

Policy

for

Safeguarding / Child Protection

The Romford Drum and Trumpet Corps

adopted on the 7th September 2016

Reviewed 25th September 2017

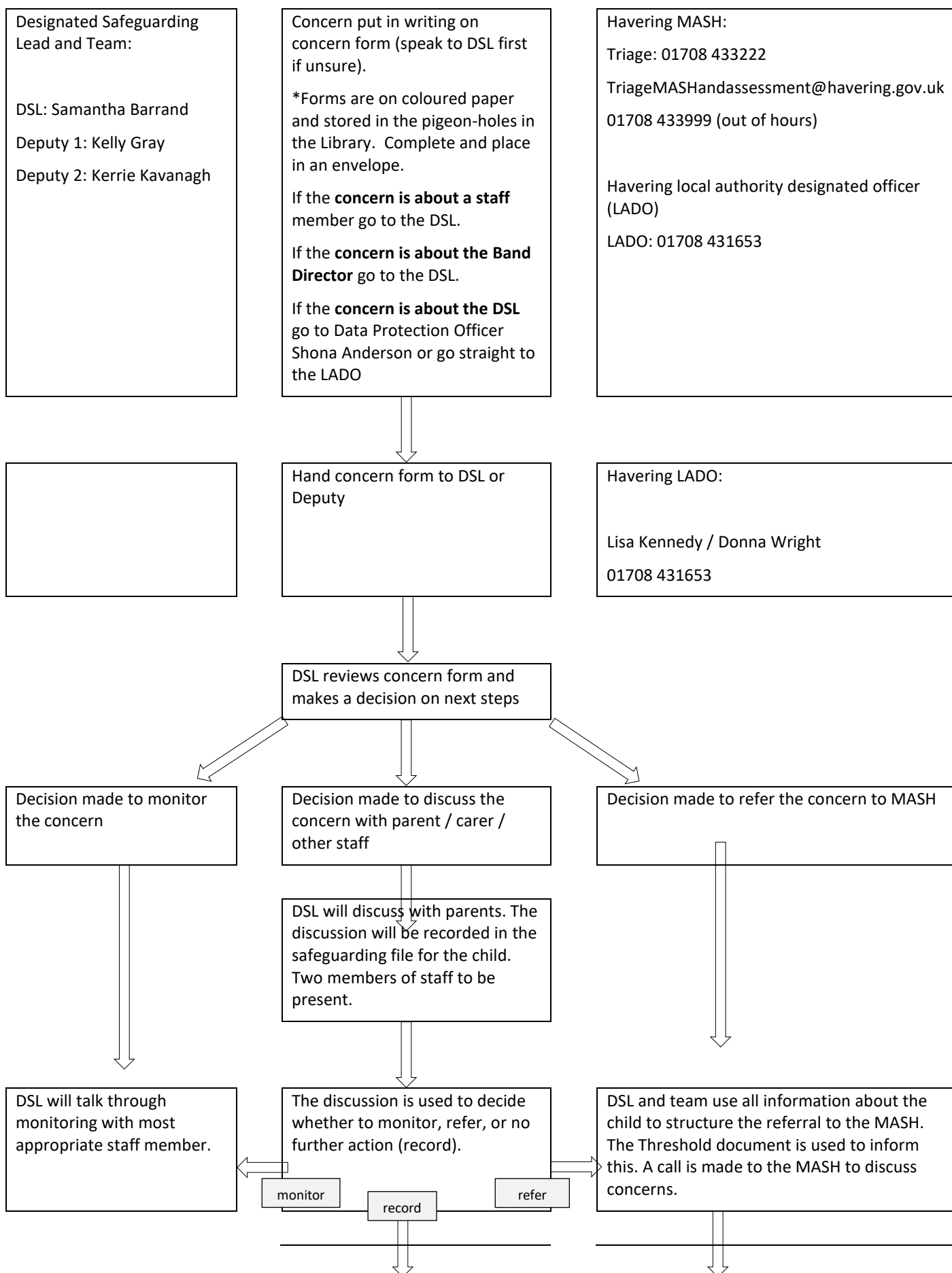
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1.0 Raising concerns about a child



Decision is recorded in the safeguarding file for the child.

A MARF is submitted to MASH (same working day asap)

If the Designated Safeguarding Lead and team are not available the staff member should, with the support of the most senior member of staff available, make a direct referral to MASH.

2.0 Overview

2.1 Safeguarding and promoting the welfare of children is:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

2.2 The purpose of this document is to assist all

- to safeguard and protect children who are at risk of abuse or neglect
- to promote the well-being of all children.

2.3 At R.D.T.C we are committed to safeguarding children and young people and we expect everyone in our organisation to share this commitment. Adults in our organisation take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them.

2.4 This policy and procedures should be read in conjunction with

- London Safeguarding Children Procedures 5th edition
- Working Together to Safeguard Children 2018
- Keeping children safe in education 2019
- Social Media policy
- Code of Conduct
- Young members first policy

2.5 The safeguarding of children is everyone's responsibility. At R.D.T.C. we have based our safeguarding infrastructure on that of a school setting and based our guidance, policy and training along the same approach as a school. We understand that schools have a responsibility under Section 175 of the Education Act 2002 to safeguard and promoting the welfare of children. This includes

- Preventing the impairment of children's health or development
- Protecting children from maltreatment
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care.

2.6 This policy and the following procedures apply to all paid staff, volunteers and Trustees working with R.D.T.C.

3.0 Legal framework

3.1 The Children Act 1989 defines a child as being up to the age of 18 years; it also defines significant harm and the roles and responsibilities of Children's Social Care and the Police.

3.2 Legislation related to safeguarding

Keeping Children Safe in Education (September 2019)

The Children Act 1989 and 2004

4.0 Significant harm

4.1 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and support.

4.2 This policy outlines the action to be taken if it is suspected that a child may be being abused, harmed or neglected.

There are four categories of abuse:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

4.3 It is acknowledged that a child can be abused, harmed or neglected in a family, institution or community setting or online by someone known to them or, less commonly, by a stranger; this includes someone in a position of trust such as a school staff member or professionals in other services around the child.

4.4 Safeguarding and the promotion of a child's welfare covers all aspects of the child's life and R.D.T.C is committed to ensuring that all its actions in respect of a child are compatible with this aim. If there are concerns about a child's welfare that do not meet the thresholds of child abuse the R.D.T.C will consider whether the Early Help approach should be considered. Early identification of concerns and the use of Early Help to develop a multi-agency plan for the child can reduce the risk of subsequent abuse.

5.0 Context

5.1 The content of this policy is applicable to all paid staff, volunteers and Trustees.

- 5.2 All adults in the organisation have a full and active part to play in protecting our children from harm.
- 5.3 All adults in R.D.T.C believe that our organisation should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child.
- 5.4 The aims of this policy are:
- To support the child's development in ways that will foster security, confidence and independence.
 - To raise the awareness of support staff for the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- 5.5 Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers:
- To provide a systematic means of monitoring children known or thought to be at risk of harm.
 - To support pupils who have suffered abuse in accordance with their agreed Child Protection Plan.
 - To emphasise the need for good levels of appropriate communication between all members of staff, and with external agencies.
 - By strictly following safer recruitment requirements, ensuring that all adults within our school who have access to children have been checked as to their suitability.
 - To set out a structured procedure within the organisation in cases of suspected abuse.
 - By sharing information about child protection and good practice with children, parents and carers, staff and volunteers.
 - To promote effective working relationships with other agencies, especially the Police and Social Care. Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
 - To ensure all members are aware of the R.D.T.C's code of conduct & young members first policy.

5.6 Equality

Some children's circumstances mean they are more vulnerable to abuse and/or less able to easily access services. These children often require a high degree of awareness and co-operation between professionals in different agencies, both in recognising and identifying their needs and in acting to meet those needs: Children in Specific Circumstances, edition 5, London Child Protection Procedures; KCSIE 2019 Para 102 and following.

6.0 Safeguarding and child protection procedures

- 6.1 Our procedures for safeguarding children will be in line with the London Borough of Havering and Havering Local Safeguarding Children Board procedures; Edition 5 of the London Child Protection Procedures provides comprehensive guidance. We will ensure that:
- We have a Designated Safeguarding Lead who has responsibility for Child Protection and who undertakes regular training for this role.

- We have at least two designated Safeguarding deputies who will act in the Designated Safeguarding Lead's absence.

(Throughout this policy 'Designated Safeguarding Lead' refers to the DSL or any team members. All team members are able to act equally. They work as a team.)

- The Safeguarding and child protection team are:
Designated Safeguarding Lead: Samantha Barrant
Deputy Safeguarding Lead 1: Kelly Gray
Deputy Safeguarding Lead 2: Kerrie Kavanagh
- Those named above have received appropriate training. The Designated Safeguarding Lead and their deputies will attend all whole in house training and undertake additional formal training at least every two years. The Safeguarding Team will keep themselves up to date throughout the year.
- All staff and volunteers will receive training at least every year, with ongoing updates through the year. Training will always include a reminder of the referral processes. Topics may include:
 - Signs and symptoms of abuse
 - Prevent
 - CSE
 - Online Safety
 - FGM

6.2 In the event that there are concerns about a child, the Designated Safeguarding Lead will access the London Borough of Havering MASH indicators of need and the London Child Protection Procedures 5th edition to inform their decision-making process with regard to the presenting safeguarding concerns.

6.3 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

6.3.1 All adult members will develop their understanding of the signs and indicators of abuse and of their responsibility for referring any concerns.

6.3.2 Induction for all new adult members, staff, Trustees and volunteers will include:

- safeguarding and child protection policy
- code of conduct and young members first policy

6.3.3 All adult members will be expected to know how to access edition 5 of the London Child Protection Procedures at <http://www.londoncp.co.uk/>.

6.3.4 All adult members will know how to respond to a young member who discloses abuse. It is vital that our actions do not abuse the child further or prejudice further enquiries, for example:

- Stay calm, listen to the child and if you are shocked by what is being said try not to show it.

- Do not promise confidentiality; you can however promise privacy, reassure the child they have done the right thing. Explain who you will have to tell and why.
 - If a child is making a disclosure the pace should be dictated by the child. Do not ask leading questions, for example 'what did they do next?' It is our role to listen, not to investigate. Use open questions such as 'is there anything else you wish to tell me?'
 - Accept what they are telling you; do not make judgements.
 - Reassure the child that they have done the right thing in telling you. Do acknowledge how hard it was for them to tell you.
 - Do not criticise the perpetrator; this may be someone they love.
 - Tell them what you will do next and with whom the information will be shared.
 - Pass this information on immediately to your Designated Safeguarding Lead.
- 6.4 All adult members, in the absence of a member of the safeguarding team, may raise concerns directly with MASH (MASH includes Children's Social Care and Police).
- 6.5 After a child has disclosed abuse, the Designated Safeguarding Lead should take immediate action to contact MASH (MASH includes Children's Social Care and Police).
- 6.5.1 All adult members must report all information **immediately**, on the same day, to the Designated Safeguarding Lead.
 - 6.5.2 The conduct of adult members when in a 1:1 situation with a child should be managed in a way that would not lead any reasonable person to question their motives or intentions. All adult members must ensure that their behaviour and actions do not place children or themselves at risk of harm or of allegations of harm to children. All adult members must be aware of R.D.T.C's 'Whistleblowing and Policy' and how to access it.
 - 6.5.3 All parents/carers will be made aware of the possibilities of adult members' actions with regard to child protection procedures.
 - 6.5.4 All parents/carers, as part of the child induction process, will be made aware of the Safeguarding and Child Protection Policy, which is on the R.D.T.C's website www.rdtc.org
- 6.6 We will review our Safeguarding and Child Protection Procedures at least annually
- 6.7 **Changing on shows**
 Due to the nature of our organisation there will be times where members are required to change into different clothing. Boys and Girls will change separately, and this will be monitored by two same sex members of staff. For example: Girls will change and will be accompanied by two female members of staff. This acts as a mean to protect both the band members and band staff.
- 6.8 **Use of toilet facilities on the premises**
 Band members will have access to toilet facilities in the main band hall whilst any visitors and non-DBS holders will be required to use the parent facilities in the canteen.

7.0 Types of abuse, neglect and other safeguarding concerns

These definitions are from 'Working Together' (2018) and 'Keeping Children Safe in Education' (2019):

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

- 7.1 **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- 7.2 **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying / online bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
- 7.3 **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education
- 7.4 **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include **neglect of, or unresponsiveness to, a child's basic emotional needs.**

7.5 **Child sexual exploitation (CSE):** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults;
- can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

7.6 **Female Genital Mutilation (FGM):** FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 4 and 10.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon professionals (including teachers) to immediately report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. It will be rare for teachers to see visual evidence, and they should not be examining pupils.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should take the concern to the Designated Safeguarding Lead and together they would go to the Police.

If there are concerns that a girl is at risk or there is a suspected case, the in-school procedures should be followed, taking the concern immediately to the Designated Safeguarding Lead.

7.7 **Breast ironing:** is where young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. The custom uses large stones, a hammer or spatulas that have been heated over scorching coals to compress the breast tissue, or an elastic belt to press the breasts so as to prevent them from growing in girls as young as 9 years old. Much like Female Genital Mutilation (FGM), breast-ironing has been identified by the UN as one of five under-reported crimes relating to female-to-female/gender-based violence.

The practice is performed usually by mothers and female relatives and it is believed that by carrying out this act:

- young girls will be protected from harassment, rape, abduction
- it will prevent early pregnancy that would tarnish the family name
- it will allow the girl to pursue education rather than be forced into early marriage
- it will delay pregnancy by "removing" signs of puberty
- girls may not appear sexually attractive to men

Most at risk: Young pubescent girls usually aged between 9 – 15 years old. It is a well-kept secret between the young girl and her female relatives who are likely to carry out the practice.

7.8 **Prevent, Radicalisation and Extremism:** As part of the Counter Terrorism and Security Act 2015, schools have a duty to 'prevent people being drawn into terrorism'. This is the 'Prevent Duty'. Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

Preventing radicalisation: Children are vulnerable to extremist ideology and radicalisation. There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

As with other safeguarding risks all staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation taking their concerns to the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the school's core values alongside the fundamental British Values, supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

7.9 **Sexting:** The term 'sexting' relates to the sending of indecent images, videos and/or written messages with sexually explicit content; these are created and sent electronically. They are often 'shared' via social networking sites and instant messaging services. This

School will not tolerate sexting; it is inappropriate and illegal amongst young people and can have extremely damaging and long-lasting consequences. Sexting is unacceptable behaviour. The misuse of electronic communication, such as sexting, inappropriate comments on Facebook for example, being the object of cyber-bullying and online grooming are all potential safeguarding concerns. We have a responsibility to work with parents and carers in ensuring that all pupils are fully aware of the dangers and possible repercussions of sexting.

- 7.10 **Missing:** A child going missing from education is a potential indicator of abuse or neglect. Staff should follow the school's procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions.

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of FGM or risk of forced marriage. Staff should be aware of the school unauthorised absence and children missing from education procedures.

The school holds at least two contact numbers for every child. These will be used as part of the First Day Calling process.

- 7.11 **Children and the court system:** All staff should be aware that any child involved in legal proceedings should be made known to the Designated Safeguarding Lead. Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. Where there is a family break up making child arrangements via the family courts following separation can be stressful and entrench conflict in families.

- 7.12 **Children with family members in prison:** Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. Staff must inform the Designated Safeguarding Lead if they know a child has a family member in prison.

- 7.13 **Child criminal exploitation: county lines:** Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and

- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

7.15 Homelessness: Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead has contact details and referral routes in to the Havering Housing so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. There should always be a MASH referral if a child has been harmed or is at risk of harm.

In most cases school staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it is also recognised that in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead will ensure appropriate referrals are made based on the child's circumstances.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

7.16 So-called 'honour-based' violence (HBV): encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation)

and should be handled and escalated as such. Staff need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

- 7.17 **Forced marriage:** Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools can play an important role in safeguarding children from forced marriage.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

- 7.18 **Peer on peer abuse:** Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying / online bullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Sexual violence and sexual harassment between children: Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap. They can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

8.0 Possible signs and symptoms of abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. This is not an exclusive list and many of the signs and symptoms could fall into more than one category. Guidance on recognising signs and symptoms of abuse can be found in Working Together to Safeguard Children 2019. Also students with learning difficulties often exhibit some of these signs (e.g. reluctance to get undressed for PE, constant tiredness) which are

not necessarily signs of abuse but symptoms of their condition; however, it must also be remembered that disabled children are 3 times more likely to experience abuse or neglect than non-disabled peers.

Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

8.1 Physical abuse

- Unexplained injuries, bites, bruises or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss the causes of injuries
- Untreated injuries
- Disclosure of punishment which appears excessive
- Withdrawal from physical contact/aggressive behaviour
- Arms & legs kept covered in hot weather (excluding for reasons of cultural dress)
- Fear of returning home
- Fear of medical help
- Self-destructive tendency
- Running away

8.2 Emotional abuse

- Physical, mental, emotional or developmental lag
- Domestic violence
- Disclosure of punishment which appears excessive
- Over-reaction to making mistakes or fear of punishment
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate responses to painful situations
- Neurotic behaviours
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug or solvent abuse
- Running away
- Compulsive stealing, scavenging

8.3 Sexual abuse

- Sudden changes in behaviour
- Displays of affection which are inappropriate
- Alleged promiscuity or sexualised behaviour
- Fear of undressing

- Regression to younger behaviour
- Inappropriate internet use and possible 'grooming' concerns
- Genital itching or other genital/anal pain/injury
- Distrust of familiar adult
- Unexplained gifts of money, mobile phones etc.
- Depression and withdrawal
- Apparent secrecy about social activities or the identity of "special friends"
- Wetting or soiling, day and night
- Sleep disturbances or nightmares
- Chronic illness, especially throat infections and sexually transmitted disease

8.4 **Neglect**

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness or non-attendance at school
- Untreated medical problems or unmet special needs
- Low self-esteem
- Neurotic behaviour
- Poor social relationships
- Deterioration in school performance
- Running away
- Compulsive stealing or scavenging

8.5 **Child Sexual Exploitation (CSE)**

- Going missing for periods of time or regularly coming home late
- Regularly missing school or education or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infection
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

8.6 **Female Genital Mutilation (FGM)**

The World Health Organisation identify girls between 4 and 10 as being the most at risk. FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable
- spending longer than normal in the bathroom or toilet due to difficulties urinating
- spending long periods of time away from a classroom during the day

- with bladder or menstrual problems
- frequent urinary, menstrual or stomach problems
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations
- confiding in a professional without being explicit about the problem due to embarrassment or fear
- talking about pain or discomfort between her legs

8.7 Prevent, Radicalisation and Extremism:

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships
(but there are also very powerful narratives, programmes and networks that young people can come across online, so involvement with particular groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

8.8 Handling sexting and nude selfie incident:

UKCCIS "Sexting in schools and colleges" will be used to triage concerns. This extract gives the initial actions that should be taken:

There should always be an initial review meeting, led by the DSL. This should consider the initial evidence and aim to establish:

- Whether there is an immediate risk to a young person or young people
When assessing the risks the following should be considered:
 - Why was the imagery shared?
Was the young person coerced or put under pressure to produce the imagery?
 - Who has shared the imagery?
Where has the imagery been shared?
Was it shared and received with the knowledge of the pupil in the imagery?
Are there any adults involved in the sharing of imagery?
 - What is the impact on the pupils involved?
 - Do the pupils involved have additional vulnerabilities?
 - Does the young person understand consent?
 - Has the young person taken part in this kind of activity before?
- If a referral should be made to the police and/or children's social care

- If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed
- What further information is required to decide on the best response
- Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.
- Whether immediate action should be taken to delete or remove images from devices or online services
- Any relevant facts about the young people involved which would influence risk assessment
- If there is a need to contact another school, college, setting or individual
- Whether to contact parents or carers of the pupils involved - in most cases parents should be involved

An immediate referral to police and/or children's social care should be made if at this initial stage:

1. The incident involves an adult
2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
3. What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
4. The imagery involves sexual acts and any pupil in the imagery is under 13
5. You have reason to believe a pupil is at immediate risk of harm owing to the sharing of the imagery (for example, the young person is presenting as suicidal or self-harming).

If none of the above apply then a school may decide to respond to the incident without involving the police or children's social care (a school can choose to escalate the incident at any time if further information/concerns come to light).

The decision to respond to the incident without involving the police or children's social care would be made in cases when the DSL is confident that they have enough information to assess the risks to pupils involved and the risks can be managed within the school's pastoral support and disciplinary framework and if appropriate local network of support.

8.9 Private fostering: A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

8.9.1 Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

8.9.2 Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In

some cases privately fostered children are affected by abuse and neglect, or are involved in trafficking, child sexual exploitation or modern-day slavery.

- 8.9.3 Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers, to inform the school. However, it should be clear to the school who has parental responsibility. On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered. School staff should notify the Designated Safeguarding Lead when they become aware of private fostering arrangements. The Designated Safeguarding Lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

- 8.10 **Home stay / Exchange hosts:** If children are staying with a family as part of an exchange, the parents and over 18s need to have an enhanced DBS check (as a volunteer). The R.D.T.C will also decide whether they will do an enhanced DBS check for 16 and 17 year olds who also live in the house

9.0 What to do if you suspect that abuse may have occurred

- 9.1 You must report the concerns immediately, on the same working day, to the Designated Safeguarding Lead or their deputies. You may report verbally, but this must be followed up by a written account, on the same working day.
- 9.2 **The role of the Designated Safeguarding Lead and team members is to:**
- 9.2.1 Obtain information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
 - 9.2.2 Assess the information quickly and carefully and ask for further information as appropriate.
 - 9.2.3 They should also consult with Havering services in the first instance (e.g. MASH including Early Help, LADO)
 - 9.2.4 The Designated Safeguarding Lead should make a referral to the MASH (social care / police) or the police without delay if it is agreed during the consultation or if there is an immediate risk to the child.
 - 9.2.5 The referral should be made to the MASH team in which the child lives, e.g. if a child lives in another borough, the referral needs to be made to the MASH team in that borough / authority.
 - 9.2.6 A telephone referral should be made and confirmed in writing using MARF online on the same working day if requested. The MASH team should acknowledge the referral within one working day and should be contacted if no acknowledgement has been received within 3 working days.
 - 9.2.7 Following referral, the MASH team should consider the next course of action, record their decision in writing and notify the Designated Safeguarding Lead that they have made a decision.
 - 9.2.8 Concerns will not be discussed with anyone other than those nominated above.

- 9.2.9 It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the Designated Safeguarding Lead has not responded appropriately to your concerns, it is then your responsibility to contact the MASH and the LADO immediately.

9.3 Responsibilities

- 9.4 The Designated Safeguarding Lead and team are responsible for:
- 9.4.1 Adhering to the Havering LSCB, London Borough of Havering and R.D.T.C's procedures with regard to referring a child if there are concerns about possible abuse.
 - 9.4.2 Keeping full written chronological records of in-school concerns about a child even if there is no need to make an immediate referral.
 - 9.4.3 Ensuring that all such records are kept confidentially and securely and are separate from members records.
 - 9.4.4 Ensuring that an indication of further record-keeping is marked on the members records.
 - 9.4.5 Ensuring that any child currently who is subject to a Child Protection Plan who is absent without explanation is referred to MASH (Social Care).

10.0 Supporting children

- 10.1 We recognise that a child who is abused or witnesses violence and/or abuse may find it difficult to develop and maintain a sense of self worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self blame.
- 10.2 We recognise that the R.D.T.C may provide the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm.
- 10.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 10.4 R.D.T.C will support all children through:
- Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.
 - Promoting a caring, safe and positive environment, giving children a sense of being valued.
 - Ensuring children know there are adults in the organisation whom they can approach if they are worried.
 - Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - Notifying MASH (Social Care) as soon as there is a significant concern.

11.0 Supporting staff

We recognise that staff and volunteers at R.D.T.C who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff and volunteers by providing an opportunity to discuss the situation with the Designated Safeguarding Lead and to seek further support as appropriate.

12.0 Safer Recruitment and allegations

At R.D.T.C we will ensure we practise Safe Recruitment by undertaking 3 yearly enhanced DBS checks of staff and volunteers who work with children. Recruitment adverts will highlight the priority that the organisation places on this and the organisations commitment to safeguarding. References and medical checks will be made on all new staff, and all staff will have references on file.

The R.D.T.C will follow the guidance set out in

- Keeping Children Safe in Education 2019
- Local Safeguarding Children Board procedures
- London Child Protection Procedures 5th edition.

12.1 Allegations against members – peer on peer abuse

- 12.1.1 The R.D.T.C recognises the different forms peer on peer abuse, and is clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”.
- 12.1.2 Children are vulnerable to abuse by their peers. Such abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures. Professionals should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.
- 12.1.3 Professionals should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.
- 12.1.4 Professionals should be aware of the added vulnerability of children and young people who have been the victims of violent crime (for example mugging), including the risk that they may respond to this by abusing younger or weaker children.
- 12.1.5 The alleged perpetrator is likely to have considerable unmet needs as well as posing a significant risk of harm to other children. Evidence suggests that such children may have suffered considerable disruption in their lives, may have witnessed or been subjected to physical or sexual abuse, may have problems in their educational development and may have committed other offences. They may therefore be suffering, or at risk of suffering, Significant Harm and be in need of protection. Any long-term plan to reduce the risk posed by the alleged perpetrator must address their needs.
- 12.1.6 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 alleged perpetrator has repeatedly tried to harm one or more other children; or
- There are concerns about the intention of the alleged perpetrator.

12.1.7 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

12.1.8 Further information is available in our separate Peer on Peer Abuse Policy.

12.2 Allegations against staff

12.2.1 At R.D.T.C we recognise the possibility that adults working in the organisation may harm children. Any concerns about the conduct of adults in the R.D.T.C should be taken to the Designated Safeguarding Lead (DSL) without delay. If the concern is regarding the DSL then the concern should be taken to the Data protection officer Shona Anderson or to the Local Authority Designated Officer (LADO).

12.2.2 We understand that a child or 3rd party may make an allegation against an adult member/volunteer.

12.2.3 We understand that an allegation is wider than just those where it is considered that there is reasonable cause to believe that a child has suffered or is at risk of suffering significant harm. Some allegations may indicate that an adult member/volunteer is unsuitable to work with children.

12.2.4 We will be guided by Working Together 2018 which defines an allegation as when an adult has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates that they are unsuitable to work with children.

12.2.5 If such an allegation is made, the member of staff receiving the allegation, or having the concern, will immediately inform the DSL; this must be done on the same working day.

12.2.6 The DSL on all such occasions will discuss immediately, on the same working day, the content of the allegation with LADO, before taking any further action.

12.2.7 If the allegation made to an adult member concerns the DSL, the member will immediately inform the Data Protection Officer (DPO) who will consult with the LADO; this must be done on the same working day. If the DPO is not available, the member of staff must make direct contact with the LADO.

12.2.8 The R.D.T.C will not internally investigate until instructed by the LADO.

12.2.9 The R.D.T.C will follow the LA procedures for managing allegations against staff, a copy of which will be readily available. These are also contained in the London Child Protection Procedures 5th edition.

12.3 Whistleblowing

All staff, volunteers & adult members must be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues.

Further information is available in our Whistleblowing and Managing Allegations Policy.

13.0 Safeguarding and the R.D.T.C culture

13.1 Reasonable force

Our policy on reasonable force by staff is set out in a separate policy and acknowledges that staff must only ever use reasonable force as a last resort, and that at all times it must be the minimal force necessary to prevent injury to another person.

The R.D.T.C will, where appropriate, create individual plans to minimise the likelihood of challenging behaviour, and when it occurs there will be less use of physical restraint and other restrictive methods

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures. Staff need to be aware that if a child sustains an injury as a result of physical intervention Safeguarding and Child Protection processes must be followed.

13.2 Bullying

Our policy on bullying, and online bullying, is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures.

13.3 Racial incidents

Our policy on racist incidents, and online racist incidents, is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

13.4 Health & Safety

Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both within the school environment and when away from school when undertaking school trips and visits.

13.5 Prevention

We recognise that the R.D.T.C plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The R.D.T.C community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the organisation whom they can approach if they are worried or in difficulty.

13.6 Other relevant policies

- Whistleblowing Policy

- Physical Intervention Policy
- Code of Conduct/Behaviour Policy
- Anti-Bullying Policy
- Social Media/Internet Acceptable Use Policy
- Visitors Policy
- Photography/Mobile phones Policy
- Recruitment and Appointment of Workers and Volunteers
- Health & safety Policy

13.7 Support and training

We are committed to the provision of safeguarding training for all our team members, paid and voluntary, and we recognise that they must be regularly updated. Safeguarding and Child Protection is always part of our development.

In addition to the basic safeguarding training, the Designated Safeguarding Lead and Team undertake training in inter-agency working at least bi-annually to keep their knowledge and skill up to date.

All other staff undertake appropriate training to equip them to carry out their responsibilities for child protection effectively, which is kept up to date by annual refresher training – this training cycles round a range of key topics. This will be additionally supported every year with training and updates provided by the Designated Safeguarding Lead through meetings, training days, written updates and briefings.

14.0 Managing Child Protection Cases

14.1 Management of children subject to Child Protection investigation or subject to a Child Protection Plan:

The Designated Safeguarding Lead and team will contribute to the child protection investigation and attend or contribute to the Strategy meetings.

The Designated Safeguarding Lead or deputy will attend the Initial Child Protection Conference to share any relevant information and provide a written report for the conference.

If the child is placed on the Child Protection Plan, the Designated Safeguarding Lead or deputy is responsible for ensuring that the R.D.T.C participates appropriately in the Child Protection Plan and attends all Core Group Meetings and Child Protection Conferences.

Information will be shared with staff/volunteers on a “need to know” basis but key personnel working with child should have sufficient information to support them in their work with that child.

If a child with a Child Protection Plan leaves the organisation, the Designated Safeguarding Lead will inform the Social Worker.

14.2 Record keeping

- 14.2.1 DfE guidance says that the Designated Safeguarding Lead will keep detailed, accurate, secure written records of referrals and concerns. These should be kept separately from academic records, in a confidential file stored in a secure cabinet, accessible only by appropriate senior staff members. Current cases are exempt from examination by parents or children unless subject to a court order. Subject Access Requests may be made for records of historic, closed issues.
- 14.2.2 Havering LSCB promotes high quality record keeping in respect of all concerns about children's welfare. The records should be completed in a timely manner and include all relevant information such as dates, times, others involved, witnesses etc. All records should be signed and dated. The child's confidential record should include a front sheet chronology of concerns to support the understanding of the impact of past concerns, patterns and escalation of concerns.
- 14.2.3 When making a referral, the referrer should keep a written record of:
- Discussions with child
 - Discussions with parent/s
 - Discussions with staff
 - Information provided to the MASH
 - Advice given and decisions taken (clearly times, dated and signed)
- 14.2.4 The referrer should confirm verbal and telephone referrals in writing within 48 hours, using the inter-agency referral form.
- 14.2.5 R.D.T.C will ensure that we keep up-to-date personal data records of all the children by regularly reminding parents to inform us of any change in family circumstances and requesting an annual update.

14.3 Confidentiality and information sharing

- 14.3.1 We recognise that all matters relating to child protection are confidential.
- 14.3.2 The Designated Safeguarding Lead will disclose personal information about a member to other members or volunteers on a need to know basis only.
- 14.3.3 However, all staff must be aware that they have a responsibility to share information with other agencies in order to safeguard children.
- 14.3.4 When considering sharing information we will:
- 14.3.4.1 Remember that GDPR is not a barrier to sharing information, it provides the framework
 - 14.3.4.2 Be open & honest with the person from the outset about how information may be shared
 - 14.3.4.3 Seek advice, do not fail to share information because you are unsure what to do
 - 14.3.4.4 Share with consent where appropriate & respect the wishes of those who refuse consent unless you believe that there is a risk of harm to child if the information is not shared

- 14.3.4.5 Consider safety and well-being of the child and base information sharing decisions on this
- 14.3.4.6 Ensure all information shared is Necessary, Proportionate, Relevant, Accurate, Timely & Secure. Ensure any third party or hearsay information is identified and that you have consent to share it
- 14.3.4.7 Keep a record of your decision and reasons for it. Record what you have shared, with whom and the purpose.

15.0 Key contacts

15.1 MASH Team

01708 433222 (day)

01708 433999 (night)

<https://my.havering.gov.uk/Pages/OnlineForms/Multi-Agency-Referral-form.aspx#Information>

15.2 LADO

Lisa Kennedy

lado@havering.gov.uk

01708 431653

15.3 Senior Inspector Safeguarding

Penny Patterson

Penny.patterson@havering.gov.uk or ppatterson.311@lgflmail.org

01708 433813

15.4 NSPCC whistleblowing helpline

0800 028 0285

www.nspcc.org.uk/Helpline

15.5 SO15 Counter Terrorism Command

DC Gavin Moore

07919628083 or 0203 276 1100

Gavin.F.moore@met.pnn.police.uk

PC Jag Shina

07767765808

Jag.s.shina@met.pnn.police.uk

15.6 LBH Prevent and Hate Crime Coordinator

Jess Finnin

01708 433 225

jessica.finnin@havering.gov.uk & prevent@havering.gov.uk

15.7 LBH CSE & Missing lead

Lorraine Bartlett

lorraine.Bartlett@havering.gov.uk

15.8 UK Safer Internet Centre

POSH Professionals Online Safety Helpline for schools

0344 381 4772

<https://www.saferinternet.org.uk/professionals-online-safety-helpline>

15.9 NSPCC

Online Safety Helpline for Professionals and Parents

0808 8005002

<https://www.nspcc.org.uk/services-and-resources/nspcc-helpline/>

15.10 LBH & East London Gangs & Serious Youth Violence

Louise Giles, Detective Sergeant

East Area Gangs Unit

0203 276 0523

GangsUnit@met.pnn.police.uk

15.11 Designated Safeguarding Lead Shona Anderson and team Julie Fearon & Karolyn Bonning.

16.0 Where to go for further information:

16.1 Havering LSCB

<https://www.havering.gov.uk/Pages/Category/Havering-Safeguarding-Childrens-Board.aspx?l1=100014>

Havering: MARF guidance notes

<https://my.havering.gov.uk/Pages/OnlineForms/Multi-Agency-Referral-form.aspx#Information>

16.2 Havering: Missing protocol

www.havering.gov.uk/missingchildren

16.3 Havering: Online CSE toolkit

<https://www.havering.gov.uk/Pages/Services/Sexual-exploitation.aspx>
<https://www.havering.gov.uk/Documents/Children-young-people-and-families/Havering%20safeguarding%20board/CSE-Toolkit.pdf>

16.4 UKCCIS: Sexting in schools and colleges 2016

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6_2439_KG_NCA_Sexting_in_Schools_WEB_1_PDF

16.5 London LSCB

<http://www.londonscb.gov.uk>

16.6 London Child Protection Procedures, edition 5

<http://www.londoncp.co.uk/>

- 16.7 DfE: Guidance: Safeguarding practitioners: information sharing advice 2015
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- 16.8 DfE: Statutory guidance: Working together to safeguard children 2018
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- 16.9 DfE: Statutory guidance: Keeping children safe in education 2019
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- 16.10 DfE: Advice what to do if you are worried that a child is being abused 2015
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- 16.11 DfE: Preventing and Tackling Bullying 2017
<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>
- 16.12 LGfL: online safety policies
<http://os.lgfl.net>

SAFEGUARDING POLICY

I confirm that I have read the Safeguarding Policy.

I understand the contents and agree to follow these procedures.

Name	Signature	Position	Date
