



SAFEGUARDING POLICY

Wiltshire Music Centre Trust Ltd

September 2021

Due for internal review September 2022

Due for external review September 2024

Wiltshire Music Centre

Safeguarding Policy

1. Safeguarding statement

Wiltshire Music Centre (WMC) is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff, volunteers and partners to share this commitment.

WMC believes that all children, young people and adults with care and support needs have the right to a safe and caring environment, which includes the right to protection from all types of abuse. They have a right to expect that adults in positions of responsibility do everything possible to uphold these rights. WMC's Safeguarding Policy is available on our website or a hard copy can be requested by sending email to info@wiltshiremusic.org.uk.

All leaders delivering activities for WMC have a DBS check. If parents or guardians have any concerns regarding the safety and welfare of a participant they should contact the Designated Safeguarding Lead, [Chief Executive & Artistic Director James Slater \(james.slater@wiltshiremusic.org.uk, 01225 860110\)](mailto:james.slater@wiltshiremusic.org.uk).

2. Scope

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and freelancers, students or anyone working on behalf of the WMC Trust Ltd. This policy applies to the working arrangements with partner organisations including schools, local authorities, Wiltshire Young Musicians, BMT School of Music and Wiltshire Music Connect.

3. The purpose of this policy

- To protect children, young people and adults with care and support needs who use the WMC's services. This includes the children of adults who use the Centre.
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection, to inform everyone associated with WMC of their obligations regarding the safeguarding of children and vulnerable adults, to assist them in meeting their responsibilities, and to inform them about where they can go for advice and support.
- To enhance the confidence of partner organisations, parents, carers, staff, students, volunteers, and the general public with regard to our services.

The policies and procedures will ensure all staff, volunteers, trustees, freelancers, students or anyone working on behalf of WMC knows their responsibility to make safeguarding a priority at all times, know how safeguarding applies to their role, and knows the support they can expect from WMC to deliver safeguarding effectively.

The Safeguarding Policy and Procedures are accessed via:

- Shared drive
- Website

- Shared with users as appropriate

4. Legal framework and statutory guidance

This policy has been drawn up on the basis of law and guidance that seeks to protect children, young people and adults with care and support needs, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- [Special educational needs and disability \(SEND\) code of practice](#): 0 to 25 years – Statutory Guidance for organisations who work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Data Protection Act 2018
- [Information sharing](#): Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2018
- [Working together to safeguard children](#): a guide to inter-agency working to safeguard and promote the welfare of children: HM Government 2018
- [Keeping Children Safe in Education 2021](#): Statutory guidance for schools and colleges

Safeguarding and the welfare of children, young people and adults with care and support needs also requires policies and procedures related to a range of related policies, including health and safety and data protection to ensure a safe and secure environment. These policies are available separately.

5. What is safeguarding?

Safeguarding children and young people and promoting their welfare means:

- protecting children from maltreatment
- preventing impairment of children’s physical and mental health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Child protection is a vital part of everyone’s safeguarding responsibilities. This is defined as:

‘Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.’ Working Together to Safeguard Children (2018).

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention into family life in the best interests of children. Effective safeguarding of children therefore includes prevention, early intervention and child protection. This policy recognises all welfare concerns, including those concerns requiring early intervention and abuse. Within legislation the term ‘child’ refers to anyone up to the age of 18 years.

The Working Together to Safeguard Children 2018 guidance states that:

“This child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.”

Safeguarding adults means ([Care and Support Statutory Guidance 2018](#)):

- protecting the rights of adults to live in safety, free from abuse and neglect
- people and organisations working together to prevent and stop both the risks and experience of abuse or neglect
- people and organisations making sure that the adult’s wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action
- recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

6. Safeguarding principles

We recognise:

- that the welfare of the child is paramount, as enshrined in the Children Act of 1989
- all children should be safeguarded without exception and regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation
- that some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- that working in partnership with parents, carers and other agencies is essential in promoting children's welfare.

We recognise:

- that an adult with care and support needs is someone over 18 years or over ‘who is or may be in need of community care services by reason of mental or other disability, age or illness’ and ‘who is or maybe unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation’ (No Secrets Guidance 2000)
- that all adults with care and support needs should be safeguarded without exception, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

We will seek to keep children and adults with care and support needs safe by:

- valuing them, listening to and respecting them
- appointing trained safeguarding leaders
- adopting clear child protection and safeguarding procedures and a safeguarding code of conduct for staff and volunteers
- developing and implementing an effective e-safety policy and related procedures
- providing effective safeguarding management for staff and volunteers through supervision, support and training measures
- recruiting staff and volunteers safely, ensuring all necessary checks are made at appointment, and that after appointment that there is an ongoing culture of vigilance for everyone who works at WMC
- keep detailed, accurate, secure written records of safeguarding concerns and referrals
- sharing information about safeguarding and good practice with all partners and users, staff and volunteers using digital and non-digital media
- share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately

- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, vulnerable adults, staff and volunteers by applying health and safety measures in accordance with the law and regulatory guidance
- seeking to work in partnership with other agencies. Wiltshire Safeguarding Vulnerable People Partnership (SVPP) meetings take place regularly and WMC is exploring working with other cultural organisations to share attending these meetings and circulating relevant information across the County.

7. Roles and responsibilities

7.1 Role of Designated Safeguarding Lead (DSL)

7.1.1 The Chief Executive is the DSL for WMC. The DSL should receive the appropriate training and support for this role. This training should be renewed every 2 years. The Chief Executive is James Slater (james.slater@wiltshiremusic.org.uk) 01225 860 110 / 07530 536463.

7.1.2 The DSL is responsible with the Trustees for the annual review of the Safeguarding and related policies.

7.1.3 The DSL has a key duty to take lead responsibility for raising awareness amongst staff of issues relating to the welfare of children, young people and vulnerable adults and a promotion of a safe environment for them.

7.1.4 The DSL should ensure that any concerns are raised with the appropriate authorities in accordance with the safeguarding policies and procedures set out below.

7.1.5 The DSL is responsible for ensuring that:

- their knowledge and skills are refreshed (via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments) at regular intervals as required, and at least annually
- good quality referrals are made to the police where a crime may have been committed, to local referral agencies for suspected abuse, to the Channel programme where there is a radicalisation concern, early help services if there is a safeguarding concern that does not make abuse thresholds, the Disclosure and Barring Service where a person is dismissed or left due to risk/harm to a child, and in partnership with local schools as necessary
- they are available to offer advice and support for staff and volunteers on issues related to safeguarding and child protection, (in person, phone, Skype or other such media) and will arrange adequate and appropriate cover arrangements for any out of hours activities
- a proper record of any child protection referral, complaint or concern is maintained, and if appropriate, any information is shared as required
- there is effective liaison with local authorities, local safeguarding partners and other external agencies
- they have a working knowledge of how local authorities conduct a child protection case conference and reviews, and be able to attend and contribute to these effectively when required to do so
- staff and volunteers receive the appropriate initial safeguarding training and are aware of the WMC safeguarding policies and procedures

- there is a culture of listening to children, taking account of their wishes and feelings in any measures United Communities may put in place to protect them, and be alert to the specific needs of vulnerable children
- that these duties can be carried out by the Deputy DSL in their absence.

7.2 Role of Deputy Designated Safeguarding Lead (DDSL)

7.2.1 The DDSL is Cassie Tait, Head of Creative Learning (cassie.tait@wiltshiremusic.org.uk) 01225 860 110 / 07980 263880. The DDSL should receive the appropriate training and support for this role.

7.2.2 The DDSL takes the lead for Safeguarding in the absence of the DSL.

7.3 Role of Designated Safeguarding Trustee (DST)

The nominated DST will have oversight in child protection and safeguarding including having oversight of the Safeguarding Policy and reviewing the policy and procedures annually with the DSL. The DST is Alan Macrae.

7.4 Role of Chair of Trustees

7.4.1 The Chair of the Trustees has oversight of all policies and procedures of the Wiltshire Music Centre Trust and should oversee the budgetary allocations for safeguarding, ensure that safeguarding issues are given sufficient time on meeting agendas and that policies and procedures are regularly reviewed and amended as necessary.

7.4.2 In the event of a safeguarding matter involving the DSL, the Chair of Trustees would be informed and take appropriate action as necessary.

7.5 Role of E-Safety Officer

7.5.1 The DSL also takes the role of E-Safety Officer.

7.5.2 The E-Safety Officer has the following responsibilities:

- takes day to day responsibility for e-safety issues and has a leading role in establishing and reviewing the WMC e-safety policies / documents
- ensures that all staff are aware of the procedures that need to be followed in the event of an e-safety incident taking place
- provides training and advice for staff
- liaises with WMC ICT support supplier
- receives reports of e-safety incidents and records them on agreed reporting format to inform future e-safety developments.

7.5.3 The E-Safety Officer should be trained in e-safety issues and be aware of the potential for serious child protection issues to arise from:

- sharing of personal data
- access to illegal / inappropriate materials
- inappropriate on-line contact with adults / strangers
- potential or actual incidents of grooming
- Cyber-bullying

7.6 Role of staff and volunteers

7.6.1 **All staff and volunteers have a responsibility for safeguarding.** All staff and volunteers should know the name of the DSL. All staff and volunteers should be aware of the safeguarding policy and related policies and understand what to do if they have any concerns in relation to children, young people and adults with care and support needs and always speak to the DSL if they are unsure about any aspect of safeguarding.

7.6.2 Safeguarding is a standing item on the agenda of the weekly staff meetings.

7.6.3 All staff and volunteers should receive annual refresher training on the principles of safeguarding and WMC policies and procedures.

7.6.4 The staff induction includes training on safeguarding using an e-training package.

7.6.5 Staff should know how to raise concerns about poor or unsafe practice and potential failures in any safeguarding regimes known to them, using appropriate allegation, professional challenge, escalation and Whistleblowing procedures. They should maintain an attitude of 'it could happen here' where safeguarding is concerned; and comply with safer working practice and appropriate pre-employment and other checks as required.

7.7 Role of partner organisations

7.7.1 The WMC is a public building. Partners and other users of the Centre need to take account of this in their own safeguarding procedures.

7.7.2 WMC works in partnership with St Laurence School, Wiltshire Young Musicians, Wiltshire Music Connect and a number of schools and organisations to deliver its programme of activities both within and outside the Centre.

7.7.3 These partner organisations have their own safeguarding policies and procedures and are responsible for the safeguarding of the children and young people in their care.

7.7.4 St Laurence School is responsible for the safeguarding of its pupils of the School and for ensuring that all peripatetic music teachers employed by the school have been appropriately vetted and understand the St Laurence Safeguarding Policy.

7.7.5 The Chief Executive regularly meets with the leads of partner organisations and safeguarding issues are discussed as appropriate.

7.7.6 The Chief Executive will contact the relevant safeguarding lead for partner organisations when appropriate and in the event of a safeguarding issue.

7.7.7 WMC holds a single central record of the date and number of employment checks of all adults working regularly in the Centre such as peripatetic teachers and other group leaders.

7.7.8 WMC maintains a record of the DSL for all partner organisations.

8. Related policies and procedures

This policy should be read alongside our Staff Handbook and other policies and procedures on:

- Health and Safety

- GDPR

9. WMC Recruitment, induction and training

9.1 WMC recognises that some people who seek to abuse children will also seek employment and volunteering opportunities that bring them into contact with children.

9.2 The WMC recruitment process is managed by the Chief Executive.

9.3 A risk assessment for each paid or volunteer role will be carried out which takes into account whether they are in regulated activity (RA). Those staff members in RA will have an enhanced DBS check with a Barred List check, carried out by WMC. Some staff and volunteers who are not in RA, but still have some contact with children and adults with care and support needs, may have an enhanced DBS check without a Barred List check. The following staff have been risk assessed as being in RA:

- DSL and DDSL
- All staff working in the Creative Learning team
- Facilities Manager
- Venue Technicians
- Concert Managers
- Box Office Team assistants covering shifts when they are responsible for the building

9.4 A statement about commitment to Safeguarding should be incorporated in any job advert and applicants will be supplied with links to this Safeguarding Policy.

9.5 For all job roles WMC seeks two references before the interview takes place. We will ensure that, when requesting references for a paid or unpaid member of staff, the following paragraph will be included: "In commenting on the applicant, please bear in mind that it is the organisation's duty to protect children and children from harm and any information relating to their suitability for this work should be disclosed". At interview, candidates will always be required to explain questions arising from their references. Staff will be encouraged to join the DBS Update Service after appointment to allow checks to be made as necessary.

9.6 The successful candidate is made an offer subject to pre-employment checks. A start date is not agreed until all checks are in place.

9.7 While waiting to receive a DBS certificate, members of staff or volunteers should not work unsupervised with children or adults with care and support needs.

9.8 A Single Central Record of DBS checks and safeguarding training is held by the Facilities Manager in a protected area of the shared drive. This includes identity checks, qualifications (if applicable), employment references and the right to work in the UK. It is accessible by: DSL, DDSL, Head of Creative Learning and Facilities Manager and Executive Assistant. The Facilities Manager liaises with the safeguarding leads of partner organisations to maintain a central record of DBS certificates held by music teachers and leaders using the Centre.

9.9 DBS checks should be rechecked using the DBS Update Service if there is a need to do so.

10. Visitor Procedure

10.1 The WMC is a public building with many people using the Centre throughout the day. All staff, trustees and volunteers should wear a WMC lanyard at all times so that visitors can be more easily identified.

10.2 All contractors, and group leaders working beyond the foyer should be issued with a lanyard to identify them as a visitor to the Centre.

10.3 St Laurence, staff should wear their staff lanyard at all times.

10.4 The artist manager, band or group leader will be issued with a visitor lanyard or other means of identification.

10.5 Visitors will be asked for evidence of their DBS checks if appropriate.

11. Procedures

11.1 Recognising signs of abuse and other welfare concerns

All WMC staff are responsible for actively looking for signs of neglect and abuse and other welfare concerns concerning children and adults with care and support needs. Abuse may be perpetrated as a result of deliberate intent and targeting, negligence or ignorance, or parental malfunction. Small, as well as more obvious unexplained changes in appearance and behaviour, may indicate a cause for concern. Effective safeguarding means that all welfare concerns need to be taken seriously. Not all concerns about children relate to abuse; there may well be other explanations or other welfare issues that do not meet statutory thresholds. It is important that staff keep an open mind and treat every concern with the utmost seriousness.

Abuse in children is defined as:

'A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. 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. Children may be abused by an adult or adults, or another child or children.'

Working Together to Safeguard Children (2018)

There are 4 recognised broad categories of abuse of children: physical abuse, sexual Abuse, emotional abuse and neglect. Adults with care and support needs may also be exposed to financial and institutional abuse. These and other complex types of abuse are defined and symptoms laid out in this policy. A child or adult with care and support needs may be subjected to a combination of different kinds of abuse. Incidents of abuse may be one-off or multiple, and affect one child or more.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Staff are not responsible for diagnosing or investigating abuse, however, they do have a clear responsibility to be aware that all is not well with and to be able to recognise the signs of abuse (concerns arising from the appearance and the behaviour of the victim and/or the abuser). The possibility of abuse should

be reported if there are a number of signs or any of them to a marked degree. It is also possible that victims may show no outward signs and hide what is happening. It must be remembered during any assessment of risk that parents, siblings, friends or “boyfriends” may be directly involved in exploiting children.

Staff need to be sensitive in particular to signs of abuse in children and adults with care and support needs with limited or non-verbal communication as statistically these are more likely to be abused. Disabled children and adults may be more vulnerable since they may experience:

- greater physical and social isolation
- a lack of control over their life and body (removal of choice and decision making)
- greater dependency on others (including the provision of intimate care)
- increased numbers of carers (more potential perpetrators)
- problems with communication (in particular a lack of vocabulary to describe abuse or to describe body parts)

Staff should be made aware when appropriate of children who are especially vulnerable (including those with Early Help or Child Protection plans and with care and support needs, children in care, newly adopted children, young carers and those with disabled parents) and be extra vigilant. If staff are concerned about children, they must give children the opportunity to disclose by asking open questions based on what they have observed (e.g. ‘I see you have a bruise...tell me about that.’). If the child does not disclose, staff should report anyway.

11.2 Managing Disclosure

Staff may form positive and trusting relationships with the service users they meet. At times this may mean that children and adults with care and support needs feel that they can confide about aspects of their life that may give staff cause for concern about their general welfare. Staff may also receive a disclosure from a concerned relative or friend. All staff should therefore be alert to possible disclosures. The disclosure may be that a child or adult with care and support needs is being abused – or it may be that they feel vulnerable in other ways that are more general welfare concerns. Effective safeguarding means that any welfare concern needs to be taken seriously.

WMC is committed to ensuring that it meets its responsibilities in respect of safeguarding by treating any disclosure seriously and sensitively. Every individual is unique and this must be taken into account. What may appear to be a relatively minor incident can have a devastating effect on some, whereas in other instances some may be less upset by what may appear to be a more serious incident. A disclosure may involve a criminal offence and if poorly handled could increase the risk for the victim and could undermine a potential prosecution. It is therefore important that all staff follow the guidance:

- Give the person disclosing an opportunity to let you know what is happening to them – ‘I see you are ... tell me about it’
- Be alert and sensitive to possible disclosures that are unexpected
- Reassure the person disclosing they have done the right thing and that the abuse is not their fault
- Stay calm, be sensitive and maintain rapport: try not to express own views and feelings – if you appear shocked this can have a negative impact on the disclosure
- Take notes or record if possible
- Do not agree to keep a secret
- Do not say you believe the disclosure

- Do not ask leading questions
- Ask mainly open questions to gain clarity (remember TED: Tell, Explain, Describe)
- Do not investigate and do not confront the alleged abuser as this can make the situation worse and put the child in further danger
- Tell the person disclosing what you are going to do next in an age-appropriate way
- Record your account as soon as possible, using the actual words used
- Report directly to the DSL as soon as possible and don't get the person who disclosed to retell their story
- Remember emergency services

11.3 Reporting and Referral

When signs of abuse or neglect are observed or abuse is disclosed, staff should inform the DSL about their concern immediately. Any concern for the welfare of children or adults with care and support needs that makes staff feel uncomfortable in any way is sufficient reason to report. If necessary they can report to the DSL even if this is out of hours. If a DSL is not available, the member of staff **must** report to the Deputy DSL, and, if they aren't available, the most senior member of staff they can find. If, in exceptional circumstances, nobody else is available, staff should contact the local safeguarding referral agency directly or the Police in an emergency. In these circumstances, any action taken should be shared with DSLs as soon as is practically possible.

After receiving a report of a safeguarding concern, the DSL could then carry on recording incidents and take no further action. If so, it may be important to monitor behaviour closely and carefully record any further concerns. Wherever possible it is important the parents and carers are involved in the discussion of concerns at an early stage. Again, there may be no need to take further action in terms of referring after the discussion takes place. The discussion will need to be recorded, including why there is no referral if that is the case. If DSLs have concerns that a child needs more support, but concerns do not reach thresholds, early intervention can be explored and WMC may have a role in contributing information for an early help referral (which may be done in partnership with schools).

If WMC feels that the child or adult is in need of protection from abuse, they must be referred to local referral agencies on the same day the concern was noted, and the WMC staff member who originated the concern should be made aware of this. Parents and carers should be informed that a referral is being made **if it is believed that doing so puts the child at no further risk**. If parents and carers haven't been informed, the local safeguarding referral agency will want to know the reasons why. WMC will then work alongside social services where appropriate to ensure the safety and wellbeing of the child or adult with care and support needs concerned. All details and any action agreed must be recorded by the DSL. If, after a successful referral for early help or protective services, the situation does not appear to be improving, WMC can escalate their concerns.

Note: there is specific referral pathways for victims of Domestic Violence and Abuse, Female Genital Mutilation and Radicalisation and these are described in this document under the relevant headings in this policy.

11.4 Emergencies

In some instances staff may be the first people to recognise that the child or adult with care and support needs may need immediate attention resulting from abuse. The emergency procedure can also be applied if the member of staff feels that someone is in immediate danger, or is not satisfied with the action taken by the DSL or local referral agencies to whom the report was made.

Depending on the circumstances staff may need to:

- Telephone for an ambulance or the police (dial 999)
- Ask a doctor to call
- Ask a parent or carer or another professional to take the child or adult to the doctor or the hospital at once
- Offer to take the child or adult to the hospital/surgery/clinic for immediate medical attention as appropriate (with another adult if possible)
- Take the child or adult to the hospital/surgery/clinic anyway

Parents and carers must be involved in the matter as soon as practicable, **if it is believed that doing so puts the child at no further risk**. Having taken the necessary emergency action, any suspected abuse must be reported to DSL. A record of an account of the emergency must be written retrospectively when it is possible to do so.

11.5 Professional challenge and escalation

Occasionally situations arise when professionals feel that a safeguarding decision made by someone else is not safe. Disagreements could arise in a number of areas, but are most likely to arise around:

- levels of need
- roles and responsibilities
- the need for action
- communication

Staff should feel able to challenge decision-making in regard to safeguarding with other agencies and to see this as their right and responsibility in order to promote best practice. An escalation and professional challenge policy aims to provide WMC staff with the means to raise concerns they have about decisions made by other professionals or agencies by:

- avoiding professional disputes that put individuals at risk
- resolving the difficulties within and between agencies quickly and openly
- identifying problem areas in working together where there is a lack of clarity and to promote the resolution via amendment to protocols and procedures

Effective working depends on an open approach and honest relationships between professionals. Problem resolution is an integral part of professional co-operation and joint working to safeguard children and adults with care and support needs. The safety of individuals is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist. Resolution should therefore be sought within the shortest timescale possible. Disagreements should be resolved at the lowest possible stage, however if there is a risk of immediate harm discretion should be used as to which stage is initiated. If WMC cannot resolve disagreements between organisations informally, it must use the formal escalation policy as set out by local Safeguarding Children Partnerships. If the safeguarding disagreement is between a staff member and their manager, then the staff member should consider WMC's staff grievance procedure.

12. Managing allegations against staff and volunteers

12.1 Children and adults with care and support needs have a right to expect WMC to provide a safe and secure environment and a fundamental right to be protected from harm. All allegations of abuse of WMC staff and volunteers will be taken seriously and responded to swiftly and appropriately.

12.2 The following signs may mean that staff are involved in abuse (this list is not exhaustive):

- Paying an excessive amount of attention to children
- Providing presents, money or having favourites
- Seeking out particularly vulnerable children
- Trying to spend time alone with a particular child or group of children on a regular basis
- Making inappropriate sexual comments
- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness

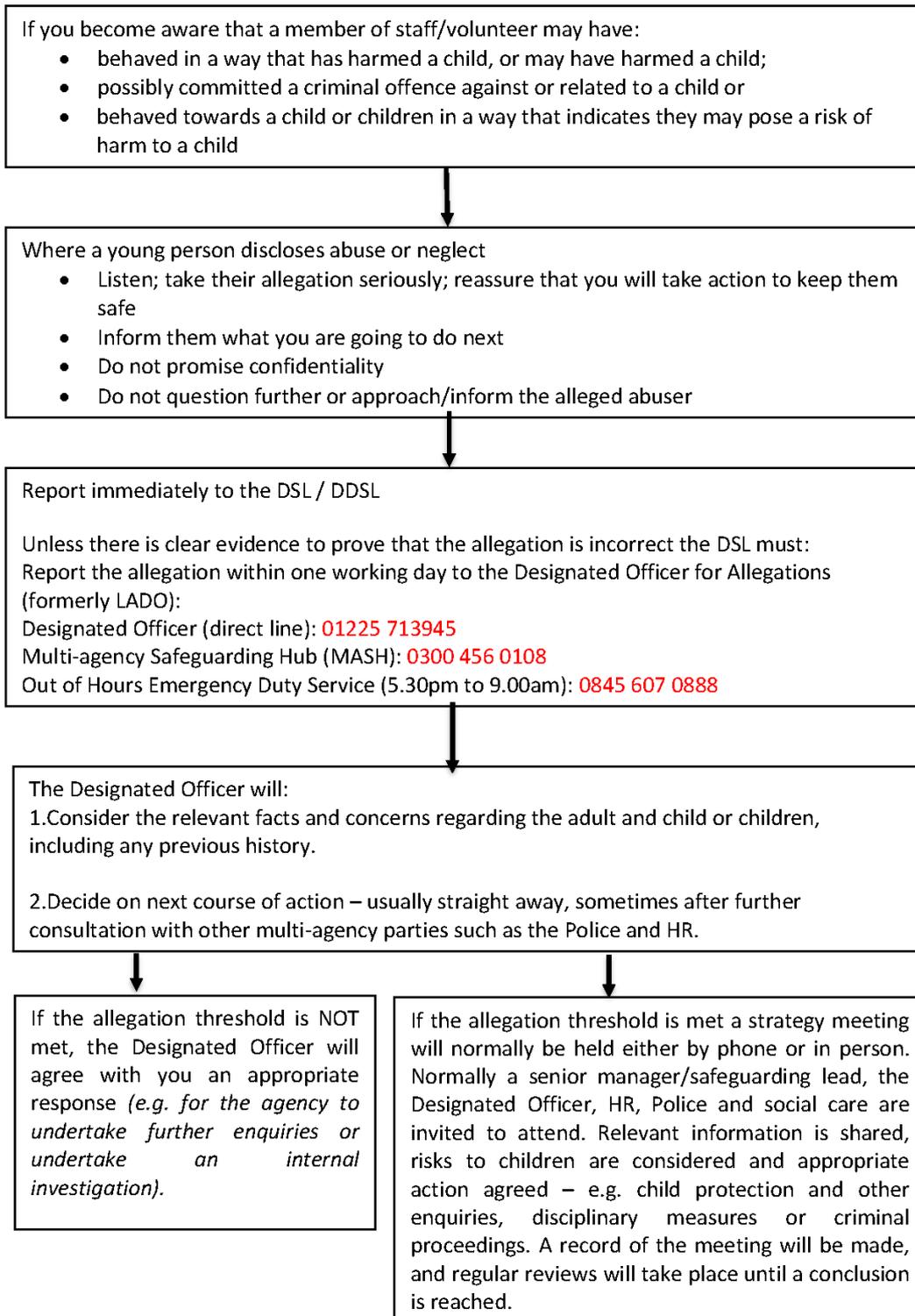
12.3 There may be occasions where an individual only feels comfortable raising a concern anonymously and we will always take such concerns seriously. However, anonymous concerns make investigation difficult. Also it can be difficult to assess the extent to which the matter has been raised in 'good faith'. Therefore, there may be instances where, having seriously considered the concern and taken all information available into account, we may not be able to pursue an anonymous concern. This policy, therefore, encourages individuals to disclose their identity to those who need to know it; this ensures a thorough investigation and that the matter is dealt with appropriately. It also enables feedback to be provided.

12.4 Staff must not:

- attempt to deal with the situation themselves
- make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents
- keep the information to themselves or promise confidentiality
- take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents

12.5 While the allegation is being considered or investigated every effort must be made to maintain confidentiality and guard against publicity. Apart from keeping the victims, parents and carers and the accused person up to date on the progress of the case, information sharing must be restricted to those who have a need to know in order to protect victims, facilitate enquiries or manage related disciplinary or suitability procedures.

ALLEGATIONS AGAINST ADULTS WHO WORK WITH CHILDREN GUIDANCE FLOWCHART



13. Recording and information sharing

13.1 An accurate and contemporary record of all safeguarding concerns should be kept of what was heard and seen for future reference. It should be confidentially and held securely. In some cases, it is only when a number of seemingly minor issues are taken as a whole that any general welfare or abuse becomes clear. Effective record keeping is essential to help us identify needs at an early stage. ***If abuse is suspected, the staff member MUST record this on the same day that the concern is noted.***

WMC holds an incident record in the safeguarding folder on the shared drive. This is accessible by the DSL and DDSL only. All incidents are logged in this record together with a note of any follow up action taken and the result of the incident investigation.

All records must cover these basic facts:

- what was seen, when and where
- what was said, when, where and who to
- what was done
- if there have been any previous concerns
- the names all the professionals involved in the case; and
- the outcome/actions arising, including the reasons for no further action.

13.2 The DSL must keep an ongoing record of all contacts with other agencies involved in a safeguarding concern. For each contact they should record:

- who was corresponded with (name/agency)
- when the correspondence took place (date/time)
- what the correspondence was about
- the outcome/actions arising, including the reasons for no further action

The DSL must save any generated documents, including letters sent to parents, statements from children, documents and correspondence originated by others. Information should be shared only with those who need to have it. Other professionals and parents may have access to the records only by permission of the DSL (who may decide that it is in the interests of the child or professional not to share them).

13.3 All safeguarding records must be kept for at least 10 years after the service user attends the Centre.

14. Code of conduct for staff and volunteers

The following code of conduct is a guide for all staff and volunteers working at Wiltshire Music Centre about acceptable and desirable conduct to protect adults, children and young people.

1. All staff and volunteers should know the name of the DSL and understand their responsibilities for safeguarding children and young people.
2. The welfare of children and young people is paramount.
3. Staff and volunteers are responsible for their own behaviour and actions and should avoid any conduct which would lead a reasonable person to question their motivation or intentions.
4. Staff and volunteers should discuss and take advice promptly from their line manager or another senior member of staff about any incident which could give rise to concern.
5. A record should be kept of any incident and decisions made/further actions agreed.
6. All staff and volunteers should behave in a mature, respectful, safe, fair and considered manner, e.g. not being sarcastic, not making remarks or jokes to children and young people of a personal, sexual, racist, discriminatory, intimidating or otherwise offensive nature, not embarrassing or humiliating children and young people. Bullying of any kind is not acceptable within our organisation.
7. Treat all children and young people equally and never build 'special' relationships or confer favour on particular children and young people or arrange to meet them off site. It can be tempting to lavish praise and attention on some children. It is important to give proportionate attention and praise to all children under the supervision of an adult.
8. Avoid unobserved one-to-one contact with a child or young person – when such a situation is unavoidable, ensure that they are within sight or hearing of others who are aware of the situation.
9. Challenge inappropriate behaviour and encourage young people and adults to feel comfortable enough to confront attitudes or behaviour they do not like.
10. Do not make arrangements to contact, communicate or meet with children and young people outside WMC (this includes use of email, text or other messaging systems or social media systems including Facebook). All communications within WMC with children and adults should be transparent and open to scrutiny. Staff should not request or respond to any personal information other than which may be necessary in their professional role.
11. Not allow photographs of children and young people to be taken or used without consent from the parent / guardian, and ensure that photos are not accompanied by an individual's name, or vice versa.
12. Comply with our data protection policy, ensuring that any information a staff member receives in the course of their job must not be used for their own benefit or the benefit of others, and must not be disclosed to anyone outside WMC, except in the public interest, which includes safeguarding.
13. Refrain from promoting themselves as working for the organisation, in a way which has, or may have, the effect of bringing the WMC into disrepute. They must not identify other staff or service users without their consent and must not make any defamatory remarks about WMC, children or other staff and trustees.
14. Maintain public confidence in their ability to safeguard, adopting high standards of personal conduct. Staff should be aware that their behaviour, either in or out of the workplace, could compromise their position within the work setting in relation to the protection of service users, loss of trust and confidence, or bringing WMC into disrepute. It is the responsibility of staff members to keep WMC informed if there has been any involvement in criminal activity during their employment.

15. Select a manner of dress and appearance appropriate to their professional role and which may be necessarily different to that adopted in their personal life. Staff should ensure they are dressed decently, safely and appropriately for the tasks they undertake. Those who dress or appear in a manner which could be viewed as offensive or inappropriate will render themselves vulnerable to criticism or allegation. Staff should never comment on the dress and appearance of service users.
16. Plan environments which minimise risks e.g. physical layout and surroundings. Opportunities to casually observe staff interaction with service users should always be maintained, such as working in a room with an internal window or open door.
17. Be aware of the safeguarding implications of gift giving. Gifts can be a sign of infatuations, favouritism and grooming. There are occasions when service users may wish to pass small tokens of appreciation to staff; it is, however, unacceptable for staff to receive gifts on a regular basis or of any significant value.
18. Familiarize themselves with the Health, Safety and Wellbeing Policy of United Communities, ensuring that they have good knowledge of safer practice in all aspects of our activities. In particular, they should be aware of the procedures for First Aid, Fire, Home Visiting, Lone working, Lockdown and Manual Handling.
19. Recognise that, while it is not uncommon for service users to be strongly attracted to a member of staff and develop a 'crush' or infatuation, they should make every effort to ensure that their own behaviour cannot be brought into question, does not appear to cultivate this and be aware that such infatuations may carry a risk of their words or actions being misinterpreted.
20. Ensure that any physical contact with service users is never secretive, without the permission of the service user, or for the gratification of the adult, or represents a misuse of authority. Extra caution may be required where it is known that a child has suffered previous abuse or neglect and recognise that sometimes these children may seek out inappropriate physical contact.
21. Never restrain children. Verbal de-escalation should always be the first option when dealing with threatening behaviour. If staff feel that a service user is a danger to them or others, they should leave the situation. Certain forms of physical intervention might be justified on rare occasions if the risk is immediate and significant and used explicitly to protect welfare.
22. Do not engage in professional neglect. Staff must fully understand that if a child is placed under their care and supervision it is their duty to attend to their welfare, even if there are competing pressures on their time and attention.
23. Do not engage in any sexual activity with service users. Sexual activity involves physical contact, including penetrative and non-penetrative acts, and also includes non-contact activities, such as watching pornographic material. It is an offence for a member of staff to engage in sexual activity with a child under 18 years of age, even if it appears the child is consenting and is over the age of 16, as all staff members working with children at WMC are in a position of trust. Over the age of 18 a sexual relationship between a staff member and a service user will be regarded as a breach of trust and the staff member may be disciplined.
24. Manage behaviour using professional judgement and in partnership with schools and parents and carers. Where a service user has specific needs in respect of particularly challenging behaviour, staff should adhere to a positive handling plan, including assessment of risk, which should be drawn up and agreed by all parties, including the school if applicable, and parents and carers.
25. Never offer to transport service users outside of their normal working duties, other than in an emergency or where not doing so would mean they may be at risk. It is a legal requirement that all passengers wear seatbelts and the driver should ensure that they do so.

15. Anti-bullying

15.1 WMC is committed to ensure that children, young people and vulnerable adults can enjoy activities at the Centre in a supportive, caring and safe environment without fear of being bullied.

15.2 The partner organisation or any third party is responsible for anti-bullying procedures related to the children and young people in their care where they are running an activity at the Centre.

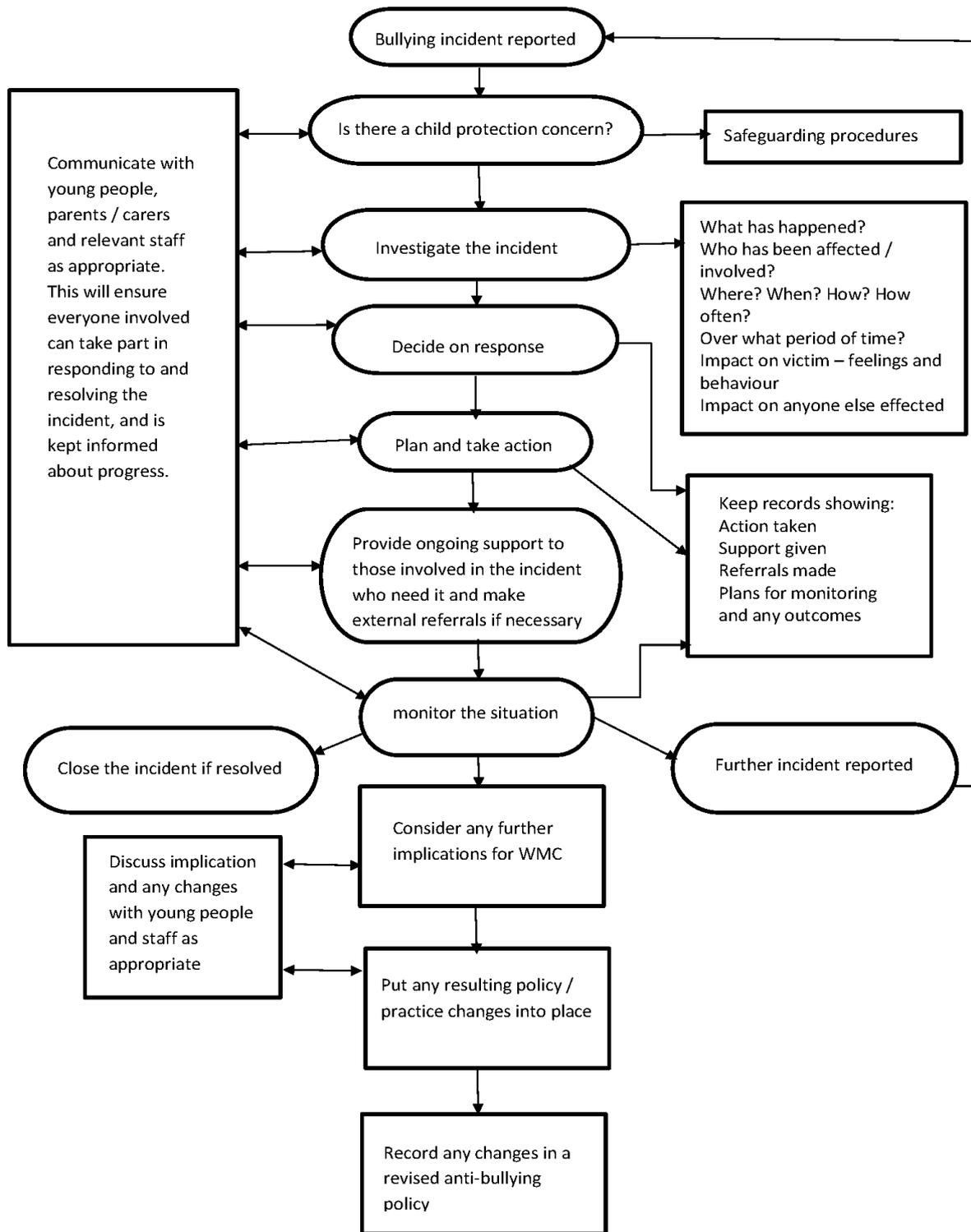
15.3 Where WMC is directly responsible for the children and young people or vulnerable adults, WMC aims to:

- develop a range of strategies to prevent bullying occurring in the first place
- react to bullying incidents in a reasonable, proportionate, and consistent way, taking account of all circumstances and particularly considering the needs of “vulnerable children”
- de-escalate and/or stop any continuation of bullying behaviour that has been identified
- safeguard the student who has experienced bullying and refer them to sources of support such as their school
- deal effectively with incidents when and where they arise

15.4 Procedures:

- participants and staff are encouraged to report bullying in confidence using any suitable method such as talking to the group facilitator, a member of the creative learning team or other member of staff
- suspicions, allegations, referrals and witness accounts of bullying incidents are taken seriously, dealt with promptly and all children, young people and vulnerable adults involved have the opportunity to state their case
- parents/carers are informed as soon as possible when issues of bullying come to light, whether their child is a victim or the alleged perpetrator, and kept up to date with investigations and outcomes
- incidents of bullying are recorded in the safeguarding incident log
- a bullying incident flowchart shows the steps to be taken

Bullying incident flow chart



16. Health and safety

See [WMC H&S Policy](#)

17. Training, supervision and support

17.1 Training for the DSL / DDSL is sourced through recommended trainers and should take place every two years, or as guidance changes.

17.2 All staff and volunteers receive training on safeguarding on induction and an annual refresher.

17.3 Safeguarding issues may have a disturbing effect on staff and they may feel upset by the details or how a case has been handled. Initially, staff should seek support from their line manager through staff supervision. Safeguarding forms a regular part of supervision sessions. Staff may not be able to wait until their next scheduled supervision session to seek support from a supervisor. If the supervisor is not available, they should seek support from another manager. Team meetings also ensure everyone is supported, and are used to share examples of good practice, learning and to provide peer support and learning.

18. Lone working policy and procedure

[The Health and Safety Policy Handbook](#) includes a lone working statement.

19. Monitoring and review

19.1 The Safeguarding Policy will be reviewed annually by the DSL and DST and presented to the Chair and Trustees for approval.

19.2 Safeguarding is a standing item on the agenda of Trustee meetings and anonymised safeguarding updates are made as necessary.

19.2 Any safeguarding incident will conclude with a review of whether the WMC Safeguarding policies and procedures were adequate and any changes made as necessary.

19.3 WMC commits to an independent safeguarding audit every 3 years and to follow up the recommendations as appropriate.

20. Third party hires

20.1 All groups or organisations that hire the Centre for a performance or event are asked to confirm on the contract whether young people under the age of 18 are involved in the performance or will be backstage.

20.2 Where young people under the age of 18 are involved in the performance, the group or organisation is asked to notify the Operations Manager or Facilities Manager (as appropriate) who will inform the DSL, and to provide a copy of their Safeguarding Policy and the name of their DSL.

20.3 The Concert Manager on duty should be made aware of the presence of children and will take account of this when allocating volunteer duties.

Contact details

Wiltshire Music Centre

Designated Safeguarding Lead

James Slater, Chief Executive

01225 860 110

james.slater@wiltshiremusic.org.uk

07530 536463

Deputy Designated Safeguarding Lead

Cassie Tait, Head of Creative Learning

01225 860 110

cassie.tait@wiltshiremusic.org.uk

07980 263880

Designated Safeguarding Trustee

Alan Macrae

alan.macrae.01@gmail.com

07854 469981

External contacts

Multi-Agency Safeguarding Hub (MASH)

0300 4560108, 8.45am-5pm, Monday-Thursday and 8.45am-4pm Friday

Out of hours 0300 456 0100.

Designated Officer (direct line): **01225 713945**

Out of Hours Emergency Duty Service (5.30pm to 9.00am): **0845 607 0888**

Or if there is immediate danger, phone the police or emergency services on 999. For less urgent enquiries, email mash@wiltshire.gcsx.gov.uk.

[Child Exploitation and Online Protection Command](#) (CEOP)

NSPCC Helpline

0808 800 5000

We are committed to reviewing our policy and good practice at least annually.

This policy was last reviewed on: 15/09/21

(date)

Signed: AM

NAME Alan MacRae

(Designated Safeguarding Trustee)

Appendix

Safeguarding concerns including abuse and other risks to welfare

It is not possible to identify all welfare concerns; however, WMC feels strongly that some attempt to identify those risks currently apparent should be made; the following list is a guide to the sort of issues that give rise to concern. All forms of abuse should be reported to a DSL on the same day they are noted.

1 Bullying including cyber bullying

Bullying can seriously damage confidence and self-esteem and lead to serious and prolonged emotional damage. Those who conduct the bullying or witness it can also experience emotional harm. Bullying is therefore a key safeguarding concern. It is important that incidents of bullying are distinguished from isolated incidents. Bullying is considered to be repeated violence, mental or physical, conducted by an individual or a group and directed against other individuals and can take place between children, between children and staff, or between staff. Bullying can occur for a variety of reasons, all of which should be taken equally seriously and dealt with appropriately. Bullying may also occur outside of WMC activities, or through social networking sites.

There are a number of signs that may indicate that someone is being bullied:

- behavioural changes such as reduced concentration and / or becoming withdrawn, clinging, depression, tearful, emotionally up and down, absenteeism;
- a drop off in performance;
- physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, or damaged clothes;
- bingeing, for example, on food, cigarettes or alcohol; and
- shortage of money or frequent loss of possessions.

Bullying of any kind is not acceptable within our organisation. If bullying does occur, victims should be able to tell and know that incidents will be dealt with promptly.

2 Child Criminal Exploitation and County Lines

Criminal exploitation of children is a broad term that describes different ways that children can be exploited for the financial gain of adults. County lines is a geographically widespread form of harm that typically features drug networks or gangs grooming and exploiting children to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the children may have been trafficked for the purpose of transporting drugs and a referral to the Police should be considered.

County lines exploitation:

- can affect any child under the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence in person or online;
- can be perpetrated by individuals or groups, males or females, and adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

3 Child Sexual Exploitation and Trafficking (CSE)

CSE 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 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. CSE does not always involve physical contact; it can also occur online. Signs of CSE in a child include:

- unexplained gifts or new possessions;
- association with other children involved in exploitation;
- older boyfriends or girlfriends;
- sexually transmitted infections or becoming pregnant;
- changes in emotional well-being;
- misuse of drugs and alcohol;
- going missing for periods of time or regularly come home late; and
- regularly missing sessions.

Some children are groomed through partners who then force them into having sex with others. On rare occasions children can be trafficked over different parts of the country by organized gangs of exploiters. The vast majority of children who enter prostitution do so as a result of coercion or desperation. All children (male and female) under the age of 18 years who are involved in prostitution are being sexually exploited, must be regarded as children in need at risk of significant harm and must therefore be subject to a child protection referral' this may also include children who are trafficked into the UK.

Child sexual exploitation is a form of abuse and extremely serious; staff who have a concern should contact their line manager or a DSL the same day they become aware of it.

4 Children Missing Home or Care

Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be the subject of crime or at risk of harm to themselves or another can be regarded as missing. If children are not at a place where they are expected or required to be they are regarded absent. Going missing is a dangerous activity and can have short- and long-term consequences. If a parent does not report a child missing within a reasonable timescale when their whereabouts are unknown, this should be seen as displaying compromised parenting and also reported. It is imperative that services working with children are able to and actively do identify those who are commencing a pattern of running behaviour and provide the appropriate interventions at the earliest opportunity to prevent future incidents which may place them, or others, at risk.

Research has identified the following risk factors that can precede a missing incident in children:

- Arguments and conflicts at home including being told/forced to leave;
- Poor family relationships including specific step-parent issues;
- Physical and emotional abuse including Domestic Violence and Abuse;
- Personal wellbeing – feeling depressed;
- Problems with alcohol and/or drugs; and
- Problems at school.

There are particular concerns about the links between children and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse. Children in Care missing from their placements are particularly vulnerable. The police will prioritise all incidents of children categorised as 'missing' from home or care as medium or high risk, depending on the circumstances and the vulnerability of the children. When a child is found, the attitude of professionals towards them can have a big impact on how they will engage with subsequent investigations and protection planning. However "streetwise" they may appear, they are children and may be extremely vulnerable to multiple risks. A supportive approach, actively listening and responding to a child's needs, will have a greater chance of preventing them from going missing again and safeguarding them against other risks.

Staff must also bear in mind when working with children and families where there are outstanding child protection concerns that a series of missed appointments or abortive home visits, without any other form of contact, may indicate that the family has suddenly and unexpectedly disappeared.

5 Children Missing from Education

All staff should be aware that children going missing from education, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns.

6 Children and the Courts

Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. Making arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be extremely difficult for children and staff should offer appropriate support.

7 Children with Family Members in Prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health.

8 Contextual Safeguarding

Staff must be able to spot the risks of abuse facing children outside the domestic sphere. This is known as contextual safeguarding, or considering the wider environmental factors present in a child's life that may pose a threat to their safety and/or welfare, including online threats. Social care assessments should consider such factors so it is important that WMC provides them as much information as possible as part of the referral process when called to do so. This will allow any assessment to consider all the available evidence and the full context of any abuse.

9 Domestic Violence and Abuse (DVA)

DVA is the abuse of one person over another who is, or has been, in a relationship. The abuse may be verbal, sexual, physical, emotional or financial, and is usually, but not exclusively, perpetrated by men against women. It occurs in all groups and sections of society and may be experienced differently to, and compounded by racism, sexuality, disability, age, religion, culture or class. The current government definition describes DVA 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.' Source: Home Office, *Domestic Violence: A National Report (2012)*.

WMC is committed to supporting the wellbeing and safety of children and acknowledges the profound and damaging effects of DVA on them. Children are always damaged by living or witnessing DVA. It is estimated that 90% of children are in the same or next room when abuse occurs. Children over the age of 16 (and younger) may also experience DVA within their own relationships. Teenagers experience as much relationship abuse as adults. Several independent studies have shown that 50% of teenagers are in abusive dating relationships. Domestic violence is still a 'hidden' issue in our society; and it is even more so for teenagers. This is exacerbated by the fact that adolescents can be more accepting of, and dismissive about, this form of behaviour than adults. We are committed to taking positive action against DVA and to actively support all victims and to protect children affected by it. We will work towards creating an environment that raises awareness of DVA, and communicates to children that it is a safe place to ask for help.

Staff should be able to recognise the signs of DVA, which include:

- victim tries to hide injuries, or minimises their extent or cause, appears frightened, overly anxious or depressed and/or is submissive or afraid to speak in front of the partner;
- partner always attends unnecessarily and may refuse to leave, and/or may be aggressive or dominant; and
- children showing the signs and symptoms of physical, emotional, sexual abuse and/or neglect.

If they suspect DVA, staff should take the initiative and ask direct questions to suspected victims and not assume someone else will ask about it. They must always be guided by the need to keep a victim safe, and the fact that everyone who is being abused by someone close to them is the subject of a crime. Staff should never ask about DVA when anybody else from the family is present; this includes partners, children or other family members. Children or other family members should never be used as interpreters. Staff should never accept culture or religion as an excuse for DVA. They should think of the DVA conversation as the start of the process, not a one-off event, as not all victims are going to open up the first time they realise that someone thinks that they are being abused. A victim might deny or play down DVA as part of a coping mechanism. Staff should accept 'no' as an answer and continue to be supportive, and if possible discreetly offer a leaflet with helpline numbers. They should be prepared to ask again in the future. DSLs may refer DVA cases to a local Independent Domestic Violence Advisor (IDVA), and IDVAs can refer to the local MARAC.

10 Drugs

'Drugs' are taken here to mean substances that may be legal for children, such as alcohol, tobacco and solvents, and illegal drugs such as cannabis, ecstasy, amphetamines, heroin, crack/cocaine, LSD and illegally supplied prescription drugs etc. Drugs (illegal substances, prescribed medication and solvents/aerosols) and alcohol use in itself does not necessarily indicate that a child may be suffering or likely to suffer significant harm and should be reported.

11 Early help

Early help for children has been defined as 'providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.' Working Together to Safeguard Children (2018)

We should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited; and
- is a privately fostered child.

It is important that children in need of early intervention receive this support in a timely fashion to prevent the escalation into abuse and to lessen the risk of harm or impairment. WMC aims to work with existing Early Help services to prevent families reaching crisis point by working with those that

are struggling at an early stage. Referrals for early help can be made by accessing the online referral forms found on the local referral agency website.

12 Emotional Abuse

Emotional abuse is defined as 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.

Signs and symptoms of emotional abuse include:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents who withdraw their attention from the child, giving the child the 'cold shoulder'; Parents blaming their problems on their child; and
- Parents who humiliate their child, for example, by name-calling or making negative comparisons.

13 Fabricated and Induced Illness Syndrome (FIIS)

FIIS is a form of mental disorder in a parent, usually the mother. Staff may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible symptoms observed may include:

- discrepancies between reported and observed medical conditions, such as the incidence of fits;
- attendance at various hospitals, in different geographical areas;
- development of feeding / eating disorders, as a result of unpleasant feeding interactions;
- child developing abnormal attitudes to their own health;
- non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause;
- speech, language or motor developmental delays;
- dislike of close physical contact;
- attachment disorders;
- low self-esteem;
- poor quality or no relationships with peers because social interactions are restricted;
- poor attendance; and
- parent (likely to be the mother) who expresses an unnatural concern for the health or welfare of their child.

14 Faith Abuse

Faith abuse is abuse linked to faith or belief. This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. Faith abuse is not confined to one faith, nationality or ethnic community. Examples have been recorded worldwide among

Europeans, Africans, Asians and elsewhere as well as in Christian, Muslim, Hindu and pagan faiths among others.

15 Female Genital Mutilation (FGM)

FGM is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting. FGM has no health benefits. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

There are four types of FGM:

Type 1 – Sunna – removal of the hood of the clitoris.

Type 2 – Excision – removal of the clitoris with partial or total excision of the labia minora

Type 3 – Infibulation – removal of the clitoris and labia minora with narrowing by stitching of the vaginal opening.

Type 4 – All other types of harmful traditional practices that mutilate the female genitalia, including pricking, cutting, piercing, incising, scraping and cauterisation.

The procedure may be carried out when the girl is new born, during childhood, adolescence, at marriage or during the first pregnancy. However, in the majority of cases FGM takes place between the ages of 5-8 and therefore girls within that age bracket are at a higher risk. It can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth. They can also often suffer severe psychological trauma, including flashbacks and depression.

The Female Genital Mutilation Act 2003 made it illegal to:

- practice 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; and
- aid, abet, counsel or procure the carrying out of FGM abroad.

In 2015 the Serious Crime Act came into force and with it new legal powers to deal with FGM.

'Regulated' professionals (including teachers) now have the statutory duty to report to police any instance where they 'discover' that FGM has been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Anyone who fears that someone is at risk of FGM can apply to a family court for a FGM Protection Order. This includes people who think they could be victims themselves or who are already victims, local authorities, teachers, doctors, social workers or other third parties. FGMPOs will help to safeguard girls who are at risk of FGM at home or abroad. If the court makes a FGMPO, the specific conditions could include confiscating passports or travel documents to prevent girls from being taken abroad, or stopping someone from bringing a 'cutter' to the UK for the purposes of committing FGM on a girl.

Here some indications that FGM may be planned or has been carried out on a girl who is a member of a community where FGM is practiced:

- a female family elder is visiting from a country where FGM is widely practiced;
- she makes a reference to FGM in conversation, for example telling other children about it;
- she confides that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- her parents seek to withdraw her from learning about FGM at school;
- she is born to a woman or has siblings or other extended female family members who have been subjected to FGM;
- she may have difficulty walking, sitting or standing;
- she may have prolonged unexplained absences from school;
- she may have a prolonged absences from school with noticeable behavioural changes on her return including being depressed or withdrawn;
- she may be particularly reluctant to undergo normal medical examinations;

- she may ask for help or confide in a professional;
- she may ask for help, but may not be explicit about the problem due to embarrassment or fear;
- she may be required to be excused from physical exercise lessons without the support of her GP;
- she may talk about pain or discomfort between her legs;
- she may have frequent urinary, menstrual or stomach problems; and
- she may seek help and advice about painful intercourse or the psychological impact of FGM on her sexuality.

The signs above are not an exhaustive list they are indicators that FGM should be considered and further assessments undertaken. The Keeping Bristol Safe Partnership has adapted the Department of Health Risk Assessment Tool to so anyone working with children can make an assessment of the girls risk from FGM from the local guidance document in a culturally sensitive way. No referrals of a child for FGM should be carried out unless this local Risk Assessment tool has been completed by WMC staff first.

16 Forced Marriage and so-called Honour Based Violence

There is a clear distinction between a forced marriage and an arranged marriage. Forced marriages are illegal in the UK and is a marriage conducted without the full consent of both parties and where duress is a factor. When either party is under 18 it is child abuse and should always be treated as such. The terms 'honour crime', 'izzat' or 'honour-based violence' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing against this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family. If there are concerns that a child (male or female) is in danger of a forced marriage, staff should report to the DSL on the same day the concern is noted. All those involved should bear in mind that mediation as a response to forced marriage can be extremely dangerous. Refusal to go through with a forced marriage has, in the past, been linked to so-called 'honour crimes' including murder, rape and serious physical and emotional abuse.

17 Gangs and youth violence

Staff may observe early warning signs that children may be at risk of getting involved in gangs and gang culture, which can quickly escalate and become entrenched. The police should always be informed if the child is in possession of a knife or other weapon.

18 Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children can be groomed online or in the real world, by a stranger or by someone they know. Groomers may be male or female and could be any age. Many children don't understand that they have been groomed, or that what has happened is abuse. Groomers will hide their true intentions and may spend a long time gaining a child's trust. They may also try to gain the trust of the whole family so they can be alone with the child. Groomers do this by:

- pretending to be someone they are not;
- offering advice or understanding;
- buying gifts;
- giving the child attention;
- using their professional position or reputation;
- taking them on trips, outings or holidays; and
- using secrets and intimidation to control children.

Once they have established trust, groomers will exploit the relationship by isolating the child from friends or family and making them feel dependent on them. They will use any means of power or control to make the child believe they have no choice but to do what they want. Groomers may introduce 'secrets' as a way to control or frighten their victim. Sometimes they will blackmail the

child, or make them feel ashamed or guilty, to stop them telling anyone about the abuse. Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a child. They can spend time learning about a child's interests from their online profiles and then use this knowledge to help them build up a relationship. It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting. Groomers may look for:

- usernames or comments that are flirtatious or have a sexual meaning; and/or
- public comments that suggest a child has low self-esteem or is vulnerable.

Groomers don't always target a particular child. Sometimes they will send messages to hundreds of children and wait to see who responds. Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

19 Hate Crime

Children can be vulnerable to negative, extremist views. WMC believes in democracy and the laws of the country, where every individual has a voice that is heard and respected, no matter what their faith or belief. We value discussion, debate and learning from others. We recognise that hate speech is a crime and believe that there is no place for extremism in our organisation.

20 Hidden Harm

Hidden Harm refers to children who are affected by their parents' drug or alcohol abuse, domestic abuse and mental illness. It is estimated that between 30-60% of people with a severe mental illness have children. Parental problems can and do cause serious harm to children at every age from conception to adulthood. Effective treatment of the parent can have major benefits for the child. By working together with other services, WMC should take many practical steps to protect and improve the health and well-being of children affected by Hidden Harm, including the possibility of an early help plan.

21 Historical abuse

There may be occasions when a child or adult will disclose abuse which occurred in the past, termed historical abuse. This information needs to be treated in exactly the same way as a disclosure of current abuse as the abuser may still represent a risk to children now. Historical abuse is extremely serious and staff who have a concern should contact the DSL the same day they become aware of it.

22 Homelessness

Being homeless, or being at risk of becoming homeless, presents a real risk to a child's welfare.

Indicators that a family may be at risk of homelessness include:

- household debt;
- rent arrears;
- DVA and anti-social behaviour;
- as well as the family being asked to leave a property.

WMC aims to work with existing services to prevent families reaching crisis point by working with those that are struggling with homelessness at an early stage. In most cases staff will be encountering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16- and 17-year-olds could be living independently from their parents, for example through their exclusion from the family home, and this will require a different level of intervention and support.

23 Invisible Children

We recognise the risks associated with children who are not known to other services and who may be otherwise 'invisible' and therefore extremely vulnerable to abuse. There are children who may be 'trafficked' and many cases of neglect and abuse involve children from other countries.

24 Medical Conditions

We will make ourselves aware of any medical conditions affecting the children in their care and work with parents to ensure that needs are addressed appropriately.

25 Mental health and resilience

In order to help children to succeed, we have a role to play in supporting them to be resilient and mentally healthy. We will help support children experiencing difficulties in mental health.

26 Neglect

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

Signs and symptoms of neglect include:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

27 Online Abuse

We recognise Information and Communications Technology (ICT) is now an integral part of children's lives and provides them with access to a wide range of information and increased opportunities for instant communication and social networking. Using ICT can benefit children's education and social development, but it can also present several risks. Children are often unaware that they are as much at risk online as they are in the real world, and professionals may not be aware of the actions they can take to protect them. We are committed to developing an effective approach to online safety to empower staff and our partner organisations to protect and educate children in their use of IT and establish mechanisms to identify, intervene and escalate any incident where appropriate.

28 Peer Abuse

We recognise that children are capable of abusing their peers. Peer abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". Peer-on-peer abuse can take many forms, and can manifest itself in many ways, including sexting, online abuse, bullying and cyber bullying and sexual abuse. We recognise that peer abuse is frequently gendered. Girls are more likely to be sexually touched or assaulted and boys are more likely to be subject to initiation/hazing type violence. Accordingly concerns of peer-on-peer abuse will be taken extremely seriously and investigated and dealt with.

29 Physical Abuse

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. Signs and symptoms of physical abuse include:

- children with frequent injuries;
- children with unexplained or unusual fractures or broken bones; and

- children with unexplained bruises or cuts; burns or scalds; or bite marks.

30 Private fostering

A private fostering arrangement is one that is made without the involvement of a local authority for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative, with the intention that it should last for 28 days or more. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child. Private fostering arrangements can be a positive response from within the community to difficulties experienced by families but nevertheless privately fostered children can be very vulnerable. Overarching responsibility for the welfare of the privately fostered child remains with the parent but it is the duty of local authorities to satisfy themselves that children who are privately fostered within their area are satisfactorily safeguarded and promoted. We must therefore refer any child that we become aware of who is privately fostered in our premises.

31 Race and Racism

Children from Black, Asian and minority ethnic groups (and their parents) are likely to have experienced harassment, racial discrimination and institutional racism. Although racism causes significant harm it is not, in itself, a category of abuse. However, this may be categorised as emotional abuse under child protection procedures.

32 Radicalisation

As an organisation which works with the local authorities, we aim to comply with the Counter Terrorism and Security Act 2015, to have "due regard to the need to prevent people from being drawn into terrorism", known as the Prevent duty.

Extremism is defined in the 2015 Prevent Duty Guidance as:

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

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

We will strive to keep children and staff safe from the dangers of radicalisation and extremism. We tackle any instances of discrimination, and aim to be alert to potential risks from radicalisation and extremism. The promotion of equality, diversity and fundamental British values is at the heart of our work and they are demonstrated through all our practice. Fostering fundamental British values means actively promoting democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs. These values are embedded in our day-to-day work.

Staff will use their professional judgement in identifying children and adults who might be at risk of radicalisation and act proportionately. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes;
- glorifying violence, especially to other faiths or cultures;
- making remarks or comments about being at extremist events or rallies;
- evidence of possessing illegal or extremist literature;
- advocating messages similar to illegal organisations or other extremist groups;

- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that children can come across online so involvement with particular groups may not be apparent);
- secretive behaviour;
- online searches or sharing extremist messages or social profiles;
- intolerance of difference, including faith, culture, gender, race or sexuality;
- graffiti, art work or writing that displays extremist themes;
- attempts to impose extremist views or practices on others;
- verbalising racist, anti-Western or anti-British views; and
- advocating violence towards others.

If there is a terrorist related emergency, staff should contact the Police immediately.

33 Self-harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- cutting, scratching, scraping or picking skin;
- swallowing poisonous substances or objects;
- swallowing hazardous materials or substances;
- burning or scalding;
- hair pulling;
- banging or hitting the head or other parts of the body;
- scouring or scrubbing the body excessively;
- unusual eating patterns; and
- excessive alcohol/drug intake.

Self-harm is not usually triggered by one isolated event but rather set of circumstances that leave children overwhelmed and unable to manage their feelings. It is not the core problem but a sign and symptom of underlying emotional difficulties, used as a way of coping. For some children the experience of pain of self-harm reassures them they're still alive, or gives temporary relief and/or a sense of control over their lives, whilst bringing its own very serious problems. Always remember that it is important to listen to the child, to stay calm and empathic and to not over load them with questions. When assessing risk consider that children who self-harm do not normally wish to kill themselves, but staff must always follow the child protection process where they feel a child is at risk of significant harm.

34 Sexting

'Sexting', or 'sharing nudes/nude pics' is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. There are many reasons why a child may want to send a naked or semi-naked picture, video or message to someone else. These reasons include:

- joining in because they think that 'everyone is doing it';
- boosting their self-esteem;
- flirting with others and testing their sexual identity;
- exploring their sexual feelings;
- to get attention and connect with new people on social media; and/or
- they may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent.

Sexting is often seen as flirting by children who feel that it's a part of normal life, but in fact it is a crime. The law in the UK currently states that the creating or sharing explicit images of a child is illegal, even if the person doing it is a child. As of January 2016, if a child is found creating or sharing images, the police can choose to record that a crime has been committed but that taking formal action isn't in the public interest. In addition crimes recorded this way are unlikely to appear on

future records or checks, unless the child has been involved in other similar activities which may indicate that they're a risk.

35 Sexual Abuse

Sexual abuse involves forcing or enticing a child 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.

Signs and symptoms of sexual abuse include:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

36 Sexual violence and sexual harassment

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children and children at risk. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, Children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts.

Dismissing or tolerating such behaviours risks normalising them.

37 Sexually Active Children

Staff working with children who are sexually active and under 18 must do as much as they can to provide a safe, accessible and confidential service whilst remaining aware of their duty of care to safeguard them and promote their well-being. Decisions in this area can often be challenging and must always be made on a case-by-case basis, taking into consideration all relevant information. Where staff believe that children may be subject to coercion or exploitation, existing child protection guidelines must be followed. Staff with concerns must report to their line managers or a DSL on the same day if they suspect abuse.

38 Trafficking and modern slavery

Modern slavery is a serious crime and can take many forms. These include but are not limited to:

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Modern slavery victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation. A person is trafficked if they are brought to (or moved around) a country by others who threaten, frighten, hurt and force them to do work or other things they don't want to do. The Universal Declaration of Human Rights 1958, states that: "No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms."

Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived or provided with payment or benefit to achieve that consent. Children (those aged under 18) are considered victims of trafficking, whether or not they have been coerced, deceived or paid to secure their compliance. They need only have been recruited, transported, received or harboured for the purpose of exploitation.

Signs of trafficking include people who are:

- appearing to be malnourished, unkempt or withdrawn;
- seeming under the control or influence of others;
- living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- always wearing the same clothes
- avoiding eye contact, appearing frightened or hesitant to talk to strangers
- fearful of law enforcers
- not having possession of a passport, identification or travel documents;
- acting as if instructed or coached by someone else or allows others to speak for them when spoken to directly;
- having been recruited for one purpose and being forced to engage in some other job;
- receiving little or no payment for their work and having someone else in control of their earnings;
- being forced to perform sexual acts;
- not having freedom of movement;
- being under the impression they are bonded by debt, or in a situation of dependence;
- being harmed or deprived of food, water, sleep, medical care or other life necessities;
- having no free contact of friends or family; and
- having limited social interaction or contact with people outside their immediate environment.

The following are potential indicators of modern slavery specific to children:

- Absent parent or legal guardian - Is the child being cared for by an adult that is not their parent or legal guardian and is the quality of the relationship between the child and their adult carer poor and a reason for concern. Some children may not be attending school or registered with a GP.
- Multiple children - are there a number of unrelated children found at one address? Does the child move location frequently?
- Identity documents missing, altered or false documentation is common;
- Missing children - children who come into contact with authorities often disappear and are re-trafficked. Grooming Children may not always demonstrate outward signs of distress and may have a 'bond' with those exploiting them and have been groomed to not disclose their abuse – however, they are likely to be very scared and traumatised.

There is no typical victim of slavery. Victims can be men, women and children of all ages and cut across the population, but it is normally more prevalent amongst the most vulnerable, minority or socially excluded groups. The Home Office predicts that there may be as many as 13,000 victims in the UK alone.

39 Violence Against Women and Girls (VAWG)

VAWG covers a range of unacceptable and deeply distressing crimes, including domestic violence and abuse, sexual violence and child sexual abuse, stalking, so called 'honour-based' violence - including forced marriage and female genital mutilation (FGM), gang related violence, and human trafficking. We recognise that these crimes are disproportionately gendered. Violence can affect women and girls regardless of their age, race or religion, their socioeconomic background, sexual orientation or marital status. Violence takes place in every locality across the UK and can happen in relationships, in families, and in communities. We will work to ensure that awareness of VAWG is raised within our organisation where possible.

40 Young Sex Offenders

We may not always have information about whether a child has been convicted of a sex offence against another young person, or that there are concerns about a child being a sex offender. We will work with protective services on a need-to-know basis.