

The Hollow Lane Club



SAFEGUARDING & CHILD PROTECTION POLICY & PROCEDURES

Adult safeguarding policy refer to Appendix 10.

Safeguarding Statement

The Hollow Lane Club recognises our moral and statutory responsibility to safeguard and promote the welfare of all children and young people. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. Child protection forms part of the club's safeguarding responsibilities.

Trustees Reviewed July 2017 Next Review due July 2018

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Trustee Lead: Jacqui Warne

Review Cycle: Statutory Annual

Next Review Date: June 2018

Key Personnel

The Designated Safeguarding Leads (DSL) are:

Safeguarding Designated Officer is **Mary Roche**. mary@hollowlane.org.uk
07790 105879

Deputy Safeguarding Designated officer is **Deb Ward**.
admin@hollowlane.org.uk 01392 463823

Deputy Safeguarding Designated officer at Bidwell Brook School is
Marie Quinn 07956 431396

The **Named Member of the Trustees for Safeguarding** is **Jacqui Warne**.
Jacqui.warne@learntolivefederation.co.uk 01392 467168

Terminology

Safeguarding and promoting the welfare of children is defined as:

- 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

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Staff refers to all those working for or on behalf of the club, full or part time, temporary or permanent, in either a paid or voluntary capacity.

Children and young people includes everyone under the age of 18.

Adult safeguarding policy refer to Appendix 10.

Parents refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

1. Introduction Safeguarding legislation and guidance

The following safeguarding legislation and guidance has been considered when drafting this policy:

- The Safeguarding Vulnerable Groups Act 2006
- Working Together to Safeguard Children 2015
- Keeping Children Safe in Education 2016
- HM Gov Information Sharing 2015
- What to do if you're worried a child is being abused 2015

2. Policy Principles: The welfare of the child is paramount

- All children regardless of age, gender, culture, language, race, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities.
- We recognise that all adults, including temporary staff¹, volunteers and trustees, have a full and active part to play in protecting our children and young people from harm and have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm;
- All staff believe that our club should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- Children and staff involved in child protection issues will receive appropriate support and supervision.

3. Policy Aims

- To demonstrate the club's commitment with regard to safeguarding and child protection to children, parents and other partners.
- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident to, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.

¹ Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self-employed staff, contractors, volunteers working with children etc and trustees.

- To raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, The Hollow Lane Club, contribute to assessments of need and support packages for those children.
- To emphasise the need for good levels of communication between all members of staff.
- To develop a structured procedure within the club which will be followed by all members of The Hollow Lane Club community in cases of suspected abuse.
- To develop and promote effective working relationships with other agencies, especially the Police and MASH.
- To ensure that all staff working within our club who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)², and a single central record is kept for audit.

4. Values Supporting Children

- We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- We recognise that during the summer holiday, the club may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 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.

The Hollow Lane Club will support all children by:

- Encouraging self-esteem and self-assertiveness, through the activity curriculum as well as our relationships, whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within the club.
- Responding sympathetically to any requests for time out to deal with distress and anxiety.
- Offering details of helplines, counselling or other avenues of external support.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying MASH as soon as there is a significant concern.

Prevention / Protection

- We recognise that the club 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 Hollow Lane Club community will therefore:

- Work to establish and maintain an ethos where children feel secure, are encouraged to talk and are always listened to.
- Include regular consultation with children e.g. asking children to report whether they have had good or bad activities or days.
- Ensure that all children know there is an adult in the club whom they can approach if they are worried or in difficulty.
- Ensure all staff are aware of club guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

² Guidance regarding DBS checks recently updated by the Protection of Freedoms Act 2012

- Adult Safeguarding policy refer to Appendix 10.

5. Safe Club, Safe Staff

We will ensure that;

- all staff receive information about the club's safeguarding arrangements, the club's safeguarding statement, staff behaviour policy (code of conduct), child protection policy, the role and names of the Designated Safeguarding Lead and their deputy, and sign to say they have read it.
- all staff receive safeguarding and child protection training at induction in line with advice from Devon Safeguarding Children's Board which is regularly updated and receive safeguarding and child protection updates as required, but at least annually;
- all members of staff are trained in online safety and reporting concerns;
- all staff have regular child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse;
- The child protection policy is made available via the club website or other means and that parents/carers are made aware of this policy and their entitlement to have a copy via the Club website.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through the publication of the Child Protection Policy and reference to it on the website.
- Community users organising activities for children are aware of the Club's Child Protection and Safeguarding Policy, guidelines and procedures;
- The name of the designated members of staff for child protection, the Designated Safeguarding Lead and deputy, are clearly advertised in each club setting with a statement explaining the school's role in referring and monitoring cases of suspected abuse;
- All Trustees will be given a copy **Working Together to Safeguard Children March 2015 (updated February 2017)**³ and will sign to say they have read and understood it.

6. Roles and Responsibilities

All members of the management committee understand and fulfil their responsibilities, namely to ensure that:

- there is a Child Protection and Safeguarding policy together with a staff behaviour policy (code of conduct);
- child protection, safeguarding, recruitment and managing allegations policies and procedures, including the staff behaviour policy (code of conduct), are consistent with Devon Safeguarding Children's Board and statutory requirements, are reviewed annually and that this policy is publically available on the club website and by other means;
- ensures that all staff including temporary staff and volunteers are provided with the club's child protection policy and staff behaviour policy;
- all staff have read **Working Together to Safeguard Children March 2015 (updated February 2017)** and that mechanisms are in place to assist staff in understanding and discharging their roles and responsibilities as set out in the guidance.
- the club operates a safer recruitment procedure that includes statutory checks on staff suitability to work with children and disqualification by association regulations and by ensuring that there is at least one person on every recruitment panel who has completed safer recruitment training;

³ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

- the club has procedures for dealing with allegations of abuse against staff (including the club manager), volunteers and against other children and that a referral is made to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- A Designated Safeguarding Lead (DSL) has been appointed by the trustees who will take lead responsibility for safeguarding and child protection and that the role is explicit in the role holder's job description;
- on appointment, the DSL and deputies undertake appropriate identified training offered by DSCB or other provider every two years;
- all other staff have safeguarding training updated as appropriate;
- at least one member of the trustees has completed safer recruitment training to be repeated every five years.
- appropriate safeguarding responses are in place for children who go missing from the club, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future;
- appropriate online filtering and monitoring systems are in place;
- enhanced DBS are in place for all trustees;
- any weaknesses in Child Protection are remedied immediately.

The Trustees will ensure that:

- the Child Protection and Safeguarding Policy and procedures are implemented and followed by all staff;
- sufficient time, training, support, resources, including cover arrangements where necessary, is allocated to the DSL and deputy DSLs to carry out their roles effectively, including the attendance at necessary meetings;
- where there is a safeguarding concern that the child's wishes and feelings are taken into account when determining what action to take and what services to provide systems are in place for children to express their views and give feedback which operate with the best interest of the child at heart;
- all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures;
- they liaise with the Local Authority Designated Officer (LADO), before taking any action and on an ongoing basis, where an allegation is made against a member of staff or volunteer;
- anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring service.

The Designated Safeguarding Lead:

- holds ultimate responsibility for safeguarding and child protection in all club settings;
- acts as a source of support and expertise in carrying out safeguarding duties for the Hollow Lane Club community;
- Encourages a culture of listening to children and taking account of their wishes and feelings;
- is appropriately trained with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually;
- Will refer a child if there are concerns about possible abuse, to the MASH, and act as a focal point for staff to discuss concerns. Enquiries must be followed up in writing, if referred by telephone;
- Will keep detailed, accurate records, either written or using appropriate online software, of all concerns about a child even if there is no need to make an immediate referral;

- Will ensure that when a child leaves the club, relevant child protection information is passed to the new provision (separately from a main file, ensuring secure transit) and that confirmation of receipt is obtained;
 - Will liaise with the Local Authority and work with other agencies and professionals in line with Working Together to Safeguard Children;
 - Has a working knowledge of DSCB procedures;
 - Will ensure that either they, or another staff member, provide a report where required which has been shared with the parents;
 - Will ensure that any child currently with a child protection plan who is absent from the club without explanation is referred to their social worker;
 - Will ensure that all staff sign to say they have read, understood and agree to work within the Club's child protection and safeguarding policy, staff behaviour policy (code of conduct) and **Working Together to Safeguard Children March 2015 (updated February 2017)** and ensure that the policies are used appropriately;
 - Will organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all staff, keep a record of attendance and address any absences;
 - Has an understanding of locally agreed processes for providing early help and intervention and will support members of staff where Early Help is appropriate;
- Will ensure that the name of the designated members of staff for Child Protection, the Designated Safeguarding Lead and deputies, are clearly advertised in each setting, with a statement explaining the club's role in referring and monitoring cases of suspected abuse.

The Deputy Designated Safeguarding Leads:

Are trained to the same standard as the Designated Safeguarding Lead and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of children and young people. In the event of the long-term absence of the DSL the deputy will assume all of the functions above.

All club staff:

- Understand that it is everyone's responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information and taking prompt action;
- Consider, at all times, what is in the best interests of the child;
- know how to respond to a pupil who discloses abuse through delivery of 'Working together to Safeguard Children', and 'What to do if you suspect a Child is being Abused' (2015);
- Will refer any safeguarding or child protection concerns to the DSL or if necessary where the child is at immediate risk to the police or MASH;
- Are aware of the Early Help⁴ process and understand their role within it including identifying emerging problems for children who may benefit from an offer of Early Help, liaising with the DSL in the first instance and supporting other agencies and professionals in an early help assessment through information sharing. In some cases staff may act as the Lead Professional in Early Help Cases. □

⁴ Detailed information on early help can be found in Chapter 1 of [Working Together to safeguard children](#)

7. Confidentiality

- The Hollow Lane Club recognises that in order to effectively meet a child's needs, safeguard their welfare and protect them from harm the Club must contribute to inter-agency working in line with Working Together to Safeguard Children (2015) and share information between professionals and agencies where there are concerns.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 1998 is not a barrier to sharing information where the failure to do so would place a child at risk of harm.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential and the DSLs will only disclose information about a child to other members of staff on a need to know basis.
- We will always undertake to share our intention to refer a child to MASH with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will contact the MASH consultation line.

8. Child Protection Procedures

- Abuse and neglect are forms 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 the family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children.
- Further information about the four categories of abuse; physical, emotional, sexual and neglect, and indicators that a child may be being abused can be found in appendices 1 and 2.
Any child in any family in any setting could become a victim of abuse. Staff should always maintain an attitude of "It could happen here".
- There are also a number of specific safeguarding concerns that we recognise our pupils may experience; child missing from home or care; child sexual exploitation (CSE); bullying including cyberbullying; domestic abuse; drugs; fabricated or induced illness faith abuse; female genital mutilation (FGM); forced marriage gangs and youth violence; gender-based violence/violence against women and girls (VAWG); mental health; private fostering; radicalisation; youth produced sexual imagery (sexting); teenage relationship abuse; trafficking; peer on peer abuse

Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via peer on peer abuse.

We also recognise that abuse, neglect and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another.

If staff are concerned about a child's welfare

- If staff notice any indicators of abuse/neglect or signs that a child may be experiencing a safeguarding issue they should record these concerns on the Concern Form and pass it to the DSL. They may also discuss their concerns in person with the DSL but the details of the concern should be recorded in writing.
- There will be occasions when staff may suspect that a child may be at risk, but have no 'real' evidence.

The child's behaviour may have changed, their artwork could be bizarre; they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.

- The Hollow Lane Club recognise that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. However, they may also indicate a child is being abused or is in need of safeguarding.
- In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the child if they are OK or if they can help in any way.
- Staff should use the Concern Form to record these early concerns and give the completed form to the DSL.
- Following an initial conversation with the child, if the member of staff remains concerned they should discuss their concerns with the DSL and put them in writing.
- If the child does begin to reveal that they are being harmed, staff should follow the advice below regarding a child making a disclosure.

If a child discloses to a member of staff

- We recognise that it takes a lot of courage for a child to disclose they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse. A child who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During their conversation with the pupil staff will;

- Listen to what the child has to say and allow them to speak freely
- Remain calm and not overact or act shocked or disgusted – the child may stop talking if they feel they are upsetting the listener
- Reassure the child that it is not their fault and that they have done the right thing in telling someone
- Not be afraid of silences – staff must remember how difficult it is for the child and allow them time to talk
- Take what the child is disclosing seriously
- Ask open questions and avoid asking leading questions
- Avoid jumping to conclusions, speculation or make accusations
- Not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
- Avoid admonishing the child for not disclosing sooner. Saying things such as 'I do wish you had told me about it when it started' may be the staff member's way of being supportive but may be interpreted by the child to mean they have done something wrong.
- Tell the child what will happen next. If a pupil talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – staff are not allowed to keep secrets.
- The member of staff should write up their conversation as soon as possible on the Concern form in the child's own words. Staff should make this a matter of priority. The record should be signed and dated, the member of staff's name should be printed and it should also detail where the disclosure was made and who else was present. The record should be handed to the DSL.

Notifying Parents

The club will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure.

However, if the club believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's MASH.

Where there are concerns about forced marriage or honour based violence parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk.

Making a referral

- Concerns about a child or a disclosure should be discussed with the DSL who will help decide whether a referral to children's MASH or other support is appropriate in accordance with Devon Safeguarding Children's Board Threshold Tool
- If a referral is needed then the DSL should make it. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn't been made they can and should consider making a referral themselves.
- The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.
- If after a referral the child's situation does not appear to be improving the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child's situation improves.
- If a child is in immediate danger or is at risk of harm a referral should be made to children's MASH and/or the police immediately. Anybody can make a referral.
- Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

Supporting Staff

- We recognise that staff working in each club 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 by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

9. Children who are particularly vulnerable

The Hollow Lane Club recognises that some children are more vulnerable to abuse and neglect and that additional barriers exist when recognising abuse for some children.

We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances.

In some cases possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

To ensure that all of our children and young people receive equal protection we will give special consideration to children who are;

- Disabled or have special educational needs
- Young carers
- Affected by parental substance misuse, domestic abuse or parental mental health needs
- Asylum seekers
- Living away from home
- Vulnerable to being bullied or engaged in bullying
- Already viewed as a 'problem'
- Living in temporary accommodation
- Live transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination on the grounds of race, ethnicity, religion, disability or sexuality
- At risk of sexual exploitation
- Do not have English as a first language
- At risk of female genital mutilation
- At risk of forced marriage
- At risk of being drawn into extremism.

10. Anti-Bullying/Cyberbullying

Our club policy on bullying is set out in a separate document 'Bullying Prevention Policy' and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents which is shared with and analysed by the trustees. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse.

If the bullying is particularly serious, or the anti-bullying procedures are seen to be ineffective, the trustees and the DSL will consider implementing child protection procedures.

11. Racist Incidents

We acknowledge that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents and report them to the Local Authority.

12. Radicalisation and Extremism

The Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services to have due regard to the need to prevent people from being drawn into terrorism.

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

Some children are at risk of being radicalised; adopting beliefs and engaging in activities which are harmful, criminal or dangerous.

The Hollow Lane Club is clear that exploitation of vulnerable children and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for schools and childcare providers on preventing children and young people from being drawn into terrorism⁵.

The Hollow Lane Club seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Club staff receive training to help identify early signs of radicalisation and extremism. Indicators of vulnerability to radicalisation are in detailed in Appendix 6.

The trustees and the Designated Safeguarding Lead (DSL) will assess the level of risk within the club and put actions in place to reduce that risk.

When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then Devon Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline to raise concerns around Prevent (020 7340 7264).

13. Domestic Abuse

Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.

Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.

Living in a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of healthy, positive relationships. Children who witness domestic abuse are at risk of significant harm and staff are alert to the signs and symptoms of a child suffering or witnessing domestic abuse (See Appendix 5).

14. 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. More information and the indicators of CSE is set out in appendix 3. CSE can happen online and offline and all staff should be aware of the link between online safety and vulnerability to CSE.

Any concerns that a child is being or is at risk of being sexually exploited should be passed without delay to the DSL. The Hollow lane Club is aware there is a clear link between regular absence and CSE. Staff should consider

⁵ [The Prevent duty](#)

a child to be at potential CSE risk in the case of regular absence and make reasonable enquiries with the child and parents to assess this risk.

The DSL will use the Devon Safeguarding Children's Board CSE Screening Tool⁶ on all occasions when there is a concern that a child is being or is at risk of being sexually exploited or where indicators have been observed that are consistent with a child who is being or who is at risk of being sexually exploited.

In all cases if the tool identified any level of concern the DSL should contact their local MACSE and email the completed CSE Screening Tool along with a MASH enquiry form. If a child is in immediate danger the police should be called on 999.

The Hollow Lane Club is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. As a consequence the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse.

15. Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. A mandatory reporting duty requires a DSL to report 'known' cases of FGM in under 18s, which are identified in the course of their professional work, to the police⁷.

The duty applies to all persons in The Hollow Lane Club who is employed or engaged to carry out work in the club. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead, however the DSL should be informed.

If a member of staff is informed by a girl under 18 that an act of FGM has been carried out on her or a they observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, the member of staff should personally make a report to the police force in which the girl resides by calling 101. The report should be made by the close of the next working day.

Staff are trained to be aware of risk indicators of FGM which are set out in Appendix 4. Concerns about FGM outside of the mandatory reporting duty should be reported as per the Federation's child protection procedures. Staff should be particularly alert to suspicions or concerns expressed by female pupils about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practicing community.

Where there is a risk to life or likelihood of serious immediate harm the member of staff should report the case immediately to the police, including dialling 999 if appropriate.

There are no circumstances in which a member of staff should examine a girl.

16. Forced Marriage

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

Forced marriage is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. Since June 2014 forcing

⁶ [DSCB screening tool](#)

⁷ [FGM procedural information](#)

someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

A forced marriage is not the same as an arranged marriage which is common in several cultures. The families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Staff should never attempt to intervene directly or through a third party. Contact should be made with MASH

17. Honour-based Violence

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

Honour based violence might be committed against people who;

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

It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no, and cannot be, honour or justification for abusing the human rights of others.

18. One Chance Rule

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

The Hollow Lane Club are aware that if the victim is not offered support following disclosure that the 'One Chance' opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBV cases.

19. Private Fostering Arrangements

A private fostering arrangement occurs when someone other than a parent or close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16 or 18 if the child is disabled. Children looked after by the local authority or who are placed in residential schools, children's homes or hospitals are not considered to be privately fostered.

Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

The Hollow Lane Club recognise that most privately fostered children remain safe and well but are aware that safeguarding concerns have been raised in some cases. Therefore, all staff are alert to possible safeguarding issues, including the possibility that the child has been trafficked into the country.

By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible. However, where a member of staff becomes aware that a child may be in a private fostering arrangement they will raise this with the DSL and the DSL will notify MASH of the circumstances.

20. Looked After Children

The most common reason for children becoming looked after is as a result of abuse and neglect. The Hollow Lane Club ensures that staff have the necessary skills and understanding to keep looked after children safe. Appropriate staff have information about a child's looked after legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child and contact arrangements with birth parents or those with parental responsibility.

The DSL has details of the child's social worker.

21. Children Missing Education

Absence is closely monitored. A child going missing from the summer club is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation.

The DSL will monitor absences and take appropriate action including notifying the local authority particularly where children go missing on repeat occasions.

Staff must be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage.

22. Online Safety

Our children increasingly use electronic equipment on a daily basis to access the internet and share content and images via social media sites such as facebook, twitter, instagram, snapchat and oovoo.

Unfortunately, some adults and children use these technologies to harm others. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing children to engage in sexual behaviour such as webcam photography or face-to-face meetings. Children and young people may also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders

The Club has an e-safety policy which explains how we try to keep children safe when at the club and how we respond to online safety incidents.

23. Peer on Peer Abuse

In most instances, the conduct of children towards each other will be covered by our behaviour policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns. The Club recognises that children are capable of abusing their peers. It will not be passed off as 'banter' or 'part of growing up'. The forms of peer on peer abuse are outlined below.

- Domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality.
- Child Sexual Exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.
- Harmful Sexual Behaviour – Children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others (For more information, please see Appendix 2).
- Serious Youth Violence – Any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences.

The term peer-on-peer abuse can refer to all of these definitions and a child may experience one or multiple facets of abuse at any one time. Therefore, our response will cut across these definitions and capture the complex web of their experiences. There are also different gender issues that can be prevalent when dealing

with peer on peer abuse (i.e. girls being sexually touched/assaulted or boys being subjected to initiation/hazing type violence).

The club aims to reduce the likelihood of peer on peer abuse through;

- the established ethos of respect, friendship, courtesy and kindness;
- high expectations of behaviour;
- clear consequences for unacceptable behaviour;
- systems for any child to raise concerns with staff, knowing that they will be listened to, valued and believed;
- robust risk assessments and providing targeted work for pupils identified as being a potential risk to other children and those identified as being at risk.
- Research indicates that young people rarely disclose peer on peer abuse and that if they do, it is likely to be to their friends. Therefore, The Hollow Lane Club will also model to children how to support their friends if they are concerned about them, that they should talk to a trusted adult and what services they can contact for further advice.

Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the DSL using The Hollow Lane Club's child protection procedures as set out in this policy. Where a concern regarding peer on peer abuse has been disclosed to the DSL(s), advice and guidance will be sought from MASH and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

Working with external agencies the club will respond to the unacceptable behaviour. If a child's behaviour negatively impacts on the safety and welfare of other children then safeguards will be put in place to promote the well-being of the children affected and the victim and perpetrator will be provided with support.

24. Youth produced sexual imagery (sexting)⁸

The practice of children sharing images and videos via text message, email, social media or mobile messaging apps has become commonplace. However, this online technology has also given children the opportunity to produce and distribute sexual imagery in the form of photos and videos. Such imagery involving anyone under the age of 18 is illegal.

Youth produced sexual imagery refers to both images and videos where;

- 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.

All incidents of this nature should be treated as a safeguarding concern.

Cases where sexual imagery of people under 18 has been shared by adults and where sexual imagery of a person of any age has been shared by an adult to a child is child sexual abuse and should be responded to accordingly. If a member of staff becomes aware of an incident involving youth produced sexual imagery they should follow the child protection procedures and refer to the DSL as soon as possible. The member of staff should confiscate the device involved and set it to flight mode or, if this is not possible, turn it off. Staff should not view, copy or print the youth produced sexual imagery.

The DSL should hold an initial review meeting with appropriate club staff and subsequent interviews with the children involved (if appropriate). Parents should be informed at an early stage and involved in the process unless there is reason to believe that involving parents would put the child at risk of harm. At any point in the

⁸ Youth refers to anyone under the age of 18

process if there is concern a young person has been harmed or is at risk of harm a referral should be made to MASH or the Police as appropriate.

Immediate referral at the initial review stage should be made to MASH/Police if;

- The incident involves an adult;
- There is good 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 education needs);
- What you know about the imagery suggests the content depicts sexual acts which are unusual for the child's development stage or are violent;
- The imagery involves sexual acts;
- The imagery involves anyone aged 12 or under;
- There is reason to believe a child is at immediate risk of harm owing to the sharing of the imagery, for example the child is presenting as suicidal or self-harming.

If none of the above apply then the DSL will use their professional judgement to assess the risk to pupils involved and may decide, with input from the link trustee, to respond to the incident without escalation to MASH or the police.

In applying judgement the DSL will consider if;

- there is a significant age difference between the sender/receiver;
- there is any coercion or encouragement beyond the sender/receiver;
- the imagery was shared and received with the knowledge of the child in the imagery;
- the child is more vulnerable than usual i.e. at risk;
- there is a significant impact on the children involved;
- the image is of a severe or extreme nature;
- the child involved understands consent;
- the situation is isolated or if the image been more widely distributed;
- there are other circumstances relating to either the sender or recipient that may add cause for concern i.e. difficult home circumstances; the children have been involved in incidents relating to youth produced imagery before.

If any of these circumstances are present the situation will be escalated according to our child protection procedures, including reporting to the police or MASH. Otherwise, the situation will be managed within the club.

The DSL will record all incidents of youth produced sexual imagery, including both the actions taken, actions not taken, reasons for doing so and the resolution in line with safeguarding recording procedures.

25. Allegations against staff

All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction⁹.

We understand that a child may make an allegation against a member of staff or staff may have concerns about another staff member.

⁹ Refer to "Guidance for Safe Working Practice"

If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the DSL.¹⁰

The DSL on all such occasions will discuss the content of the allegation with the lead trustees and the Local Authority Designated Officer (LADO)¹¹ at the earliest opportunity and before taking any further action.

If the allegation made to a member of staff concerns the Club Manager/DSL, the person receiving the allegation will immediately inform the Chair of Trustees, who will consult the LADO as above, without notifying the Club Manager first.

Suspension of the member of staff, against whom an allegation has been made, needs careful consideration, and the Lead trustee will seek the advice of the LADO and other trustees in making this decision.

In the event of an allegation against the club manager, the decision to suspend will be made by the Chair of Trustees with advice as above.

26. Whistle-blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the club's safeguarding arrangements. If it becomes necessary to consult outside the club, they should speak in the first instance to the LADO, following the Whistleblowing Policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.

Whistle-blowing re the Club Manager should be made to the Chair of Trustees whose contact details are readily available to staff.

27. Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Such events should be recorded and signed by a witness.

Staff who are likely to need to use physical intervention will be appropriately trained.

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.

We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

¹⁰ Chair of Trustees in the event of an allegation against the Club Manager.

¹¹ Duty LADO 01392 384964 or email ladosecure-mailbox@devon.gcsx.gov.uk

28. Confidentiality and sharing information

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the DSL, or chair of trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

However, following a number of cases where senior professionals had failed to act upon concerns raised by staff, Keeping Children Safe in Education (2016) emphasises that any member of staff can contact children's social care if they are concerned about a child.

Child protection information will be stored and handled in line with the Data Protection Act 1998 and HM Government Information Sharing and Advice for practitioners providing safeguarding services to children, young people, parents and carers, March 2016

Information sharing is guided by the following principles. The information is:

- necessary and proportionate
- relevant
- adequate
- accurate
- timely
- secure

29. This policy also links to our policies on:

- Behaviour,
- Staff Code of Conduct
- Whistleblowing,
- Anti-bullying,
- Health & Safety at work (incorporating Risk Assessment)
- Complaints
- Admissions
- Drugs and paracetamol
- Medication and Sickness guidelines
- E-Safety, including staff use of mobile phones
- Recruitment
- Intimate Care

Appendix 1

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse

- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse (including child sexual exploitation)
- Neglect

Signs of Abuse in Children:

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

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour □

Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services. The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

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

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

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

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

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

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

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

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

Recognising Signs of Sexual Abuse

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

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

Some behavioural indicators associated with this form of abuse are:

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

Some physical indicators associated with this form of abuse are:

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

Recognising Neglect

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

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

Appendix 2

Sexual Abuse by Young People

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

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

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

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

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

Consent – agreement including all the following:

- Understanding that is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society's standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence

Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Devon multi-agency protocol "Working with Sexually Active Young People" available at www.devon.gov.uk/safeguarding by choosing Safeguarding Children – Protocols and Guidance for Professionals.

Appendix 3 Child Sexual Exploitation

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

Signs include:

- going missing from home or school or club
- regular school absence/truancy
- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual) □ mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Appendix 4

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

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

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

Circumstances and occurrences that may point to FGM happening are:

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

Signs that may indicate a child has undergone FGM:

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

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges/clubs take action **without delay** and make a referral to children's services.

Appendix 5

Domestic Abuse

How does it affect children?

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

What are the signs to look out for?

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

What should I do if I suspect a family is affected by domestic abuse? Contact:

<https://new.devon.gov.uk/dsva/>

Appendix 6

INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:
The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts;
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
 - Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
 - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
 - Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
 - Being in contact with extremist recruiters;

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

[The Prevent Duty can be accessed via this link.](#)

Appendix 7

Further advice on child protection is available from:

NSPCC: <http://www.nspcc.org.uk/>

Childline: <http://www.childline.org.uk/pages/home.aspx>

Anti-Bullying Alliance: <http://anti-bullyingalliance.org.uk/>

Beat Bullying: <http://www.beatbullying.org/>

Childnet International –making the internet a great and safe place for children. Includes resources for professionals and parents <http://www.childnet.com/>

Thinkuknow (includes resources for professionals and parents) <https://www.thinkuknow.co.uk/>

Safer Internet Centre <http://www.saferinternet.org.uk/>

Transgender <http://www.mermaidsuk.org.uk/>

<http://www.mermaidsuk.org.uk/assets/media/East%20Sussex%20schools%20transgender%20toolkit.pdf>

<https://uktrans.info/70-topic-overviews/328-resources-for-schools>

<https://www.intercomtrust.org.uk/item/55-schools-transgender-guidance-july-2015>

Appendix 8



For Early Help, Consultation and Enquiries please contact:

Telephone: **0345 155 1071**

E-mail: mashsecure@devon.gcsx.gov.uk

Fax: 01392 448951 Enquiry Form

available at:

www.devon.gov.uk/mash-enquiryform.doc

Post: **Multi-Agency Safeguarding Hub, P.O. Box 723, Exeter EX1 9QS**

Emergency Duty Team – out of hours

0845 6000 388

Police – non emergency – 101

For all **LADO** enquiries Exeter (01392) 384964 Or

<http://www.devon.gov.uk/lado>

Early Help Team

Senior Manager: Phillippa Court
Manager Exeter and South: Stephen Matthewman 07790362310
Manager Mid & East: Ian Flett
Manager South & West: Karen Hayes
Manager Northern: Sarah Simpson 07854304512

Early Help Advisers:

North: Pete Simpson: peter.simpson@devon.gcsx.gov.uk 07817 124965

Mid & East: Karol Stannard: karol.stannard@devon.gov.uk

Lisa.robinson@devon.gov.uk 07891 417159

South & West: Karen Hayes earlyhelpsouthsecure-mailbox@devon.gcsx.gov.uk

Exeter: Jan Mead: jan.mead@devon.gov.uk 07891 417073

0345 155 1071, ask for Early Help earlyhelpsecure@devon.gov.uk

Appendix 9:

ADULT SAFEGUARDING POLICY & PROCEDURES

The Hollow Lane Club is committed to safeguarding and promoting the welfare of all young adults and expect all staff and volunteers to share this commitment.

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Reviewed by: The Hollow lane Club Trustees Management Committee July 2017

Legislation in England and Wales

The Care Act 2014 came into force in England on 1 April 2015. The Social Services and Wellbeing Act 2014 is due to come into force in Wales on 1 April 2016. The acts introduce new duties and responsibilities on local authority adult social services as the lead agencies in protecting adults at risk. This gives public services and government clear responsibility to make sure that people in the most vulnerable situations are safe from abuse or neglect.

An adult is defined in the Care Act 2014 as someone over 18 years old who has care and support needs: is experiencing or at risk of abuse or neglect as a result of their care and support needs or is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 is a legal framework which protects people who may lack capacity to make decisions for themselves. It also sets out how decisions should be made on their behalf. The act covers all sorts of decisions, from life-changing events to everyday matters. All safeguarding decisions must be made in accordance with the act. The act says that:

“a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.”

The presumption is that adults have mental capacity to make informed choices about their safety and how they live their lives. Mental capacity and a person's ability to give informed consent are at the heart of decisions and actions taken under this policy. Every time we become involved on a safeguarding issue we need to take into account the ability of adults to make informed choices about the way they want to live and the risk they want to take.

This includes how able they are:

- To understand what is likely to result from or effect their situation
- to take action themselves to prevent abuse
- to take part as fully as they can in making decisions about getting other parties involved

What is safeguarding?

Safeguarding is a term we use to describe how we protect adults and children from abuse or neglect. It is an important shared priority of many public services, and a key responsibility of local authorities.

Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that public services work together to identify people at risk, and put steps in place to help prevent abuse or neglect.

Our areas of responsibility

Safeguarding is everyone's responsibility. We know how important it is for organisations to work together and create shared strategies to protect people. We are committed to taking action quickly, effectively and professionally when abuse takes place.

What is abuse?

Abuse and neglect take many forms. Abuse can lead to a violation of someone's human and civil rights by another person or persons. Abuse can be physical, financial, verbal or psychological. It can be the result of an act or a failure to act.

It can happen when an adult at risk is persuaded into a financial or sexual exchange they have not consented to, or can't consent to. Abuse can occur in any relationship and may result in significant harm or exploitation.

Some types of abuse are illegal, and in these cases adults who lack capacity are protected by law the same as everyone else. If it is suspected that a crime against a student/adult has been committed, it should be referred to the police. Sometimes, an urgent referral is made for the safety of the adult at risk and/or to preserve evidence.

Abuse is a misuse of power and control that one person has over another. Where someone is dependent on another, there is the possibility of abuse or neglect unless enough safeguards are put in place.

Abuse can fall into the following categories:

Physical

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

Domestic

This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called 'honour' based violence.

Sexual

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting.

Psychological

This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

Financial or material

This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.

Modern slavery

This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

Discriminatory

This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.

Organisational

This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

Neglect & acts of omission

This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or education services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

Self-neglect

This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

Abuse can take many forms. It might not fit comfortably into any of these categories, or it might fit into more than one. Abuse can be carried out by one adult at risk towards another. This is still abuse and should be dealt with. The adult at risk who abuses may also be neglecting him/herself which could also be reason for a safeguarding referral.

Who might be an abuser?

Adults at risk can be abused by a wide range of people – anyone, in fact, who has contact with them. This includes family members, professional staff, paid care workers, other adults at risk, volunteers, other service users, neighbours, friends and associates, people who deliberately take advantage of vulnerable people, strangers and people who see an opportunity to abuse.

Spotting signs of financial abuse

- A change of living conditions
- Selling possessions
- Being unable to pay bills, or an unexplained lack of money.

- Money being taken out of an account without a reason.
- Financial documents being lost without a reason.
- Someone being cut off from family, friends or their social network.
- The carer having more money to spend on things like clothes, travel or accommodation.
- Sudden changes to a bank account or how someone uses it.
- New, recent authorised signers on a client or donor's account card.
- Money being taken without permission from the adult at risk's ATM card.
- Changes in how the ATM card is being used (such as more frequently or from different locations).
- Sudden or unexpected changes to someone's will or other financial documents.

Other forms of abuse

There are some things which might increase the risk of someone being abused.

- Records of the client being abused before, or records of suspected abuse.
- Other members of the client's family being abused. Family tensions and conflicts.

Factors which have been shown to increase the chance of abuse include:

- Organic brain injury (lower mental function due to illness)
- cognitive impairment (someone having trouble with memory, thinking skills or making decisions)
- physical, mental or emotional dysfunction, especially depression, recently losing a partner, not having friends or a social network, living alone, or not having contact with their children.

Being aware of forced marriage

Forced marriage happens across all cultures. It's when someone is pressured into an arranged marriage or forced to marry someone they haven't freely chosen. It can also happen if someone lacks the mental capacity to make their own choices.

Signs of forced marriage might be:

- Someone having a brother or sister who has been forced to marry
- parents talking about marriage
- hearing talk of weddings or parties
- talk of family members coming to live with the family, or family trips overseas
- wedding photos, clothes, gifts, Mehdi henna
- unreasonable restrictions being placed on someone at home
- how much the person's family deals with professionals who might help with organising a wedding or a visa, before a trip overseas.

Roles and responsibilities

Key personnel

Safeguarding Designated Officer for THLC is Mary Roche.

mary@hollowlane.org.uk 07790 105879

Deputy Safeguarding Designated officer at THLC, Ellen Tinkham is Deb Ward.

admin@hollowlane.org.uk 01392 463823

Deputy Safeguarding Designated officer at THLC, Bidwell Brook is Marie Quinn 07956 431396

The Named Member of the Trustees for Safeguarding is Jacqui Warne.

Jacqui.warne@learntolivefederation.co.uk 01392 467168

The Designated Safeguarding Lead (DSL):

- has the status and authority within the club to carry out the duties of the post, including committing resources and supporting and directing other staff
- is appropriately trained, with regular updates
- acts as a source of support and expertise to the federation community
- has a working knowledge of procedures
- makes staff aware of training courses and the latest policies on safeguarding
- keeps detailed written records of all concerns, ensuring that such records are stored securely and flagged on, but kept separate from, the student's general file
- refers cases of suspected abuse to Care Direct or police as appropriate
- attends and/or contributes to conferences
- coordinates the club's contribution to safeguarding plans
- develops effective links with relevant statutory and voluntary agencies
- ensures the safeguarding policy and procedures are reviewed and updated annually
- makes the safeguarding policy available publicly, on the website or by other means □
- liaison with the nominated trustee as appropriate

The deputy designated safeguarding leads:

Trained to the same level as the DSL and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of students. In the event of the long-term absence of the DSL, the deputy will assume all of the functions above.

Good practice guidelines and staff code of conduct

Good practice includes:

- treating all young adults with respect
- setting a good example by conducting ourselves appropriately
- involving young adults in decisions that affect them
- encouraging positive, respectful and safe behaviour among young adults
- being a good listener
- being alert to changes in young adults' behaviour and to signs of abuse, neglect and exploitation
- recognising that challenging behaviour may be an indicator of abuse
- reading and understanding the safeguarding policy, staff behaviour policy and guidance document on wider safeguarding issues
- being aware that the personal and family circumstances and lifestyles of some young adults lead to an increased risk of abuse
- referring all concerns about a young adult's safety and welfare to the DSL, or, if they are in immediate danger contact the police on 999. Otherwise contact Care Direct on 0345 155 1007 or email: csc.caredirect@devon.gov.uk

Abuse of position of trust

All club staff are aware that inappropriate behaviour towards young adults is unacceptable and that their conduct towards them must be beyond reproach.

The club 'Staff Code of Conduct' sets out our expectations of staff.

Best Interests guidance

Every adult has the right to make their own decisions if they have the capacity to do so. We must assure that a person has the capacity to make decisions unless it can be established that the person does not.

Statutory Principles aim to:

- protect people who lack capacity, and,

- help them take part as much as possible, in decisions that affect them;

Principle One: A person must be assumed to have capacity unless it is established that they lack capacity.

Principle Two: A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so, have been taken without success.

Principle Three: A person is not to be treated as unable to make a decision merely because they make an unwise decision.

Principle Four: An act done or decision made, under this Act, for or on behalf of a person who lacks capacity must be done, or made on their best interests.

Principle Five: Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Consent & Capacity

'a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for him/herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain'

Step 1 – Diagnostic test – looking for evidence. Could include;

- learning disability
- mental illness, including dementia
- brain injury, including stroke damage
- neurological damage
- intoxication – drug/alcohol use
- temporary, confusional state – illness, pain etc.

Step 2 – Decision – specific – can the person make this decision at this time;

- can the person understand the information relevant to decision
- retain information in their mind
- weigh that information as part of the decision making process
- communicate their decision

Who should assess capability?

The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. This means different people will be involved in assessing someone's capacity to make different decisions at different times.

If somebody challenges an assessment, we must be able to describe the steps we have taken and have clear objective reasons for believing the person who lacks capacity to make the decision in question.

Assessments of capacity to take day to day decisions or consent to care, require no formal assessment procedures or recorded documentation. However it is good practice for support/care workers to keep a record of the steps they take when caring for the person concerned.

*An assessment of a person's capacity to consent or agree to the provision of services will be part of the care planning processes for health and social care needs, and should be recorded in the relevant documentation. This includes 'Person Centred Planning for people with Learning Disabilities'.

Safeguarding legislation and guidance

Mental Capacity Act 2005 Policy

The Safeguarding Vulnerable Groups Act 2006

Care & Support statutory guidance – issued under the Care Act 2014