAY believe that this person has either:

- Engaged in relevant conduct or
- Satisfied the harm test or
- Received a caution for, or been convicted of, a relevant offence

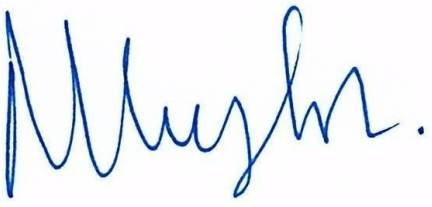
(As defined in the Safeguarding Vulnerable Groups Act 2006).

The Chief Executive is responsible for making this referral to DBS and for informing the Trustee with responsibility for Safeguarding.

The Trustee with responsibility for Safeguarding is responsible for notifying the Charity Commission of any serious incidents relating to safeguarding in line with the Charity Commission's Reporting Serious Incidents Policy.

Please see the appendixes to the HAY Safeguarding Policy and procedure:

- **Appendix A** – Types of Abuse (signs and symptoms)
- **Appendix B** – Restraining Policy and procedure
- **Appendix C** – Contact list

Signed: 

Name (please print): **Mary Longhurst**

Position: **Chair of HAY**

Date: **23 / 04/ 2025**

Review Date: **April 2026**

Appendix A. Recognising Signs and Symptoms of Abuse

Definitions of Abuse

"Child abuse and neglect" is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children sets out definitions and examples of the four main categories of abuse. (https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

Four Main Categories of Child Abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories can overlap, and an abused child does frequently suffer more than one type of abuse.

Further types of Child Abuse may occur which cause harm to children and may fall under 1 or more of the categories above.

Recognising possible abuse is a complex and complicated procedure and it is not the responsibility of HAY employees to decide whether a child or young person has been abused or is at risk. However, there is a responsibility to act on any concerns and report them to a Designated Person. The following information is designed as a guide to help raise awareness of the different signs of abuse

Physical Abuse

Physical abuse may involve poking, pushing, hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. It can also include "fabricated" or "induced" illness where a parent or carer simulates the symptoms of, or deliberately causes, ill health in a child.

Most children collect accidental injuries and bruises from time to time, and bruises caused in this way are likely to be on the external bony parts of the body such as the knees, shins, elbows and forehead. Most children who have developed language skills will be able to describe how an injury was caused. Any injury should be considered in the context of the child's history and developmental stage, and any explanation given.

The following circumstances are possible indicators of physical abuse and should trigger concerns.

Signs and Symptoms of physical abuse:

- Any injuries such as bruises, bites, fractures, burns etc which are not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries that appear to have been caused by a weapon
- Injuries that warrant medical attention that has not been sought
- Evidence of self-mutilation or self-harm
- Delay in the presentation of the injury
- Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child. This is called Fabricated or Induced Illness (see below).

Types of bruising which may indicate physical abuse include

- Bruising in babies and young children who are not independently mobile
- Bruising to the soft tissue area where there is no bony prominence, e.g. face, back, arms, buttocks, genitalia, ears and hands
- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, for example of an implement, a hand, or a cord
- Grip marks: in a young baby this could indicate that the child has been shaken, risking injury to the brain
- Frequent bruising for which the child is unwilling to offer an explanation
- Regular “accidental” bruising or injury with or without a history of how the injury occurred

Types of injury which may indicate child abuse include

- Multiple burns, and burns on unusual areas of the body such as back, shoulders or buttocks
- Scalds where the child appears to have been “dipped” in too hot water
- Cigarette burns
- Bite marks
- Damage to mouths

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child’s emotional development. This form of abuse almost always accompanies other forms of abuse. It includes persistent criticism, denigration, rejection and scapegoating. It has an important impact on a child’s mental health, behaviour and self-esteem.

This may involve Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person

- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Serious bullying, causing children frequently to feel frightened or in danger - e.g., witnessing domestic violence
- Exploitation or corruption of children

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Signs and symptoms of emotional abuse:

- Abrupt changes or regression in mood and behaviour, for example, where a child becomes clingy or withdraws or becomes depressed or aggressive
- Nervous and/or inappropriate fear of adults, for example, frozen watchfulness
- Sudden changes in behaviour, for example, lack of concentration, under-achievement at school
- Inappropriate relationships with peers and/or adults, for example, excessive dependence e.g. anxious, indiscriminate or no attachment
- Attention-seeking behaviour or acting out aggressive behaviour
- Persistent tiredness
- Sudden onset or prolonged bed-wetting or soiling of bedclothes, particularly in older children
- A child who is consistently reluctant to go home after school or nursery
- Carer shows a persistently negative attitude towards the child
- The child consistently experiences low warmth and high criticism from its parent/carer(s)
- Older children may show evidence of mental health issues such as depression, self-harm or eating disorders, or may have behavioural or educational difficulties
- A child who struggles to engage in normal social activity and conversation with peers or adults
- A child who runs away from home
- A child with a very low self-esteem and or who will consistently describe themselves in very negative ways such as "I am stupid, naughty, hopeless, ugly"
- A child living in an environment of domestic abuse, alcohol, or substance misuse

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and includes penetrative and non-penetrative acts. It may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways. Sexual abuse includes abuse of children through sexual exploitation.

Sexually Harmful Behaviour
A significant proportion of sexual abuse is carried out by children and young people on their peers. Such abuse should always be taken as seriously as that perpetrated by an adult. The behaviour should not be dismissed as “normal”. A referral to social services should always be made.

Abuse of Trust
All members of staff and volunteers with HAY have a relationship of trust with the children and young people who use our services. It is an abuse of that trust and could be a criminal offence to engage in any sexual activity with a young person aged under 18, or a vulnerable young person under the age of 25, irrespective of the age of consent and even if the relationship is consensual.

Organised Abuse
This is sexual abuse where there is more than a single abuser and the adults concerned appear to act in agreement to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

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

Although there are some indicators relating to sexual abuse, in many cases this form of abuse is well hidden, with the only overt signs being a child’s behaviour in general or towards an individual, and this may be attributable to many things unrelated to sexual abuse. This makes sexual abuse very difficult to identify

<u>Signs and symptoms of sexual abuse:</u>

- Any direct disclosure
- Excessive preoccupation with sexual matters
- Detailed knowledge of adult sexual behaviour and/ and or engaging in sexually explicit play, continual open masturbation or aggressive sex play with peers (as distinct from normal sexual curiosity)
- Extreme use of sexually explicit language and/or detailed descriptions or drawings of sexual activity
- Being sexually provocative with adults
- Bruising or bites to breasts, buttocks and around the genital area could be signs of sexual abuse as well as physical abuse

- Self-harm
- Running away or regular absences from home or school (particularly in the case of organised abuse)
- Pregnancy
- A sexually transmitted infection

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

Young people who are being sexually exploited may

- 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
- go missing from home, care or education.

Neglect

Working Together defines neglect as "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. This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs. Neglect may occur during pregnancy as a result of maternal substance abuse".

There are no specific features which indicate neglect, other than that the child's basic needs are not adequately met. Neglect is a pattern, not an event, so it is important to consider the standard of care the child received over time; a pattern of neglect may be missed if each individual event is considered in isolation.

Symptoms and signs of Neglect

- Regular poor hygiene e.g. unkempt or dirty appearance
- Persistent tiredness
- Inadequate clothing

- Lack of appropriate medical care or treatment e.g. missed health or dental appointment, failure to comply with medical advice and give medications or treatment appropriately, delayed or missed immunisations.
- Excessive appetite –appearing hungry
- Failure to thrive, for example, poor weight gain without any organic cause or persistently underweight or overweight
- Developmental delay e.g. poor self-esteem and poor educational attainment
- Behavioural signs e.g. aggression, withdrawal, social isolation, substance misuse, running away, non-attendance at school
- Failure to protect from emotional harm or danger
- Consistently being left alone and unsupervised
- Signs in the home environment such as dirty or hazardous conditions, lack of a safe place to play, inadequate or unsuitable sleeping arrangements, young people excluded from the family home.

Some groups of children can be more vulnerable to neglect, and certain characteristics of a child may make them more susceptible to neglect, for example:

- **Disabled children** (especially those with complex needs and communication difficulties)
- **Teenagers –** due to failure to provide appropriate supervision, guidance, or boundaries, for example around sexual behaviour, criminality or substance misuse, and some teenagers may be excluded from the family home due to poor relationships
- **Young carers** - may be inadvertently neglected because of parental ill health or disability.
- **Babies** born early and/or with complex health needs may be neglected because their extra needs can make them more demanding. Babies born to younger parents may also be more at risk of neglect if their parents are not being supported in their parenting role.

Recognising Potential Risk to an unborn Child

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby. Indicators may include

- Domestic abuse within the household
- Alcohol and substance misuse by mother, leading to possible harm to the unborn child, or by others with risk to new-born
- Secret or hidden pregnancy or the mother's mental health problems

These concerns should be addressed as early as possible in order to provide sufficient time for full assessment and support so as to enable the parents (wherever possible) to provide safe care.

People with Disabilities

HAY is wholly committed to upholding the rights of children, young people and vulnerable adults with disabilities who use our services and particularly their right to be free from violence, abuse or neglect by their parents or anyone else who looks after them. Research suggests that children and young people with disabilities are more vulnerable to physical, emotional or sexual abuse or neglect than a non-disabled child. The level of risk may be raised by

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers and staff lacking the ability to communicate adequately with the child
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
- Physical dependency with consequent reduction in ability to be able to resist abuse
- An increased likelihood that the child is socially isolated
- Lack of access to "keep safe" strategies available to others
- Communication or learning difficulties preventing disclosure
- Parents' or carers' own needs and ways of coping conflicting with the needs of the child

In addition to the indicators of abuse and neglect listed above, the following indicators must also be considered in relation to disabled children:

- Force feeding, or impatience in feeding leading to under feeding/under nourishment
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing or social contact
- Misuse of medication, sedation, heavy tranquilisers
- Invasive procedures against a child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of care programmes or regimes
- Ill-fitting equipment (e.g. calipers, sleep board causing injury or pain, inappropriate splinting)
- Undignified or culturally inappropriate intimate care practices.

Some sex offenders may target children and young people with disabilities in the belief they are less likely to be detected.

Institutional Abuse

Children and young people with disabilities are particularly vulnerable to this kind of abuse where practices and behaviours by staff in organisations have become institutionalised or commonly accepted practice. However, those behaviours may cause significant harm (as above) and/or may be an abuse of the child's rights. Examples of the latter could be

- Where a child's communication board does not accompany the child everywhere
- Staff who assume a child's wishes or communication and speak for them
- Staff who do not facilitate a child's own communication because of the difficulty or time it takes
- Attributing difficult or challenging behaviour to the child's condition rather than identifying it as communication

All staff and volunteers within HAY must be alert to signs of institutional abuse or unprofessional practices or behaviour and raise their concerns as per the procedures outlined above.

Specific Forms of Abuse

Fabricated or induced illness

Fabricated or induced illness is a condition whereby a child has suffered, or is likely to suffer, significant harm through the deliberate action of their parent and which is attributed by the parent to another cause. There are three main ways of the parent fabricating (making up or lying about) or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluid;
- Induction of illness by a variety of means.

The above three methods are not mutually exclusive. Existing diagnosed illness in a child does not exclude the possibility of induced illnesses. The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms (London Child Protection Procedures 5th Edition 2017 Part A Chapter 3 Fabricated or induced illness 3.1) For more information please see:- http://www.londoncp.co.uk/chapters/fab_ind_ill.html

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.
Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.
Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation, radicalisation or to perform criminal acts.
Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female and they could be any age.
Many children and young people don't understand that they have been groomed or that what has happened is abuse. Groomers will hide their true intentions and may spend a long time gaining a child's trust. Groomers may try to gain the trust of a whole family to allow them to be left alone with a child and if they work with children, they may use similar tactics with their colleagues.

Bullying and cyber bullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – e.g. at school, at a youth

club, at home, in the workplace or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

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

Sexting

Sexting means sending or posting sexually suggestive images, including nude or semi-nude photographs, via mobiles or over the Internet

If a young person tells you they have received a Sext never view, download or print the image – you can ask them to describe the content.

CEOP, Childline and Internet Watch Foundation are available to give advice and support to young people affected by Sexting.

Creating and sharing sexual photos and videos of under-18s is illegal and therefore causes the greatest complexity for youth organisations when responding. It also presents a range of risks which need careful management. On this basis the phrase 'youth produced sexual imagery' has been introduced to ensure clarity.

'Youth produced sexual imagery' best describes the practice because:

- 'Youth produced' includes young people sharing images that they, or another young person, have created of themselves.
- 'Sexual' is clearer than 'indecent.' A judgement of whether something is 'decent' is both a value judgement and dependent on context.
- 'Imagery' covers both still photos and moving
- The types of incidents which may be encountered are:
    - A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
    - A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
    - A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18

The sharing of sexual imagery of people under 18 by adults constitutes child sexual abuse and the police should always be informed.

A referral should always be made if

- An adult is involved
- The child is under 13
- It involves unusual sexual acts
- The young person is being coerced, blackmailed or groomed
- The young person has special needs
- There is immediate risk of harm, e.g. suicide

Police now have discretion (Outcome 21) whether to prosecute as they do not want to criminalise young people unnecessarily

Female Genital Mutilation (FGM)

The World Health Organisation (WHO) defines female genital mutilation as: *"all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996).*

FGM is a complex issue, with a variety of explanations and motives given by individuals and families who support the practice such as:

- preserving the girl's virginity, cleanses and purifies the girl
- brings status, social acceptance, and respect for the girl
- upholds family honour, especially for marriage.
- rite of passage, part of being a woman, perpetuates a custom/tradition.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It helps girls and women to be clean and hygienic or its aesthetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.
- It rids the family of bad luck or evil spirits.

FGM constitutes child abuse and causes physical, psychological and sexual harm which can be severely disabling.

FGM is violence against girl children and women, a serious public health hazard and a human rights issue. It contravenes The Children's Act 1989; The Human Rights Act 1998 and The FGM Act 2003. Protecting children and mothers from FGM is everybody's business.

There are three circumstances relating to FGM, which require identification and intervention:

- Where a child is at risk of FGM
- Where a child has been abused through FGM
- Where a prospective mother has undergone FGM

For further information please view: "London Safeguarding Board:- Safeguarding children at risk of abuse through female genital mutilation" 2009

Serious Crime Act 2015 and professionals 'new duty' to report known FGM cases

The new Serious Crime Act 2015 has introduced a new legal duty whereby regulated health and social care staff and teachers must report **known cases of FGM** (see definition below) on girls **under the age of 18** to the police.

Cases of known FGM are where:

- a girl makes a disclosure to a professional that an act of FGM has been carried out on her

or

- a professional observes physical signs of FGM and there is no reason to believe that the act was necessary for the girls physical or mental health or for purposes connected with labour or birth. The duty also covers genital piercings and tattoos for non-medical purposes.

The duty only covers girls who are **under 18 at the time of disclosure**; a disclosure by an adult who experienced FGM in childhood is not covered by mandatory reporting rules.

Failure to make a mandatory report when required under the procedures could result in disciplinary proceedings being taken against the professional.

Suspected cases or cases where a girl is thought to be at risk of FGM will continue to be referred under the current multi-agency guidance available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

Any concerns or disclosure around FGM should be discussed with line manager/ Safeguarding lead immediately and within the same working day.

Reporting known cases of FGM to the Police under Mandatory Reporting rules

Reports must be made as soon as possible following disclosure or observation and should be made within 1 working day unless there are exceptional circumstances, for example reporting would put the girl (or another child) at immediate risk of harm or professionals need to consult with other colleagues. The latest timeframe for making a report is one month. For further guidance on reporting visit:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

Breast Ironing

In the procedure, hot objects, including stones and hammers, are used to pound and beat girls' breasts to stop them growing, in the belief it makes them less desirable to men and discourages premarital pregnancy and rape. Performed on girls as young as 8 until the end of puberty

Breast ironing is both physically and psychologically damaging. It can cause infections and abscesses and has been linked to breast cancer, problems with breastfeeding, and severe depression

Forced Marriage

Forced marriage is a marriage in which one or both of the parties is married without his or her consent or against his or her will. A forced marriage differs from an arranged marriage, in which both party's consent to the assistance of their parents or a third party (such as a matchmaker) in identifying a spouse.

Peer on peer abuse

There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. This is a matter of professional judgement.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a young person's behaviour as abusive if:

- There is a large difference in power (for example age, size, ability, development) between the young people concerned; or

- The perpetrator has repeatedly tried to harm one or more other children; or
- There are concerns about the intention of the alleged perpetrator.
- If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

Organised Abuse
Organised or multiple abuse involves one or more abusers and a number of children.

Organised and multiple abuse occur as part of a network of abuse across a family or community and within institutions such as residential homes, schools, sports clubs and voluntary groups

Radicalisation and Extremism

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups. "*Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.*" (**London Child Protection Procedures 5th Edition March 2015** (revised version March 2016 Part A Section 6).
https://www.londonsafeguardingchildrenprocedures.co.uk/
The Governments **Prevent Strategy** is intended to ensure that no-one is treated in any way less favourably on the grounds of race, colour, national or ethnic or social origin, race, disability, gender, sexual orientation, gender reassignment, marriage & civil partnership, pregnancy & maternity, age, religion/ belief or political/ other personal beliefs.
https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty

Understanding and Recognising Risks and Vulnerabilities of Radicalisation

Most individuals, even those who hold radical views, do not become involved in extremism. Numerous factors can contribute to and influence the range of behaviours that are defined as extremism. It is important to consider these factors in order to develop an understanding of the issue. It is also necessary to understand those factors that build resilience and protect individuals from engaging in violent extremist activity. Safeguarding children and young people from radicalisation is no different from safeguarding them from other forms of harm. Indicators for vulnerability to radicalisation are the same as those you are already familiar with:

- family tensions
- sense of isolation
- migration
- distance from cultural heritage
- experience of racism or discrimination
- feeling of failure etc.

Those in the process of being radicalised may become involved with a new group of friends, search for answers to questions about identity, faith and belonging, possess extremist literature or advocate violence actions, change their behaviour and language, seek to recruit others to an extremist ideology.

It is important to note that children and young people experiencing these situations or displaying these behaviours are not necessarily showing signs of being radicalised. There could be many other reasons for the behaviour including those you are already familiar with alcohol or drug abuse, family break down, domestic abuse, bullying etc or even something more minor. It is important to be cautious in assessing these factors to avoid inappropriately labelling or stigmatising individuals because they possess a characteristic or fit a specific profile. It is vital that all professionals who have contact with vulnerable individuals are able to recognise those vulnerabilities and help to increase safe choices.

Anybody, from any background could become radicalised including those being recruited to white extremist groups such as the British National Party (BNP).

Honour Based Violence

Honour based violence is the term used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

A child who is at risk of honour-based violence is at significant risk of physical harm (including being murdered) and/or neglect,

The perceived immoral behaviour which could precipitate a murder include:

- Inappropriate make-up or dress.
- The existence of a boyfriend.
- Kissing or intimacy in a public place.
- Rejecting a forced marriage.
- Pregnancy outside of marriage.
- Being a victim of rape.
- Inter-faith relationships.
- Leaving a spouse or seeking divorce.

Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them.

Children sometimes truant from school to obtain relief from being policed at home by relatives. They can feel isolated from their family and social networks and become depressed, which can on some occasions lead to self-harm or suicide.

Families may feel shame long after the incident that brought about dishonour occurred, and therefore the risk of harm to a child can persist. This means that the young person's new boy/girlfriend, baby (if pregnancy caused the family to feel 'shame'), associates or siblings may be at risk of harm.

Forced marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of their parents or a third party in identifying a spouse.

The guidance contained in the multi-agency practice guidelines, *Handling cases of forced marriage* (Home Office, 2009), recommends that cases involving forced marriage are best dealt with by child protection or 'adult protection' specialists.

Domestic Violence and abuse *(DVA is a Child protection issue)*

The Home Office definition of Domestic Violence and abuse was updated in March 2013 as: *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality* (London Child Protection Procedures 5th Edition 2017 Part A Updated Section 1 page 1.3.11).

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Changes to Government Policy: children under 18 years and domestic violence incidents

Victims of domestic violence and abuse aged 16 and 17 are now recognised under a new cross-government definition, which was implemented in March 2013.

Extending the definition will increase awareness that young people under 18 years' experience domestic violence and abuse, encouraging more of them to come forward and access the support they need – for example, speaking to someone about the abuse or contacting a helpline or a specialist service. The definition of domestic violence will now include 'coercive control'. The previous definition defined domestic violence as a single act or incident. The new definition recognises that patterns of behaviour and separate instances of control can add up to abuse – including instances of intimidation, isolation, depriving victims of their financial independence or material possessions and regulating their everyday behaviour.

https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version .

The Care Act 2014

Safeguarding Disabled Children 2009

https://assets.publishing.service.gov.uk/media/5a7b27da40f0b66a2fc05897/00374-2009DOM-EN.pdf

Appendix B. Restraint

Definition of Restraint

Restraint is an intervention that prevents a person from behaving in way that threatens to cause harm to themselves, to others, or to property, by reducing the ability of a person to move their arms, legs, body or head freely.

It is the policy of HAY that staff should never restrain a young person participating in one of our programmes.

HAY staff who are involved in direct delivery (e.g. Instructors, sports delivery officers) are required to attend de-escalation training. The techniques learned on this training will be used to de-escalate a situation, thus negating the need for restraint.

In circumstances where there is a firmly held belief that young person is at risk of physically harming themselves or others and other forms of de-escalation have failed, the accompanying youth leader or teacher will be responsible for restraining the individual. If this occurs within a programme where there are no youth workers or school staff accompanying the young people, or they are not available, then the HAY staff member may physically intervene to prevent injury to another person. The HAY member of staff must be able to justify their actions in these circumstances and will be supported by HAY.

After an Incident

If a child, young person or vulnerable adult has been restrained it is important that their parent, guardian or carer is contacted at the earliest opportunity and given details of the circumstances leading to restraint and the physical acts involved.

It is distressing to be involved in restraint, whether as the person being restrained, the person doing the restraining, or someone observing or hearing about what has happened. All those involved in an incident should receive support, which can be accessed through their line manager to help them talk about what has happened and, where necessary, record their views.

Appendix C. Local Safeguarding Children Boards and Other External Agencies

HAY comes within the remit of three Local Safeguarding Children Boards.

Hounslow Safeguarding Children's Partnership – 020 8583 6600 option 2
Out of hours contact: 020 8583 2222 - ask to speak to the duty social worker

The London Borough of Hounslow Local Authority Designated Officer (LADO)

Hounslow has two Local Authority Designated Officers (LADO) – Grace Murphy and Sarah Paltenghi.

Grace Murphy

Tel: 0208 583 4933

Email: grace.murphy@hounslow.gov.uk

Working Days: Tuesday – Friday (9.00am – 5.00pm)

Sarah Paltenghi

Tel: 0208 583 3423 / 07970198380

Email: sarah.paltenghi@hounslow.gov.uk

Working Days: Monday – Wednesday (9.00am – 5.00pm)

Hounslow no longer have forms to complete for Safeguarding Referrals, they are now all done through an online portal. Here is the link for social care referrals in Hounslow:
Professionals area (hounslow.gov.uk)

The London Safeguarding Children Board has published child protection procedures for the City of London and the 32 London Boroughs. Procedures can be found on their website.

https://saferlondon.org.uk/wp-content/uploads/2021/06/Safeguarding-and-Child-Protection-Policy-and-Procedure-v5-Feb-2021-005.pdf

External Agencies who can offer support

The Disclosure and Barring Service (DBS)

https://www.gov.uk/government/organisations/disclosure-and-barring-service

NSPCC Tel: 0844 892 1026

NSPCC Child Protection Helpline (24 hours): To report or discuss concerns about a child's welfare. Tel: 0808 800 5000 or textphone: 0800 056 0566 or email: help@nspcc.org.uk

https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/nspcc-helpline/

Childline Tel: 0800 1111. https://www.childline.org.uk/

Save The Children. Tel: 020 7012 6400 Freephone: 0800 814 8148
https://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf

Child Exploitation Online & Protection Centre (CEOP) https://www.ceop.police.uk/Safety-Centre/

UK Safer Internet Centre Tel: 0344 381 4772.
https://www.gov.uk/government/organisations/disclosure-and-barring-service