

UK GUARDIANS



CHILD PROTECTION & SAFEGUARDING POLICY

Updated April 2020

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1. INTRODUCTION

UK Guardians has a statutory and moral duty to ensure that we function with a view to safeguarding and promoting the welfare of children, young people accessing education in the UK, and to cooperate with outside agencies. This policy relates to all students under our care regardless of gender, age, ethnicity, nationality, religion or disability. All children and young people have the right to protection from any kind of abuse and the right to exist in a safe and friendly environment whilst in the care of UK Guardians.

This policy is mandatory for all staff and Host families to read and recommended for parents to have awareness. The core purpose of UK Guardians is to help students make the most of their lives through learning in the UK and we are committed to working proactively with school staff, learners, and host families and outside agencies to provide an environment in which every student is free from harm or abuse.

The safety and welfare of children, or Child Protection, means protecting children from physical, emotional or sexual abuse or neglect.

This policy is in line with the requirements of the Association of Education and Guardianship of International Students (AEGIS) and National Minimum Boarding Standards.

TERMINOLOGY

” **Safeguarding**” is the protection of children from maltreatment, preventing the impairment of children’s health/development and ensuring that children grow up in circumstances consistent with the provision of safe and effective care. Working together to safeguard children (HM Government 2019)

“**Child Protection**” is a part of safeguarding and promoting welfare to protect specific children, who are suffering or are at risk of suffering significant harm.

Staff refers to all those working for or on behalf of the British Guardianship Organization, full time or part time, in either a paid or voluntary capacity.

Child, Student refers to all young people who have not yet reached their 18th birthday.

Parent refers to birth parents and other adults who are in a parenting role, for example stepparents or adoptive parents.

2. POLICY STATEMENT

Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who meets children has a role to play in safeguarding children. In order to fulfil this responsibility effectively, UK Guardians requires all staff and host family members to make sure their approach is always a child-centred one. This means that they should consider, at all times, what is in the best interests of the child. No individual can have a full picture of a child’s needs and circumstances. If children are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. To ensure this happens close liaison with Parents, Agents and partner schools will always take place to ensure the safety of the child.

This policy should be used read in conjunction with the following documents which can all be found on the Gov.uk website under the Safeguarding heading and UK Guardians policies are available on the website www.ukguardians.co.uk or are available in hard copy on request.

- Complaints procedure
- Bullying Esafety & Social Policy
- GDPR & Data Protection Policy
- Missing Child Policy
- Whistleblowing Policy
- Anti-Radicalisation Policy
- Keeping Children Safe in Education 2019
- Working Together to Safeguard Children 2018
- Child abuse concerns 2015

IN PURSUIT OF THIS AIM, UK GUARDIANS UNDERTAKES THE FOLLOWING:

- To have a designated Child Protection Co-ordinator, that has received Child Protection Training and has the responsibility for responding to Child Protection concerns raised by staff/ students or hosts. UK Guardians will record any allegations/concerns and refer them where appropriate, to the relevant Children's Services Duty team in their area. You can also contact our Company Director for advice and guidance if you are not sure whether your referral is a child protection issue or Child in need matter.
- To ensure that all guardianship personnel receive Child protection Safeguarding Awareness Training and to make them and the students in our care aware of the need to report allegations and suspicions of child abuse to a person they feel comfortable with, which will then be passed onto to the management team. In the case of a member of management not being available the on-call staff must make direct contact where appropriate with Helen Herridge UK Guardians Director as delay could put a child/Young Person at further risk of harm.
- To promote an environment of trust, openness and clear communication between students, school and UK Guardians staff and our Host Families, so that student welfare, safety and pastoral care recognised as the top priority.
- To respond to any reported allegation or suspicion of a child protection or safeguarding issue in accordance with the principles and guidelines set out in the Child Protection Procedures of the Association for the Education and Guardianship of International Students (AEGIS);
- To ensure that all guardianship personnel and personnel offering outsourced services, who come into direct contact with students in our care, are recruited using safe recruitment practices and are formally screened through the Disclosure and Barring service.
- To maintain links with the appropriate Agencies who have a statutory responsibility to deal with child welfare and child protection concerns. If you have any reason to believe that a child in your care is suffering from any form of abuse or neglect, then please report it immediately in confidence to Helen Herridge - Director of UK Guardian or the DSL – Lisa Hawes

3. TYPES OF ABUSE

"Abuse" includes any form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children. Abuse can include:

3.1.1 **Physical abuse**, for example beating or punching.

3.1.2 **Emotional abuse**, for example rejection and denial of affection.

3.1.3 **Sexual abuse**, for example sexual assault or encouraging a child to view pornographic material:

4. SIGNS OF ABUSE

Government advice What to do if you are worried a child is being abused gives the following examples as potential indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed.
- Children with clothes which are ill-fitting and/or dirty and/or with consistently poor hygiene.
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason.
- Children who do not want to change clothes in front of others or participate in physical activities.
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry.
- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason.
- Children who are regularly missing from school or education.
- Children who are reluctant to go home after school.
- Children with poor school attendance and punctuality, or who are consistently late being picked up.
- Parents who are dismissive and non-responsive to practitioners' concerns.
- Parents who collect their children from school when drunk, or under the influence of drugs.
- Children who drink alcohol regularly from an early age.
- Children who are concerned for younger siblings without explaining why.
- Children who talk about running away and/or children who shy away from being touched or flinch at sudden movements.

5. ABUSE INDICATORS

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. N.B: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

Physical Abuse Indicators may include the following (this is not designed to be used as a checklist)

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional Abuse Indicators may include the following (this is not designed to be used as a checklist)

- Over-reaction to mistakes, continual self-deprecation
- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Masturbation, Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual Abuse Indicators may include the following (this is not designed to be used as a checklist)

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate.
- Thrush, Persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour, Enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches in genital area

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect indicators may include the following (this is not designed to be used as a checklist)

- Hunger, tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather
- Poor school attendance or often late for school with poor concentration
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Neurotic behaviour

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power, sexual gratification or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Child sexual exploitation indicators may include the following (this is not designed to be used as a checklist)

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education

Domestic Abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological, physical, sexual, financial and emotional.

Where there is Domestic Abuse in a family, the children/young people will always be affected; the longer the violence continues, the greater the risk of significant and enduring harm, which they may carry with them into their adult life and relationships.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. Schools and Host Families are ideally placed to offer appropriate support, alongside other agencies, whether families are in crisis, or whether there are early signs of potential abuse.

Helplines: <http://www.nationaldomesticviolencehelpline.org.uk>

Advice: <http://www.nhs.uk/Livewell/abuse/Pages/domestic-violence-help.aspx>
<http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse>

'Honour' based violence encompasses crimes which have been committed to protect or defend the honour of the family and or the community, including Female Genital Mutilation, forced marriage and practices such as breast ironing. UK Guardians recognises that all cases of honour-based violence fall under the safeguarding and child protection umbrella and will be treated accordingly.

Peer on peer abuse can manifest in many different ways, including but not limited to on-line bullying, sexting, banter, initiation rituals and inappropriate or harmful sexualised behaviours. In most instances, the conduct of children and young people towards each other will be covered by the school behaviour policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns. UK Guardians recognise that children are capable of abusing their peers. It will not be passed off as 'banter' or 'part of growing up'. The forms of peer on peer abuse are outlined below.

- Child Sexual Exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.
- Harmful Sexual Behaviour – Children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others.
- Serious Youth Violence – Any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19 i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences. The term peer-on-peer abuse can refer to all of these definitions and a child may experience one or multiple facets of abuse at any one time. Therefore, our response will cut across these definitions and capture the complex web of their experiences. There are also different gender issues that can be prevalent when dealing with peer on peer abuse (i.e. girls being sexually touched/assaulted, or boys being subjected to initiation/hazing type violence). Research indicates that young people rarely disclose peer on peer abuse and that if they do, it is likely to be to their friends. Therefore, we will also educate children and young people that we work with about how to support their friends if they are concerned about them, that they should talk to a trusted adult or someone at their school and what services they can contact for further advice.

Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the Designated Safeguarding Lead. Where a concern regarding peer on peer abuse has been disclosed to the DSL, advice and guidance will be sought from Childrens Social Care and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

Sexting is the sending of an indecent image and can be illegal. A person under 16 is committing an offence if they send an indecent image of themselves and someone passing this on is also distributing an indecent image of a child. Pippa's Guardians seeks to protect children from sexting and the significant impact it can have.

Upskirting typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence.

Advice for children and young people is available at:

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

<https://www.childline.org.uk/explore/onlinesafety/pages/sexting.aspx>

Advice for adults involved in the safeguarding of Young People is available at:

<http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting>

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. The process of radicalisation is different for every individual and is a process, not a one-off event; it can take place over an extended period or within a very short time frame.

It is important that staff and volunteers are able to recognise possible signs and indicators of radicalisation. Children and young people may be vulnerable to exposure or involvement with groups or individuals who advocate violence as a means to a political or ideological end. They can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members' groups and organisations or, increasingly, through the internet, including through social media sites. This can put children and young people at risk of being drawn into criminal activity and has the potential to cause significant harm.

PREVENT is part of the UK's counter terrorism strategy, it focuses on supporting and protecting vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist related activity. PREVENT is not about race, religion or ethnicity, the programme is to prevent the exploitation of susceptible people. Schools and Homestays can play an important part in safeguarding children from the risk of radicalisation. Effective early help relies on all staff being vigilant and aware of the nature of the risk for children and young people, and what support may be available.

Potential indicators of radicalisation include:

- Use of inappropriate language
- Possession of violent extremist literature
- Changes in behaviour, language, clothing or appearance
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

In the case of any concerns please contact the DSL – Lisa Hawes – UKG Student Welfare: Lisa@ukguardians.co.uk, Mobile 07715445395 Or Helen Herridge: helen@ukguardians.co.uk
Office: 01425 529118

Female Genital Mutilation (FGM) is a form of physical abuse involves female genital mutilation by way of female circumcision, excision or infibulation. The Prohibition of Female Circumcision Act 1985 makes FGM an offence, except on specific physical and mental health grounds and it is an offence to take a girl out of the UK for the purpose of FGM.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy. FGM is extremely harmful and has short- and long-term effects on physical and psychological health.

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

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies. There can also be clearer signs when FGM is imminent:

- It may be possible that families will practice FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.
- Parents seeking to withdraw their children from learning about FGM.

It is important that professionals look out for signs that FGM has already taken place so that:

- the girl or woman affected can be supported to deal with the consequences of FGM
- enquiries can be made about other female family members who may need to be safeguarded from harm.
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm. There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help but may not be explicit about the problem due to embarrassment or fear.

6. DESIGNATED STAFF WITH RESPONSIBILITY FOR SAFEGUARDING

Staff Training

It is important that all staff have training to enable them to recognise the possible signs of abuse and neglect and to know what to do if they have a concern. New staff will receive training during their induction. All staff, including the office staff, local coordinators and homestays (main host) will receive training that is updated every year to a minimum of level 1.

Minimum Safeguarding Training

We have 1 Designated Safeguarding Lead (DSL) at our Head Office that has been trained to child safeguarding level 3. All other members of the team have completed Safeguarding Level 3. This is renewed every three years. Lastly, we advise our host families to undertake level 1 training as a minimum. Definitions of each level can be found below.

Level One: Introduction or Induction

In general, a 'Level One,' 'Introduction' or 'Induction' to safeguarding training course should entail how to recognise the signs of abuse, respond to a disclosure, report your concerns, and record information.

Level Two: Advanced Safeguarding

A 'Level Two' or 'Advanced Safeguarding' goes into detail about the procedures of safeguarding, scenarios and what happens after a referral. 'Advanced' or 'Level Two' safeguarding training will have material as it is devised for someone who has day to day or frequent contact with children or vulnerable people.

Level Three: Designated Safeguarding Lead

Level three is often used to refer to the training of Designated Safeguarding Lead. This training is far more detailed on handled a wider range and taking charge of safeguarding issues.

The designated senior member of staff with lead responsibility for child or young person's safeguarding issues is Helen Herridge - Director of UK Guardians or Lisa Hawes – Designated safeguarding Lead

Lisa Hawes can be contacted 24/7 on her mobile 07715 445395. Other Team members will cover this role in urgent cases should Lisa Hawes be unavailable.

Helen Herridge has received training in child protection issues and inter-agency working and will receive refresher training at least every 2 years.

Lisa Hawes is the designated contact and is responsible for:

- Overseeing the referral of cases of suspected abuse or allegations to Children and Families Services Department of the relevant local authority
- Providing advice and support to other staff on issues relating to child and vulnerable adult protection
- Ensuring the maintenance of accurate records of any child or vulnerable adult protection referral, complaint or concern (even where that concern does not lead to a referral)
- Ensuring that all students who may be vulnerable are aware of what to expect in the way of support from UK Guardians and how to access this support
- Ensuring that parents and carers of children, young people within the care of UK Guardians are aware of the Child Protection Policy
- Liaising with the Local Authority Services, Local Safeguarding Children's Boards and other appropriate agencies
- Ensuring appropriate liaison arrangements are in place with schools which accommodate the children, young people and to put in place individually focussed transition arrangements
- Ensuring that staff receive appropriate training in safeguarding issues and are aware of UK Guardians Policy and Procedures.

Designated Staff Member

Lisa Hawes – UK Guardians Student Welfare

Lisa@ukguardians.co.uk

Mobile 07715445395

Office: 01425 529118

7. DEALING WITH DISCLOSURE OF ABUSE AND PROCEDURE FOR REPORTING CONCERNS

If a child, young person or vulnerable adult tells a member of staff or Host Family member about possible abuse:

- Inform the individual that you must pass the information on, but that only those that need to know about it will be told. Inform them who you will report the matter to.
- Listen carefully and stay calm.
- Do not interview the individual, but question normally and without pressure, in order to be sure that you understand what they are telling you.
- Do not put words into the individual's mouth or ask leading questions.
- Reassure the individual that by telling you, they have done the right thing.
- Note the main points carefully.
- Make a detailed note of the date, time, place, what the individual said, did and your questions etc.
- Report the issue as a matter of urgency to a designated staff member (contact details are provided for out of normal working hours support), providing them with a copy of any notes you have made.

Designated members of staff dealing with reports should consider the following:

Staff should not investigate concerns or allegations themselves as this could contaminate evidence in any future criminal case but should report them immediately to the Designated Person.

In an urgent situation when designated staff members are unavailable, consideration should also be given to contacting the police, if the member of staff to whom the concerns are reported considers the circumstances to constitute an emergency.

In the case of a child living with a host family, it should be recognised that their home or care provider may be implicated in an allegation of abuse. In view of this, the consent of the individual should be requested to inform the relevant Children Services Department. If it is judged that there is significant risk to the immediate safety of the individual, the Designated Person should inform the relevant authorities, including the Police, even if consent has been withheld. They should explain to the individual that their "duty of care" responsibilities require this course of action.

8. SAFEGUARDING CONCERNS – Flow Chart

UK Guardians ensures that we work closely with our local Authority and work together in the most effective way. With any concerns we may have regarding a child we liaise closely with:

The Pan-Dorset Safeguarding Children Partnership (PDSCP) previously known as the Bournemouth and Poole Local Safeguarding Children Board (LSCB) is the main statutory board for promoting children's welfare

East Team – Dorchester: 01305 221196

West Team – Bournemouth: 01202 458873

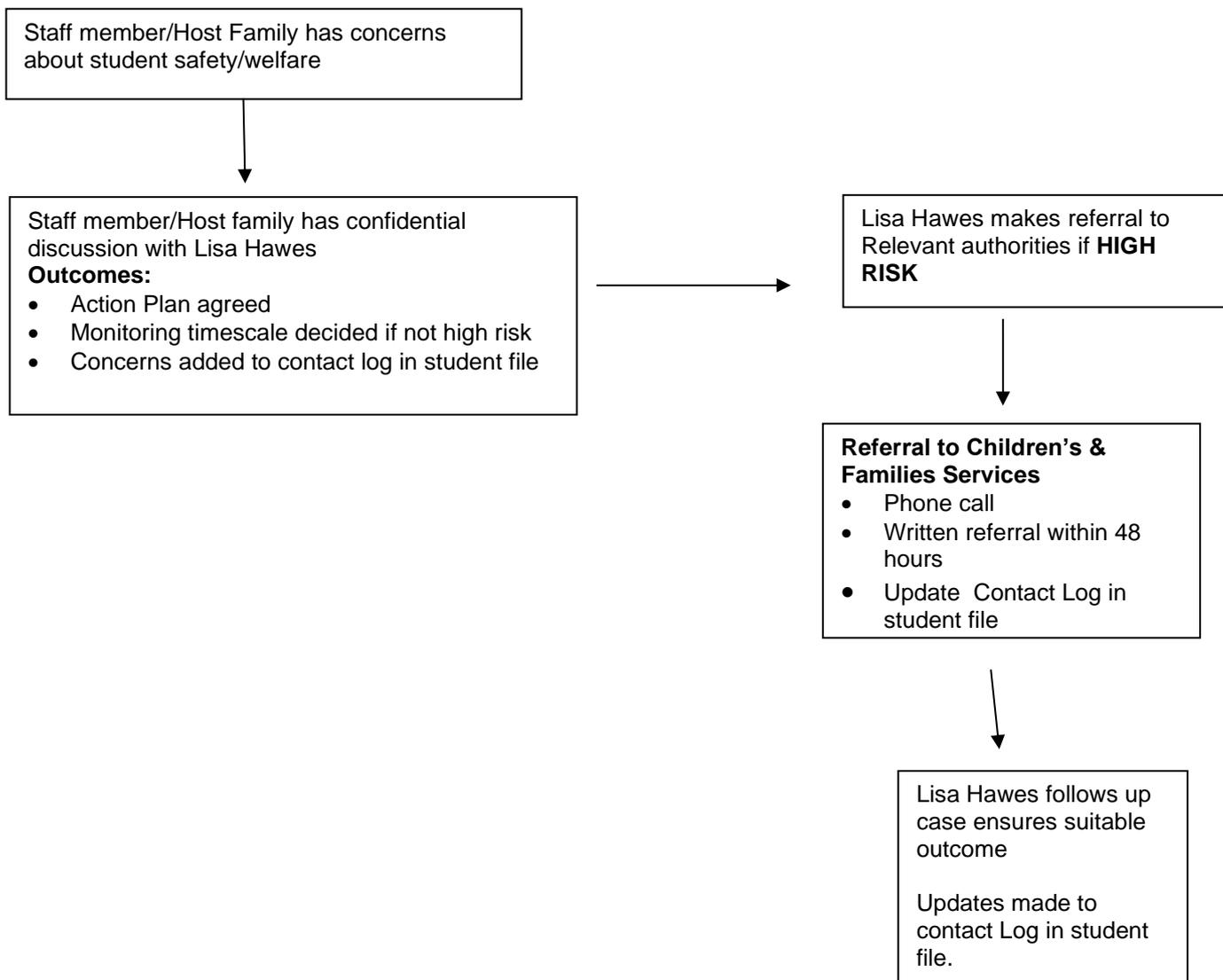
Children's Advice and Duty Service (ChAD):

Professional's Telephone Number: 01305 228558

Bournemouth, Christchurch or Poole contact the Multi Agency Safeguarding Hub (MASH):

Telephone: 01202 458101 or 01202 458102

Email: MASH@bcpcouncil.gov.uk



9. SOURCES of HELP and SUPPORT

Wherever possible, potential, alleged or actual victims of abuse should be provided with contact information for organisations that can provide them with further information, advice and support. These include:

1. **Childline** 0800 1111
www.ChildLine.org.uk

2. **Connexions**
Connexions Direct 0808 0013219
Text 07766 413 219
www.connexions-direct.com
New Forest (Hampshire) 02380 877960
Poole 01202 677557
Bournemouth 01202 315331
North & East Dorset (including Christchurch) 01258 454454
Wiltshire 01722 424400
Isle of Wight 01983 525060

3. **Emergency Counselling Services**

Roger Green 07977364758
4. **Citizen's Advice Bureau** www.citizensadvice.org.uk

Bournemouth 0870 7510927
Christchurch 01202 482023
Eastleigh 0870 126904
Fordingbridge 01425 652643
Hythe 0870 1264089
Lymington 0870 1264092
Poole 0870 7510937
Ringwood 01425 473330
Romsey 01794 516378
Salisbury 01722 327222
Southampton 02380 221406

5. **The Samaritans** 0845 7909090

10. QUICK GUIDES - KEEPING SAFE

GUIDANCE FOR THE AVOIDANCE OF ALLEGATIONS AGAINST STAFF & HOST FAMILIES

These guidelines are adapted from those offered to staff & Host families within UK Guardians, and should be viewed within the context of what constitutes child abuse.

Definitions of abuse can include emotional abuse as well as sexual and physical. Abuse of Trust is a criminal offence whereby any person in a position of responsibility over a 'child' (under 18) who is seen to exploit that position can be prosecuted.

Please note these are guidelines only – your professional judgement within a given situation should also be exercised.

Non-abusive acts (permitted physical contact):

- **Restraint** is permissible as long as it is consistent with legislation and guidance. In general terms you are allowed to use reasonable force to remove a dangerous item from a student or take a student away from a dangerous situation
- **Shepherding** with a hand on back or shoulder
- **Comforting** with a hand on arm, shoulder or back
- **Securing attention** – tapping a student's shoulder

Private Meetings:

- Should be conducted in rooms with visual access and doors should be kept open wherever possible
- There should be knowledge of another person that the meeting is taking place

Gratuitous physical contact:

- Must be avoided, and it is unwise to attribute touching to your daily life.

Inappropriate discussions

- Must be avoided, and insensitive, disparaging and sarcastic comments are unacceptable
- Discussion about another student with a student or group of students is unacceptable

Reporting incidents

- Following any incident where you feel that your actions or comments have been misconstrued you should discuss the incident with Helen Herridge – Company Director
- You should report any crush or infatuation and seek assistance in dealing with the issue before escalation

11. RECEIVING A DISCLOSURE – A BRIEF GUIDE

What do I do if a young person tells me about an issue?

DO:

- Listen carefully and stay calm
- Do not interview the individual, but question normally and without pressure, in order to be sure that you understand what they are telling you
- Do not put words into the individual's mouth or ask leading questions
- Reassure the individual that by telling you, they have done the right thing
- Inform the individual that you must pass the information on, but that only those that need to know about it will be told. Inform them who you will report the matter to.
- Note the main points carefully
- Make a detailed note of the date, time, place, what the individual said, did and your questions etc
- Report the issue as a matter of urgency to Helen Herridge, providing her with a copy of any notes you have made

DO NOT:

- Investigate concerns or allegations
- Display shock, horror, anger or disgust
- Press for details
- Promise you will do something you may not be able to fulfil
- Offer to keep it in confidence
- Take any action beyond that agreed in the procedures

12. CONFIDENTIALITY AND SHARING INFORMATION

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

Staff should only discuss concerns with the Designated Safeguarding Lead or her deputy. That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Record of concern forms and other written information will be stored securely in a locked storage in the safeguarding folder and only made available to relevant individuals.

All relevant information will be stored separately from the child's Individual and academic file and kept in a separate private folder.

The Data Protection Act does not prevent the company's staff from sharing information with relevant agencies, where that information may help to protect a child.

Reporting directly to child protection agencies Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with children's social care, police or the NSPCC if:

WHISTLE BLOWING

Whistle blowing is for issues relating to children and young people.

The company adheres to the local authority whistle blowing policy and procedures that enable staff to raise concerns relating to:

- safeguarding
- crime
- a miscarriage of justice
- illegality
- health and safety
- environmental or property damage
- concealing or attempting to cover up any of the above

Reasons for blowing the whistle

Staff will naturally be reticent to report a concern about the conduct of a colleague. However, each individual must take responsibility for ensuring that children are fairly treated. If poor practice is allowed to continue unchecked, it could escalate with serious consequences.

Your action not only protects children, but also deters any suggestion that you have colluded with poor practice that you knew was occurring but chose to ignore.

Whistle blowing can also support the member of staff who is the subject of the concern. Their conduct may result from inexperience or lack of training that can be addressed by the company, or they may be under stress and be relieved when their conduct is questioned.

Staff who deliberately fail children and show no remorse or desire to improve are unlikely to welcome being exposed, but their conduct has to be confronted for the sake of the child.

IF YOU HAVE ANY CONCERNS, QUERIES OR QUESTIONS:

Please speak to Lisa Hawes, UK Guardians Welfare, who is the designated member of staff responsible for such matters.

- The situation is an emergency and the Designated Safeguarding Lead; their deputy and the Director are all unavailable.
- They are convinced that a direct report is the only way to ensure the child's safety.