

Safeguarding Policy

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Introduction

Renaissance Foundation (“RF”) works with marginalised young people from across London, specifically young carers and young hospital patients transitioning from paediatric to adult care. Our 3-stage programme of inspirational visits, workshops, talks, one-to-one sessions and bespoke opportunities is designed to increase resilience, develop soft skills and life tools, and broaden young people’s horizons of work.

RF believes that a child/young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children/young people and young people and to keep them safe and are committed to practising in a way that protects them.

This Safeguarding Policy applies to all staff, including senior managers and the board of Trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of RF (collectively “Staff”).

Purpose of Safeguarding Policy

This Safeguarding Policy provides a secure framework for the workforce of RF in safeguarding and promoting the welfare of those children/young people and young people who use our services.

We recognise that:

- the welfare of the child/young person is paramount, as enshrined in the Children Act 1989
- all children/young people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- some children/young people are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children/young people, young people, their parents, carers and other agencies is essential in promoting young people’s welfare.

We also recognise that participants may remain in contact with the organisation after they turn 18; therefore, further guidance on young adults (aged 18+) at risk of abuse can be found in Appendix IV of this policy.

This document states RF’s policy in relation to safeguarding and includes guidance on:

- What Staff should do if they think a child/young person they are working with has been abused
- What the organisation will do to ensure that Staff do not pose a risk to children/young people
- How RF procedures fit with procedures in other local agencies.

This document is to be reviewed and updated on an annual basis.

Legal framework

This policy is informed by the ‘Working Together to Safeguard Children’ guidance, DfE (2018), ‘Keeping Children Safe in Education’ guidance, DfE (2022), ‘Work-Related Learning and the Law’ guidance, DfES (2006), and relevant legislation and Acts including the Children Act 2004, the Children and Social Work Act 2017, the Human Rights Act 1998, the United Nations Convention on the Rights of the Child 1991, the Criminal Justice and Court Services Act 2000, the Protection of Children Act 1999, the Rehabilitation of Offenders Act 1974, the Disqualification under the Child Care Act 2006 and the Safeguarding Vulnerable Groups Act 2006.

We have also consulted guidance provided by Tower Hamlets Safeguarding Children Partnership to inform this policy.

Taking Action About Concerns

RF will take seriously any concern about children/young people and young people’s welfare and well-being and will support any child/young person, or Staff in raising any safeguarding concern or suspicions. This support will continue whilst concerns are being investigated.

The guidance within this policy gives instructions on the procedure to be followed by staff or volunteers if a disclosure of abuse is made or if they have concerns or suspicions relating to a child/young person’s welfare.

If a child/young person says that he or she has been abused, either physically, emotionally or sexually, or by neglect Staff should adhere to the following guidelines:

Take the following steps:

- (i) observe
- (ii) report
- (iii) record

(i) Observe

- React calmly so as not to frighten the child/young person and give them your **full** attention.
- Be aware of your non-verbal messages.
- Don’t make promises that you cannot keep.
- Keep responses short, simple, slow and gentle.
- Don’t stop a child/young person who is talking freely about what happened – let them use their own words.
- Observe and **listen** but don’t ask for more information.
- Tell them that they are not to blame.
- Tell the child/young person that they have done the right thing by telling you.

- If you have difficulty in understanding the child/young person's communication method, reassure them that you will find someone who can help.
- Tell them what you are going to do next.
- Remember it is **not** your job to prove or disprove what the child/young person tells you, merely to listen and make a record of the conversation as soon as possible.

(ii) Report

- Think carefully about who you need to share this information with - **do not confront the perpetrator.**
- Tell RF's Designated Safeguarding Lead about what the child/young person has said **as soon as possible** on that same day, making sure the child/young person is in a safe place with support while you do this. The Designated Safeguarding Lead will make a decision on the appropriate course of action. In the absence of a Designated Safeguarding Lead, inform the Deputy Designated Safeguarding Lead.
- Do not delay; in an emergency call 999.

(iii) Record

- Record, in writing on RF's Safeguarding Concerns Form, all the details of what was said, using the exact wording used by the child/young person. Do not try to interpret any of the information yourself. Date and sign the record and give this to RF's Designated Safeguarding Lead.
- All notes and reports must contain the following, using RF's safeguarding concern form (see Appendix 2):
 - Date of the incident
 - Date and time of the record being made
 - Name and date of birth of the child(ren)/young person(s) concerned
 - A factual account of what happened, a record of what was seen and heard using the child/young person's own words where possible
 - The location where the incident or disclosure took place
 - A note of any other people involved, e.g. as witnesses
 - Action taken and any future plans, e.g. monitor and review
 - Any other agencies that were informed
 - Printed name of the person making the record
 - Signature of the person making the record
 - Job title of the person making the record

The Designated Safeguarding Lead is responsible for discussing concerns with a child/young person's parent/carer. Concerns should be discussed with the family unless:

- The view is that a family member might be responsible for abusing the child/young person
- Someone may be put in danger by the parents being informed
- Informing the family might interfere with a criminal investigation

If any of these circumstances apply, the Designated Safeguarding Lead will consult with the local authority children's social care department to decide whether or not discussions with the family should take place.

Further guidance relating to the subject of the allegation:

- If an allegation has been made against a volunteer or member of RF staff, the RF Designated Safeguarding Lead must be informed immediately.
- If an allegation has been made against the CEO, the Designated Safeguarding Lead and RF's Chair of Trustees must be informed immediately.
- If no one else is available and you think the child/young person is in potential or actual danger, contact Social Services.

For young adults aged 18+, the legislation and guidance is clear in specifying that simply because a young adult (or adult of any age) has care and support needs and is at risk of or even experiencing abuse, this does not necessarily mean that a safeguarding response is appropriate. Such a response is only appropriate if the person in question is, as a result of their care and support needs, unable to protect themselves (See Appendix IV).

General principles in relation to accusations about child abuse

Abuse will not go away if it is hidden. An abused child/young person can only be supported if the appropriate agencies know about the abuse. As a result, if any member of staff or volunteer is told by a child/young person about abuse, the matter cannot be kept totally confidential. There is a duty to protect the child/young person by sharing the information with the right person.

If a child/young person starts to talk about abuse, do not ask searching questions in case someone suggests at a later stage that the evidence has been prompted or rehearsed. This is important if a child/young person abuse case comes to court as suggestion that evidence has been prompted could make it more difficult to convict the abuser.

It is important to treat children/young people who talk about abuse - or "disclose" abuse - with gentleness, care and honesty, respecting what they say. Any child/young person who has been abused will have suffered emotional damage and will be very vulnerable. It will require courage to talk about the abuse and what the child/young person says may not be clear. Generally, children/young people reporting abuse are telling the truth.

Responding to Allegations Against Staff or Volunteers

RF recognises the right of children, young people and their parents or carers to be able to express any concerns that they might have about the behaviour of RF staff or volunteers. It is RF's policy to ensure that all complaints are taken seriously and dealt with swiftly and in confidence. Any suspicion that a child/young person has been abused by either a member of staff or a volunteer should be reported to RF's Designated Safeguarding Lead, who will take such steps as considered

necessary to ensure the safety of the young person in question and any other young person who may be at risk.

If an allegation is made against a member of staff or volunteer, RF's Allegations Procedure (See Appendix VII) will be followed and an investigation conducted. If, following investigation, the allegation is regarding poor practice, RF's CEO will deal with it as a training need or a misconduct issue.

RF reserves the right to restrict a staff member or volunteer from any contact with children/young people once an allegation has been made (justified or not), whilst an investigation is being conducted. Appropriate support, including access to an external person to speak with, will be provided for staff or volunteers who are subject to any investigations.

Staff responsibilities

Designated Safeguarding Lead	Hannah Conway, Programme Director	hannah@renaissance-foundation.com
Deputy Safeguarding Lead	Corey Samuel, Programme & Content Manager	corey@renaissance-foundation.com

In the event of one of these named persons being absent, the CEO must be contacted.

The Designated Safeguarding Lead ensures that the policy and procedures are kept up to date and are applied consistently. The overall responsibility for safeguarding practice lies with the Designated Safeguarding Lead and Board Appointed Trustee.

All staff and volunteers have a responsibility to safeguard the welfare of children/young people with whom we work and to respond to concerns about child/young person abuse.

All staff and volunteers should read this policy and ensure that they are clear about what they should do if they have such a concern or if a child/young person discloses abuse to them.

Codes of conduct

The RF Staff Code of Conduct (see Appendix V) sets out requirements and responsibilities for staff to support each other in working effectively together.

The RF Young People's Code of Behaviour (see Appendix VI) sets out requirements and responsibilities for the participants of the programme to follow the rules and ensure a safe space for all participants.

Risk assessment

RF recognises that risk assessment is an important factor in keeping children/young people safe. We aim to incorporate risk assessment procedures into our everyday working practices.

Risk assessments are carried out for all off-site activities.

The RF building risk assessment is reviewed and updated at least annually.

Safe Recruitment

RF recognises that all reasonable steps must be taken to ensure everyone working with children and young people are suitable to do so. Pre-selection checks include:

- Obtaining consent from an applicant to seek information from the Disclosure and Barring Service (DBS)
- Two confidential referees
- Evidence of identity

RF's recruitment policy aims to ensure that appointments will only be made if the appointing RF staff member is satisfied from the information provided, and gained through the selection process, that the applicant offers no risk of harm to children and young people.

If any member of staff or volunteer offered work at RF is found to have convictions, cautions, reprimands or warnings that indicated a potential risk to children/young people, it is RF's policy that an open and measured discussion will take place on this subject, involving the application, before a recruitment decision is taken. If any member of staff or volunteer is found to have withheld relevant information that indicates a potential risk to children/young people, the employment will be terminated with immediate effect.

Appointment of volunteers

All volunteers applying to work with children or young people must complete the following application procedures:

- Submit their CV and a covering letter stating why they are interested in volunteering and providing contact details for a referee, from whom a reference is obtained.
- Complete a DBS Certificate application form where necessary. In deciding whether a DBS check is required, RF will consider whether the volunteer will be taking part in 'regulated' activity, i.e. when contact with young people will take place frequently (once a month or more) or intensively (on three or more days in a 30-day period). In these instances, a DBS check would be needed. Volunteers having contact with children/young people on an ad hoc or irregular basis for short periods of time will not be required to complete a DBS check, although RF will ensure that they are always under the supervision of a member of staff.
- Provide confirmation of identity (as required to complete a Disclosure Form)
- Participate in and satisfactorily complete a standard training programme or phone briefing.

An appointment will only be made if RF is satisfied from the information provided that the applicant offers no risk of harm to children and young people.

If a Disclosure and Barring Check has not been returned in time for a volunteer to start, RF will decide if the person in question may work with children/young people under the supervision of an adult who has received clearance. No volunteer (e.g. a mentor) may meet with or take a young person off site until an enhanced DBS Check has been received.

Induction and Training for Staff and Volunteers

It is RF's policy to offer appropriate briefings for all new staff and volunteers on RF's Safeguarding Policy and Procedures as part of their induction or training programme.

All volunteers are required to attend a training/briefing session relevant to their particular scheme. This includes guidance on safeguarding, child/young person protection and potential scenarios when working with children and young people. It is the role of line management staff and volunteer coordinators to inform volunteers that there is a Safeguarding policy in place and how they are to apply it.

The safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against established good practice
- Recognise their responsibilities and report any concerns about suspected poor practice or possible abuse
- Respond to concerns expressed by a child/young person
- Work safely and effectively with children/young people

E-Safety

RF has a duty of care to support a safe learning environment for participants. This includes:

- Ensuring safety when using IT equipment or any other media device. All IT users are encouraged to adopt safe and responsible use of IT, both within RF's premises and outside.
- RF will obtain signed permission from parents/carers to be able to use children/young people's images in our publications, e.g. the website or newsletter.
- Where children/young people are freely searching the internet, staff, volunteers and partners are expected to be vigilant in monitoring the content of the websites they visit.
- Staff, volunteers, partners and participants must immediately report the receipt of any communication that makes them feel uncomfortable, is offensive, discriminatory, threatening or bullying in nature and must not respond to any such communications.
- Any digital communications between staff, participants, parents/carers, volunteers and any other partner/stakeholder (e.g. email) must be professional in tone and content.
- RF staff should ensure that no reference should be in social media to participants or their parents/carers.

- RF will examine and risk assess any emerging new technologies before they are used within the organisation.

RF will review and update the security of its information systems regularly.

Lone working

Staff, volunteers and partners should only be alone with a young person if their specified role requires it, such as one-to-one outreach visits, and should then ensure that someone else is always aware of where they are.

Where a member of staff is off site at the end of the working day and will not be returning to the RF offices, the member of staff is required to phone or text their line manager to inform them when they have left the location and finished RF business.

Confidentiality Policy

RF respects the rights of children/young people to privacy and confidentiality but recognises that in certain circumstances confidentiality must be breached because of safeguarding concerns and the need for possible intervention. Information about abuse should only be shared on a “need to know” basis, and staff and volunteers with sensitive information about a child/young person should not talk to other members of the team, or to anyone else, about the issue.

As soon as an allegation is made, RF’s Designated Safeguarding Lead will inform any relevant partners to co-operate with them in informing Children’s Social Care and/ or the police if required.

Within RF Designated Safeguarding Lead will keep the Board-appointed Trustee informed.

Information about the incident will be stored in a secure place with limited access to designated people, in line with data protection laws (eg that information is accurate, regularly updated, relevant and secure).

Support for staff and volunteers

RF staff or volunteers who are told about abuse by a child/young person may need guidance, emotional support or assurance that they have acted in the right way. Staff may seek this support from RF’s Designated Safeguarding Lead.

Support will be provided for staff reporting other concerns and risks to young people, or suspicions about other members of staff or volunteers.



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RF Contacts

Designated Safeguarding Lead

Hannah Conway T: 07709 039103 E: hannah@renaissance-foundation.com

Deputy Designated Safeguarding Lead

Corey Samuel T: 07521 493490 E: Corey@renaissance-foundation.com

Board Appointed Trustee

Caroline Andrew T: 07843 045696 E: caroline@renaissance-foundation.com



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Appendix I – Safeguarding Concern Form

This form should be used in conjunction with the organisation's Safeguarding Policy and Procedures.

Details of child/young person and parents/carers

Name of child/young person:		
Gender:	Age:	Date of birth:
Ethnicity:	Language:	Additional needs:
Name(s) of parent(s)/carer(s):		
Child/young person's home address and address(es) of parents (if different from child/young person's):		



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Your details

Your name:	Your position:	Date and time of incident (if applicable):
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Are you reporting your own concerns or responding to concerns raised by someone else? (delete as appropriate)

Reporting own concerns
Responding to concerns raised by someone else

If you are responding to concerns raised by someone else, please provide their name and position within the organisation:

Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the accounts of others, including any other relevant details:

The child/young person's account/perspective:

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who has witnessed the incident or who shares the concerns:

Please note: concerns should be discussed with the family unless:

- **The view is that a family member might be responsible for abusing the child/young person**
- **Someone may be put in danger by the parents being informed**
- **Informing the family might interfere with a criminal investigation**

If any of these circumstances apply, consult with the local authority children's social care department to decide whether or not discussions with the family should take place.

Have you spoken to the child/young person's parents/carers? If so, please provide details of what was said. If not, please state the reason for this.



Are you aware of any previous incidents or concerns relating to this child/young person and of any current risk management plan/support plan? If so, please provide details:
Summary of discussion with supervisor/manager:
Has the situation been discussed with the Designated Safeguarding Lead? Yes/No (delete as appropriate) If so, please summarise the discussion:
After discussion with the Designated Safeguarding Lead, do you still have child/young person protection concerns? Yes/No (delete as appropriate)
Have you informed the statutory child protection authorities? Police: Yes/No Date and time: Name and phone number of the person spoken to: Local Authority children's social care/MASH: Yes/No Date and Time: Name and phone number of person spoken to:



Action agreed with child/young person protection authorities:

What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates:

Signed	Date and time	Name and position



Appendix II - Contact Details

Note: In an emergency, contact the Police – Dial 999

Role/Service	Name/Department	Contact details
RF Designated Safeguarding Lead	Hannah Conway	hannah@renaissance-foundation.com 07709 039103
RF Deputy Designated Safeguarding Lead	Corey Samuel	corey@renaissance-foundation.com 07521 493490
Tower Hamlets Children's Social Care	Multi-Agency Safeguarding Hub (MASH)	020 7364 5601/5606
Tower Hamlets Children's Social Care	Emergency Duty Team (5pm – 9am Mon-Fri, and all weekend)	020 7364 4079
Tower Hamlets Local Authority Designated Officer (LADO)	Melanie Benzie	melanie.benzie@towerhamlets.gov.uk Contact telephone number for all LADO enquiries: 0207 364 0677 07903 238827 Contact email for LADO enquiries: LADO@towerhamlets.gov.uk
London Children's Safeguarding Contacts	List of contact details for local authority children's social care teams across London	Website
London Safeguarding Children Partnership Contacts	London Safeguarding Children's Board and Partnership contacts	Website
NSPCC	24 Hour Helpline for adults concerned about a child/young person	0808 800 5000



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Childline	24 Hour Helpline for children and young people	0800 1111
Child Abuse Investigation Team (CAIT)	Police	020 8217 6484 (or use 999 if not available)
Tower Hamlets Adult Social Care*	Safeguarding Adults hotline	020 7364 6085

*For other boroughs please see relevant local authority adult social care detail



Appendix III - Understanding and identifying abuse

Abuse is a form of maltreatment - a person may abuse a child/young person by inflicting harm, or by failing to act to prevent harm. Child/young person welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children/young people may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including via the internet. In the case of female genital mutilation, children/young people may be taken out of the country to be abused. They may be abused by an adult or adults, or another child/young person or children/young people. An abused child/young person will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse can happen over a period of time, but can also be a one-off event. Child abuse can have major long-term impacts on all aspects of a child/young person's health, development and well-being.

The warning signs and symptoms of child abuse can vary. Disabled children/young people may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children/young people also develop and mature at different rates so what appears to be worrying for a younger child/young person might be normal behaviour for an older child/young person. Parental behaviours may also indicate child/young person abuse, so you should also be alert to parent-child/young person interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child/young person and their family. It is important to recognise that a warning sign doesn't automatically mean a child/young person is being abused.

There are a number of warning indicators which might suggest that a child/young person may be being abused.

Some of the following signs might be indicators of abuse:

- Children/young people whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Child/young people with clothes which are ill-fitting and/or dirty;
- Children/young people with consistently poor hygiene;
- Children/young people who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children/young people who don't want to change clothes in front of others or participate in physical activities;
- Children/young people who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children/young people who talk about being left home alone, with inappropriate carers or with strangers;



- Children/young people who reach developmental milestones, such as learning to speak or walk late, with no medical reason;
- Children/young people who are regularly missing from school or education;
- Children/young people who are reluctant to go home after school;
- Children/young people with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children/young people from school when drunk, or under the influence of drugs;
- Children/young people who drink alcohol regularly from an early age;
- Children/young people who are concerned for younger siblings without explaining why;
- Children/young people who talk about running away; and
- Children/young people who shy away from being touched or flinch at sudden movements.

Four main categories of abuse

There are four main categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to. Working Together to Safeguard Children (2018) statutory guidance sets out full descriptions.

Physical abuse

Physical abuse is deliberately physically hurting a child/young person. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child/young person. Physical abuse can happen in any family, but children/young people may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children/young people also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child/young person. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

- Children/young people with frequent injuries;
- Children/young people with unexplained or unusual fractures or broken bones; and
- Children/young people with unexplained:
 - bruises or cuts;
 - burns or scalds; or
 - bite marks.

Emotional abuse



Emotional abuse is the persistent emotional maltreatment of a child/young person. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child/young person's emotional development. Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child/young person. Emotional abuse may involve deliberately telling a child/young person that they are worthless, or unloved and inadequate. It may include not giving the child/young person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate

Sexual abuse

Sexual abuse is any sexual activity with a child/young person. You should be aware that many children/young people and young people who are victims of sexual abuse do not recognise themselves as such. A child/young person may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children/young people in the production of sexual images, forcing children/young people to look at sexual images or watch sexual activities, encouraging children/young people to behave in sexually inappropriate ways or grooming a child/young person in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children/young people .

Some of the following signs may be indicators of sexual abuse:

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

Child/young person sexual exploitation is a form of sexual abuse where children/young people are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity in exchange for something the victim needs or wants, and/or for money, drugs, gifts, affection or status. Consent cannot be given, even where a child/young person may believe they are voluntarily engaging in sexual activity with the person who is exploiting them.

Child/young person sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children/young people who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:



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

Neglect

Neglect is a pattern of failing to provide for a child/young person's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It can also happen speedily over a matter of weeks. It is likely to result in the serious impairment of a child/young person's health or development. Children/young people who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child/young person, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child/young person. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child/young person safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child/young person. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

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

Other types of abuse

Female Genital Mutilation

Female Genital Mutilation (FGM) is child abuse and as such is dealt with under RF's Safeguarding policy.

The UK Government advice and guidance on FGM that states: "FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."

The World Health Organisation definition of FGM:

"Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons." (World Health Organisation-1997)

FGM is classified into four major types:

1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals).
2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Girls may be at risk during any time of the year. However, there is a possibility that they may be at more risk of FGM during school summer holidays. During this period families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. FGM is practised in the Middle East and 28 African countries. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

In order to protect our children and young people it is important that key information is known by RF staff.

Indications that FGM has taken place:

- Prolonged absences with noticeable behaviour change – especially after a return from holiday
- A girl may spend longer than normal in the bathroom or toilet due to difficulties urinating

- A girl may spend long periods of time away from sessions during the day with bladder or menstrual problems.

Indications that a child may be at risk of FGM:

- The family comes from a community that is known to practise FGM - especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.
- Any girl withdrawn from Personal, Social Health and Citizenship Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

If there are concerns that any children/young people are at risk or have been victims of Female Genital Mutilation this must be discussed with the Designated Safeguarding Lead who will then discuss with the local authority children's services.

Indicators of Vulnerability to Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy 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.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs
- Seek to provoke others to terrorist acts
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts
- Foster hatred which might lead to inter-community violence in the UK

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Children/young people may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the young person is distanced from their cultural/religious heritage and experiences discomfort about their place in society
- Personal Crisis – the young person may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the young person may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Need – the young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisation
- Significant changes to appearance and/or behaviour
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis

Any influences of extremism leading to radicalisation should be reported to the Designated Safeguarding Lead who will then discuss with the appropriate authorities.

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children/young people may exhibit some of these



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indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child/young person's development and context.

Appendix IV - Guidance on Safeguarding Adults at Risk of Abuse

(adapted from NSPCC 'Safeguarding Standards and Guidance', 2017)

1. Definition

Adult safeguarding responsibilities apply to:

- Adults with care and support needs who are experiencing or at risk of abuse and cannot keep themselves safe because of those needs.

They also apply to:

- Carers of adults with care and support needs
- Individuals covered by the local authority's 'wellbeing' duty under Section 1 of the Care Act 2014

2. What types of care and support needs may young adults have?

- Disability (physical, sensory or learning)
- Drug or alcohol misuse that affects their ability to manage day-to-day living
- Mental health issues
- Long-term physical health needs
- Subjection to relationship violence
- Subjection to sexual and/or financial exploitation
- Asylum seeking or refugee status
- Victims of trafficking or modern slavery
- Subjection to forced marriage
- Subjection to or at risk of Female Genital Mutilation (FGM)
- Homelessness

This is not an exhaustive list.

3. How might young adults with care and support needs be at risk of abuse?

Some of the care and support needs listed above involve abuse by definition. Others do not, but may exist in combination with each other in such a way that abuse is inevitable (for example, someone who has a learning disability who is also subject to relationship violence). Other types of abuse that may be experienced by a young adult with care and support needs could include:

- *Physical abuse*

Examples of this might include: assault; hitting; slapping; pushing; misuse of medication; restraint; inappropriate physical sanctions.

- *Sexual abuse*

Examples of this might include: rape; indecent exposure; sexual harassment; inappropriate looking or touching; sexual teasing or innuendo; sexual photography; subjection to pornography or witnessing sexual acts; indecent exposure; sexual assault; sexual acts to which the adult has not consented or was pressured into consenting.

- *Psychological abuse*

Examples of this might include: emotional abuse; threats of harm or abandonment; deprivation of contact; humiliation; blaming; controlling; intimidation; coercion; harassment; verbal abuse; cyberbullying; isolation; unreasonable and unjustified withdrawal of services or supportive networks.

- *Financial or material abuse*

Examples of this might include: theft; fraud; internet scamming; coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions; the misuse or misappropriation of property, possessions or benefits.

- *Discriminatory abuse*

Examples of this might include: discrimination on any grounds including sex, race, colour, language, culture, religion, politics or sexual orientation; discrimination based on a person's disability or age; harassment and slurs which are degrading; hate crime.

- *Organisational abuse*

Including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- *Neglect and acts of omission*

Examples of this might include: ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- *Self-neglect*

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour like hoarding.

Again, this list is not exhaustive.

4. Specific factors relevant to safeguarding young adults as distinct from older people

- Young people do not suddenly stop needing safeguards when they reach their 18th birthday – their legal status might change but independence is a gradual process that starts at birth and goes on well into adulthood.
- New challenges arise when a young person enters the adult world. This is an exciting time for anyone, but creates the potential for new risks and new areas of vulnerability. Many young people are moving away from home for the first time, or starting work or volunteer placements. Most



are starting to take full control of their finances, and many are starting relationships with adult partners. Some are becoming parents.

- Service providers continue to have a duty of care to the young people that use their services, even after those young people are 18. However, young adults who may have previously received health or local authority services (for example, those who have been 'in care' or 'looked after' by a local authority) may find that on attaining 18 years, these services are withdrawn and they are in danger of 'falling through the net' and of being denied services they require on an ongoing basis.
- Some young adults are 'at risk' or 'vulnerable' to a greater extent than most others, due to issues already listed. These risk factors may exist singly or in combination, and, in some cases, could be triggered by or exacerbate the vulnerability of young people who are already trying to deal with the normal pressures of young adult life; there may be complex causal pathways and relationships between some of the various factors.
- A young adult (or indeed anyone) who may be considered by others to be at risk, may not think of themselves as vulnerable, and may in fact feel insulted at being viewed in this way. It is, therefore, important to take into account the perceptions and feelings of a young adult within the organisation, who you deem to be vulnerable but who prefers not to be placed in this category. Care and sensitivity should be used if you find that there are safeguarding concerns relating to them.
- Some young adults at risk of abuse are also young parents, thus their children/young people (or unborn children/young people) may also be at risk of abuse or harm.

5. When is a safeguarding response required?

The legislation and guidance is clear in specifying that simply because a young adult (or adult of any age) has care and support needs and is at risk of or even experiencing abuse, this does not necessarily mean that a safeguarding response is appropriate. Such a response is only appropriate if the person in question is, as a result of their care and support needs, unable to protect themselves. However, it may still be appropriate to provide such young adults with advice, guidance and support, and it is very clear that preventative services to reduce the risk of abuse play an important part in the range of provision that should be available to adults who may have care and support needs.

The key components of a preventative approach include:

- supporting people to have more control over their lives and more choices
- delivering a service in a person-centred way rather than according to rules and routines that are convenient to the organisation but not to the individuals who depend upon its services
- helping people to recognise abusive situations and how to keep themselves safe
- supporting people to retain their independence and develop resilience
- supporting people to have goals and to make proactive decisions about how they want to live
- helping people to recognise and build up their strengths, existing resources and informal networks
- providing information to people about their rights and where to get help

- effective management, recruitment, staff training and supervision, communication and recording practices within the organisation.

6. What is involved in making an appropriate safeguarding response, according to the Care Act 2014 and Guidance, the Mental Capacity Act 2005, the Data Protection Act 1998 and other legislation/guidance?

- A clear procedure for making safeguarding referrals to adult social care and for working on a multi-agency basis, linked to adult safeguarding board procedures
- Clear procedures for making referrals to/notifying the Care Quality Commission, NHS Clinical Commissioning Group, or other service commissioner or provider if there are concerns about poor practice in another organisation used by their service users
- Clear procedure for dealing with abuse or poor practice in their own organisation, such as whom to inform and what action to take
- Evidence of awareness within the organisation of local authority responsibilities under Section 42 of the Care Act 2014 (for example, to respond and, if necessary, make enquiries if there are indicators that an adult with care and support needs who is unable to protect themselves is experiencing or is at risk of abuse)
- Evidence of awareness and use of good safeguarding principles within the organisation when participating in any S42 enquiry, such as:
 - Empowerment – people should be supported and encouraged to make their own decisions and give informed consent
 - Prevention – it is better to take action before harm occurs rather than waiting until it does occur
 - Proportionality – the response should be the least intrusive and the most appropriate to the risk presented
 - Protection – there should be support and representation for those in greatest need
 - Partnership – services should work with their communities to produce local solutions; communities have a part to play in preventing, detecting and reporting abuse
 - Accountability – safeguarding practice should be accountable and transparent
- Evidence of awareness within the organisation and use of recognised principles of good practice under the Mental Capacity Act (MCA) 2005, such as:
 - Assume that a person has capacity to make decisions, unless there is evidence otherwise.
 - Do all you can to maximise a person’s capacity (this includes making available any help and support that a person may need to make a specific decision. This could include help with communication or, wherever possible, making sure that you talk to the person at a time when they are best able to make the decision for themselves.
 - Remember that unwise or eccentric decisions do not in themselves prove lack of capacity.
 - If you are making a decision for or about a person who lacks capacity, act in their best interests.
 - Look for the least restrictive option that will meet the need.

- Evidence of awareness in the organisation that there may be some safeguarding situations where the person may be subject to coercion or undue influence by someone else.
- Evidence of ability in the organisation to apply the principles of the MCA and the two-stage process for assessing capacity to decisions about safeguarding, with help from appropriate professionals. The two-stage process involves deciding whether a person has an impairment or disturbance in the functioning of their brain or mind, and then deciding whether this impairment/ disturbance is sufficient that the person lacks the capacity to make a particular decision. For the majority of voluntary, community and faith-based organisations, this process will be undertaken primarily by an outside expert professional, but the organisation will need to know whom to consult, when to do so and how to support the process. See ‘at a glance’ at www.scie.org.uk
- Evidence of awareness in the organisation of circumstances when it may be legitimate to share safeguarding information without consent, even if the person has mental capacity. This could be in a situation deemed to be of ‘vital interest’ under the Data Protection Act 1998. For example:
 - Other people are being put at risk
 - A child/young person is involved
 - The alleged perpetrator has care and support needs and may also be at risk
 - A serious crime has been committed
 - Staff are implicated
 - Coercion is involved

Again, professional advice may be needed.

- Evidence of awareness within the organisation of the role of an advocate appointed either under the Care Act 2014 or the Mental Capacity Act 2005 to support someone who lacks the capacity to make specific decisions and does not have a family member or friend to support them; evidence of willingness to cooperate with a service user’s advocate.
- Evidence of awareness of how to support someone after a safeguarding incident, including:
 - Listening to the person’s views about the support they received, with a view to learning what was effective and what could be improved.
 - Using a strengths-based approach to support the person, helping them to make use of and build on their existing personal resources, networks and relationships.
 - Working, where appropriate and in a multi-agency context, with the person who has caused the harm, to reduce the risk that it will happen again.

Appendix V - Staff Code of Conduct

This behaviour code outlines the conduct expected of staff and volunteers from the RF (“RF”) and staff from other organisations who engage with children/young people and young people through RF and its activities.

It has been informed by the views of children/young people and young people from elsewhere and is in line with good practice.

Purpose

Following this code will help to protect children/young people from abuse and inappropriate behaviour from adults. It will also help staff and volunteers to maintain the standard of behaviour expected of them and will reduce the possibility of unfounded allegations of abuse being made against them.

Upholding this code of behaviour

All members of staff and volunteers are expected to report any breaches of this code to Sat Singh under the whistle-blowing procedure or, if necessary, under child/young person protection procedures.

Staff and volunteers who breach this code of behaviour may be subject to RF’s disciplinary procedures. Any breach of the code involving a volunteer or member of staff from another agency may result in them being asked to leave RF.

Serious breaches may also result in a referral being made to a statutory agency such as the police, the local authority children/young people’s social care department and/or the Independent Safeguarding Authority.

The role of staff and volunteers

When working with children/young people and young people for RF all staff and volunteers are acting in a position of trust. It is important that staff and volunteers are aware that they may be seen as role models by children/young people and young people, and must act in an appropriate manner at all times.

When working with children/young people and young people, it is important to:

- Operate within RF’s principles and guidance and any specific procedures;
- Follow RF’s child/young person protection policy and e-safety policy and procedures at all times;
- Listen to and respect children/young people at all times;
- Avoid favouritism;
- Treat children/young people and young people fairly and without prejudice or discrimination;
- Value and take children/young people’s contributions seriously, actively involving children/young people and young people in planning activities wherever possible;
- Ensure any contact with children/young people and young people is appropriate and in relation to the work of the project;
- Always ensure language is appropriate and not offensive or discriminatory;
- Follow the e-safety policy and report any breaches;



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- Always ensure equipment is used safely and for its intended purpose;
- Provide examples of good conduct you wish children/young people and young people to follow;
- Challenge unacceptable behaviour and report all allegations/suspicions of abuse;
- Ensure that whenever possible, there is more than one adult present during activities with children/young people and young people or if this isn't possible, that you are within sight or hearing of other adults;
- Be close to where others are working. If a child/young person specifically asks for or needs some private time with you, ensure other staff should know where you and the child/young person are;
- Respect a young person's right to personal privacy;
- Encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like;
- Recognise that special caution is required when you are discussing sensitive issues with children/young people or young people.

You must not:

- Patronise or treat children/young people and young people as if they are silly;
- Allow allegations to go unreported;
- Develop inappropriate relationships such as contact with children/young people and young people that is not a part of the work of RF or agreed with the manager or leader;
- Conduct a sexual relationship with a child/young person or young person or indulge in any form of sexual contact with a child/young person or young person. Any such behaviour between an adult member of staff or volunteer and a child or young person using the services of RF represents a serious breach of trust on the part of the staff member or volunteer and is not acceptable under any circumstances;
- Let children and young people have your personal contact details (mobile number or address);
- Make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of children and young people;
- Act in a way that can be perceived as threatening or intrusive;
- Make inappropriate promises to children and young people, particularly in relation to confidentiality;
- Jump to conclusions about others without checking facts;
- Either exaggerate or trivialise child/young person abuse issues;
- Rely on your reputation or that of the organisation to protect you.

The role of parents and carers

RF welcomes and encourages parental involvement. Parents and carers are regarded as valuable partners in promoting positive behaviour and will be involved as appropriate. In the event of their child/young person becoming the subject of behaviour sanctions, parents/carers will be informed and involved.



Appendix VI - Young People's Code of Behaviour

We have expectations of all our young leaders. Everyone on our programme is entitled to get the most out of each session and experience so they can reach their full potential. We therefore expect you to:

1. Cooperate with others by being helpful and joining in. If we are on Zoom or Teams, please turn your camera on at least for the introductions.
2. Take responsibility for your own behaviour.
3. Be professional in your interactions with other young people at RF, behaving as you might in a workplace, for example.
4. Be an active and good listener - try not to talk over others.
5. Have good manners and respect other people's rights and differences
6. WhatsApp - if you are on any RF WhatsApp groups we expect the following:
 - o No foul language
 - o Do not screenshot conversations and send to others
 - o Do not private message people if you do not have their consent
 - o Be respectful of people's boundaries

We ask that you do not:

- Behave in an intimidating or over-bearing way to others
- Shout consistently / raise your voice
- Pick on, bully or make fun of others - either in person or on social media
- Smoke or vape during an RF session

What happens if I break these rules?

Our first response will be to remind you of these rules, why we have them and then ask you to re-sign and date this agreement. If, having done this, you continue behaving inappropriately, you will be given a formal 'yellow card' warning. If there is further inappropriate behaviour, we could impose a more serious 'red card', such as suspension from the programme.

We want everyone to have RF as their safe space; a place to find support and inspiration. We can only do that if everyone sticks to this code of conduct.

I agree to follow this Code of Conduct to the best of my abilities.

Signature:

Name:

Date:

NOTE: Reasons for immediate dismissal from the RF programme:

Please note this list is non-exhaustive:

- a) Consumption of alcohol or illegal substances before or during RF sessions
- b) Bringing alcohol, illegal substances or non-prescribed drugs to RF sessions
- c) Sharing any nude images, memes or GIFs of yourself or others
- d) Violence against another young person or a Staff member

Any of these will result in an immediate dismissal from the programme and could result in police involvement.

Handling Allegations made against Renaissance Foundation Staff Procedure

This procedure outlines what you should do if a child protection allegation is made against an adult working for or involved with Renaissance Foundation (RF). The procedure provides a clear direction to RF associates who are called upon to deal with such allegations and to manage investigations that may result from them.

The aims of this procedure are:

- to ensure that children/young people (“CYP”) who are part of RF, and any other CYP who may come to our attention, are protected and supported following an allegation that they may have been abused by an adult from within RF
- to ensure that there is a fair, consistent and robust response to any allegations made, so that the risk posed to other CYP by an abusive individual is managed effectively
- to facilitate an appropriate level of investigation into allegations, whether they are said to have taken place recently, at any time the person in question has been employed by/volunteered with RF, or prior to the person’s involvement with the charity
- to ensure that RF continues to fulfil its responsibilities towards members of staff, volunteers or trustees who may be subject to such investigations
- to ensure that individuals are able to continue in their role if they have been at the centre of allegations that are unfounded or deemed to be malicious in origin.

This procedure applies to all staff, including senior managers and the board of Trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of RF (collectively “Staff”).

How you might find out about a possible case of abuse

Ways that allegations might be made against an adult working for or involved with RF include:

- CYP or parent/carer making a direct allegation against a member of staff or trustee or volunteer
- CYP or parent/carer expressing discomfort with the behaviour of a member of staff or trustee or volunteer that falls short of a specific allegation
- another member of staff or trustee or volunteer directly observing behaviour that is a cause for concern
- RF being informed by the police or another statutory authority that a member of staff, volunteer or trustee is the subject of an investigation
- information emerging from the renewal of a DBS check that suggests that a member of staff, volunteer or trustee may have committed an offence, or been involved in an activity that could compromise the safety of the CYP they work with at RF
- a staff member or volunteer or trustee telling the organisation that they have been the subject of allegations, have actually harmed a CYP, or committed an offence against (or related to) a CYP.

What to do if an allegation is made or information is received

There are potentially two issues that need to be dealt with as a matter of urgency:

1. Is a CYP in immediate danger or do they need emergency medical attention?

- If a CYP is in immediate danger and is with you, remain with them and call the police.
- If the CYP is elsewhere, contact the police and explain the situation to them.
- If the CYP needs emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from your first aider.
- If the first aider is not available, use any first aid knowledge that you may have yourself to help the CYP.

You also need to contact the Designated Safeguarding Lead to let them know what is happening.

The member of staff should also inform the CYP's family if the CYP is in need of emergency medical attention and arrange to meet them at the hospital or medical centre. The parents/carers should be informed that an incident has occurred, that the child has been injured and that immediate steps have been taken to get help.

2. Is the person at the centre of the allegation working with CYP now?

If this is the case, the concern needs to be discussed immediately with the Designated Safeguarding Lead. They should then, in a sensitive manner, remove the staff member involved in the allegation from direct contact with CYP.

It should then be explained to the person, in private, that there has been a complaint made against them, although the details of the complaint should not be given at this stage. The person should be informed that further information will be provided as soon as possible but that, until consultation has taken place with the relevant agencies and within the organisation, they should not be working with CYP. It may be best, under the circumstances, for the person to return home on the understanding that the manager or named person will telephone them later in the day.

The information provided to them at this stage will need to be very limited. This is because discussions need to take place first with other agencies who may need to be involved, such as the police or the Local Authority Designated Officer (LADO) or the local authority Children's Social Care Department.

If the person is a member of a trade union or a professional organisation, they should be advised to make contact with that body. Arrangements should also be made for the member of staff or volunteer or trustee to receive ongoing support in line with the responsibilities the organisation has towards his or her welfare.

Conducting an investigation

Once any urgent necessary steps have been taken, attention can be given to dealing with the full implications of the allegations. There are up to three possible lines of enquiry when an allegation is made:

- a police investigation of a possible criminal offence
- enquiries and an assessment by the local authority Children's Social Care Department about whether a CYP is in need of protection
- investigation by the employer and possible disciplinary action being taken against the person in question.

This includes implementing a plan to manage any risk posed by the individual to children and young people in the workplace until the outcome of the other investigations and enquiries is known.



Reporting an allegation or concern

If the allegation is made by a CYP or family member to a member of staff or volunteer, or if a member of staff observes concerning behaviour by a colleague at first hand, this should be reported immediately to the Designated Safeguarding Lead.

If the person who is the subject of the concern is the Designated Safeguarding Lead, the matter should be reported to the CEO and Trustee responsible for Safeguarding.

When to involve the local authority designated officer

The Designated Safeguarding Lead should report the allegation to the local authority designated officer (LADO) within one working day if the alleged behaviour suggests that the person in question:

- may have behaved in a way that has harmed or may have harmed a CYP
- has possibly committed a criminal offence against or related to a CYP
- has behaved towards a CYP in a way that suggests that they may be unsuitable to work with children.

This should also happen if the individual has volunteered the information themselves.

The LADO may be told of the allegation from another source. If this is the case, then the first information received by RF may be when the LADO makes contact in order to explain the situation.

Whoever initiates the contact, there will be discussion between the LADO and the Designated Safeguarding Lead to share information about the nature and circumstances of the allegation, and to consider whether there is any evidence to suggest that it may be false or unfounded.

If there is any reason to suspect that a CYP has suffered, or be likely to suffer, significant harm and there are no obvious indications that the allegation is false, the LADO, in cooperation with RF will make an immediate referral to the local authority Children's Social Care Department to ask for a strategy discussion.

The LADO and named person will take part in the strategy discussion. The Designated Safeguarding Lead should cooperate fully with this, and any subsequent discussion with the Children's Social Care Department.

It should be asked from the outset that the Children's Social Care Department shares any information obtained during the course of their enquiries with RF, if it has any relevance to the person's employment.

Dealing with a criminal offence

If there is reason to suspect that a criminal offence may have been committed (whether or not the threshold of 'significant harm' is reached), the LADO will contact the police and involve them in a similar strategy discussion, which will include the Designated Safeguarding Lead.

The Designated Safeguarding Lead and any other representative(s) from RF should cooperate fully with any discussion involving the police and should ask for similar cooperation from the police in terms of the sharing of information relevant to the person's employment.

Discussions with the police should also explore whether there are matters that can be acted on in a disciplinary process while the criminal investigation takes place, or whether disciplinary action must wait until the criminal process is completed.

Talking to parents about the allegation or concern

If the CYP's parents/carers do not already know about the allegation, the Designated Safeguarding Lead and the LADO need to discuss how they should be informed and by whom.



Talking to the person who is the subject of the allegation

The person at the centre of the allegation should be informed as soon as possible after the initial consultation with the LADO. However, if a strategy discussion with Children's Social Care Department or the police is needed, this might have to take place before the person concerned can be spoken to in full.

The police and Children's Social Care Department may have views on what information can be disclosed to the person.

Only limited information should be given to the person in question, unless the investigating authorities have indicated that they are happy for all information to be disclosed, or unless there is no need for involvement from these statutory agencies.

The Designated Safeguarding Lead will need to keep in close communication with the LADO and the other agencies involved in order to manage the disclosure of information appropriately.

Taking disciplinary action

If the initial allegation does not involve a possible criminal offence, the Designated Safeguarding Lead should still consider whether formal disciplinary action is needed.

If the local authority Children's Social Care Department has undertaken any enquiries to determine whether a child or young person is in need of protection, the Designated Safeguarding Lead should take account of any relevant information from these enquiries when considering whether disciplinary action should be brought against the person at the centre of the allegations.

The following timings should be kept to wherever possible, depending on the nature of the investigation:

- If formal disciplinary action is not needed, other appropriate action should be taken within 3 working days.
- If disciplinary action is required, and can be progressed without further investigation, this should take place within 10 days.
- If RF decides that further investigation is needed in order to make a decision about formal disciplinary action, the Designated Safeguarding Lead should discuss with the LADO the possibility of this investigation being done by an independent person to ensure that the process is objective. Whether or not the investigation is handled internally or independently, the report should be presented to the Designated Safeguarding Lead within 10 working days.
- Having received the report of the disciplinary investigation, the Designated Safeguarding Lead should decide within 2 working days whether a disciplinary hearing is needed.
- If a hearing is needed, it should be held within 15 working days.
- The Designated Safeguarding Lead should continue to liaise with the LADO during the course of any investigation or disciplinary proceedings and should continue to use the LADO as a source of advice and support.

If a criminal investigation is required, it may not have been possible to make decisions about initiating disciplinary proceedings or about the person's future work arrangements until this is concluded. The police are required to complete their work as soon as reasonably possible and to set review dates, so the Designated Safeguarding Lead should either liaise with the police directly or via the LADO to check on the progress of the investigation and criminal process. The police are also required to inform the employer straight away if the person is either convicted of an offence or acquitted or, alternatively, if a decision is made not to charge him/her with an offence or to administer a caution. In any eventuality, once the outcome is known, the Designated Safeguarding Lead should contact the LADO to discuss the issue of disciplinary proceedings.



If the allegation is substantiated and if, once the case is concluded, RF dismisses the person or ceases to use their services, or the person ceases to provide their services, the Designated Safeguarding Lead should consult with the LADO about referral of the incident to the DBS. This should take place within a month.

Managing risk and supporting the person at the centre of the allegation

The first priority of RF must always be the safety and welfare of children/ young people. However, as an employee or volunteer, the person who is the subject of the allegation has a right to be treated in a fair, sensitive and non-judgmental manner and to have their privacy respected, as far as this ensures the safety of the CYP and other CYP.

Information about the allegation must only be shared on a need-to-know basis with those directly responsible for supervising and managing the staff member or volunteer. Any other information (for example, explanations to other staff members as to why the person is not at work or working to different arrangements) should be agreed and negotiated with the individual concerned.

If the person is a member of a trade union or a professional organisation, they should be advised to make contact with that body as soon as possible after being informed that they are the subject of an allegation. Arrangements should also be made for them to receive ongoing support and information about the progress of the investigation.

The possible risk of harm to children and young people presented by the person who is the subject of an allegation needs to be carefully managed, both during and after any conclusion to the investigation processes following the allegation. This means that RF may need to consider suspending the person if there is cause to suspect that a CYP may be at risk of significant harm, or if the allegation is serious enough to warrant investigation by the police, or if it is so serious that it could lead to dismissal. However, a decision to suspend should not be taken automatically, as there may be other ways of managing any risk presented by the person.

The situation should be discussed fully between the Designated Safeguarding Lead, the individual's manager and the LADO, who will seek the views of the police and the Children's Social Care Department on the question of possible suspension. The conclusions of the discussion should also be carefully documented. Grounds for suspension should be clearly set out if this is the conclusion. If suspension is not the conclusion, then a clear plan should be made as to how any possible risk posed by the individual is to be managed. This could involve, for example, changes to the person's duties so that they do not have direct contact with CYP, and/or increased levels of supervision whilst at work.

If it is decided, once the case has been concluded, that a person who has been suspended, or who has taken sick leave due to the stress induced by the allegation, is able to return to work, the Designated Safeguarding Lead and the manager of the person who has been the subject of the allegations should consider how best to support the individual in this process. A plan to facilitate a return should be drawn up in consultation with the individual themselves and should take into account the need to manage any remaining child protection risks and also to support the person concerned after what will have been and will remain a very difficult experience.

If the decision is that the person cannot return to work and has to be dismissed or chooses to resign, the named person and the LADO should discuss the need for the matter to be referred to the DBS and/or to any professional body to which the person may belong. RF does not enter into compromise agreements with individuals who resign following the conclusion of investigations into allegations made against them and will always comply with its statutory obligations to share information about the individual in the interests of protecting children and young people.

If the allegation is found to be without substance or fabricated, RF will consider referring the CYP in question to the Children's Social Care Department for them to assess whether they are in



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need of services or whether they may have been abused by someone else. If it is felt that there has been malicious intent behind the allegation, RF will discuss with the police whether there are grounds to pursue any action against the person responsible.

Keeping a record of the investigation

All those involved in dealing with the allegation should keep clear notes of the allegations made, how they were followed up, and any actions and decisions taken, together with the reasons for these.

These notes should be compiled gradually as the situation unfolds, with each entry being made as soon as possible after the event it describes. The notes should be signed and dated by the person making them, and the person's name should be printed alongside.

The notes should be kept confidentially on the file of the person who is the subject of the allegation. Discussion should take place with the LADO to determine whether any aspects of the notes may not be shared with the person concerned. If there are no reasons not to do so, a copy of the records should be given to the individual.

This procedure is consistent with the government guidelines set out in Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, DfE, March 2018, and with the Children's Workforce Development Council's publication, Recruiting Safely: Safer recruitment guidance helping to keep children and young people safe, CWDC, 2009. It has been based on guidance from the NSPCC.