



SuccessClub

Be better in the next second than you were in the last

Safeguarding Children & Young People

POLICY & PROCEDURES

1. Introduction

1.1 This policy outlines the commitment of Success Club CIO to safeguarding children, young people, and vulnerable individuals who are in contact with our organisation. The policy aims to protect their welfare and ensure they are safe from harm while participating in our activities and accessing our services.

1.2 Success Club CIO acknowledges that safeguarding is a collective responsibility and involves the implementation of appropriate policies, procedures, and practices. This policy incorporates relevant legislation and guidelines to inform our approach to safeguarding.

2. Relevant Legislation and Guidelines

2.1 The following legislation has informed this policy:

Children Act 1989 & 2004

Working Together to Safeguard Children 2018

Safeguarding Disabled Children 2009 (if applicable)

3. Designated Safeguarding Officer (DSO) and Deputy DSO

3.1 The Designated Safeguarding Officer (DSO) for Success Club CIO is Tony Dallas. Tony can be contacted on 07886572144 or by email tonyd@successclub.org.uk.

3.2 The Deputy Designated Safeguarding Officer is Jude Olliverel, who can be contacted in the absence of the DSO on 07813962079 or by email jude@successclub.org.uk.

3.3 The Designated Safeguarding Officer will act as the main source of support, advice and expertise for safeguarding at Success Club. Your overall responsibilities will be:

- Liaise with Local Children & Young People Safeguarding Board (Enfield), Local Authority Designated Officer on allegations against staff, The Police Child Protection Team and any other agencies on individual cases of suspected or identified child abuse and allegations against staff.
- He will be responsible for coordinating action within Success Club CIO on child protection issues & safeguarding issues
- Advise and support the Trustees in developing and establishing your organisation's approach to safeguarding.
- Play a lead role in maintaining and reviewing your organisation's plan for safeguarding.
- Coordinate the distribution of policies, procedures and safeguarding resources throughout your organisation.
- Advise on training needs and development, providing training where appropriate.
- Provide safeguarding advice and support to staff and volunteers.
- Manage safeguarding concerns, allegations or incidents reported to your organisation.
- Manage referrals to key safeguarding agencies (eg social services or police) of any incidents or allegations of abuse and harm.

4. Trustee Safeguarding Lead

4.1 Success Club CIO has appointed a Safeguarding Lead from the trustees. The Safeguarding Lead is Marva Rollins. They can be contacted via rollinsmarva@gmail.com.

Trustee Safeguarding Lead Responsibilities

4.1 Strategic

- Consider the organisation's strategic plans and make sure they reflect safeguarding legislation, regulations specific to your activities, statutory guidance, and the safeguarding expectations of the Charities Commission.
- Work with Tony Dallas the designated safeguarding lead regularly to review whether the things the organisation has put in place are creating a safer culture and keeping people safe.
- Check the organisation's risk register reflects safeguarding risks properly and plans sensible measures to take, including relevant insurance for trustees liability.
- Make sure there is space on the agenda for safeguarding reports and help trustees understand and challenge those reports.

4.2 Effective policy and practice

- Make sure there is an annual review of this safeguarding policy and procedures and that this is reported to trustees.
- Understand the monitoring your charity does to see whether policies and procedures are effective.
- Learn from case reviews locally and nationally, to improve your organisation's policies, procedures and practices.
- Oversee safeguarding allegations against staff or volunteers, together with Tony Dallas CEO the designated safeguarding lead.
- Be a point of contact for staff or volunteers if someone wishes to complain about a lack of action in relation to safeguarding concerns.

4.3 Creating the right culture

- Champion safeguarding throughout the organisation.
- Attend relevant safeguarding training events and conferences.
- Support the trustees in developing their individual and collective understanding of safeguarding.
- Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.
- Work with Tony Dallas and Office Manager in order to manage all serious safeguarding cases.
- Support regular safeguarding updates for staff, volunteers and beneficiaries.

5. Staff & Volunteers

Success CLub operates under strict codes of conduct and it is expected that all staff & volunteers follow this all times (See page 7).

In addition, all staff & volunteers have the following responsibilities:

- To adhere to all the points and procedures outlined within this policy,
- To report any incidents, concerns, suspicions and or allegations they have regarding a young person's well-being and or safety, in line with Success Club CIO reporting procedures
- To attend induction or any training courses including on-going training in relation to safeguarding and child protection, as appropriate
- To use support sessions, such end of day discussion, to discuss any safeguarding concerns or issues.

6. Local Safeguarding Partnership Details

6.1 The Local Authority Designated Officer (LADO) for Success Club CIO's area is Andreas Kyriacou. They can be contacted via: safeguardingservice@enfield.gov.uk
Enfield Safeguarding Board
020 8379 5555 (Mon-Fri: 9 am-5 pm) 020 8379 1000 (option 2) (Out of office hours)

7. Reporting Concerns

7.1 All staff, volunteers, and trustees are encouraged to report any safeguarding concerns immediately.

7.2 Concerns related to safeguarding should be reported to the Designated Safeguarding Officer (DSO) or, in their absence, to the Deputy Designated Safeguarding Officer.

7.3 If concerns are regarding the DSO, they should be reported to the Safeguarding Lead on the board/trustees.

7.4 Success Club CIO provides a clear and accessible reporting process, as illustrated in the diagram see on Appendix A

7.5 If a concern is reported anonymously, it will be treated with utmost confidentiality, and steps will be taken to address the concern appropriately.

8. Reporting Form

8.1 Success Club CIO has a standardised reporting form to ensure consistent recording and handling of safeguarding concerns. The reporting form is available as an Appendix B to this policy.

9. Safer Recruitment

9.1 Success Club CIO follows robust safer recruitment procedures to ensure that all staff and volunteers working with children, young people, or vulnerable individuals are suitable and safe. All staff (paid or voluntary) will have to complete an application form, detailing past work history and references. Individuals are then interviewed and 2 references requested. Only on receipt of satisfactory references will a formal offer of employment or placement be made.

9.2 All staff and volunteers working directly with children are required to have an enhanced check via the Disclosure and Barring Service (DBS) before commencement of work or placement. Success Club CIO will carry out these checks via an appropriate local agent or other designated organisation.

9.3 Staff members (voluntary or paid) are thus required to fill out an application form and produce evidence as to their identity, in accordance with the Disclosure & Barring Service Guidelines.

9.4 DBS checks will be renewed every 2 years

9.5 Staff can undergo training and induction whilst waiting for the checks to clear, but cannot undertake any unsupervised face-to-face work until satisfactory checks have been received. This training will include mandatory child protection awareness.

10. Safeguarding Code of Conduct for Staff and Volunteers

All children and young people must be treated with equality, dignity and respect. It is expected that any staff member, group or organisation working with children & young people must carry out the following practices as a matter of high importance, both in centre based & off-site activities:

10.1 Success Club Responsibilities:

- There should always be at least two adults supervising activities, who have been DBS checked or undergoing checks, no matter how small the group. If a child or young person is to be interviewed alone there should be two adults present or door left open in view of another adult. Where possible the gender of the adults, in a working or supervisory position, should reflect that of the group worked with or interviewed to be carried out.
- HAF scheme ratios are 1 adult to every 8 children.
- A register & record of attendance of children or young people attending activities should be kept for each session. Also written consent should be sought for any on or off-site activities.
- Confidentiality about children's, young people and adult's personal Information must be practised. Children/young people and parents have the right to expect that helpers will deal sensitively and sympathetically with their situation. It is important that information is only available to those who 'need to know' it. All volunteers, paid staff and helpers must respect issues of confidentiality.
- It is important to keep a check on visitors & guests whether their visit is by invitation or unsolicited. This will ensure the welfare of children to be safeguarded at all times.
- A First Aid Kit & staff trained in first aid should be available at all times during the HAF scheme, with clear information as to how to access it and where to get help in case of emergency. An Accident Book should be kept and any accidents should be recorded immediately in the book. Parents/Guardians are to be made aware of the accident by signing the book at the end of the session. Written permission from the parents/guardians is to be given to administer medication and the name of the medicine and the dosage is to be clearly written in a Medication Book. The person administering the medicine is to sign the Medication Book after each time medication is given.

- All Health & Safety issues should be considered in the room(s) used. This includes all equipment and substances used and a separate risk assessment should be carried out for all activities and reviewed on a regular basis (see separate Off Site Activities & Risk Assessment Guidelines).

10.2 Staff Responsibilities:

- Staff should promote activities that are fun, enjoyable and educational, ensuring fair play and challenging any bullying behaviour.
- Any allegations or disclosure by a child must be treated seriously and dealt with inline with this Policy.
- An adult should escort all children under the age of 8 years to the toilet. The adult is to wait outside the toilet with the outer door held open. Members of staff should as part of their supervision of activity areas, check the toilet areas from time to time.
- At no time should any occasional volunteer or helper, who has not yet been DBS checked, be left alone with or in charge of any children or young people. Furthermore all staff members (paid or unpaid) should avoid being left alone with any child for any significant period and under no circumstances drive a child home alone
- All staff (paid & unpaid) must not involve themselves in rough physical or sexually provocative games and are to avoid inappropriate or intrusive touching of any kind, and are to control and discipline without physical punishment.
- All staff (paid & unpaid) must not use any foul or abusive language and avoid making sexually suggestive comments to a child or young person, even in fun.
- The child/young person should always be told why his/her behaviour is not acceptable and the reasons for applying a particular sanction. You must ensure that parents are fully informed and support whatever sanction is applied.
- Parents/Carers should always be immediately informed if staff or volunteers have had to do things of a personal nature for a child such as changing clothing.
- The leader in charge must be fully aware of fire safety in line with the settings Service Level Agreement
- Children with special needs should always be considered when running events and activities, this includes the adapting of equipment and activities appropriate to their individual needs. Success Club will endeavour to make all activities accessible to all children.

- Under no circumstances should any child or young person with prior arrangements for being collected by a parent/guardian, be left alone at the end of any session.

10.3 Additional Code of Conduct for Off Site & Residential Activities

- Planning for any off-site activities should follow guidelines set out in the Success Club CIO Risk Assessment Policy.
- Where residential events or courses are organised, males should never enter all female rooms or vice versa.

11. Definition and Indicators of child abuse?

11.1 Child abuse happens when a person harms a child. It can be physical, sexual or emotional, but can also involve neglect.

Children may be abused by:

- family members
- friends
- people working or volunteering in organisational or community settings
- people they know
- strangers

11.2 General signs of abuse

Children experiencing abuse often experience more than one type of abuse over a period of time. Children who experience abuse may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend.

Many of the signs that a child is being abused are the same regardless of the type of abuse. Anyone working with children or young people needs to be able to recognise the signs. These include a child:

- being afraid of particular places or making excuses to avoid particular people
- knowing about or being involved in 'adult issues' which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour
- having angry outbursts or behaving aggressively towards others
- becoming withdrawn or appearing anxious, clingy or depressed
- self-harming or having thoughts about suicide

- showing changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes
- running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries.

These signs do not necessarily mean that a child is being abused. There may well be other reasons for changes in a child's behaviour such as a bereavement or relationship problems between parents or carers. If you have any concerns about a child's wellbeing, you should report them following your organisation's safeguarding and child protection procedures.

11.3 Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating. It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness (FII).

Spotting the signs of physical abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern. Injuries that are more likely to indicate physical abuse include:

Definitions and signs of child abuse

Bruising

- bruises on babies who are not yet crawling or walking
- bruises on the cheeks, ears, palms, arms and feet
- bruises on the back, buttocks, tummy, hips and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- large oval-shaped bite marks

Burns or scalds

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times.

If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

11.4 Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.
- Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

Spotting the signs of neglect

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:

- children who appear hungry - they may not have lunch money or even try to steal food
- children who appear dirty or smelly
- children whose clothes are inadequate for the weather conditions
- children who are left alone or unsupervised for long periods or at a young age
- children who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development

- children who live in an unsuitable home environment.
- Find out more about neglect

11.5 Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is Abuse. Child sexual abuse can involve contact abuse and non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. It Includes:

- sexual touching of any part of the body whether the child is wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals.
- Non-contact abuse involves non-touching activities. It can happen online or in person and includes:
 - encouraging or forcing a child to watch or hear sexual acts
 - making a child masturbate while others watch

Definitions and signs of child abuse

- not taking proper measures to prevent a child being exposed to sexual activities by others
- showing pornography to a child
- making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images.
- meeting a child following online sexual grooming with the intent of abusing them.

Online sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped. Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

Spotting the signs of sexual abuse

There may be physical signs that a child has suffered sexual abuse.

These include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge
- sexually transmitted infections (STI)
- pregnancy.
- Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age. For example:
 - they could use sexual language or know things about sex that you wouldn't expect them to
 - they might become sexually active or pregnant at a young age.

11.6 Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

Spotting the signs of child sexual exploitation

Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may:

- go missing from home, care or education
- be involved in abusive relationships
- hang out with groups of older people
- be involved in gangs or anti-social groups
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- be involved in petty crime such as shoplifting
- have access to drugs and alcohol
- have new things such as clothes and mobile phones, which they aren't able to easily explain
- have unexplained physical injuries.

11.7 Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.

HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't. However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled.

Spotting the signs of harmful sexual behaviour

It's normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

11.8 Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

Spotting the signs of emotional abuse

There aren't usually any obvious physical signs of emotional abuse but you may spot changes in a child's actions or emotions.

Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development.

- use language, act in a way or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- fear making mistakes
- fear their parent being approached regarding their behaviour
- self-harm.

11.9 Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse. Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

Spotting the signs of domestic abuse

It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

11.10 Bullying and cyberbullying

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable.

Bullying includes:

- verbal abuse, such as name calling
- non-verbal abuse, such as hand signs or glaring
- emotional abuse, such as threatening, intimidating or humiliating someone
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual or homophobic bullying
- physical assaults, such as hitting and pushing
- making silent, hoax or abusive calls

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

Spotting the signs of bullying and cyberbullying

It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault.

No one sign indicates for certain that a child's being bullied, but you should look out for:

- belongings getting 'lost' or damaged
- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

11.11 Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children may be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect.

Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering (Europol, 2011). Child trafficking can also be organised by individuals and the children's own families. Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation so child trafficking only requires evidence of movement and exploitation.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

Spotting the signs of child trafficking

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. Children who have been trafficked may:

- have to do excessive housework chores
- rarely leave the house and have limited freedom of movement
- not have any documents (or have falsified documents)
- give a prepared story which is very similar to stories given by other children
- be unable or reluctant to give details of accommodation or personal details
- not be registered with a school or a GP practice
- have a history with missing links and unexplained moves
- be cared for by adults who are not their parents or carers
- not have a good quality relationship with their adult carers
- be one among a number of unrelated children found at one address
- receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation.

There are also signs that an adult is involved in child trafficking, such as:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- having previously acted as the guarantor on visa applications for visitors who have not left the UK when the visa expired.

11.12 Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy. FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

Spotting the signs of female genital mutilation

A child at risk of FGM may not know what's going to happen. But they might talk about or you may become aware of:

- a long holiday abroad or going 'home' to visit family
- relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- missing school repeatedly or running away from home.

A child who has had FGM may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

12. Confidentiality in Safeguarding

12.1 Success Club CIO recognises the importance of confidentiality in safeguarding matters.

12.2 Whilst all staff (both paid and unpaid) will ensure that young people's rights to privacy and confidentiality is respected, there may be times when this confidence is breached. If a young person voluntarily discloses information about him/herself or another young person, which raises safeguarding concerns, then these concerns will be reported to the Designated Safeguarding Officer.

12.3 It may be necessary to pass this information on to the relevant authorities, such as social services, police, NSPCC, and either parents/guardians or carers (if appropriate). When doing so, Success Club will ensure that the young person is involved and gives consent in making that decision. The only situation when a referral can and will be made without the consent of the young person, will be if that young person is at serious risk of harm (e.g., life threatening or of a serious nature).

12.4 All Secondary School pupils are made aware of our confidentiality approach in the document entitled Who Are We? This is given to children at secondary schools we work within.

13. Consent Excursions and Media

13.1 Success Club CIO will obtain appropriate consent from parents/guardians for children and young people to participate in activities and media-related events.

13.2 Consent forms will be stored securely, and media consent will be sought separately for specific events or publicity.

13.3 If publishing images on a web site or newsletter, names will be kept anonymous.

13.4 If children/young people are to be taken on excursions, written permission should be obtained from the parents/guardian with parental responsibility. This permission may be obtained for a given time e.g., a term.

13.5 Parents should always be informed if their children/young people are to be transported in a car or other vehicle. Persons transporting children/young people on this basis need to be aware of insurance & licence implications and make sure the correct level of cover is available for the vehicle being used. Drivers should also make sure that seat belts are used at all times.

13.6 There should always be a copy of all consent forms with information about next of kin of all children/ young people, voluntary helpers, leaders and paid staff; left with an identified emergency contact person from the organisation.

13.7 An information sheet detailing what to do in the event of an emergency should be provided for parents & young people, for any significant off-site activity. When an adult is on the excursion with his/her children and wishes another parent to look after his/her children, written permission must be given to that parent.

14. Safeguarding Training

14.1 All staff and volunteers will undergo safeguarding training relevant to their roles upon induction.

14.2 See Appendix C for training levels

15. Contextual Safeguarding

15.1 Dealing with safeguarding issues with children it is important to consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child.

16. Informing Young People

16.1 Success Club CIO will develop a clear and age-appropriate process to inform young people about safeguarding and how they can raise concerns.

16.2 For Secondary School pupils we inform them about Safeguarding in the document entitled Who Are We? This is given to children at secondary schools we work within.

17. Reporting Concerns

17.1 Concern may arise from observations of the child (e.g., injury, behaviour, appearance and nature of play or work produced) or as a result of something said by the child, another child or an adult. Arrangements must be made to notify the Designated Safeguarding Officer as soon as you can. It is then the responsibility of the Designated Safeguarding Officer to liaise with the MASH, on individual cases of suspected or identified child abuse.

17.2 Making Written Notes: As soon as you can, write down your concerns and record the facts accurately on the Reporting Form, Appendix B. Be clear when you are expressing an opinion and what your opinion is based on. These notes must be given to the Designated Safeguarding Officer immediately and will help to ensure accuracy in recalling events.

17.3 Talking to children: If a child discloses that he or she has been abused in some way, the member of staff or volunteer should follow this guidance:

- Listen carefully and actively to the child. You don't need to ask any questions.
- Do not investigate. If you need to clarify what is being said and whether the child is at risk, ask open language here.
- Don't ask 'why?' as this can imply guilt / responsibility on the child.
- Reassure the child that they have done the right thing in talking to you.
- Never promise to keep a secret or confidentiality. Make sure the child understands what will happen next with their information.
- Record factually what the child told you or what you have observed as soon as possible. Include behaviour and words used by the child. Failure to accurately record information or write down your 'interpretation' of the child's account may impact future legal processes.
- If you have seen bruising, marks or an injury, use a body map to record details, including any of the comments made by the child/young person about the injury in your record of disclosure.
- Report to the DSO quickly, it is important not to ask the child to retell their story but do not ask the child to repeat what they have told you to another staff member.


17.4 Contact with the Service User or Family: Before speaking to the child's or young person's (service user group) or family, you should talk to the Designated Safeguarding Officer, who may consult outside the bounds of Success Club. In cases where a physical injury causes concern, it may be appropriate to discuss this with the parent or carer. If the explanation suggests the injury was non-accidental (or a failure to protect the child from harm), the parent or carer should be informed of the need to refer the matter to the Local Safeguarding Board. In cases of possible neglect or emotional abuse, the concern is likely to have built up over a period of time. There may have been discussion with the family about sources of help (e.g. Social Services, NSPCC), but if concerns persist, there must be an immediate referral to the Local Safeguarding Board. Where there are suspicions of sexual abuse, the Designated Safeguarding Officer must seek immediate advice from the Social Services Department before discussing the matter with the family.

18. Allegations

Allegations or concerns about a member of staff or volunteer must immediately be referred to the Local Authority Designated Officer (LADO) who is responsible for managing allegations against people who work with children and young people. The LADO is located within the department for Children, Schools and Families and should be alerted to all cases in which it is alleged that a person who works with children & young people has;

- Behaved in a way that has harmed, or may have harmed, a child or young person.
- Possibly committed a criminal offence against children or young person; or related to a child or young person.
- Behaved towards a child or young person in a way that indicates s/he is unsuitable to work with children.

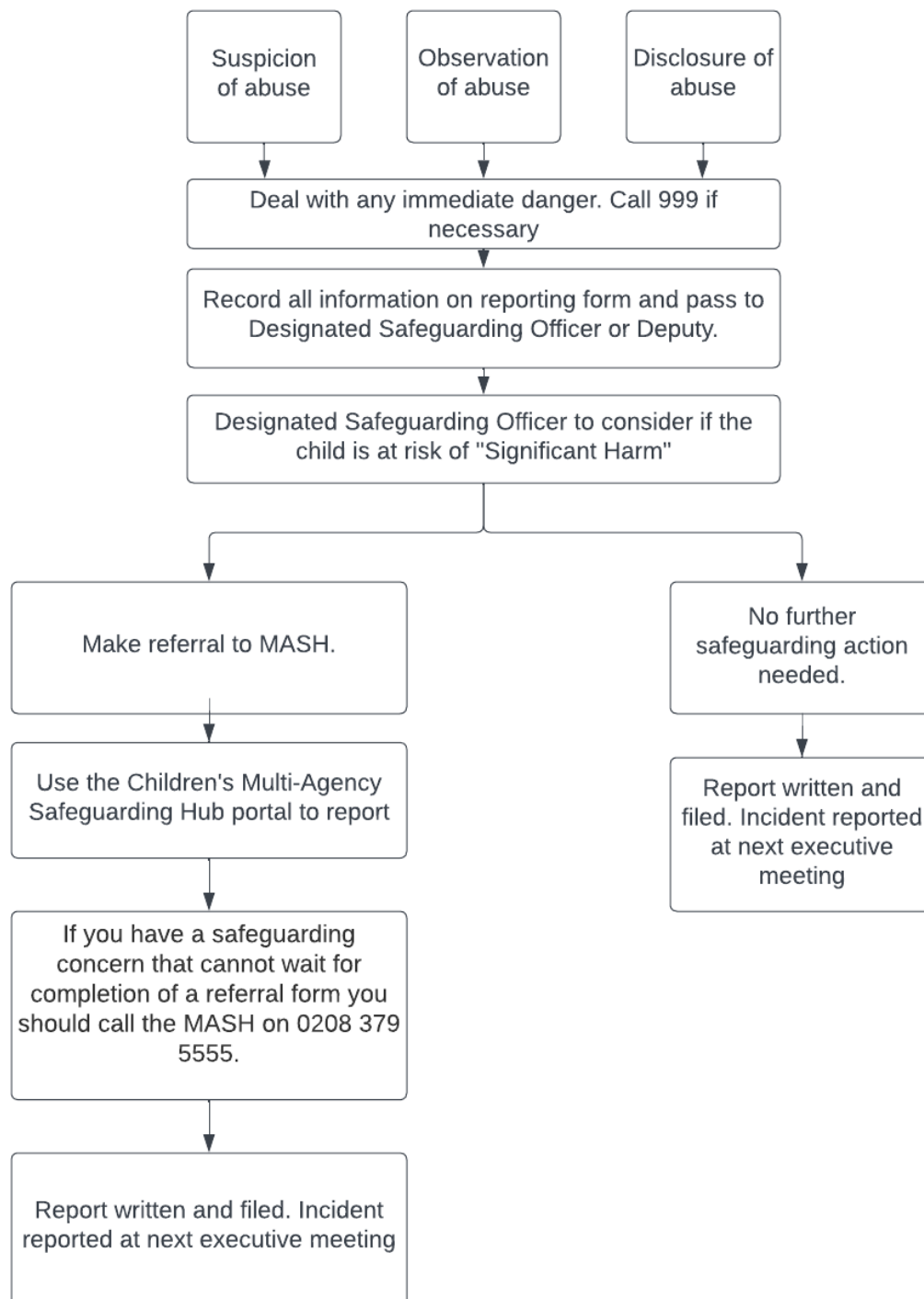
Document Control Sheet

Title	Safeguarding Policy and Procedures
Prepared by	Office Manager
Approved internally by	Tony Dallas CEO
Signed	
Date of Approval	31/07/2023
Review date Frequency	Annually
Date of next review	31/07/2024

Version Control

Version	Date	Control Reason	Author
1.0	31/07/2023	Initial Creation/New Document	Esmé Wright

Appendix A



Appendix B

SUCCESS CLUB - SAFEGUARDING INCIDENT RECORDING FORM

Your Name:
Your Position:
Child's Name:
Child's Address:
Service User Name: Address:
Child's Date of Birth:
Date and Time of Incident:
Your Observations:
Exactly what the child said and what you said (Remember; do not lead the child – record actual details. Continue on separate sheet if necessary)

Action Taken & External Agencies Contacted – include named person, contact number and details of action taken.

Local Safeguarding Board

Police

Local Access & Assessment Team

Emergency Services

Others e.g. NSPCC

Reporting Person

Print Name:

Signature:

Date:

Appendix C

Position	Level of Training	Training
DSO	Safeguarding Level 3	2 years
Deputy DSO	Annual Certificate of Safeguarding	Yearly
HAF Facilitators	Basic Safeguarding	Before HAF scheme starts
School Facilitator	Basic Safeguarding	Yearly
Trustees	Basic Safeguarding	Yearly
Office Staff	Basic Safeguarding	Yearly