



Safeguarding Policy 2022

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Nightstop Safeguarding Policy 2022

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SAFEGUARDING FLOWCHART

1. Harm or abuse disclosed or suspected of vulnerable adult / child

2. Is the person in immediate danger or risk?

3. YES

3. NO

4. Dial 999

Ask for Police,
Ambulance, Fire as
appropriate.

Co-operate fully
with their requests.

**4. Notify your
line manager and
DSL within 24 hrs.**

Contact all other
agencies working
with person. Share
information

**5. Make a
telephone
referral to
appropriate
Safeguarding
Authority**

5. Safeguarding Authorities

Family Front Door 01905 822666 (under 18's)

Emergency Duty Team / Out of office hours
01905 768020

ATIS (Access, Triage & Intervention service
01905 768053 (18+) urgent response call

Adult Safeguarding Team 01905 843189 (advice
only - this no. does not accept referrals)

**6. Complete Family
Front Door online
Cause for Concern**

Save copy to 'Cause for
Concern COMPLETED
folder.

This is on shared drive/
safeguarding (either
over 18's or under 18's)

**6. Complete Nightstop Safeguarding concerns form & send to line manager and DSL
within 24 hours**

Filepath: Company, Safeguarding, Blank safeguarding concerns to DSL. Once completed save to: Completed Nightstop
Safeguarding concerns to DSL

Include what happened, what you observed in as much detail as possible. Give times, dates, full names
and job titles. Your report must be factual. State clearly any sources of information.

If you have a concern, seek immediate advice from your Line Manager or Designated Safeguarding Lead.

Do not think: What happens if I am wrong?

Think: What happens if I am right?

Remember: We report Concerns, NOT certainties

You do NOT need evidence to raise a concern.

Nightstop Safeguarding Team

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Last updated: September 2022

Nightstop Safeguarding Policy

2022 Safeguarding Statement

Wyre Forest and South Worcestershire Nightstop and Mediation Service (the charity) believes that it is everyone's right to live free from harm and abuse. All staff work within an environment where safeguarding is everybody's responsibility, whereby support and intervention is timely and promotes the well-being of the individuals using a common-sense approach.

Our Mission Statement:

Our mission is to prevent homelessness by empowering young people to reach their full potential. This policy is underpinned by our charity's values.

Our Commitment to Safeguarding

- We believe in the core principles of respect, dignity, autonomy, privacy and equity.
- We endeavour to create an environment whereby people feel safe, secure and are encouraged to talk and are listened to
- We endeavour to create an environment whereby staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a person
- Our approach is to work closely with and cooperate in a multi- agency approach to promote the safeguarding of children, young people and adults
- To provide a safe and secure environment in which all young people can thrive and develop and all aspects of their welfare will be protected

Scope

This policy applies to all children, young people up to the age of 18, as defined in The Children Acts 1989 and 2004 and safeguarding duties for adults under the Care Act 2014.

The policy details the actions to be taken and applies to all staff carrying out any activity on behalf of the charity and this includes trustees, paid staff, external staff, volunteers and young persons.

Staff come into contact with children, young people and adults in three main ways:

- Emergency accommodation and support for 16-25 year olds
- Mediation and conflict coaching for 11-25 year olds and their parent/carer
- Counselling for 16-25 year olds
- Schools and Colleges
- Group work – volunteering, Young Persons Panel, Life skills provision

However, this is not an exhaustive list the charity may come into contact with children, young people and adults in a wider range of ways.

All agencies and professionals should:

- be alert to potential indicators of abuse or neglect
- be alert to the risks which individual abusers or potential abusers may pose to vulnerable adults
- share and help to analyse information so that an assessment can be made of the individual's needs and circumstances
- contribute to whatever actions are needed to safeguard and promote the individual's welfare

- take part in regularly reviewing the outcomes for the individual against specific plans; and
- work co-operatively with parents and/or other carers unless this is inconsistent with ensuring the individual's safety

Purpose

This policy aims to ensure that Nightstop works within UK government legislation and guidelines to protect from abuse and meet its duty of care in its work with children, young people and adults. This policy details the procedures to follow when there is concern about the welfare of a person and the support needs when an allegation is made about a worker within the charity.

To recognise, safeguard and minimise situations in which the abuse of children, young people and adults might occur.

To ensure all staff have a full understanding of safeguarding procedures and know how to respond when a safeguarding issue arises. That staff have a full understanding of keeping themselves safe when working in a position of trust.

This policy also outlines 'Safer Recruitment' to ensure as far as possible that all staff working with children and young people are fit to be in that role.

This policy also outlines how Wyre Forest and South Worcestershire Nightstop and Mediation Service will monitor adherence with the requirements, to give assurance that the policy is effective.

Definitions:

1. **The charity** refers to Wyre Forest and South Worcestershire Nightstop and Mediation Service
2. **Staff** refers to anyone working within the organisation as a paid member or anyone who volunteers including Trustees
3. You use the term '**young person**' to refer to those under 18 but over the age of 11 engaged with our services
4. A **Child** is used in reference to anyone aged 10 or younger
5. An **Adult** refers to anyone 18 and over
6. **Abuse and neglect** is defined as the maltreatment of a child or young person. Somebody may abuse or neglect a child/young person by inflicting harm, or by failing to act to prevent harm. The child/young person may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults, or another child or children.
7. **DSL** Designated Safeguarding Lead
8. **DDSL** Deputy Designated Safeguarding Lead
9. **CEO** Chief Executive Officer
10. **TSC** Trustee Safeguarding Champion
11. **Nightstop Host Service** refers to young people being accommodated by a Host in the community
12. **LADO** – Local Authority Designated Officer

PROCEDURES

Our procedures are outlined in our Nightstop Safeguarding Flowchart on page 2. This details what action needs to be taken when a safeguarding concern arises.

Staff are encouraged to discuss any concerns with either: The Designated Safeguarding Leads, CEO or their Line Manager. All concerns are recorded on an internal Nightstop Safeguarding Form which is then saved electronically on company shared drive in two folders (one folder is for under 18's and another folder is for 18 and over).

The purpose of recording information is to ensure we evidence as much safeguarding information regarding a young person as possible, therefore creating a clear understanding of their situation.

If those concerns are regarding another member of staff they should always consult the CEO or in their absence, they must contact the Trustee Safeguarding Champion. If concerns relate to the CEO, again they must contact the Trustee Safeguarding Champion.

For consistency and practicality, our procedures for safeguarding adults will be the same as those for safeguarding children and young people except where the law, or the specific circumstances of an individual's need requires otherwise.

All concerns will be treated confidentially and always be taken seriously.

Procedure 1- For a Young Person 16-25

On admission to the charity young people will be asked to provide names, addresses, next of kin and emergency contact details.

Young people admitted to Nightstop emergency accommodation will be informed of our safeguarding policy verbally during their initial assessment. In particular, information will be available about the complaints procedures and confidentiality policies and these should also be displayed within the Nightstop service.

Staff will advise the young person or their representative of where to seek assistance and make available a list of contact details for:

- a) Children First - who would support a young person up to age 18.
- b) Local Authority – who would support a young person aged 18 and over.

If a young person goes missing from the Nightstop Service they will be reported missing to the police and other appropriate statutory organisations by the staff member on call.

Procedure 2 – For a Young Person under 16 years who presents as homeless

Staff will not knowingly accept referrals to the Nightstop services from/for a person under the age of 16 who state they are homeless.

Staff will advise the young person or their representative of where to seek assistance and make available a list of contact details for Children's Services - who would support a young person up to age 18.

Staff need to record all enquiries regarding a young person under 16 as a safeguarding concern using the internal Nightstop Safeguarding Concerns Form.

Where appropriate the young person will be invited into the offices as a place of safety while action is being taken to assist them.

If a staff member is unsure of a young person's age the young person will be asked to produce satisfactory evidence of their age within one week or we will assume the young person is under the age of 16.

When a young person is known to be under the age of 16 the following steps must be taken:

1. A young person known to be under 16 will be informed that staff have a legal obligation to contact Children's Services and the police
2. Staff will contact Children's services and the police within two hours of confirming that the young person is under 16, even if they choose to leave
3. The young person will be informed that they will not be physically stopped from leaving
4. We will not contact their parents/carers without their agreement
5. Staff will advise of possible options and services available to them and will offer to contact them on their behalf
6. If a young person chooses to leave without accepting assistance, staff will endeavour to provide them with a list of helpful contacts
7. Staff will make a full written record on an internal Nightstop Safeguarding Concerns Form any such contact and the DSL and Line manager will be made aware of it, including the names of any parties spoken to

Procedure 3 – for young people who access Time2Talk Mediation in an educational setting

The charity provides a mediation service called Time2Talk to secondary schools in Worcestershire. Schools identify which young persons will access the service for planned sessions each week. Young persons are informed that this is a confidential service however should a mediator be concerned about abuse and/or neglect they would have to pass on this information.

Should a concern be raised with a Mediator, it is the responsibility of the mediator to discuss with the young person their concerns, gather as much information and to confirm to the young person if this information will be passed on and to whom. As soon as possible and before the Mediator leaves the school they must report any Safeguarding concerns to the school's DSL or the DDSL. The school will follow their own safeguarding policy.

The Mediator must also inform the charity's DSL and complete the internal Nightstop Safeguarding Concerns Form.

Any concerns raised with a Mediator remain the responsibility of the school's DSL/DDSL due to GDPR restrictions on access to data, however the mediator will ensure that any concerns reported have been followed up accordingly.

Procedure 4 – for young people who access Time 2 Talk Mediation via third party referrals/self-referrals

As well as providing Time2Talk within a school setting young people and families can be referred for mediation from an external agency or by self-referral.

Should a disclosure or a concern be raised with a Mediator, again it is the responsibility of the mediator to discuss their concerns with the person raising the concerns, gather as much information and to confirm if this information will be passed on and to whom.

The Mediator must then inform the charity's DSL and complete the internal Nightstop Safeguarding Concerns Form.

The DSL will make the decision to complete a 'Cause for Concern' via the Worcestershire's Family Front Door. The DSL can seek advice via the Family Front Door and can seek guidance from Worcestershire's County Council website. In order to complete a referral to Children's Services, known as Children First in Worcestershire, consent must be gained from the parent/carer unless it is believed this would put the young person at significant risk of harm.

Where disclosures of historic physical and/or sexual abuse guidance must be sought from the young person to see if they want the abuse reported to the police. However, there may be times when we would report (such as if the young person is at risk of significant harm).

Procedure 5 – Dealing with allegations or suspicion of abuse against a member of staff

This can be an extremely difficult issue to deal with and difficult to accept that a colleague may deliberately harm a child or young person. However to safeguard children and young people we have to think the unthinkable. It may also be that the behaviour that causes concern is bad practice rather than abuse.

All concerns must be reported directly to the CEO, unless the concern is in relation to the CEO, in which case the concerns must be reported to the TSC. Any concerns regarding a child or young person must be reported to the LADO on 01905 766090. The LADO will give support and advice regarding the concerns dependant on the threshold level of the incident or issue.

Where suspicion falls on a staff member, there are three possible outcomes:

- There may be sufficient evidence that the staff member has abused someone.
- There may be sufficient evidence that the staff member is not guilty of abuse.
- The investigation may be inconclusive, leaving suspicion but no evidence about the staff member's behaviour.

The first outcome may lead to further action being taken by Worcestershire Children First and the police. The charity will instigate their disciplinary procedures whilst ensuring that these do not interfere or conflict with or compromise any criminal or child protection investigation. These may result in the staff member being dismissed and the person's name being passed onto the Independent Safeguarding Authority (ISA) who will make a decision about whether the individual should be barred from working with children and/ or vulnerable adults.

The second outcome will result in the staff member returning to their post.

In the event of an inconclusive outcome, disciplinary action may be considered; this may result in the post holder moving to another position which does not involve direct contact with children or young people.

It may be appropriate to suspend a staff member whilst the concerns are investigated, to mitigate against further risk to children or young person in contact with the charity. The Chair, CEO and TSC will give due consideration to whether this action is appropriate on an individual case basis, taking any appropriate guidance from LADO. Where a concern relates to the CEO, the Chair and TSC will be responsible for reviewing whether suspension is appropriate, taking any appropriate guidance from the LADO.

This Policy has a dependency on the charity's DBS Check Policy and Process, which is in place to ensure all staff and trustees have met the requirements of DBS checks, and ongoing monitoring of this adherence.

RECORDING INFORMATION

Staff should record any pertinent information relating to allegations or suspicions of abuse using the Blank Nightstop Safeguarding Concerns Form, which once completed should be passed to the DSL. This information may be required by statutory authorities in the event of an investigation and must be clear, specific and strictly factual. It should not reflect a staff member's opinion. The staff member should make an accurate note of:

- Date and time of incident or disclosure
- People involved (names, addresses, ages, communication difficulties, contact details)
- What was said and done by whom
- Details of any significant marks / bruises or behaviour changes
- Any action taken by Nightstop e.g. suspension of worker
- Where relevant, reasons why there was no referral to a statutory agency
- Name of person reporting the concern and to whom they reported the incident

Reporting all child protection concerns must be discussed with the line manager and /or the DSL. If it is agreed that a child protection concern should be reported to Children First, this should be done without delay as outlined in the Nightstop Safeguarding Flowchart.

TRANSITIONAL SAFEGUARDING – preparing for adulthood

In law a person becomes an adult on their 18th birthday. The law relating to children (Children Act 2004, amended by the Children and Social Work Act 2017) and adult safeguarding, (Care Act 2014) changes the Local Authority safeguarding duties at the point a person turns 18 years old. There is a safeguarding duty to prevent and protect all children from significant harm. If a person has received targeted early help or children's social care and support or protection services prior to their 18th birthday; and adult safeguarding concerns are raised after they turn 18 years old; it is equally important that there is ongoing information sharing and co-operation between services who have and who are working with a person.

Statutory Guidance for both Children's and Adult's Safeguarding (Working Together:2018 and Care and Support:2016) both highlight the importance of agencies working together with the person, to plan for this transition to adulthood in advance of a person's 18th birthday. This will ensure that everyone involved is prepared for changes to the care, support and protection they will receive. Learning from various Safeguarding Adults Reviews "demonstrates the ways in which poor transitional planning can contribute to young adults 'slipping through the net', sometimes with tragic consequences."

Services working with children from the age of approximately 16 years old, who are likely to need ongoing involvement from agencies beyond their 18th birthday, should conduct a transition assessment and plan with the child and their family. This should include consulting with Adult Social Care if it is deemed likely that the child may become an adult with care and support needs as defined in the Care Act 2014.

If it is assessed as likely that a child between the ages of 16 to 18 years is likely to remain at risk of or experiencing abuse or neglect when they become an adult; consideration should also be given to raising adult safeguarding concerns at the earliest possible point before the person's 18th birthday. This is to ensure there is clarity about who could be involved in ensuring the help and protection of the person into their adulthood. If the child is not assessed as having eligible care and support needs on turning 18 years old; it is important that services working with the person across this transitional period, work together before and beyond their 18th birthday to ensure a robust transition plan is in place and implemented.

This plan should include and address the identified risk(s) to the person and ensure they are helped and if necessary protected into adulthood.

Making Safeguarding Personal (MSP)

There is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Confidentiality, Consent and Protecting Children and Young People

There may be circumstances where there may be a conflict between respecting a young person's rights to confidentiality and child protection considerations. Such cases must be discussed with the DSL who will aim to act in the best interest of the child or young person and will take further advice from Children First, Family Front Door, or NSPCC helpline if necessary. Children and young people should be kept informed of any decisions made. The following principles should be adhered to:

- Information will be shared on a need to know basis
- Information will be shared when it is in the best interests of the child or young person
- Confidentiality must not be confused with secrecy

(See Confidentiality Policy)

In most cases, any child protection concerns will be passed on to Children First or the police after seeking the necessary consent if needed. In cases affecting 16 or 17 year olds or above, the consent of the young person will generally be sought. However, all concerns will be reported even if the young person does not give consent. When the concern relates to a child or young person under the age of 16 where possible parental consent will be obtained; unless it is deemed that seeking consent would put the young person at increased risk of harm.

Consent for Adults

It is always essential in adult safeguarding to consider whether the adult is capable of giving informed consent in all aspects of their life. If they are able, their consent should be sought. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be disregarded
- An adult safeguarding enquiry going ahead in response to a concern that has been raised. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.
- The recommendations of an individual safeguarding plan being put in place.
- A medical examination.
- An interview.
- Certain decisions and actions taken during the adult safeguarding process with the person or with people who know about their abuse and its impact on the adult. If, after discussion with the adult who has mental capacity, they refuse any intervention, their wishes will be respected unless:
 - There is an aspect of substantial public interest (e.g. not acting will put other adults or children at risk).
 - There is a duty of care on a particular agency to intervene (e.g. the police if a crime has been or may be committed).

Whistleblowing

All staff should be aware of our Nightstop whistleblowing policy which documents their duty to raise concerns, where they exist, about the attitude or actions of colleagues. The organisation will support and protect those employees and volunteers who, in good faith and without malicious intent, report suspicions of abuse or concerns about colleagues and their actions. Whistleblowing concerns about the CEO should be raised with the TSC. Whistleblowing can be done anonymously.

Implementation, monitoring and review of this policy

It is everyone's responsibility to ensure young people and children are protected against the risk of harm and recording concerns as outlined in this Safeguarding Policy.

The DSL takes lead responsibility for safeguarding and child protection however, the CEO has overall responsibility for implementing and monitoring this policy. DSL will take the lead in recording concerns regarding a young person as well as making referrals to the Family Front Door.

This policy as well as safeguarding concerns will be monitored and reviewed quarterly with TSC, CEO, DSL's.

The Policy will also be subject to additional ad hoc review in the event of any incident which indicates a shortcoming in the existing policy documentation, or in the event of a failure in policy controls identified as part of the Assurance Schedule activity (detailed below).

The Assurance Schedule will provide the charity's Trustee Board and Senior Management Team with evidence that the policy is working as documented.

The charity's safeguarding monthly meeting will be held to review any safeguarding MI, actions or concerns arising in the previous month. Attendees will be:

- DSL's
- TSC
- DDSL

Agenda will be:

- Actions from previous meeting
- Review of Safeguarding MI (including Cases reported/Outcomes/Training/Assurance Schedule Items (Annually))
- By Exception items for awareness/discussion/decision
- Policy review changes (Quarterly)
- AOB

Safeguarding Training

All Staff and Trustees are required to complete Safeguarding Training and review the Safeguarding Policy as follows:

- Induction Training: Safeguarding Training and Policy Review with a DSL will take place within the first month of joining the organisation. This will be logged by DSL in the charity's record of Safeguarding Training and recorded in the Staff File
- DSL & DDSL are required to attend statutory training via Worcestershire County Council or Young Solutions as soon as training is available with refresher training every three years.
- Internal refresher training every 12 months to include Policy Review. This will be recorded logged by DSL on in the charity's record of Safeguarding Training and recorded in the Staff File

Trustees to also participate in induction training and to complete the NSPCC training on Safeguarding training for Trustees.

Commitment to equity and inclusion

Nightstop is committed to creating an organisation where people flourish. By establishing trust and challenging with bias, both conscious and unconscious; we are committed to promoting equality, diversity and transparency in all of our day-to-day actions endorsing inclusive process, practice and culture. We want Nightstop to be a welcoming environment where individual difference is celebrated in the spaces where we live and work.

Gifts and Inducements

On no account should anyone from the charity give a child/ young person a gift or buy refreshments etc. which could in any way be considered as a bribe or inducement to enter into a relationship with any worker from the charity or give rise to any false allegations of improper conduct against the individual.

Any support given such as food vouchers, monies, toiletries is to be recorded and logged securely in the HR folder on our shared drive.

Breach of this Policy

Failure to follow the guidelines in this policy is considered a serious offence and will be investigated thoroughly and dealt with through our Disciplinary Procedure. All staff should ensure that they are familiar with the details of this policy and will be required to attest annually to having reviewed the Policy.

Policy Assurance Schedule:

To ensure the requirements of this Policy are met, the following Assurance Controls have been defined, and completion of this schedule is the responsibility of the DSL. Findings from this Assurance Schedule will be reported annually to the Monthly Safeguarding Meeting.

Assurance Control	How Tested
<p>Procedure 1 Young people admitted to Nightstop service should be informed of policies relevant to safeguarding children and young people verbally. In particular, information should be available about the complaints procedures and confidentiality policies and these should also be displayed within the Nightstop service.</p>	<p>Annual check by DSL that Complaints and Confidentiality policies are visible to Nightstop service users at the Nightstop office. Recorded on Safeguarding Assurance Schedule Checklist, Stored in Safeguarding Files.</p>
<p>Procedure 2 Staff need to record all enquiries regarding a young person under 16</p>	<p>Annual check by DSL that copies of enquiries are in the Safeguarding file and are correctly completed. Recorded on Safeguarding Assurance Schedule Checklist, Stored in Safeguarding files.</p>
<p>Procedure 3 The Mediator must also inform the DSL and complete the internal 'Nightstop Safeguarding Concerns Form'</p>	<p>Annual check by DSL that copies of Safeguarding Concerns Forms are in the Safeguarding file and are correctly completed. Recorded on Safeguarding Assurance Schedule Checklist, stored in Safeguarding files.</p>
<p>Procedure 4 The DSL will make the decision to complete a 'Cause for Concern' via the Worcestershire's Family Front Door. In order to complete a referral to Children First, consent must be gained from the parent/carer unless it is believed this would put the young person at significant risk of harm.</p>	<p>Annual checks by DSL that copies of Cause for Concern Forms are in the Safeguarding file and are correctly completed. Recorded on Safeguarding Assurance Schedule Checklist, stored in Safeguarding files.</p>
<p>Procedure 5 This Policy has a dependency on the Nightstop DBS check Policy and Process, which is in place to ensure all Nightstop staff and Trustees have met the requirement of DBS checks, and ongoing monitoring of this adherence</p>	<p>Annual check by DSL of DBS file monitoring is in place and up to date.</p>
<p>Recording Staff should record any pertinent information relating to allegations or suspicions of abuse using the Blank Nightstop Safeguarding Concerns Form, which once completed should be passed on to DSL.</p>	<p>Annual check by DSL that copies of Safeguarding Concerns Forms are in the Safeguarding file. Recorded on Safeguarding Assurance Schedule Checklist, Stored in Safeguarding files.</p>
<p>Breach of Policy All staff should ensure that they are familiar with the details of this policy and will be required to attest annually to having reviewed the Policy.</p>	<p>Annual check by DSL that copies of Safeguarding Policy Review attestation emails are in the Safeguarding file. Recorded on Safeguarding Assurance Schedule Checklist, Stored in Safeguarding files.</p>
<p>Staff Training</p>	<p>Annual check by DSL that copies of Safeguarding Policy Review attestation emails are in the Safeguarding file.</p>

<p>All Nightstop staff are required to complete Safeguarding training and review the Safeguarding Policy as follows:</p> <ul style="list-style-type: none"> • Induction training: Safeguarding Training and Policy Review within a month of joining Nightstop. Evidence of training completion will be added to Staff file. • Ongoing Competency: Review this policy and provide email attestation to CEO (annually). Evidence of Policy review attestations will be added to Staff file. 	<p>Recorded on Safeguarding Assurance Schedule Checklist, Stored in Safeguarding files.</p> <p>Annual check by DSL that New employee Induction Sign Offs (all training, including Safeguarding) are on staff file for anyone joining Nightstop once last annual check.</p>
<p>Trustee Training All Nightstop Trustees are required to complete Safeguarding training as follows:</p> <ul style="list-style-type: none"> • Induction training: Safeguarding Training and Policy Review within a month of joining Nightstop board of Trustee. • NSPCC Training, Safeguarding for Trustee 	<p>Recorded on Safeguarding Assurance Schedule Checklist, Stored in Safeguarding files.</p>
<p>Host Training All Nightstop hosts are required to complete Safeguarding training as follows:</p> <ul style="list-style-type: none"> • Induction training: Safeguarding Training and Policy Review within a month of joining Nightstop. Evidence of training completion will be added to Hosts file. 	<p>Recorded on Safeguarding Assurance Schedule Checklist, Stored in Safeguarding files.</p>
<p>All staff and Trustees of WFNMS are required to complete relevant DBS checks, and these are to be maintained throughout the period of involvement with Wyre Forest and South Worcestershire Nightstop and Mediation Service.</p>	<p>Recorded on Safeguarding Assurance Schedule Checklist, Stored in HR files.</p>

APPENDIX 1 - Recognition & Identification of Abuse

(Recognition & Identification of Abuse Definitions taken from Working Together to Safeguard Children 2018 Appendix A)

What is abuse?

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 a family or in an institutional or community setting, by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults, or another child or children.

Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation including any disability.

EMOTIONAL ABUSE

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause 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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond 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 seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-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. Emotional abuse is difficult to:

- define
- identify/recognise
- prove.

Emotional abuse is chronic and cumulative and has a long-term impact. Indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')

- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- Toddler/Pre-School – head banging, rocking, bad temper, ‘violent’, clingy. From overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- School age – Wetting and soiling, relationship difficulties, poor performance at school, nonattendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- Adolescent – depression, self-harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

NEGLECT

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), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing failure to meet a child's needs.

Neglect can often fit into six forms which are:

- **Medical** – the withholding of medical care including health and dental.
- **Emotional** – lack of emotional warmth, touch and nurture
- **Nutritional** – either through lack of access to a proper diet which can affect in their development.
- **Educational** – failing to ensure regular school attendance that prevents the child reaching their full potential academically
- **Physical** – failure to meet the child's physical needs
- **Lack of supervision and guidance** – meaning the child is in dangerous situations without the ability to risk assess the danger.

Common Concerns:

- With regard to the child, some of the regular concerns are:
- The child's development in all areas including educational attainment
- Cleanliness

- Health
- Children left at home alone and accidents related to this
- Taking on unreasonable care for others
- Young carers

Neglect can often be an indicator of further maltreatment and is often identified as an issue in serious case reviews as being present in the lead up to the death of the child or young person. It is important to recognise that the most frequent issues and concerns regarding the family in relation to neglect relate to parental capability. This can be a consequence of:

- Poor health, including mental health or mental illness
- Disability, including learning difficulties
- Substance misuse and addiction
- Domestic violence

Staff need to consider both acts of commission (where a parent/carer deliberately neglects the child) and acts of omission (where a parent's failure to act is causing the neglect). This is a key consideration with regards to such issues as school attendance where parents are not ensuring their child attend school regularly. Many of the signs of neglect are visible. However, staff may not instinctively know how to recognise signs of neglect or know how to respond effectively when they suspect a Child or young person is being neglected over time and recognise and respond to concerns about their safety and welfare. All concerns should be recorded and reflected upon, not simply placed in a file. Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or may present with obesity through inadequate attention to the child's diet

- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

PHYSICAL ABUSE

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. When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the Designated Safeguarding Lead without delay so that they are able to seek appropriate guidance from the police and/or Children's Services in order to safeguard the child. Staff must be alert to:

- Unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries.
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described.

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns

General appearance and behaviour of the child may include:

- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference;
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes.

- Bruising:

- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object. - Bruising on the cheeks, head or around the ear and black eyes can be the result of nonaccidental injury.

- Other injuries:

- Bite marks may be evident from an impression of teeth
- Small circular burns on the skin suggest cigarette burns
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
- Red lines occur with ligature injuries
- Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
- Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.
- Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
- Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping

- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

SEXUAL ABUSE

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education. Sexual abuse is usually perpetrated by people who are known to and trusted by the child – e.g. relatives, family friends, neighbours, people working with the child in school or through other activities. Characteristics of child sexual abuse:

- It is usually planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic.
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done in person or via the internet through chat rooms and social networking sites.
- Grooming the child’s environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. Again, this can be done in person or via the internet through chat rooms and social networking sites.

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age

- Starting to wet again, day or night/nightmares

In older children behavioural changes may include:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention

- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

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.

Assessment

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.

Abuse by children on Adults

If a child or children is or are causing harm to an adult with care and support needs, this should be dealt with under the adult safeguarding policy and procedures, but will also need to involve the local authority children’s services.

Care Act 2014

This introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. To promote wellbeing it should be assumed that individuals are best placed to judge their own wellbeing, their individual views, beliefs, feelings, wishes are paramount and individuals should be empowered to participate as fully as possible.

Mental Capacity Act 2005

The presumption in this is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation and to take action themselves to prevent abuse.
- to participate to the fullest extent possible in decision-making about interventions.

The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act. The Mental Capacity Act (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests.

Under the MCA, people who lack capacity and are currently experiencing or are at risk of abuse or are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Care Act.

APPENDIX 2

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of abuse which involves children (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity. '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.' (DfE – February 2017) The definition and further guidelines can be found in the DfE document : Child sexual exploitation - Definition and a guide for practitioners

Who is at risk?

Child sexual exploitation can happen to any young person from any background. Although the research suggests that the females are more vulnerable to CSE, boys and young men are also victims of this type of abuse.

The characteristics common to all victims of CSE are not those of age, ethnicity or gender, rather their powerlessness and vulnerability. Victims often do not recognise that they are being exploited because they will have been groomed by their abuser(s). As a result, victims do not make informed choices to enter into, or remain involved in, sexually exploitative situations but do so from coercion, enticement, manipulation or fear. Sexual exploitation can happen face to face and it can happen online. It can also occur between young people.

In all its forms, CSE is child abuse and should be treated as a child protection issue.

WARNING SIGNS AND VULNERABILITIES CHECKLIST²

The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited. The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group

² The Office of the Children's Commissioner (2012) Interim Report - Inquiry into Child Sexual Exploitation in Group and Gangs.

- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer

- Low self-esteem or self-confidence
- Young carer - the following signs and behaviour are generally seen in children who are already being sexually exploited:
 - Missing from home or care
 - Physical injuries
 - Drug or alcohol misuse
 - Involvement in offending
 - Repeat sexually transmitted infections, pregnancy and terminations
 - Absent from school
 - Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
 - Estranged from their family
 - Receipt of gifts from unknown sources
 - Recruiting others into exploitative situations
 - Poor mental health
 - Self-harm
 - Thoughts of or attempts at suicide

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation.

The DSL must ensure they are aware of the guidance on Child Sexual Exploitation on the West Midlands Safeguarding Children Procedures website:

<http://westmidlands.procedures.org.uk/pkpl/regional-safeguarding-guidance/child-sexual-exploitation>

The DSL must ensure that all staff are aware of signs and symptoms of CSE and know that these must be reported and recorded as child protection concerns. The DSL must follow the Worcestershire Pathway for dealing with issues of CSE, including completion of the screening tool.

APPENDIX 3

Effects of domestic abuse on children and young people

The impact of domestic abuse on the quality of a child's or young person's life is very significant. Children and young people who live with domestic abuse are at increased risk of behavioural problems, emotional trauma, and mental health difficulties in adult life.

The impact of domestic abuse on children and young people can be wide-ranging and may include effects in any or all of the following areas:

Physical: Children and young people can be hurt either by trying to intervene and stopping the violence or by being injured themselves by the abuser. They may develop self-harming behaviour or eating disorders. Their health could be affected, as they may not be being cared for appropriately. They may have suicidal thoughts or try to escape or blank out the abuse by using drugs, alcohol or by running away.

Sexual: There is a high risk that children and young people will be abused themselves where there is domestic abuse. In homes where living in fear is the norm, and situations are not discussed, an atmosphere of secrecy develops, and this creates a climate in which sexual abuse could occur. In addition to this, children and young people may sometimes be forced to watch the sexual abuse of their mother/carer. This can have long-lasting effects on the sexual and emotional development of the child/young person.

Economic: The parent or carer of the child or young person may have limited control over the family finances. Therefore, there might be little or no money available for extra-curricular activities, clothing or even food, impacting on their health and development.

Emotional: Children and young people will often be very confused about their feelings – for example, loving both parents/carers but not wanting the abuse to continue. They may be given negative messages about their own worth, which may lead to them developing low self-esteem. Many children and young people feel guilty, believing that the abuse is their fault. They are often pessimistic about their basic needs being met and can develop suicidal thoughts. Some children and young people may internalise feelings and appear passive and withdrawn or externalise their feelings in a disruptive manner.

Isolation: Children and young people may become withdrawn and isolated; they may not be allowed out to play; and if there is abuse in the home, they are less likely to invite their friends round. Schooling may be disrupted in many ways, and this may contribute to their growing isolation. They may frequently be absent from school as they may be too scared to leave their mother alone. They may have to move away from existing friends and family – e.g. into a refuge or other safe or temporary accommodation.

Threats: Children and young people are likely to have heard threats to harm their mother/father. They may have been directly threatened with harm or heard threats to harm their pet. They also live under the constant and unpredictable threat of violence, resulting in feelings of intimidation, fear and vulnerability, which can lead to high anxiety, tension, confusion and stress.

This clearly highlights that living with domestic abuse has a significant impact on a child's ability to achieve the five outcomes as outlined in the Every Child Matters agenda:

- be healthy;
- stay safe;

- enjoy and achieve;
- make a positive contribution;
- achieve economic well-being.

What Nightstop can do

When working with Children and Young People we can create an environment which both promotes their belief and commitment that domestic abuse is not acceptable, and that they are willing to discuss and challenge it. For many victims, charities and organisations such as Nightstop, might be the only place outside of the family home they visit without their abusive partner. It would help if posters are displayed or had cards/pens available with information about domestic abuse and contact details for useful agencies: for example, NSPCC 0808 800 5000 and ChildLine 0800 11 11; Parentline 0808 800 2222; Worcestershire's Forum Against Domestic Abuse and Sexual Violence (WFADSA) website and West Mercia Women's Aid 24 hr. helpline: 0800 980 3331. West Mercia Constabulary - Police Domestic Abuse Units 101.

Research shows that the repeated use of physical, sexual, psychological and financial abuse is one of the ways in which male power is used to control women. The underlying attitudes which legitimate and perpetuate violence against women should be challenged.

The Organisation can support individual children and young people by:

- promoting the philosophy that domestic abuse is unacceptable;
- **Responding to disclosures** and potential child protection concerns; recognising that domestic abuse and forced marriage may be a child protection concern; policies and procedures must include domestic abuse;
- **Giving emotional support** – the child or young person might need referral to a more specialist service or need additional support

APPENDIX 4

Forced Marriage – a form of Domestic Abuse and a crime in England and Wales Forced Marriage should be recognised as a human rights abuse – and should always invoke child protection procedures.

A forced marriage is one entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. A forced marriage is not the same as an arranged marriage – in an arranged marriage the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people.

Warning signs

Warning signs can include a sudden drop in performance, truancy from school and conflicts with parents over continuation of the young person's education. There may be excessive parental restrictions and control, a history of domestic abuse within the family, or extended absence through sickness or overseas commitments. A young person may also show signs of depression or self-harming, and there may be a history of older siblings leaving education early to get married.

The justifications

Most cases of forced marriage in the UK involve South Asian families. This is partially a reflection of the fact that there is a large established South Asian population in the UK. It is clear, however, that forced marriage is not a solely South Asian phenomenon — there have been cases involving families from East Asia, the Middle East, Europe and Africa. Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas, or a British citizen being sent abroad. Parents who force their children to marry often justify it as protecting them, building stronger families and preserving cultural or religious traditions. They may not see it as wrong. Forced marriage can never be justified on religious grounds: every major faith condemns it and freely given consent is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriage.

Culture

Often parents believe that they are upholding the cultural traditions of their home countries, when in fact practices and values there have changed. Some parents come under significant pressure from their extended families to get their children married.

The law

Sexual intercourse without consent is rape, regardless of whether this occurs within the confines of a marriage. A girl who is forced into marriage is likely to be raped and may be raped until she becomes pregnant. In addition, the Forced Marriage (Civil Protection) Act (2007) makes provision for protecting children, young people and adults from being forced into marriage without their full and free consent through Forced Marriage Protection Orders. Breaching a Forced Marriage Protection Order is a criminal offence.

The Anti-Social Behaviour, Crime and Policing Act 2014 makes it a criminal offence, with effect from 16th June 2014, to force someone to marry. This includes:

- Taking someone overseas to force them to marry (whether or not the marriage takes place);
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured into it or not).

What to do if a young person seeks help

- The young person should be seen immediately in a private place, where the conversation cannot be overheard.
- The young person should be seen on her own, even if she attends with others.
- Develop a safety plan in case the young person is seen i.e. prepare another reason why you are meeting.
- Explain all options to the young person and recognise and respect her wishes. If the young person does not want to be referred to Children's Services, you will need to consider whether to respect the young person's wishes — or whether the young person's safety requires further action to be taken. If you take action against the young person's wishes you must inform the young person.
- Establish whether there is a family history of forced marriage — i.e. siblings forced to marry.
- Advise the young person not to travel overseas and discuss the difficulties she may face.
- Seek advice from the Forced Marriage Unit.
- Liaise with Police and Children's Services to establish if any incidents concerning the family have been reported.
- Refer to Police if there is any suspicion that there has been a crime or that one may be committed.
- Refer the young person with her consent to the appropriate local and national support groups, and counselling services.

What to do if the young person is going abroad imminently

The Forced Marriage Unit advises professionals to gather the following information if at all possible it will help the unit to locate the young person and to repatriate her:

- a photocopy of the young person's passport for retention — encourage her to keep details of her passport number and the place and date of issue
- as much information as possible about the family (this may need to be gathered discretely)
- full name and date of birth of young person under threat
- Young person's father's name
- any addresses where the young person may be staying overseas
- potential spouse's name
- date of the proposed wedding
- the name of the potential spouse's father if known

- addresses of the extended family in the UK and overseas

Specific information

It is also useful to take information that only the young person would know, as this may be helpful during any interview at an embassy or British High Commission — in case another person of the same age is produced pretending to be the young person. Professionals should also take details of any travel plans and people likely to accompany the young person. Note also the names and addresses of any close relatives remaining in the UK and a safe means to contact the young person — a secret mobile telephone, for example, that will function abroad.

Forced marriage: what professionals should NOT do

- treat such allegations merely as domestic issues and send the young person back to the family home
- ignore what the young person has told you or dismiss the need for immediate protection
- approach the young person's family or those with influence within the community, without the express consent of the young person, as this will alert them to your concern and may place the young person in danger
- contact the family in advance of any enquires by the Police, Children's Services or the Forced Marriage Unit, either by telephone or letter
- share information outside child protection information sharing protocols without the express consent of the young person
- breach confidentiality except where necessary in order to ensure the young person's safety
- attempt to be a mediator

Further guidance is available from The Forced Marriage Unit:

Tel: (+44) (0)20 7008 0151 between 9.00 a.m. and 5.00 p.m. Monday to Friday

Emergency Duty Officer (out of hours): (+44) (0)20 7008 1500

E-mail: fmu@fco.gov.uk Website: www.fco.gov.uk/forcedmarriage FMU publications: The Right to Choose: multi-agency statutory guidance for dealing with forced marriage – June 2014 and Multi-agency practice guidelines: Handling cases of Forced marriage – June 2014

See also: DfE Guidance 'Forced Marriage – How to protect, advise and support victims of forced marriage – information and practice guidelines for professionals' May 2019; and West Mercia regional procedures.

APPENDIX 5

Female Genital Mutilation (FGM) and Breast Ironing - a form of Human Rights

Abuse What is FGM?

FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.

There are four known types of FGM, all of which have been found in the UK:

Type 1 – clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)

Type 2 – excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the ‘lips’ that surround the vagina)

Type 3 – infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris

Type 4 – other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterising the genital area.

FGM is sometimes known as ‘female genital cutting’ or female circumcision. Communities tend to use local names for this practice, including ‘sunna’.

Why is FGM carried out?

It is believed that:

- It brings status and respect to the girl and that it gives a girl social acceptance, especially for marriage.
- It preserves a girl’s virginity/chastity.
- It is part of being a woman as a rite of passage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is cosmetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.

Religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommends that women undergo FGM, and some women have been told that having FGM will make them ‘a better Muslim’. However, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.

Within which communities is FGM known to be practised?

According to the Home Office it is estimated that up to 24,000 girls under the age of 15 are at risk of FGM.

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leone, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

Obviously, this not to say that all families from the communities listed above practise FGM, and many parents will refuse to have their daughters subjected to this procedure. However, in some communities a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.

Is FGM harmful?

FGM is extremely harmful and is often described as brutal because of the way it is carried out, and its short and long-term effects on physical and psychological health.

FGM is carried out on children between the ages of 0 and 15, depending on the community in which they live. It is often carried out without any form of sedation and without sterile conditions. The girl or young woman is held down while the procedure of cutting takes place and survivors describe extreme pain, fear and feelings of abandonment.

Where the vagina is cut and then sewn up, only a very small opening may be left. This is often seen as a way to ensure that when the girl enters marriage, she is a virgin. In some communities the mother of the future husband and the girl's own mother will take the girl to be cut open before the wedding night.

Repeat urinary tract infections are a common problem for women who have undergone FGM, and for some, infections come from menstruation being restricted. Many women have problems during pregnancy and childbirth. The removal of the clitoris denies women physical pleasure during sexual activity and some groups will practise complete removal to ensure chastity.

Is it illegal?

FGM is internationally recognised as a violation of the human rights of girls and women and is illegal in most countries – including the UK. The Female Genital Mutilation Act 2003 came into force in 2004:

The act makes it illegal to:

- practise FGM in the UK
- take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country
- aid and abet, counsel or procure the carrying out of FGM abroad. The offence carries a penalty of up to 14 years in prison, and/or a fine. Signs, symptoms and indicators: The following list of possible signs and indicators are not diagnostic but are offered as a guide as to what kind of things should alert professionals to the possibility of FGM. Things that may point to FGM happening:
 - a child talking about getting ready for a special ceremony
 - a family arranging a long break abroad
 - a child's family being from one of the 'at-risk' communities for FGM (see above)
 - knowledge that an older sibling has undergone FGM
 - a young person talks of going abroad to be 'cut' or get ready for marriage.

Things that may indicate a child has undergone FGM:

- prolonged absence from school or other activities
- behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still, and looking uncomfortable
- complaining about pain between their 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.

What is breast ironing?

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimates range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

Why does breast ironing happen?

The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping; consequently, breast ironing is more prevalent in cities. Cameroon has one of the highest rates of literacy in Africa and ensuring that girls remain in education is seen as an important outcome of breast ironing.

Breast ironing is physical abuse

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditional practices, it is not against the law. Breast ironing does not stop the breasts from growing, but development can be slowed down. Damage caused by the 'ironing' can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses. In some cases, it may be related to the onset of breast cancer.

Breast Ironing in the UK

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as 1000 girls at risk. Keeping Children Safe in Education (2019) mentions breast ironing on page 83, as part of the section on so-called 'honour-based' violence. Staff worried about the risk of breast ironing in their school should speak to the Designated Safeguarding Lead as soon as possible. Schools need to know the risk level within their communities and tackle the risk as appropriate.

What should Nightstop do?

Where we have a concern about a child or young person, they should contact Children First. Should a concern be logged the concerns are based on more concrete indicators – i.e., the young person says this is going to happen to them, or disclosure that it has happened to them or to an older sister – we should make a child protection referral and inform the Police as required by the mandatory reporting duty.

We should not:

- contact the parents before seeking advice from children's social care;
- make any attempt to mediate between the child/young person and parents.

It is important to keep in mind that the parents may not see FGM or Breast Ironing as a form of abuse; however, they may be under a great deal of pressure from their community and or family to subject their daughters to it. Some parents from identified communities may seek advice and support as to how to resist and prevent FGM for their daughters, and education about the harmful effects of FGM and Breast Ironing may help to make parents feel stronger in resisting the pressure of others in the community. Remember that religious teaching does not support FGM or Breast Ironing.

The 'one chance' rule

In the same way that we talk about the 'one chance rule' in respect of young people coming forward with fears that they may be forced into marriage, young people disclosing fears that they are going to be sent abroad for FGM are taking the 'one chance', of seeking help.

It is essential that we take such concerns seriously and act without delay. Never underestimate the determination of parents who have decided that it is right for their daughter to undergo FGM. Attempts to mediate may place the child/young person at greater risk, and the family may feel so threatened at the news of their child's disclosure that they bring forward their plans or take action to silence her.

APPENDIX 6

SEXTING

What is sexting?

Sexting is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. Sexting is often seen as flirting by children and young people who think that it's part of normal life. Often, incidents of sexting are not clear-cut or isolated. Sexting incidents can be divided into two categories – aggravated and experimental³ :

Aggravated incidents of sexting involve criminal or abusive elements beyond the creation of an image. These include further elements, adult involvement or criminal or abusive behaviour by minors such as sexual abuse, extortion, threats, malicious conduct arising from personal conflicts, or creation or sending or showing of images without the knowledge or against the will of a minor who is pictured.

Experimental incidents of sexting involve youths taking pictures of themselves to share with established boy or girlfriends, to create romantic interest in other youth, or for reasons such as attention seeking. There is no criminal element (and certainly no criminal intent) beyond the creation and sending of the images and no apparent malice or lack of willing participation. The consequences of sexting can be devastating for young people. In extreme cases it can result in suicide or a criminal record, isolation and vulnerability. Young people can end up being criminalised for sharing an apparently innocently image which may have, in fact, been created for exploitative reasons. Because of the prevalence of sexting, young people are not always aware that their actions are illegal. In fact, sexting as a term is not something that is recognised by young people and the 'cultural norms' for adults can be somewhat different. Some celebrities have made comments which appear to endorse sexting – 'it's okay, as long as you hide your face' - giving the impression that sexting is normal and acceptable. However, in the context of the law it is an illegal activity and young people must be made aware of this.

The Law - Much of the complexity in responding to youth produced sexual imagery is due to its legal status. Making, possessing and distributing any imagery of someone under 18 which is 'indecent' is illegal. This includes imagery of yourself if you are under 18. 'Indecent' is not defined in legislation. For most purposes, if imagery contains a naked young person, a topless girl, and/or displays genitals or sex acts, including masturbation, then it will be considered indecent. Indecent images may also include overtly sexual images of young people in their underwear.

The law criminalising indecent images of children was created long before mass adoption of the internet, mobiles and digital photography. It was also created to protect children and young people from adults seeking to sexually abuse them or gain pleasure from their sexual abuse. It was not intended to criminalise children. Despite this, young people who share sexual imagery of themselves, or peers, are breaking the law.

The National Police Chiefs Council (NPCC) has made clear that incidents involving youth produced sexual imagery should primarily be treated as safeguarding issues. Schools may respond to incidents without involving the police. Where the police are notified of incidents of youth produced sexual imagery they are obliged, under the Home Office Counting rules and National Crime Recording Standards, to record the incident on their crime systems. The incident will be listed as a 'crime' and the young person involved will be listed as a 'suspect.' **This is not the same as having a criminal record.**

Every 'crime' recorded on police systems has to be assigned an outcome from a predefined list of outcome codes. As of January 2016, the Home Office launched a new outcome code (outcome 21) to help formalise the discretion available to the police when handling crimes such as youth produced sexual imagery. This means that even though a young person has broken the law and the police could provide evidence that they have done so, the police can record that they chose not to take further action as it was not in the public interest. 3 Reprinted from Wolak and Finkelhor 'Sexting: a Typology' March 2011

APPENDIX 7

RADICALISATION AND EXTREMISM

Preventing Radicalisation

Children/young people are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of the organisation's safeguarding approach.

Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

What is Prevent? Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, in all its **forms**. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

Referral Process

All concerns about young people vulnerable to radicalisation should be referred to the DSL in the first instance. The DSL will follow safeguarding procedures including:

- Talking to the young person about their behaviour/views/on-line activity/friends etc.;
- Discussion with parents/carers about the concerns;
- Checking out on-line activity, including social media if possible;
- Providing in-house support, if available;
- Providing Early Help targeted support if necessary.

If concerns persist, then the DSL should make a referral to the Family Front Door, usually with the knowledge and consent of the young person.

The referral will then be subject to a triage process to decide whether or not it meets the threshold for a referral to Channel. If it does, the DSL should be prepared to attend the Channel Panel meeting to share the concerns and help identify any intervention required. Further feedback to the Channel Panel will be expected following intervention to decide whether there are still concerns. Further information can be found in the West Midlands Safeguarding Children procedures.

APPENDIX 8

CRIMINAL EXPLOITATION – COUNTY LINES

What is County Lines?

County Lines is a very serious issue where criminal gangs set up a drug dealing operation in a place outside their usual operating area. Gangs will move their drug dealing from big cities (e.g. London, Manchester, Liverpool etc.) to smaller towns and rural areas in order to make more money. This can have a really big effect on the community who live there and bring with it serious criminal behaviour.

The UK Government defines county lines as:

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child criminal exploitation is increasingly used to describe this type of exploitation where children are involved, and is defined as:

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

Criminal exploitation of children is broader than just county lines and includes, for instance, children forced to work on cannabis farms or to commit theft.

Crimes Associated with County Lines

Drugs

County lines commonly involves the illegal distribution and dealing of seriously dangerous drugs from one city/town to another. The most common drugs involved are heroin and cocaine (crack and powder), but also MDMA, cannabis, amphetamines and spice.

Violence

Gangs sometimes use violence to threaten children and young people when recruiting them. Gangs also violently assault children and young people working for them if they find their drugs or money to be missing. Weapons such as firearms, knives, bats, acid are sometimes used to make violent threats.

Exploitation

Gangs recruit and use children and young people to move drugs and money for them. Children as young as 11 years old are recruited, often using social media. They are exploited and forced to carry drugs between locations, usually on trains or coaches. They are also forced to sell drugs to local users.

Sexual Exploitation

Young girls are often groomed and forced into relationships with gang members and are made to perform sexual acts.

Signs to look out for

A young person's involvement in county lines activity often leaves signs. A person might exhibit some of these signs, either as a member or as an associate of a gang dealing drugs.

- Are they always going missing from school or their home?
- Are they travelling alone to places far away from home?
- Do they suddenly have lots of money/lots of new clothes/new mobile phones?
- Are they receiving much more calls or texts than usual?
- Are they carrying or selling drugs?
- Are they carrying weapons or know people that have access to weapons?
- Are they in a relationship with or hanging out with someone/people that are older and controlling?
- Do they have unexplained injuries?
- Do they seem very reserved or seem like they have something to hide?
- Do they seem scared?
- Are they self-harming?

Terms associated with County Lines

Here are some words/terms that are commonly used when describing county lines activity. someone using these words might be involved in or might know of County Lines activity.

Cuckooing

Cuckooing is when drug gangs take over the home of a vulnerable person through violence and intimidation, using it as their base for selling/manufacturing drugs.

Signs of cuckooing:

- An increase in people coming and going
- An increase in cars or bikes outside
- Litter outside
- Signs of drugs use
- You haven't seen the person who lives there recently or when you have, they have been anxious or distracted.

Going Country

This is the most popular term that describes County Lines activity. It can also mean the act of travelling to another city/town to deliver drugs or money.

Trapping

The act of selling drugs. Trapping can refer to the act of moving drugs from one town to another or the act of selling drugs in one.

Trap House

A building used as a base from where drugs are sold (or sometimes manufactured). These houses usually are occupied by someone (usually adult drug users) but sometimes young people are forced to stay in trap houses.

Trap line

This refers to when someone owns a mobile phone specifically for the purpose of running and selling of drugs.

What to do if you have concerns a young person is involved in County Lines

Follow your normal safeguarding procedures and refer to Nighthop's DSL. The DSL will refer on to Children First and/or the Police, if the young person is at immediate risk of harm.

Further information is available in the regional guidance of the West Midlands Child Protection Procedures.

Further guidance is available in the Home Office's publication 'County Lines: criminal exploitation of children and vulnerable adults'.