

Policy: Safeguarding Children’s Policy

Business Function: All functions across Nicodemus

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Authorised by: Board of Trustees

Contents

General Information.....	4
1. Purpose of this policy	4
2. Guidance and Legislation	4
3. Responsibilities for Implementation	5
4. Definitions	6
Detailed procedures.....	7
1 Flowcharts	7
1.1 Child Protection Incident Occurs or is Suspected	7
1.2 Children Involved in Domestic Abuse Incident.....	9
.....	9
.....	9
1.3 Reporting Abuse or Potential Abuse Where the Alleged Perpetrator is a Nicodemus staff member or partner organisation staff	9
2 Introduction	11
2.1 Encountering children/young people in the course of work.....	11
2.2 Types of Abuse	11
Good Practice	12
3 Identifying Concerns about a Child or Young Person’s Wellbeing and Safety ...	13
3.1 Raising Concerns	13
3.2 Emergency Action	14
3.3 When a Direct Allegation is made to a Staff Member	14
3.4 When a Comment Suggests Significant Harm, but it is Not Clear.....	15
3.5 When a Child or Young Person Reports Abuse in the Past.....	16
3.6 Where a Bruise/Mark/Injury Causes Concern.....	16
3.7 Where a Child or Young Person’s Change in Behavior Causes Concern.....	16
3.8 Where there is a Report or Suspicion of Female Genital Mutilation	17
3.9 Disagreement.....	17
3.10 Child/Young Person is a Mentee	17
4 Recording and Reporting	17
5. Concerns Regarding Staff Involvement in Abuse	18
6 Safeguarding Incident Report Form.....	19
7 Monitoring	19

8 Informing Social Care	19
9 Abuse of Child/Young Person where the Alleged Perpetrator is a Mentee	20
10 Indecent Imaging.....	20
11 Support	20
11.1 Staff.....	20
11.2 Alleged Victim.....	20
12 Risk Assessments	20
13 Nicodemus Offices or working in public places on behalf of the Charity.....	21
14 Confidentiality, Sharing and Storing Information	21
14.1 Confidentiality and Sharing Information	21
14.2 Storing and Retaining	22
15 Staff Induction and Training.....	22
16 Complaints procedures	22
AGO1 - CAF.....	23
AGO2 – 7 Golden Rules, Information Sharing Flowchart	24
AGO3 - Local Contacts – (including LADO).....	25

Supporting Documents ([Located Here](#))

Appendix A – Code of Conduct

Appendix B – Safeguarding Incident Report

Appendix C – Multi-Agency referral form

Appendix D – Media Consent form ([Adobesign](#)) accessible from our [Partner Hub](#)

Appendices Additional Guidance

AG01 – Common Assessment Framework

AG02 – OSBC 7 Golden Rules and Information-sharing – flowchart and guidance

AG03 – Local contacts

General Information

1. Purpose of this policy

The objective of this document is to provide staff and volunteers working on behalf of Nicodemus, with suitable information so they can make informed and confident responses to concerns relating to safeguarding children and young people.

As part of our values we expect to see an ongoing progression of lives being empowered resulting in positive changes, both on a small and larger scale and seeing needs of young people met. Nicodemus believes every young person should be valued, safe, treated fairly and content. The welfare of a child is paramount. We believe that children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or belief. We want to make sure that young people we have contact with know this and are empowered to tell us if they are suffering from any harm. All young people have the right to be treated with respect, to be listened to and protected from all forms of abuse.

It is NOT the responsibility of staff members to make judgements on whether or not abuse is taking place. It is however their responsibility to recognise and know how to act upon indicators that a child or young person's welfare or safety may be at risk and in so doing this ensures that children are safeguarded from abuse and harm. All concerns and allegations of abuse will be taken seriously by trustees, staff and volunteer and responded to appropriately.

This policy relates to:

- All children who are under 18 years¹; or
- adults who are in receipt of a regulated activity.²

2. Guidance and Legislation

- Children Act 1989 www.legislation.gov.uk
- Children Act 2004 [Children Act 2004](#)
- Sex Offenders Act 1997 - [Sex Offenders 1997](#)
- Sexual Offences Act 2003 - [Sexual Offences 2003](#)

¹ Once 18, the young person is an adult.

² Endnotes

The definition of Regulated Activity for adults defines the activities provided to any adult as those which, if any adult requires them, will mean that the adult will be considered vulnerable at that particular time. These activities are: the provision of healthcare, personal care, and/or social work; assistance with general household matters and/or in the conduct of the adult's own affairs; and/or an adult who is conveyed to, from, or between places, where they receive healthcare, relevant personal care or social work because of their age, illness or disability. Please see Department of Health factual note on Regulated activity (adults) available on their website for further information.

- Protection of Children Act 1999 - [Protection of Children 1999](#)
- Children (Leaving Care) Act 2000 - [Leaving Care](#)
- Safeguarding Vulnerable Groups Act 2006 - [Safeguarding Act 2006](#)
- Children and Families Act 2014 - www.legislation.gov.uk
- Keeping Children Safe in Education 2020 [Keeping Children Safe in Education](#)
- NSPCC – www.nspcc.org.uk
- Childline – www.childline.org.uk
- Every Child Matters: Change for Children -www.everychildmatters.co.uk
- [Working Together to Safeguard Children](#): A guide to inter-agency working to safeguard and promote the welfare of children (March 2015) -
- Data Protection Act 1998 – www.legislation.gov.uk
- Charity Commission – www.charitycommission.gov.uk
- **Warwickshire Safeguarding Children’s Board** - <https://www.safeguardingwarwickshire.co.uk/>
- Churches Child Protection Advisory Service - www.ccpas.co.uk
- Common Assessment Framework: Practitioners' guide – webarchive.nationalarchives.gov.uk
- Munro Review of Child Protection – A Child-Centred System (2011) – www.gov.uk
- [Strategy for dealing with Safeguarding issues in charities – The Charity Commission](#)
- [What to do if you’re worried a child is being abused](#)

3. Responsibilities for Implementation

The board of Trustees is responsible for ensuring adoption of and adherence to this policy and procedure.

The Designated Safeguarding Lead (DSL) who is also accountable for informing the board of Trustees of any child protection issues raised to them by staff or volunteers and share good practice. The DSL will provide advice, guidance and support to staff and volunteers. The DSL contact details are on the front page of this document.

All staff and volunteers working on behalf of the Charity – whether they work directly, or come into contact with, a child or young person – have a responsibility to raise concerns regarding the welfare of children and ensure that children are protected from harm and abuse.

NOTE: The Nicodemus and its staff members are not child protection experts and it is not their responsibility to determine whether or not abuse has taken place. All suspicions and allegations must be shared with professional agencies that are responsible for child protection and safeguarding.

Whilst this policy is written with the understanding that the Charity takes all the precautions necessary and adherence to the procedures outlined in this policy **where** a safeguarding concern is disclosed and consent is given or the need to share information exceeds the need for consent, this will be shared with the relevant partner organisation (if such partner is a local service provider of the child or young person). This is with the understanding the partner organisation holds the network structure and child/young person's history as their service provider and in a better position with the expertise to take appropriate actions and steps required. The Charity in this case will review, consult and monitor the situation as required and ensure that necessary steps by the partner organisation have been put in place to safeguard the individual.

4. Definitions

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

'Child protection' is a more familiar term and is a key part of safeguarding, whose remit extends beyond protection from harm which nevertheless remains a core function and part of the work of all public services

Other definitions

Abuse	Is a violation of a person's human and/or civil rights by any other person or persons. It may be a single act or repeated acts that may be physical, verbal, sexual or psychological. It may be an act or failure to act, or may occur when a vulnerable person is persuaded to do something that he/she has not consented to or cannot consent to.
Child	A "child" is a person under the age of 18.
Child Abuse	Child abuse occurs, when a child or young person suffers a violation of their human and civil rights.
Child in Need	A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under section 17 of the Children Act 1989.
Designated Safeguarding Lead (DSL)	A designated Safeguarding Lead is a person within an organisation that will act upon any reported concerns as well as ensuring all staff are familiar with, and adhering, to the Child Protection Policy. A DSL is

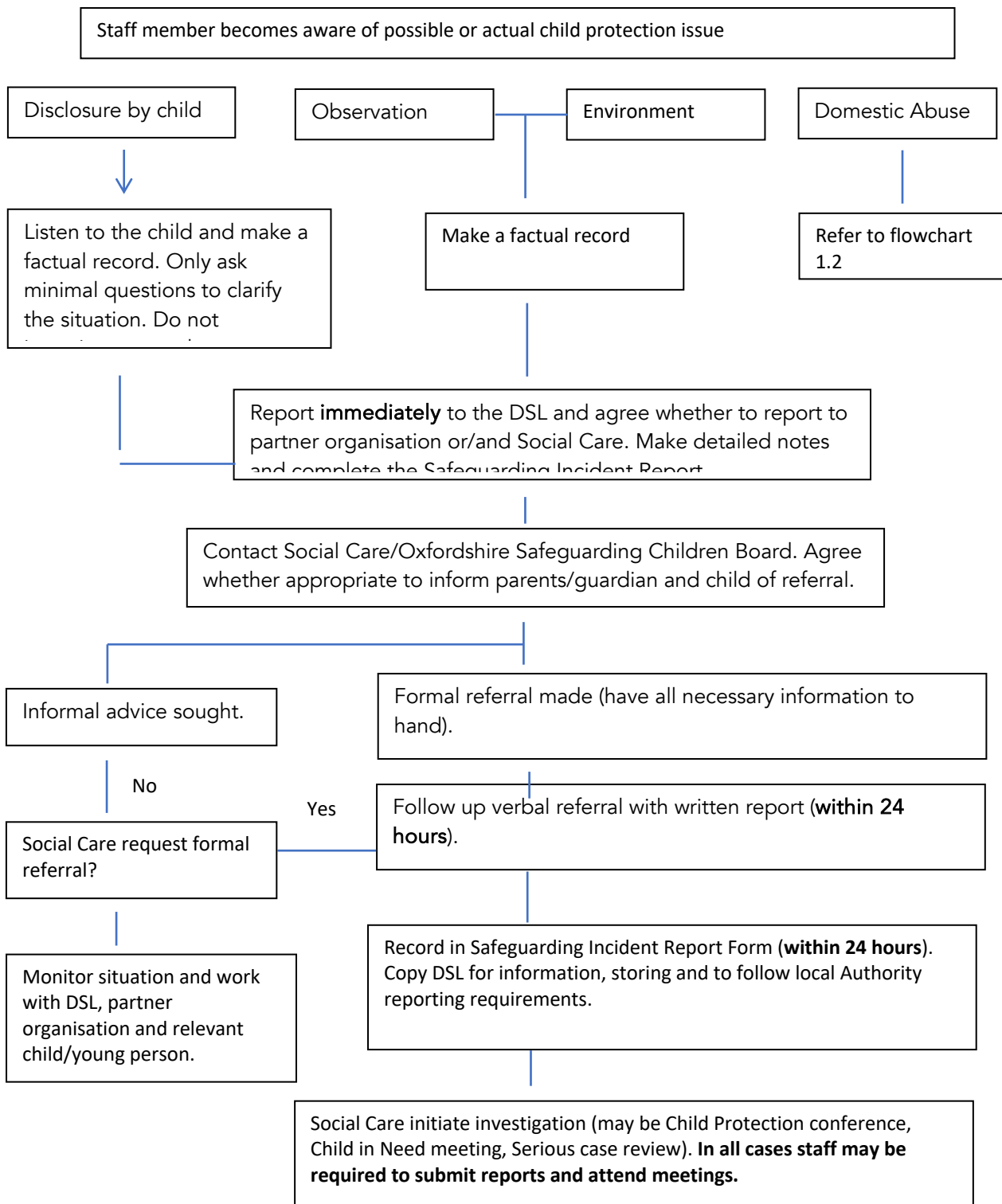
	the first point of contact for issues of child protection, both internally, and for members of the public and other external contacts.
Common Assessment Framework (CAF)	The CAF is a shared assessment and planning framework for use across all children’s services and all local areas in England. It aims to help the early identification of children and young people’s additional needs and promote co-ordinated service provision to meet them.
Harm	Ill-treatment of a child or young person or an impairment of their health or development and includes harm caused by seeing or hearing the ill-treatment of another person.
Ill-treatment	Ill-treatment includes emotional abuse, physical abuse, sexual abuse, and neglect.
Referrer	The staff member who suspects the abuse/neglect and makes a referral to the local Social Care Department.
Significant Harm	There are no absolute criteria for judging what constitutes significant harm. However, they may include the degree, extent, duration, and frequency of harm. Sometimes a single traumatic event may constitute significant harm, for example, a violent assault, sexual assault, suffocation, or poisoning. More often, significant harm is a series of events, both acute and long-standing, which interrupt, change or damage the child’s physical and/or psychological development.
Social Care	Formerly referred to as Social Services.
Staff Member	Anyone employed by the Charity, including paid staff, Trustees and volunteers who work on behalf of the Charity.

Detailed procedures

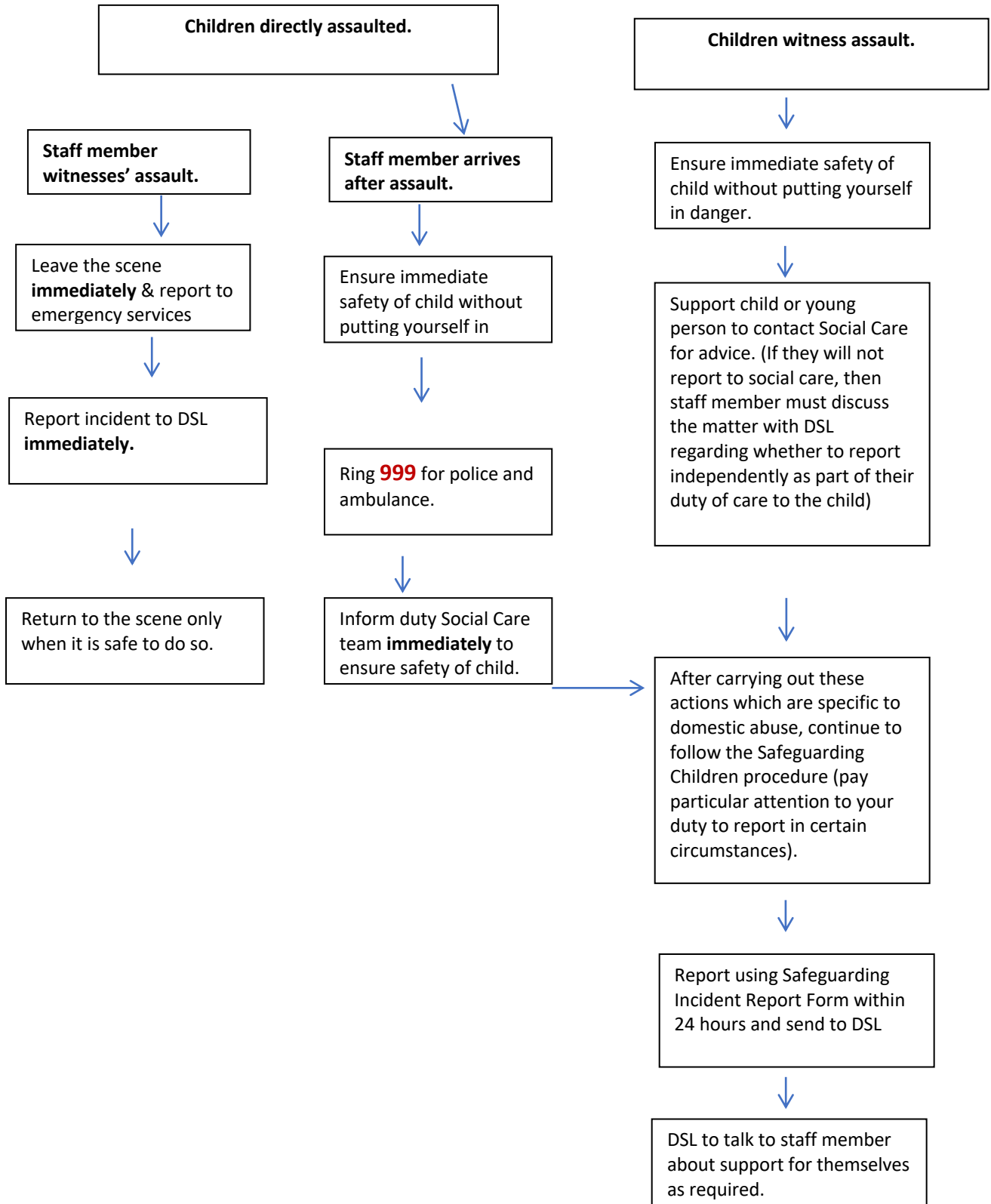
1 Flowcharts

1.1 Child Protection Incident Occurs or is Suspected

- In an **emergency situation** staff must first and immediately contact the emergency services by ringing 999 and Local Social Care department [01926 414144](tel:01926414144) out of hours [01926 886 922](tel:01926886922)
- If the alleged perpetrator is a staff member, refer to the flowchart at Section 1.3



1.2 Children Involved in Domestic Abuse Incident



1.3 Reporting Abuse or Potential Abuse Where the Alleged Perpetrator is a Nicodemus staff member or partner organisation staff

Inform The Designated Safeguarding Officer immediately, who may need to inform others depending on the circumstances and/or nature of the concern

Chair or trustee responsible for safeguarding who may need to liaise with the insurance company or the charity commission to report a serious incident.
 Designated officer or LADO (Local Authority Designated Officer) if the allegation concerns a worker or volunteer working with someone under 18.

Suspicious must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.

Safeguarding concerns in relation to Nicodemus staff member actions towards a child shall be reported to the relevant authorities, who may include Police/local Social Care department and Independent Safeguarding Authority, in accordance with the legal duty to refer, and action shall be taken accordingly.

Abuse is suspected.
 (Suspected abuser may be a volunteer, paid staff or Trustees, staff of partner organisation)



Emergency situation – Contact emergency services immediately on **999**



Designated Safeguarding Lead must be contacted immediately (if possible, within 24 hours at the latest) unless it is suspected that the DSL is in some way involved. In this instance, the relevant person (Trustee) must be contacted.



The DSL or relevant person who has been contacted must then carry out a brief, preliminary investigation and, within 24 hours, contact the Board of Trustees and provide them with details of the allegation and any other relevant information.



The Board of Trustees then take the following action depending on the nature of the staff member's employment (refer to the Disciplinary – Group Policy and Procedure for further information regarding the disciplinary process). In all cases where there is a safeguarding concern, external/statutory* authorities must also be notified.



Volunteer
 Any involvement and work done on behalf of the charity must be suspended with immediate effect until findings have been concluded and the matter resolved.

Nicodemus Staff
 The staff member may be suspended during an investigation.
 The decision to suspend will be taken by the Board of Trustees, in accordance with the disciplinary processes.

Partner organisation or service provider staff/user
 If the perpetrator is a staff member of the mentee's service provider this needs to be reported to the DSL and Trustees and an incident report completed.

**It is important to remember that should the police be contacted to proceed to a criminal investigation every care must be taken not to contaminate the evidence of the alleged safeguarding incident*

2 Introduction

A child can experience abuse at any age and they need protection if they are

A child can experience abuse at any age and they need protection if they are suffering or likely to suffer harm due to not receiving the standard of care, which is reasonable to expect.

All staff members must be attentive of their duties in relation to safeguarding children. The recently updated (March 2015) government statutory guidance (Working Together to Safeguard Children) stresses that safeguarding children is everybody's responsibility and as a charity we must be attentive to the needs and potential vulnerabilities of any children with whom we might come into contact with.

It is not always easy to recognise when abuse is taking place or if a situation may develop and become abusive. However, if any staff member of the Charity has a concern, they have a responsibility to act in accordance with this procedure.

All staff working directly with children or young people must be familiar with the Common Assessment Framework. See AG01 – Common Assessment Framework.

2.1 Encountering children/young people in the course of work

There are several occasions where staff members may come across children or young persons. These may include:

- Visiting mentees at partner organisations where children or young persons may live or be visiting; or visiting those who no longer live at partner organisations or receive an Outreach service;
- Meeting with children or young persons at a coffee shop or public places;
- Community/client/resident involvement activities or events organised by the charity as part of its mentoring participation and engagement activities.

2.2 Types of Abuse

Abuse and neglect are forms of mistreatment of a child or young person. An individual may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, an institutional or community setting, by those known to them or, more seldom, by a stranger. They may be abused by an adult or adults, or another child or children.

Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

The Children Act 1989 gives the following definitions for different types of abuse:

- **Emotional Abuse** – the persistent emotional maltreatment of a child causing severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve the child seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone;

- **Physical Abuse** – may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child;
- **Sexual Abuse** – involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative acts (for example, rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways; and
- **Neglect** – is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
 - Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
 - Protect a child from physical and emotional harm or danger;
 - Ensure adequate supervision (including the use of inadequate care-givers);
 - Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Good Practice

All staff members should adhere to the following principles and action. These guidelines are designed to protect all children and young people with whom Nicodemus works with as well as protecting the staff members themselves.

- To provide children with the best possible experience and opportunities in all Nicodemus interactions, all staff members must operate within an accepted ethical framework such as the Code of Practice. See Appendix A

- Always work in an open environment, avoiding private or unobserved situations and encourage open communication with no secrets. Staff members should avoid being alone with a child or group of children/young people at any time. Where this is unavoidable, always ensure that other people have free access to the room/area where you are and that any doors to the room/area are left fully.
- Make the involvement fun and enjoyable: promote fairness; confront and deal with bullying;
- Avoid questionable activity such as rough or sexually provocative games and be aware of the language you use. Avoid using words used by children or young people unless you are sure of the current meanings to children and young people;
- Maintain a safe and appropriate distance with young people;
- Nicodemus staff members should never touch any child or young person in any area that would be covered by a bathing costume or kiss a child or young person. Staff members should be sensible and sensitive to the needs of a child or young person when in their presence. Children and young people should be encouraged to sit near to or opposite you but never on you. Staff members should remember to preserve a child's personal space when sitting near them;

Avoid needless physical contact with young people. Where any form of manual/physical support is required it should be provided openly and with the consent of the young person. Physical contact can be appropriate so long as it is neither intrusive nor disturbing and the young person's consent has been given;

- If a child or young person asks to speak to you in private, ensure that another person of the same sex as the child or young person is also present. Never speak to a child or young person of the opposite sex alone in a private area;
- Ensure when working with mixed groups of young people that there is both a male and female member of staff present;
- Ensure that at away events (e.g., residential camps) adults do not enter a young person's room or invite young people to their rooms.

3 Identifying Concerns about a Child or Young Person's Wellbeing and Safety

3.1 Raising Concerns

Concerns may be raised directly or indirectly. Some situations may require an immediate, urgent response, for example, where there is an immediate risk to the safety of the child/young person.

Concerns may be raised directly by:

- Staff member observation of injury or evidence of neglect;
- Disclosure by the child/young person.

Indirectly raised concerns include:

- Third party information;
- Overhearing conversations or hearing something in the background during a telephone call;
- An anonymous tip;
- The following responses may suggest a cause for concern:
 - An unexplained delay in seeking medical treatment that is obviously needed;
 - A lack of awareness or denial of any injury, pain or loss of function;
 - Incompatible explanations offered, several different explanations, or observing that the child/young person may have reacted in a way that is inappropriate to his/her age and development;
 - Reluctance to give information or failure to mention previous known injuries;
 - Frequent attendances at Accident and Emergency Departments;
 - Frequent presentation of minor injuries – if ignored this may result in more serious injury

3.2 Emergency Action

If staff members encounter a situation where imperative action is essential in order to immediately protect a child or young person, they must contact the police on **999**. The police are the only agency with legal powers that can ensure immediate protection of children or young people.

3.3 When a Direct Allegation is made to a Staff Member

It may be appropriate in certain circumstances for the charity to refer incidents to a partner organisation or service provider of the relevant child or young person. This must be agreed with the manager and Trustees. In all circumstances, staff members must do the following:

- Remain calm and create a confidential environment in which the child or young person can talk at liberty;
- Actively listen to the child or young person carefully but do not question them or make any further enquiries as this may prejudice a future investigation by the police or Social Care. The basic rule is to ask only minimal questions which are necessary to clarify whether the child or young person is claiming that abuse has taken place;
- Do not stop a child or young person who is freely recalling significant events – allow the child to speak as long as they want to;
- A child or young person must not be asked to repeat their story to a colleague or asked to write it down;
- Reassure the child/young person that they have done the right thing in telling you and that you are treating what they have said to you seriously and that the information will be passed on to someone who will help;
- Reassure them that what has happened is not their fault;
- Staff members **must never** agree to keep information revealed by a child or young person secret but explain clearly and gently that you may have to share what they have said with others including the DSL, but this will only be done on the 'need to know' basis;

- Where the child or young person makes a clear allegation about a specific person, staff members must not attempt to question the alleged perpetrator; and
- Staff members must make relevant notes during the course of the conversation, without distracting the child or young person or as soon as it is possible and preferably within an hour after the conversation. Notes should take the following into consideration:
 - Descriptions of any injury, its size, and a drawing of its location and shape on the child's body. When verifying these details ensure that the child or young person shows you by pointing to the affected area without exposing their body unless it is normally visible (e.g. face, already exposed elbow etc.);
 - Write down exactly what has been said using child/young persons own words, when s/he said it, what was said in reply and what was happening immediately beforehand (e.g. a description of an activity);
 - Dates and times of these events and when the record was made.
 - Write down any action taken and keep all hand written notes even if subsequently typed up:
- It may not be appropriate to complete a Safeguarding Incident Report Form while the child or young person is communicating the incident; however, the Safeguarding Incident Report Form (Appendix B) must be completed on the same day wherever possible, but at a minimum within 48hrs (see section 6 – Safeguarding Incident Report Form).

In all cases if you are not sure what to do you can gain help from the NSPCC 24 Hour Help Line (Tel No: 0800 800 500) or [Churches' Child Protection Advisory Service \(CCPAS\)](#) Thirtyone:eight (CCPAS) for advice 0303 003 11 11

3.4 When a Comment Suggests Significant Harm, but it is Not Clear

It may be appropriate in certain circumstances for the charity to refer incidents to a partner organisation or service provider of the relevant child or young person. This must be agreed with the manager and Trustees. In all circumstances, staff members must do the following:

- Create a confidential environment in which the child or young person can talk freely;
- Let the child or young person speak and only ask questions if they are necessary to clarify what they are saying;
- Actively listen, remembering that a young child may not have the language to explain clearly what it is that distresses them;
- Where it is clear that a child or young person is alleging abuse, avoid asking any further questions;
- Discuss with the DSL how to proceed; and
- Refer to flowcharts (Section 1), Section 4 and on recording and reporting.

3.5 When a Child or Young Person Reports Abuse in the Past

If a child/young person discloses abuse which has taken place in the past, staff members must establish whether the alleged perpetrator is still a risk because of their continuing contact with children or young people either in a professional (for example, teacher) or personal (for example, relative) role. If so, the partner organisation (if appropriate) or Social Care must be informed so that they can make an informed decision about the safety and welfare of children/young people.

3.6 Where a Bruise/Mark/Injury Causes Concern

Where a child or young person has an injury which causes concern but no explanation is volunteered, staff members must enquire how the injury was sustained and make a note. The staff member must also include within the note, names of anyone else who may have seen the bruise/mark/injury that caused concern. This must be reported to the DSL or Trustee within the same day or within 24 hours where the same day is not possible. After discussion with the designated persons (as above) a report to partner organisation (if appropriate), Social Care or the Local Safeguarding Children Board may be required.

3.7 Where a Child or Young Person's Change in Behavior Causes Concern

If a child or young person is suffering abuse, there may be noticeable changes in their general behaviour. These could include:

- Becoming unusually quiet and withdrawn, or unusually aggressive;
- Suffering from what may seem to be physical ailments which cannot be explained medically;
- Showing unexpected fear or distrust of a particular adult;
- Refusal to continue with their usual social activities;
- Using sexually explicit behavior or language, particularly if the behavior or language is not appropriate for their age;
- Inappropriate sexual awareness and/or engaging in sexually explicit behavior;
- Describing how they receive special attention from a particular adult, or refer to a new "secret" friendship with an adult or young person.

The following may indicate neglect or failure to thrive:

- Neglected appearance;
- Short stature and underweight;
- Red or purple mottled skin (more noticeable in winter);
- Swollen limbs with sores (slow healing);
- Recurrent diarrhoea;
- Abnormal voracious appetite (at school or nursery);
- Dry, sparse hair;
- General physical apathy;
- Unresponsiveness or lack of discrimination in relationships with adults (may be attention-seeking or seek attention from any adult).

Signs of bullying include:

- Behavioral changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go training or competitions.
- An unexplained drop off in performance.
- Physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing (e.g., on food, alcohol or cigarettes).
- A shortage of money or frequent loss of possessions.

Please note the above list is not exhaustive, but also that the existence of one or more of the indications/behaviour is not proof that abuse is taking place. It is NOT the responsibility of staff members to decide that child abuse is occurring. It IS their responsibility to act on any concerns

3.8 Where there is a Report or Suspicion of Female Genital Mutilation

Female genital mutilation (FGM) – also known as female circumcision – is illegal in the UK and a criminal offense. It is also illegal for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. If staff member receive a report or have a suspicion that a child has been subjected to, or is at risk of being subjected to, FGM they must to report the matter to the police for investigation.

Further information can be found on the Home Office website here: www.gov.uk

3.9 Disagreement

If there is any disagreement between the staff member and DSL/Manager or vice versa about the level of concern, advice must be sought from the Trustee/s. The Manager must inform the staff member of the outcome of this consultation.

3.10 Child/Young Person is a Mentee

If the child/young person is a mentee, it is important throughout the process for staff members to continue working with them wherever possible and as long as it does not affect the safety of the individual and the staff member. This is to enable ongoing support to the individuals concerned and to help them cope properly with what is happening. The decision to access further help and support from external agencies must be made in agreement with Social Care or where appropriate with partner organisations/service provider of the individual concerned. Staff members must be open and honest about what information has been shared with Social Care and other parties, and their role in taking things forward if relevant.

4 Recording and Reporting

Where abuse is disclosed, suspected or witnessed, the staff member must do the following immediately:

- Ensure the child/young person is out of immediate danger;

- Actively listen to what the child/young person has to share and make notes of what is said – the staff member should not question the child/young person;
- Write detailed notes of what has been seen and said using the words of the person disclosing – the notes should not speculate about what could be taking place or what has happened, but it must be factual;
- Report the incident/concern to the DSL/Manager or Trustees if DSL/Manager is not available.

The staff member must also record the matter on the Safeguarding Incident Form within 24 hours. See section 6 – Safeguarding Incident Report Form.

Where there are any concerns that abuse may be taking place the staff member must report the incident or concern to the DSL immediately.

Where the DSL/Manager is not available, staff members must discuss concerns with a member of the Trustees or contact the Social Care LADO (Local Authority Designated Officer) or Thirtyone:eight (CCPAS) for advice. Staff members must not delay reporting by waiting until for the DSL to be available.

If there is any doubt about whether an incident should be reported staff members must contact Social Care for advice.

When contacting partner organisations and external agencies such as Social Care/police etc., staff must always ensure that there is a written record of the following:

- Name of the person they are speaking to and their position;
- Date and time of the conversation;
- The direct line telephone number; and
- Summary of conversation.

Any discussions between a staff member and DSL/Manager or Trustees regarding a suspected child abuse case must be recorded as a note and attached to the Incident Report Form.

5. Concerns Regarding Staff Involvement in Abuse

If there is any suspicion or concerns that a child has been abused by a Nicodemus staff member, this should be reported to the DSL (Josie Clark) who will take appropriate steps to ensure the safety of the child in question and any other child who may be at risk.

This will include the following:

- Nicodemus will refer the matter to social services department, the independent Local Authority Designated Officer (LADO) and in emergencies, the police.
- The parent/carer of the child will be contacted as soon as possible following advice from the social services department.

- The Executive Trustees should be notified to decide who will deal with any media inquiries and implement any immediate disciplinary proceedings.
- The Safeguarding Lead should notify the relevant partner organisations if appropriate
- If the Designated Safeguarding Lead is the subject of the suspicion/allegation the report must be made to the appropriate person (Trustee) who will refer the matter as per the first bullet point above.

If the perpetrator is a staff member of the child's service provider this needs to be reported to the DSL and Trustees and an incident report completed.

Refer to the flowchart process at Section 1.3 – Reporting Abuse or Potential abuse from staff

6 Safeguarding Incident Report Form

Where a Safeguarding Incident Report (Appendix C) has been completed, the referrer alerter must email/send/hand the form to the DSL, to complete the relevant section of the form. The form should be completed within 24hrs of the disclosure and submitted to the DCP within 48hrs. This form will be password protected.

The original copy of the completed Safeguarding Incident Report and any other records relating to the incident must be given to the DSL (i.e. file notes, notes of any conversations) and must be kept confidentially on file.

7 Monitoring

Regular monitoring and review will be done by the DSL who should also frequently report progress, challenges, difficulties, achievements gaps and areas where changes are necessary to the Board of Trustees. The policy should be reviewed annually, or whenever there is a major change in the Charity or in relevant legislation.

8 Informing Social Care

Informal advice – Where it is uncertain whether the concerns constitute harm, Social Care staff can be contacted for informal advice without the need to name the child concerned. The duty social worker will advise if a formal referral is necessary.

Formal advice – If a formal referral to Social Care is made, this means that Social Care have a duty to investigate.

All Social Care departments have a phone number where referrals will be taken or advice given. If calls are made out of hours, the emergency duty team must be contacted.

Following a telephone referral to the local Social Care Department, the referrer must confirm (ideally by email or fax) the details of the referral in writing within the same day or within 48hrs, using the local authority Multi-Agency Referral Form. See Appendix

The staff member making the referral must clarify with Social Care what happens next and what their own role is, if any, in any further enquiries. The staff member

must cooperate with all agencies involved during a child protection enquiry/ investigation. DSL to support in the above process.

9 Abuse of Child/Young Person where the Alleged Perpetrator is a Mentee

Where a safeguarding children incident is suspected and the alleged perpetrator is a mentee, the reporting process for such cases is the same as where the alleged perpetrator is not.

A risk assessment must be carried out to determine whether or not the alleged perpetrator should continue being mentored. Each case must be individually assessed and the decision taken by the Trustees.

10 Indecent Imaging

Nicodemus information system's does not permit for anything containing, or which could be deemed to contain, pornographic or illegal images, text or other content to be viewed or sent. This includes any indecent images of children or young people.

Any member of staff found to take part in any activity in breach of the above is subject to disciplinary action or immediate termination of services and the local police must be informed.

Photographic and/or video images of children/young person must only be taken where consent is obtained from the individual/parent/guardian and this must be for promotional/ publicity purposes only. Refer to Appendix D Photo Consent Form

11 Support

11.1 Staff

The Charity recognises that cases of child abuse may cause distress to staff. Support is available to staff throughout the reporting process.

The Charity assures all staff and volunteers that it supports and protects anyone who, in good faith reports their concerns of the possibility that a child or a young person is being abused.

11.2 Alleged Victim

Staff members must seek to establish information and contact details of relevant agencies that can provide additional support to the alleged victim, particularly during a Social Care/police investigation. Refer to AG03 – Local contacts

12 Risk Assessments

The charity conducts its work so to minimise situations where it may be possible for children and young people to be abused. These steps include:

- Following safe recruitment for staff selection appointment and supportive process; Refer to Recruitment and Selection Policy;

- Use of Disclosure and Barring Service (DBS) criminal record check to assess the suitability of applicants for positions of confidence. All staff members will have an Enhanced DBS. **As recommended good practice, DBS's for all current staff members will be renewed every three years.**
- All staff members are provided with induction training which covers policies and procedures as well as on-line Introduction to Safeguarding training:
- Actively encouraging and promoting awareness of Code of Practice;
- Raising awareness of abuse amongst staff and young people through training and encouraging openness and sharing;
- Ensuring staff are aware of and correctly implement the incident report procedure;
- Assessing the risk of organised activities; and
- Carrying out risk assessments where potential abuse has been identified.

13 Nicodemus Offices or working in public places on behalf of the Charity

There may be times when children will visit the charity office or workplace (this could be for staff members training or information days where childcare was not possible) or if planned activities are for young adults and their accompanied children. On such times the child must remain in the care and supervision of the parent or responsible authorised person to check that there are no known hazards that the child will be exposed to whilst they are on our premises.

Where children accompany parents - who are working/volunteering on behalf of the charity - meeting with a mentee in a public place as part of their 1-1 mentoring time or participating in planned activities, this should be agreed in advance with the Manager or Project Coordinator responsible for the programme. Children of either the staff member or the young adult/mentee, should be supervised by their parent or responsible authorised person at all times.

These exceptions have been put in place to create an inclusive environment and programme, as more of the young adults engaging with the charity have children of their own.

14 Confidentiality, Sharing and Storing Information

14.1 Confidentiality and Sharing Information

Where possible staff members should seek in general to get consent from the child or young person and/or their parent/guardian/carer's, who has made a claim of abuse, and respect their wishes if they do not consent to confidential information being shared.

However, the child's or young person's safety and welfare must be the superseding factor. Staff members must make the child or young person aware that it is their duty to act in the child's best interest and consequently cannot promise not to pass on any information.

As a general rule you should treat all personal information you acquire or hold in the course of working with children and families as confidential and take particular care that sensitive information is held securely. Information must be handled and

disseminated on a need to know basis only.

This may include the following people:

- The Designated Safeguarding Lead.
- The parents/carers of the child.
- The person making the allegation.
- Social services and/or the police.
- The Trustees of the charity
- The alleged abuser (and parents if the alleged abuser is a child). NB: seek the advice of social services on who should approach the alleged abuser.

Staff members must explain openly to young persons and/or parents/carers at the outset and where appropriate what and how information could be shared and why. The exception is where to do so would put the child or young person or others at increased risk of harm, or it would affect the prevention, detection or prosecution of a crime.

See Additional Guidance AG02 – 7 Golden Rules, Information Sharing Flowchart.

14.2 Storing and Retaining

Any records or data will be kept in a secure place with restricted access to authorised people only and in accordance with requirements of the Data Protection Act (for example that information is accurate, regularly updated, relevant and secure). These records will be kept for the period as specified by our insurance company.

15 Staff Induction and Training

All staff members must be made aware of the Safeguarding Policy through their induction. Staff members will have awareness training during their induction.

A range of courses supporting this policy is provided through the Warwickshire safeguarding website

<https://www.safeguardingwarwickshire.co.uk/safeguarding-children/education-safeguarding-service-training>

The DSL will attend Specialist Safeguarding Training which is valid for two years and will need to complete a refresher at the end of this period and every three years.

16 Complaints procedures

Nicodemus has a complaints procedure as follows:

- Disciplinary and Grievance Procedure Policy - for staff
- Dispute and Resolution Guidance for Volunteers
- YAP Mentor and Mentee Agreements – for young adult mentors and mentees
- Complaints Policy

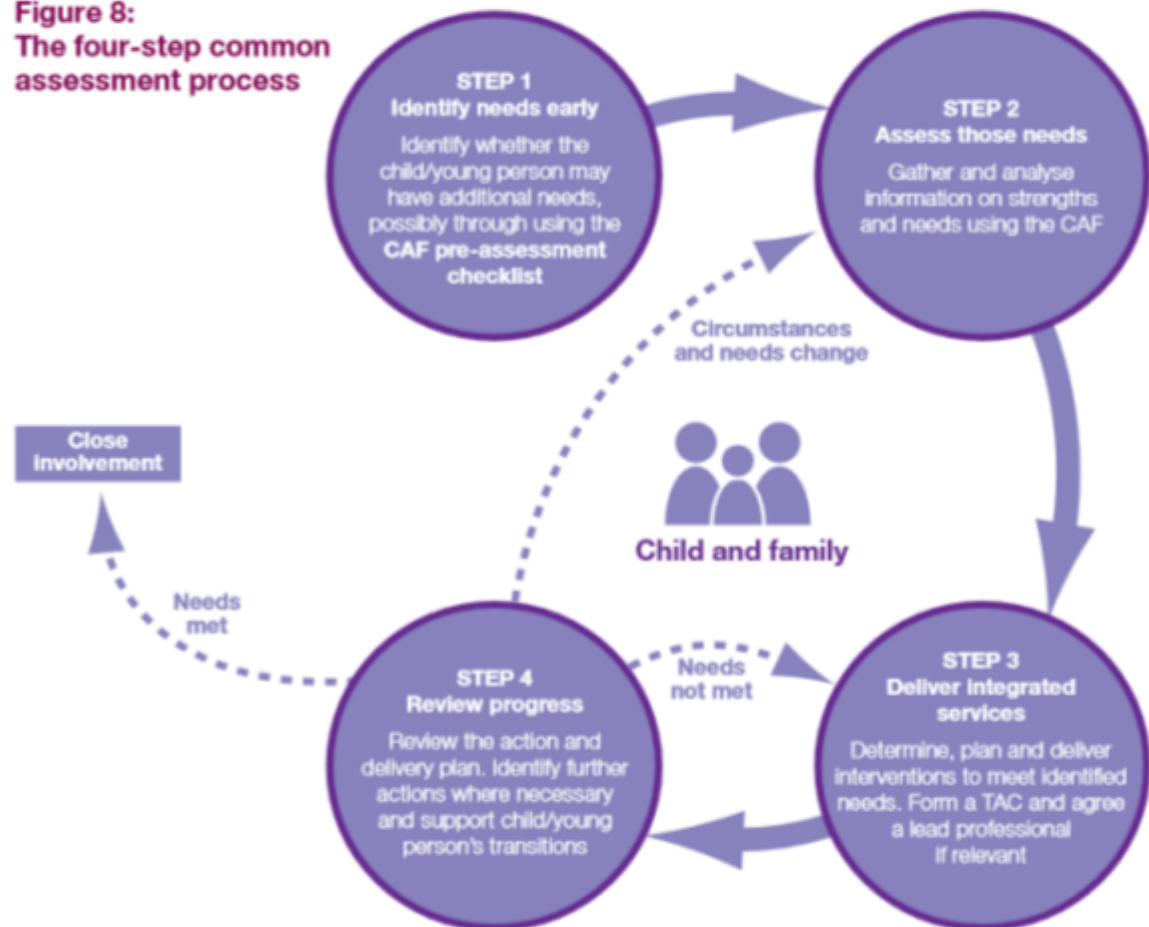
The common assessment process

4.1 This section of the guidance provides information about the common assessment process to help managers to support practitioners delivering integrated working. The chapter also provides guidance for managers on how the CAF and integrated working process can be embedded more effectively within their organisation.

4.2 The common assessment process illustrated in Figure 8:

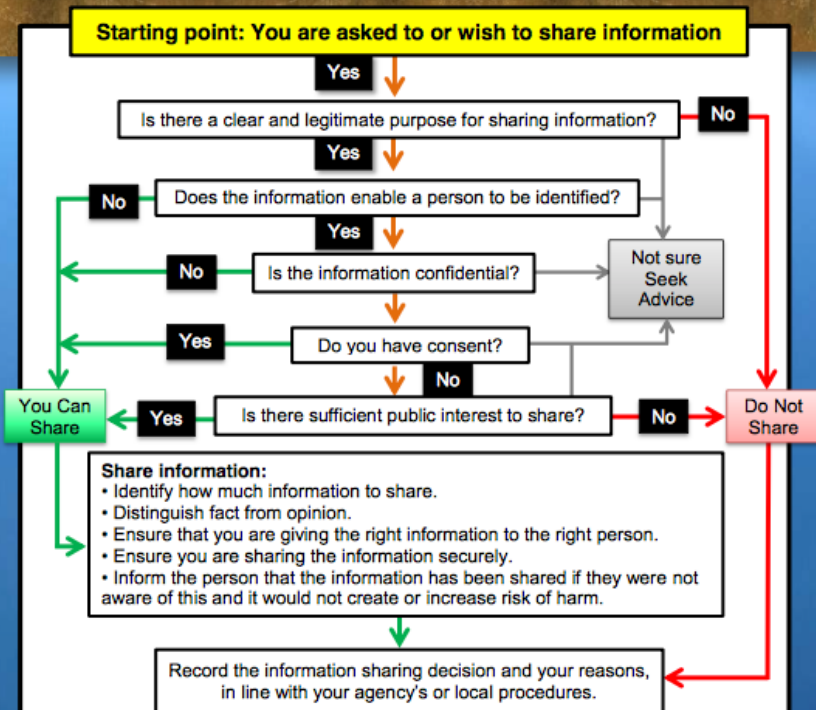
- represents best practice – although it is acknowledged that, in some instances, flexibility may be required to meet the specific needs of a child or young person and their circumstances
- is a fluid process that may move forwards and backwards between delivery and review until needs are met – if a fundamental change occurs, reassessment should be considered
- should not put the child or young person, or the practitioner, at risk of harm. If you or the practitioner is concerned about any aspect of the process, you should seek expert advice

Figure 8:
The four-step common assessment process



AGO2 – 7 Golden Rules, Information Sharing Flowchart

Flowchart of key questions for information sharing



If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.



Seven golden rules for information sharing

- Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

AGO3 - Local Contacts – (including LADO)

Warwickshire Safeguarding will be joining the West Midlands Regional Safeguarding Children's Procedures Manual with effect from 1 June 2020. This enables Warwickshire Safeguarding to align its inter-agency safeguarding procedures with thirteen other Local Safeguarding Partnerships operating across the region. Below is an information leaflet providing further details on this move and instructions for accessing the new procedures manual.

The Regional Child Protection Procedures for the West Midlands are located at:
<http://westmidlands.procedures.org.uk/>

They will also be accessible as now from the Warwickshire Safeguarding website:
<https://www.safeguardingwarwickshire.co.uk/>

