

Safeguarding Children and Adults at Risk of Harm and Child Protection Policy

Ratified by the Board: 9th May 2025

Date for full implementation: 9th May 2025

Date for review: 9th May 2026

Signature/s



.....
Board Member with safeguarding responsibility



.....
Chief Executive Officer

Named personnel with designated responsibility for Child Protection

Designated Safeguarding Lead, overall responsibility:

Jake Kelly, Head of Youth & Communities Services

(07378 313 040, jake.kelly@genderedintelligence.co.uk)

Board Member with safeguarding responsibility:

Skip Koehler: skip.koehler@ntlworld.com

Chief Executive Officer:

Jay Stewart (jay.stewart@genderedintelligence.co.uk)

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Purpose of this Document	To outline safeguarding responsibilities and procedures at GI, with information about the legal and statutory context within which we work.
For Whom	Everyone's responsibility: all GI staff (including contracted employees and consultants), volunteers and Trustees.
GI Legal Responsibilities	We must follow the Working Together to Safeguard Children (2018) statutory guidance (built into this policy). This requires us to have both a Lead Trustee for Safeguarding and an operationally focused Designated Safeguarding Lead.
Written By	Jake Kelly, Matty Herring
Review Date	1 st April 2026
Next Ratification Date	May 2026 Board meeting or whenever is nearest

1. Aims

Gendered Intelligence aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote the welfare of children and adults at risk
- All staff, volunteers and Trustees are aware of their responsibilities with respect to safeguarding
- Staff and volunteers are properly inducted and trained in recognising and reporting safeguarding issues

2. Legislation and statutory guidance

The children's section of this policy is based on the Department for Education's statutory guidance, Keeping Children Safe in Education (Version 2024)) and Working Together to Safeguard Children (2023) and Safeguarding and protecting people for charities and trustees (2020) We comply with this guidance and the procedures set out by the relevant local safeguarding children board.

Keeping Children Safe in Education (2024):

https://www.gov.uk/government/publications/keeping-children-safe-in-education--2?utm_source=chatgpt.com

The full Working Together to Safeguard Children (2023) guidance can be read here:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

The easier to read and version for young people can be found here:

<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/Working-together-to-safeguard-children.pdf>

The adults at risk section of this policy is based on The Care Act 2014 (England), Social Services and Well Being Act 2014 (Wales), Wales Safeguarding Procedures (WSP), (2019) , Adult Support and Protection Act 2007 (Scotland), Adult Safeguarding Prevention and Protection in Partnership 2015 (Northern Ireland), and Safeguarding and protecting people for charities and trustees (2020)

This policy is also informed by the following legislation:

- The Children Act 1989 (and 2004 amendment), which provides a framework for the care and protection of children
- Children and Social Work Act 2017
- Mental Capacity Act 2005
- Online Safety Act 2023
- Multi-agency Statutory Guidance on Female Genital Mutilation (2020) ,. At Gendered Intelligence we want to acknowledge that our young people might not identify as 'female' but be at risk of Genital Cutting none-the-less. We also want to recognise that the term 'mutilation' can be stigmatising and demeaning to survivors of such abuse. At GI we might use the term 'Genital Cutting' in conversation and in practice.
- The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children
- Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, which defines what 'regulated activity' is in relation to children (amended 2025)
- Various other guidance documents and resources from the Government:
<https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

We are not a specified authority, however as a charity working directly with children and adults at risk we have a duty to take action to safeguard everyone we work with.

3. Equality & Equity statement

Some children and adults have an increased risk of abuse, and additional barriers can exist for some children and adults with respect to recognising or disclosing abuse. We are committed to anti-discriminatory practice and recognise children and adults' diverse circumstances. We ensure that all children and adults have the same protection, regardless of any barriers they may face.

We give special consideration to children and adults who:

- Have special educational needs or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, sex, gender identity, sexuality or disability
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse, domestic violence or poverty
- Are at risk of genital cutting, sexual exploitation, forced marriage, grooming or exploitation
- Are asylum seekers
- Are Care Experienced
- Experience ill mental health that impacts on their mental capacity

4. Roles and responsibilities

4.1 All staff

All staff will read and seek to understand this guidance during their induction phase and thus be aware of GI's approach to safeguarding. The key elements of this policy will be highlighted to staff during induction and training of the policy and related procedures. Where staff are unsure they should seek support from their line manager or the DSL, at any stage, to ensure they know what they need to be doing. All staff will attend annual safeguarding update sessions with the DSL and will adhere to the safeguarding flowchart in their day-to-day practice.

All staff and volunteers working in contact with children and adults at risk using GI services will be aware of:

- Our systems which support safeguarding, including their own responsibilities, the staff code of conduct and working agreement that can be found in Factorial (our HR software system)
- The role of the designated safeguarding lead (DSL)
- What to do if they identify a safeguarding issue or a service user tells them they are being abused or neglected and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse and neglect
- In relation to the early help process, they will understand their role in identifying emerging problems, liaising with senior practitioners and the DSL, and sharing information with other professionals to support early identification and assessment of the situation.

Section 12 and appendix 4 of this policy outline in more detail how staff are supported to fulfil their duties with regards to safeguarding children.

4.2 The Designated Safeguarding Lead (DSL)

While we all have a responsibility related to safeguarding, the DSL will take the overall lead.

The DSL is the Head of Youth and Communities (Jake Kelly). He takes lead responsibility for child protection and wider safeguarding. The DSL will be available for staff to discuss any safeguarding concerns by phone, email or video conferencing.

- Jake.kelly@genderedintelligence.co.uk (07378 313 040)

When the DSL is absent, a Deputy DSL will act as cover. The staff with this capacity in a temporary measure are our DSL trained Senior Practitioners (currently Matty Herring, Sasha Padziarei and Tim Arueyingho). If the DSL and the named deputy DSL are not available at any given moment, Jay Stewart (the CEO) will act as cover (for example, during out-of-hours/ periods of annual leave or sickness).

The DSL, or Deputy DSLs where appropriate, will be given the time, funding, training, resources and support to:

- Be aware of the early help process (sometimes known as the common assessment framework)
- Be aware of the process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- Provide advice and support to other staff on child welfare, child protection matters and adult safeguarding
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children and adults at risk in wider inter-agency settings where possible and appropriate
- Undertake DSL refresher training every 2 years and run safeguarding update training for staff and volunteers
- Refer cases, if necessary and as appropriate, to the relevant body (local authority children's social care, Disclosure and Barring Service, and/or police)
- Be responsible for making decisions about young people's and adults' appropriateness to continue attending or being members of the groups where they have been involved in a safeguarding incident involving other organisation members and or minors outside of the organisation
- The DSL will also keep the CEO and the Board informed of any issues, and liaise with local authority case managers and designated officers for child protection concerns as appropriate

The DSL will communicate with the deputy DSLs regularly to review any high-level safeguarding concerns, and to update procedures as and when necessary.

The DSL would oversee safeguarding allegations against staff or volunteers, together with the CEO and HR.

4.3 The Board of Trustees

The Charity Commission states that safeguarding is the responsibility of all trustees. We have appointed a lead trustee with safeguarding responsibilities, however, we do not expect them to be the only person among the trustees who understands safeguarding and thus all trustees undertake an annual update on their role and responsibilities in line with safeguarding at the organisation.

If a staff member or volunteer has a concern about a lack of action in relation to safeguarding, they should contact the trustee for safeguarding.

For more info on [the lead trustee role](#), click the link from the NCVO.

- This should include the scope of any formal decision making authority delegated to them and how they should report to the Board the use of powers in an appropriate fashion.

Strategic

- Consider the organisation's strategic plans and make sure they reflect safeguarding policy and guidance.
- Work with the CEO and DSL regularly to review whether the organisation is creating a safer culture and keeping people safe.
- Check the organisation's risk register reflects safeguarding risks properly and plans sensible mitigations, including relevant insurance.
- Make sure there is space on Board agendas for safeguarding reports and help trustees understand and challenge those reports.

Effective policy and practice

- The board will monitor the effectiveness of this policy through the means of a quarterly safeguarding report provided by the DSL and a discussion of the cases we deal with, including how we've dealt with them and what the outcomes have been. If the Board has any concerns about how the DSL is making decisions, they must raise it as soon as they can with the CEO and the DSL where appropriate.
- The board will approve this policy at each policy review date and hold the CEO to account for its implementation.
- The Board member who has responsibilities for safeguarding will have an insight into the effective policy and practice in this area of GI's work and play a role in promoting a culture of safety, communication, and accountability.
- The chair of the board and the trustee with responsibilities for safeguarding will act as the 'case manager' in the event that an allegation of abuse is made against the CEO where appropriate (see appendix 3).
- Learn from case reviews locally and nationally, to improve your organisation's policies, procedures and practices.

Creating the right culture

- Champion safeguarding throughout the organisation.
- Attend relevant safeguarding training events and conferences.
- Support the trustees in developing their individual and collective understanding of safeguarding.

- Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.
- Work with the chair, CEO, designated safeguarding lead and communications team in order to manage all serious safeguarding cases.
- Support regular safeguarding updates for staff, volunteers and beneficiaries.
- Explore and implement ways of gathering the views of staff and volunteers in relation to safeguarding and sharing these with the board.

4.4 The CEO

The CEO is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction;
- Ensuring that this policy is communicated to parents/ carers when their child accesses GI services via the membership process and the Gendered Intelligence website;
- Ensuring that the DSL and Deputy DSLs have appropriate time, funding, training and resources, and that there is always adequate cover the DSL is absent;
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this annually;
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate (see appendix 3);
- Ensuring the relevant staffing ratios are met, where applicable.

5. Definitions

5.1 Children

Children includes everyone under the age of 18. At GI we often refer to service users who attend our youth groups and access other services as 'young people'. For legal purposes any young person under 18 is a child and receives specific legal protection, as outlined in the policy. For the purposes of safeguarding and Child Protection we will say 'child' and 'children', where we might otherwise use the wider term of 'young people'.

Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of children's 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 part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm.

Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Appendix 1 defines neglect in more detail.

5.2 Adults at Risk of Harm

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- is experiencing, or is at immediate risk of, abuse or neglect; **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

These adults for example may:

- Have a learning disability
- Have a physical disability and/or a sensory impairment
- Have mental health needs including dementia or a personality disorder
- Have a long-term illness/condition
- Be less able to physically protect themselves, due to age, ill health, physical disability or cognitive impairment, or a combination of these
- Be users of substances or alcohol
- Be unable to demonstrate the capacity to make a decision and be in need of care and support.

(This list is not exhaustive).

It is important to note that it is not a person's disability, age or mental health (etc) that puts them at more risk of abuse, it is the context and circumstances surrounding this.

For those who do not meet the criteria as an adult at risk of harm but who nevertheless appear to be at high risk there are alternative sources of referral and support. We will also do what we can within our existing services to support individuals, especially where our remit, charitable objectives and funding say we will create support services for this purpose. We can and should also refer to:

- The individual's GP/ ensure they self-refer
- Local mental health crisis teams
- Other charitable / grassroots support services
- Adult Social Care (per local authority, please refer to the person's home borough council website)
- If an adult with care and support needs is in immediate danger dial 999 and ask for police/ ambulance assistance

6. Confidentiality

Timely information sharing is essential to effective safeguarding. All staff and volunteers have a responsibility to share relevant information about the protection of children and adults at risk of harm with other specified professionals, particularly investigative agencies (Children's Social Care, Adult Care and the Police). Information must be shared on a 'need-to-know' basis and consent is not

required if a child or adult at risk of harm is (or is suspected to be) suffering, or at risk of serious harm.

If a child or adult at risk of harm confides in a member of staff or a volunteer, and requests that the information is kept secret, it is important to tell them (in a sensitive manner and appropriately to their development) that this cannot be promised. Staff and volunteers will explain what will happen next and that information will be shared only with those who need to know in order to help.

Staff who receive sensitive information about children, their families or adults at risk of harm should only share information with professionals from statutory services such as health and social care and the criminal justice system as deemed appropriate and/or necessary and only with authorisation from the DSL. Volunteers should not be sharing sensitive information outside of the GI team.

Parents and carers will be made aware of the organisation's Safeguarding and Child Protection Policy and Procedures and that these are available on our website. Staff, volunteers, parents and carers also have access to resources relating to safeguarding and child protection on the website.

Parents and carers should be informed prior to referrals being made to other agencies, unless to do so might place the child or adult at risk at further risk or cause evidence to be removed or destroyed. The DSL will ensure that our organisation's information sharing arrangements comply with statutory information sharing protocol.

7. Recognising abuse and taking action

Staff, volunteers and trustees must follow the procedures set out below in the event of a safeguarding / child protection issue.

7.1 If a child or adult at risk is in immediate danger

Make a referral to children's or adult social care and/or the police immediately if a child or adult at risk is in immediate danger or at risk of harm. Anyone can make a referral.

Tell the DSL ([see section 4.2](#)) as soon as possible if you make a referral directly and share your notes containing facts and chronology of the incident/ concern with them, ideally through a Record of Concern (ROC) form. Personal thoughts / opinions of the writer should not be recorded, but it might be useful to record a professional opinion / reflection – e.g. "The young person seemed scared when sharing this information".

The referral to children / adult social care needs to be made to the Borough or Local Authority where the individual lives. Each borough or Local Authority has a Local Safeguarding Children Board (LSCB) with a day-time number and an out-of-hours number. It is not possible to list every LSCB here. To find details for the relevant area to a young person, google 'Safeguarding Children Board' followed by the area they live in.

Should the issue require police involvement, call 101 (and ask for the borough/ area where the alleged incident happened) or for immediate emergency: 999

<https://www.gov.uk/report-child-abuse-to-local-council>

7.2 If a service user makes a disclosure to you

If a service user discloses a safeguarding issue to you, you should:

- Listen to and accept what they are saying. Allow them time to talk freely and do not ask leading questions (e.g. rather than the leading question of “who did this to you?” ask the open question of “how did you get that bruise?”)
- Stay calm and do not show that you are shocked or upset, but **do** be empathetic
- Tell the individual they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the person’s own words. Stick to the facts, and do not put your own interpretation or judgement on it
- Complete a Record of Concern form as soon as possible. This can be done with support from a YCS Senior Practitioner or the Head of YCS & DSL
- Ensure that any original notes are passed to the DSL.

Alternatively, if appropriate, make a referral to social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so.

7.3 If you have concerns about a service user (as opposed to a service user being in immediate danger)

If you have concerns about a service user’s welfare and they are not in immediate danger, speak to the DSL to agree a course of action.

You can also contact the charity NSPCC on 0808 800 5000 if you need advice on the appropriate action with regards to safeguarding children.

If early help is appropriate, the DSL will support you in liaising with other agencies and setting up an interagency assessment as appropriate.

The DSL will keep the case under regular and frequent review and will consider a referral to local authority social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

Referral

If it is appropriate to refer the case to local authority social care or the police, the DSL or a YCS Senior Practitioner will usually make the referral. The DSL will use the Local Safeguarding Board Thresholds Guidance to decide upon the appropriate course of action.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

The local authority should make a decision within 1 working day of a referral about what course of action to take and will usually let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the service user’s situation does not seem to be improving after the referral, the DSL or YCS Senior Practitioner must contact the local authority and make sure the case is reconsidered to ensure the concerns have been addressed and the service user’s situation improves.

7.4 Concerns about the conduct of a staff member or volunteer

If you have concerns about the conduct of a volunteer, speak to the most relevant Senior Practitioner. If you have concerns about a member of staff speak to the Head of Service or HR. If you have concerns about the CEO, speak to the chair of the board.

You can also discuss any safeguarding concerns about any staff member or volunteer with the DSL.

The person you speak with will then follow the procedures set out in appendix 3, if appropriate.

Where appropriate, the Director of Operations will inform the Charity Commission of the allegation and actions taken, within the necessary timescale (see appendix 3 for more detail).

7.5 Allegations of abuse made against other children

We recognise that children are capable of behaving inappropriately with/ against their peers, sometimes this will be labelled as abusive or bullying behaviour. We also know that children exhibiting this behaviour are still children, so dealing with incidents like this will be complex. However, abuse will never be tolerated and needs to be dealt with seriously and all children need protecting from abuse, whomever it comes from. At GI, abuse will not be passed off as “banter”, “harmless”, “games” or “part of growing up”.

Most cases of young people hurting other young people will be dealt with under our code of conduct, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could, or has, put children at risk
- Is violent
- Involves children being forced to use drugs or alcohol
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)
- Involves financial abuse, blackmailing and other acts of coercion

If a child makes an allegation of abuse against another child you must tell the DSL as soon as you can and follow procedures to record the allegation. It is not our job at GI to investigate it. Let the child know that you will seek advice and support from the DSL and that they will be in touch soon. Tell them that they may need to tell other adults and seek external input and that we will discuss with them as much as we can along the way.

The DSL will contact the local authority children’s social care team or Local Safeguarding Children’s Board (LSCB) and follow its advice, as well as the police if the allegation involves a potential criminal offence. Where appropriate, necessary and safe, we’ll also speak to the child’s family in due course, on the advice of the LSCB (see section ‘8. Notifying parents and carer’s’ below).

The DSL will consider any measures that can be put into place for all children involved – both the harmed individual(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed.

The DSL will contact the children and adolescent mental health services (CAMHS), or other services if appropriate.

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues such as sexualised or aggressive touching or grabbing, and initiation or hazing type violence
- Ensuring our activities help to educate children about appropriate behaviour and consent
- Ensuring that children know they can talk to staff confidentially
- Understand that a child/ young person harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

8. Notifying parents and carer's

Where appropriate, we will discuss any concerns about a child with the child's parents or carers. The DSL will normally do this in the event of a serious concern about abuse or neglect taking place, and/ or an actual disclosure from a young person or anyone else about a child or young persons' safety.

If we believe that notifying the parents / carers would increase the risk to the child, we will discuss this with the local authority children's services team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents and carers of all the children involved.

When a young person contacts GI to join online or in person youth groups, staff should aim to get consent from parents or carers if the young person is under 16 years of age (18 years of age for trips and residential). Consent can be obtained in writing (e.g. on a camp booking form); in person (e.g. at the start of a youth group) or verbally over the phone (e.g. as part of a welcome call).

It will not always be possible to obtain the consent of a parent/carer, due to transphobia at home, or other safeguarding risks to the child. In these cases, the 'Access For Under 16s Process' should be followed by a senior member of YCS staff.

In exceptional circumstances, it may be possible to gain consent from a close relative (e.g. uncle, grandparent), or a social worker, who can take responsibility for the young person attending. In these situations this adult must be willing to take co-responsibility with GI, should the parent/carer find out the young person is attending. The most crucial part of this process is ensuring that attending GI will not increase risk of harm to the child.

9. Mobile phones and cameras

Staff and volunteers are allowed to bring their personal phones into GI activity sessions for their own use, but will limit such use to break times when young people or other participants are not present. Staff members' personal phones will remain away and on silent during sessions. Personal calls should be avoided unless in the case of an emergency.

Staff who need to use a phone for work purposes and may be in contact with service users, will be issued with a work phone and should ensure that all phone contact with service users happens via this phone. Service users phone numbers should never be stored in personal phones.

Staff and volunteers will not take pictures or recordings of children on their personal phones or cameras.

We will follow the GDPR and the Data Protection Act 2018 when taking and storing photos and recordings for use within the organisation.

Staff and volunteers have access to GI equipment for taking, using and storing photos and therefore, should never do so using their own personal devices.

10. Complaints and concerns about safeguarding practices

10.1 Complaints against staff regarding children

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see Appendix 3).

10.2 Whistle-blowing

All staff and volunteers are made aware of their whistle-blowing responsibilities during induction and should promptly report any concerns in the interests of protecting children and staff from poor practice and or unsuitable behaviour. This includes the requirement to self-disclose any personal information that may impact on their suitability to work in a youth work setting.

We ensure that staff and volunteers are aware that sexual relationships with young people aged under 18 are unlawful and could result in legal proceedings taken against them under the Sexual Offences Act 2003. We ensure that all staff and volunteers are aware that sexual relationships and any sexual activity with any young person attending our youth groups is not permissible. Staff and volunteers must disclose any incident which may constitute sexual activity to their line manager.

Where internal reporting arrangements are viewed not to have been taken seriously or with sufficient rigour, any member of staff can raise concerns externally if the matter is not resolved by the CEO or Chair of the Board e.g. via the Local Authority's Designated Officer (LADO) for Managing Allegations or the Government's Whistle-blowing report line: 0800 028 0285.

We will inform the Charity Commission of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere), and any action taken in respect of the allegations. This notification will be made as soon as reasonably possible and always within 28 days of the allegations being made and will include reporting via whistle-blowing.

11. Record-keeping

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded. If you are in any doubt about whether to record something, discuss it with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have stopped using GI services.

All concerns are recorded electronically with restricted access. Paper-based records are not encouraged and should be scanned / photographed and added to the electronic file. However, where original notes are handwritten, these are stored securely.

In addition:

- Appendix 2 sets out our policy on record-keeping specifically with respect to recruitment and pre-employment checks

- Appendix 4 sets out our policy on record-keeping with respect to allegations of abuse made against staff

12. Training

12.1 All staff and volunteers who will work with children and adults at risk of harm

All staff members who will work with children and adults at risk of harm, will undertake safeguarding and child protection training at induction, including on whistleblowing procedures, to ensure they understand GI's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice leading safeguarding agencies. All YCS staff have update training annually. This can include online training.

Staff will also receive regular safeguarding and child protection updates (for example, through emails and staff meetings) as required, but at least a mandatory annual update and reminder of duties.

Volunteers will receive appropriate induction and training, when working with children and adults at risk.

12.2 The DSL at GI

The DSL will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

12.3 Board members

All board members receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

12.4 Recruitment – interview/appointment panels

At least one person on any interview/appointment panel for a post involving work with children will have undertaken safeguarding training. This will cover, as a minimum, the contents of the Department for Education's statutory guidance, Working Together to Safeguard Children, and be in line with local safeguarding procedures.

12.5 Staff who have contact with children and families

The organisation will look for opportunities for all staff who have contact with children and families to be offered supervision which will provide them with support and training, promote the interests of children and allow for confidential discussions of sensitive issues. Gendered Intelligence is committed to monitoring the wellbeing of all staff.

13. Monitoring arrangements

This policy will be reviewed annually by the DSL. After every review, it will be approved by the Board.

14. Signposting other policies

This policy relates to the following policies and procedures:

- Code of Conduct
- Staff code of conduct

- Complaints
- Equal Opportunities
- Conflict of Interests
- Safeguarding in online youth groups
- Safeguarding of adults at risk of harm

These are available on our HR software system called Factorial.

These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education.

Appendix 1: types of child abuse

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse 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
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- 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
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

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
- 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 can be perpetrated by adults of all genders and can be perpetrated by other children.

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

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 2: safer recruitment and DBS checks – policy and procedures

Appointing new staff

When appointing Youth Workers or staff who will have unsupervised contact with children, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below).
- We will not keep a copy of this for longer than 6 months
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate

We will seek references on all appointable candidates, including internal candidates. Appointments will be offers, subject to references. We will scrutinise these and resolve any concerns before confirming appointments.

Regulated activity means a person who will be:

- Responsible, on a regular basis (three times over 30 days) for teaching, training, instructing, caring for or supervising children
- Carrying out paid, or unsupervised unpaid, work regularly (three times over 30 days) where that work provides an opportunity for contact with children (in person, on the telephone, in online youth groups etc.)
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or adults at risk of harm:

- Where the 'harm test' is satisfied in respect of the individual (i.e. that no action or inaction occurred but the present risk that it could was significant)
- Where the individual has received a caution or conviction for a relevant offence
- If there is reason to believe that the individual has committed a listed relevant offence, under the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009
- If the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

Volunteers

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who will be working in regulated activity
- Obtain an enhanced DBS check without barred list information for all volunteers who are not in regulated activity, but who have an opportunity to come into contact with children on a regular basis, for example, supervised volunteers
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check for any volunteers not engaging in regulated activity

Guests

Any guest being invited into a YCS space to run an activity should be asked if they have an up to date DBS check that they can share details of.

Due to the wide-ranging nature of guests we involve, not all guests will have this. As guests in YCS spaces are usually supervised, a DBS check is not always required. However, if there is no DBS check in place, then the YCS staff need to ensure that the guest is not left alone with service users.

Board

All Board members will have an enhanced DBS check without barred list information. They will have an enhanced DBS check with barred list information if working in regulated activity.

Appendix 3: allegations of abuse made against staff

This section of this policy applies to all cases in which it is alleged that a current member of staff or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child, or
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child or children in a way that indicates they would pose a risk of harm to children

It applies regardless of whether the alleged abuse took place as part of GI activity or not. Allegations against a member of staff who is no longer working for us and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

Suspension

Suspension will not be the default position and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeploying the individual to alternative work within the organisation so that they do not have unsupervised access to children

Definitions for outcomes of allegation investigations

- Substantiated: there is sufficient evidence to prove the allegation
- False: there is sufficient evidence to disprove the allegation
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)

Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the CEO or the Director of Services (or Chair of the Board where the CEO is the subject of the allegation) – the ‘case manager’ – will take the following steps:

- Immediately discuss the allegation with DSL. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children’s social care services. (The case manager may, on occasion, consider it necessary to involve the police before consulting the DSL – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the DSL as soon as practicably possible after contacting the police)
- Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the DSL (and the police or children’s social care services, where necessary). Where the police and/or children’s social care services are involved, the

case manager will only share such information with the individual as has been agreed with those agencies

- Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the organisation is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from DSL, police and/or children's social care services, as appropriate
- If immediate suspension is considered necessary, agree and record the rationale for this with the DSL. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at the organisation and their contact details
- If it is decided that no further action is to be taken in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the DSL what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation
- If it is decided that further action is needed, take steps as agreed with the DSL to initiate the appropriate action within the organisation and/or liaise with the police and/or children's social care services as appropriate
- Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and consider what other support is appropriate such as union representation or a colleague who can act in a supportive role.
- Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against staff (where this applies) while investigations are ongoing. Any parent or carer who wishes to have confidentiality restrictions removed in respect of a member of staff will be advised to seek legal advice
- Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence)
- Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child
- We will inform the Charity Commission of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere), and any action taken in respect of the allegations. This notification will be made as soon as reasonably possible and always within 28 days of the allegations being made.
- Where the police are involved, wherever possible the local authority will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the organisation's disciplinary process, should this be required at a later point.

Timescales

Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 2 weeks.

If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 5 working days.

If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days.

Specific actions

Action following a criminal investigation or prosecution

The case manager will discuss with the Local Authority's Designated Officer or the Charity Commission whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

Conclusion of a case where the allegation is substantiated

If the allegation is substantiated and the individual is dismissed or GI ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager will discuss with the Local Authority Designated Officer or the Charity Commission whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required.

Individuals returning to work after suspension

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending the organisation.

Unsubstantiated or malicious allegations

If an allegation is shown to be deliberately invented, or malicious, the CEO, or other appropriate person in the case of an allegation against the CEO, will consider whether any disciplinary action is appropriate against the child(ren) who made it, or whether the police should be asked to consider whether action against those who made the allegation might be appropriate, even if they are not a young person who is engaged with Gendered Intelligence.

Confidentiality

The organisation will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the Local Authority's Designated Officer, the Charity Commission, the police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

Record-keeping

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken and decisions reached (and justification for these, as stated above)

If an allegation or concern is not found to have been malicious, the organisation will retain the records of the case on the individual's confidential personnel file, and provide a copy to the individual. We will retain these records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

References

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

Learning lessons

After any cases where the allegations are substantiated, we will review the circumstances of the case with the Local Authority's Designated Officer and/ or the Charity Commission to determine whether there are any improvements that we can make to the organisation's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual

Appendix 4: specific safeguarding issues

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, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals to and or discussion with a family's Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

Children with Disabilities or Special Educational Needs

Our organisation is committed to ensure that children with disabilities or special educational needs have exactly the same human rights to be safe from abuse and neglect, to be protected from harm and achieve the same outcomes as non-disabled children. We recognise that disabled children do however require additional action because they can experience greater vulnerability as a result of negative attitudes and because they may have additional needs relating to physical, sensory, cognitive and/or communication impairments.

This understanding is incorporated into our staff training, so that we all remain vigilant to identifying the additional vulnerabilities for these children in our care.

Domestic Abuse

We recognise the immediate and long-term impact of domestic abuse on a child's development and emotional wellbeing. All staff will remain vigilant to identifying the signs so that early help and protective action can be instigated where appropriate. We endeavour to provide the child with a safe and caring environment to help mitigate the impact of home-life stresses.

All notifications of domestic abuse will be managed in accordance with government guidance on domestic violence and abuse reporting.

Substance Abuse

a) We recognise the clear role that GI has to play in preventing drug and substance misuse as part of our pastoral responsibilities. We will provide age-appropriate information on drugs and alcohol and tackle problem behaviour, working with local partners to prevent drug or alcohol misuse. For further guidance refer to DfE and ACPO Drug Advice.

b) Parental Substance Misuse: Substance misuse (drugs or alcohol) may impact on parental capacity and can significantly exacerbate other concerns such as domestic violence or mental health issues. We will remain vigilant in identifying and supporting children and their families facing such issues, and work in collaboration with other agencies where necessary to prevent significant harm.

Mental Health

Our organisation seeks to promote positive mental health and to identify and address those with less severe problems at an early stage and build their resilience. We are also committed to identifying and supporting service users with more severe needs and to help make appropriate referrals to specialist agencies such as Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services and GPs where possible and necessary. For further information refer to government guidance on mental health and behaviours to identify and support young people whose behaviour suggests they have unmet mental health needs.

Children missing from education

A child going missing from education is a potential indicator of abuse or neglect, and such children are at risk of being victims of harm, exploitation or radicalisation. If you become aware that a child is no longer attending school and you think this is not a formal arrangement (i.e. they are being home schooled), please contact the DSL.

There are many circumstances where a child may become missing from education, but some children are particularly at risk of becoming missing from education. These include children who:

- Are at risk of harm or neglect
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Stop attending school due to behavioural issues, bullying or mental health
- Come from new migrant families

We will follow our procedures if we become aware of any children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves a school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is in immediate danger or at risk of harm.

Child Criminal Exploitation (CCE)

Child Criminal Exploitation (CCE) is a form of abuse and occurs where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into criminal activity.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual orientation, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, people of any gender and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may be accompanied by violence or threats of violence.

Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. Child Criminal Exploitation can include the following:

- County Lines
- Child Trafficking & Human Slavery
- Gang Affiliation & Knife Crime.

County Lines refers to situations where organised gangs use children and adults at risk to move drugs and money including concealing them on or about their person. It can also include the person being forced to conceal the drugs internally (known as 'plugging').

Gangs establish a base, typically by taking over the homes of local adults at risk of harm by force or coercion in a practice referred to as 'cuckooing'. One of the key factors found in most cases of County Lines is the presence of some form of exchange (e.g. carrying drugs in return for something).

Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

If staff suspect that a child is a victim of County Lines exploitation they must follow the GI's procedures for reporting child protection concerns and report to the DSL immediately. The DSL should report to the local safeguarding children's board immediately and the police if there is a risk of immediate harm. If the same concern is raised about an adult at risk, this should be reported to the police and, where appropriate, the relevant local authority's adult social services team.

Early warning signs can be spotted that children may be at risk of getting involved in gangs or youth violence. Crucial preventive work can be done at this stage to prevent negative behaviour from escalating and becoming entrenched. We recognise that even low levels of youth violence can have a disproportionate impact on a child and their community environment. We will therefore, support children in developing safeguarding skills to prevent involvement in risky behaviours, and where serious concerns arise we will work collaboratively with our partner agencies to help prevent escalation of harm. For further information, refer to government guidance on advice on gangs and youth violence.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status.

This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. In some instances, these children are then blackmailed into further abuse, by the perpetrator threatening to make the images public.

Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Our organisation will support the multi-agency activity to combat these crimes and help and support any young people affected by CSE. We will follow the LSCB protocol for identifying and managing cases of CSE.

Indicators of sexual exploitation can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older partners
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying inappropriate sexualised behaviour
- Suffering from changes in emotional wellbeing
- Misusing drugs and/or alcohol
- Going missing for periods of time, or regularly coming home late
- Regularly missing school or education, or not taking part in education

Genital Cutting (formally 'FGM')

Multi-agency statutory guidance on female genital mutilation called 'Female Genital Cutting' (FGC), sets out responsibilities with regards to safeguarding and supporting children and young people affected by FGM/C. At Gendered Intelligence we want to acknowledge that our young people might not identify as 'female' but be at risk of Genital Cutting none-the-less, so we will use the term 'Genital Cutting' in conversation and in practice.

The DSL will keep up to date with current thinking and practice and update staff and volunteers at the annual review.

Indicators that Genital Cutting has already occurred include:

- A young person confiding in a professional that Genital Cutting has taken place
- A family member disclosing that Genital Cutting has been carried out
- A family/young person already being known to social services in relation to other safeguarding issues

A child with female genitalia:

- Having difficulty walking, sitting or standing, or looking uncomfortable
- Finding it hard to sit still for long periods of time (where this was not a problem previously)
- Spending longer than normal in the bathroom or toilet due to difficulties urinating
- Having frequent urinary, menstrual or stomach problems
- Avoiding physical exercise or missing PE
- Being repeatedly absent from school, social groups, or absent for a prolonged period

- Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
- Being reluctant to undergo any medical examinations
- Asking for help, but not being explicit about the problem
- Talking about pain or discomfort between their legs

Potential signs that a child may be at risk of Genital Cutting include:

- The child's family having a history of practising Genital Cutting (this is the biggest risk factor to consider)
- Genital Cutting being known to be practised in the child's community or country of origin
- A parent or family member expressing concern that Genital Cutting may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- Having a mother, older sibling or cousin who has undergone Genital Cutting
- Having limited level of integration within UK society
- Confiding to a professional that they are to have a "special procedure" or being sent to attend a special occasion to "become a woman" (at GI this may also raise concern around conversion practices)
- Talking about a long holiday to their country of origin or another country where the practice is prevalent, or parents / carers stating that they or a relative will take the child out of the country for a prolonged period
- Requesting help from a teacher or another adult because the child is aware or suspects that they are at immediate risk of Genital Cutting
- Talking about Genital Cutting in conversation – for example, a child may tell other children about it (although it is important to take into account the context of the discussion)

The above indicators and risk factors are not intended to be exhaustive.

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

If a member of staff suspects that a young person is being forced into marriage, they will speak to the young person about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the young person about the concerns in a secure and private place
- Activate the local safeguarding procedures and refer the case to the Local Authority's Designated Officer
- Seek advice from the Forced Marriage Unit
- Refer the young person to an appropriate organisation for support and advice

Preventing abuse for ‘extremist purposes’

‘Extremism’ has been defined by our current government administration as: “vocal or active opposition to fundamental values such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs.” We acknowledge that this comes from a set of political beliefs that centralises western, and often white, western and Christian, experiences which can result in people of colour and from other religions being disproportionately judged as ‘extremists’. We understand where our responsibilities lie in supporting all children, young people and adults at risk to keep themselves and others safe from ‘extremist’ groups and views.

The Charity Commissions states that charities have a duty to prevent children from being abused for extremist purposes. The DSL will undertake appropriate training and make sure that staff have access to appropriate training to equip them to identify children at risk.

Children who are at risk of abuse for extremist purposes may show similar signs of children who are being abused or neglected for all sorts of reasons, for example: have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong, without pre-judging why a child or young person might be behaving this way.

If staff are concerned about a young person, they will follow our procedures set out in [section 7.3](#) of this policy, including discussing their concerns with the DSL.

Conversion Practices

Conversion practices aimed at ‘curing’ people from being LGBT still take place in the UK, as well as across the globe. Young people are especially at risk due to being under parental / carer control. This could look like:

- Being sent to a specific therapist / religious leader
- Being sent to a camp in the UK or in another country (such as the US)
- Being made to ingest ‘purifying’ substances
- ‘corrective’ rape
- Being prayed over as a form of ‘healing’
- Exorcisms

This list is not exhaustive.

Whilst at the time of writing there is a commitment from the UK government to a trans-inclusive conversion practices ban, we do not know if this will cover children – so they are likely to remain at risk.

More information on conversion practices can be found [here](#).

Conversion practices constitute emotional, physical and/or sexual abuse, and as such should be reported in line with other urgent child protection concerns.

DIY Hormones

GI takes a harm-prevention stance around DIY hormones (sometimes called self-medding). When working with trans people who are over 18s or parents/carers of young trans people (under 18), support focuses on ensuring blood-checks are in place; that the substance can be verified; and safe needle use.

However, in cases of under 18s where parents and carers are not aware, this constitutes a situation where GI need to inform parents/carers. Where it is deemed that notifying parents/carers would put the child / young person at risk, then advice should be sought from children's services.

A child accessing hormones online without adult supervision puts them at risk of:

- CSE/CCE from adults who might offer hormones in exchange for sex / criminal activity
- CCE/CSE in order to finance the hormones
- Physical harm from taking a non-verified substance
- Physical harm from incorrect use of needles
- Physical harm from a lack of physical / blood monitoring

Many of these risks would constitute an urgent child protection issue.

Concerns should be reported to the DSL, as outlined in [Section 7.3.](#)

Private Fostering

We recognise the importance of identifying children in Private Fostering arrangements so that their needs can be fully assessed by the local authority. At Gendered Intelligence we will notify the local authority of any known or suspected Private Fostering arrangement. We will support any subsequent assessment and remain alert to any additional needs that children placed away from their immediate families might face.