

Carlisle Youth Zone

Safeguarding Policy

Agreed date: 2024

Review Date: Formal annual review required

Amendments:

Contents

Section		Page
1.0	Purpose	2
1.1	Our Legal Responsibilities	3
1.2	Application	3
1.3	Recognising abuse	4
1.31-1.34	Types of abuse for children	4-6
1.35	Typical vulnerabilities in children prior to abuse and recognising abuse	6
1.36	Safeguarding issues	6
1.37	Self-injury and Self Harm	7
1.38	Peer on Peer abuse	7
1.39	Sexual harassment	7
1.40	Serious violence and gang related behaviour.	8
1.41	Child Criminal Exploitation: County Lines	8-9
1.42	Child Sexual Exploitation	9-10
1.43	Child Trafficking	10
1.44	Female genital mutilation (FGM)	10
1.45	Forced marriage	10
1.46	So-called 'honour-based' violence	10
1.47	Faith abuse	10
1.48	Extremism and Radicalism	10-11
1.49	Domestic abuse	11
1.50	Child to Parent Violence (CPV)	11
1.51	Children Missing from Home	11
1.52	Children and young people with a disability or additional health needs	12
1.53	Private Fostering	12
1.6	Adults at Risk	12
1.61-1.69	Types of abuse for adults at risk	12-14
1.7	Taking Action	14
1.71	What to do if you suspect abuse	14
1.72	What to do if a young person tells you about abuse	14-15
1.73	Golden Rules	15
1.74	Talk to staff	15
1.75	Remember is it a huge step for a young person to make a disclosure	16
1.76	Recording Information	16
1.77	What to do if you witness abuse by an employee, trustee or volunteer	16
1.8	Position of Trust	16
1.9	Informing parents	17
Appendix's	V 4 7 . 0	
1.	Youth Zone Cause for Concern Form.	
2.4	Safeguarding Flow Charts.	24
2.1	You have concerns about a young person's welfare.	21
2.2	What to do if a young person tells you about abuse.	22
2.3	What to do if an allegation of abuse involves staff or volunteers.	23

1 Safeguarding Policy

1.0 Purpose

All children, young people and vulnerable adults have the right to be protected. At Carlisle Youth Zone we need to ensure that all members are safeguarded and protected from harm, whatever their specific needs and circumstances. The purpose of this policy is to ensure that all staff, volunteers, trustees and external agencies including partners delivering on behalf of the Carlisle Youth Zone are aware of their legal and personal responsibilities to ensure the safeguarding and welfare of children and young people. Carlisle Youth Zone is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults at risk by implementing:

- Safeguarding procedures including additional safeguards to protect disabled children
- Safer recruitment and vetting of staff and volunteer's policy
- A code of conduct
- Support for staff and volunteers
- Supervision
- Training
- Safeguarding expectations for external agencies and partners delivering on behalf of Carlisle Youth Zone.

In this policy a child is defined as,

"Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection" (Working Together to Safeguard Children, 2018).

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- 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.

In this policy a vulnerable adult is defined as a person aged 18 and over who, for any reason, may be unable to take care of themselves or protect themselves against significant harm or exploitation. Safeguarding vulnerable adults involves reducing or preventing the risk of significant harm from neglect or abuse, while also supporting people to maintain control of their own lives.

Safeguarding and promoting the welfare of adults is defined for the purposes of this policy as:

- Ensuring they can live in safety, free from abuse and neglect.
- Empowering them by encouraging them to make their own decisions and provide informed consent.
- Preventing the risk of abuse or neglect and stop it from occurring.
- Promoting their well-being and take their views, wishes, feelings and beliefs into account.

This policy outlines how to recognise the signs and indicators of possible abuse to ensure that staff and volunteers recognise the significance of what they are observing, and the procedures that they need to follow if they have a concern. Staff and volunteers are trained to support their development. This ensures that they have a knowledgeable staff team that are able to respond appropriately in safeguarding and child/adult protection situations.

This policy is supplemented by the "Safeguarding Toolkit" which provides further details, examples and training for employees, trustees and volunteers who work directly with children and young people.

Staff and volunteers will be required to make themselves familiar with aspects of the safeguarding toolkit as directed by the Designated Safeguarding Leads and/Session lead and line manager/volunteer coordinator.

1.1 Our Legal Responsibilities

Carlisle Youth Zone champions that we all have a legal responsibility to take all reasonable actions to ensure that the risk of harm to children and vulnerable adults' welfare is minimised and a duty of care is always exercised towards them.

Child protection is referred to,

"The activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. Different types of abuse (e.g. physical, emotional, sexual or neglect) may constitute significant harm" (Working Together to Safeguard Children, 2018).

More details about these forms of abuse are outlined in section 1.3.

Adult protection is part of safeguarding and refers to,

"An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves" (Care Act 2014).

More details about Adults at Risk are outlined in Section 1.6

This does not only refer to adults who lack capacity. Adults with full capacity can still be considered vulnerable if they are unable to take care of themselves or protect themselves from significant harm.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The Children Act 1989 and 2004 make it clear that people who work with children have the responsibility to keep them safe. This is supported by the United Nations Convention on the Rights of the Child (to which the UK is a signatory) which sets out the rights of children to be free from abuse. The document 'Working Together to Safeguard Children (2018) sets out the arrangements for how all organisations must work together to safeguard and promote the welfare of children.

"Safeguarding is everybody's responsibility. Everyone who comes into contact with children and their families has a role to play in safeguarding children, child protection should take priority over all other work" (Working Together to Safeguard Children, July 2018).

1.2 Application

This policy;

- Is aimed (and applies to) at all Carlisle Youth Zone employees, trustees and volunteers including external agencies or partners delivering in behalf of Carlisle Youth Zone.
- Provides an outline on how to recognise the signs and indicators of possible abuse to ensure
 that they recognise the significance of what they are observing, and the procedures that they
 need to follow if they have a concern.

This policy concerns all children and young people under the age of 18 (as defined by the Children Act 1989) and vulnerable adults (as defined by the Care Act 2014) who are accessing Carlisle Youth Zone or who Carlisle Youth Zone staff and volunteers come into contact with as a result of their engagement with young people.

All staff members, trustees and volunteers are required to read this document and sign to say they have done so. All staff, volunteers and trustees are required to complete the local "Safeguarding Children - Basic – Level 1 provided by the local Cumbria Local Safeguarding Board.

1.3 Recognising Abuse

Abuse is "a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children" (Working Together to Safeguard Children, July 2018).

Questioning Behaviours

The signs of abuse might not always be obvious, and a child/vulnerable adult might not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the young person, alone, if appropriate, to seek further information.

Be Alert, Question Behaviours, Ask for Help, Refer

Indicators of abuse and neglect

Knowing what to look for is vital to the early identification of abuse and neglect. All staff and volunteers should be aware of indicators of abuse and neglect so that they are able to identify cases of children and vulnerable adults who may be in need of help or protection. If staff/volunteers are unsure, they should always speak to the Designated Safeguarding Lead (or session lead). All staff/volunteers should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

In relation to **child protection** there are 4 types of abuse defined in "Working Together", they are:

1.31 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.

Indicators of this are:

- Unexplained recurrent injuries or burns
- Improbable explanations or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Absconding
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Bruises seen on parts of the body not normally harmed through play, such as in or around the mouth.

1.32 Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they

say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur on its own.

Indicators of this are:

- Very low self-esteem, often with an inability to accept praise or trust in adults
- Excessive clinging and attention seeking behaviour
- Overanxious being excessively 'watchful' (hyper vigilant), constantly checking or being overanxious to please
- Withdrawn / socially isolated
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression behaviour.

1.33 Neglect

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

Indicators of this are:

- Constant hunger and complaints of tiredness
- Poor personal hygiene
- Poor state of clothing
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies
- Below average weight / height
- Reluctant to go home, particularly at weekends / holiday

1.34 Sexual abuse

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

Indicators of this are:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to their age, or acting out precocious sexual behaviour with others
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-harm, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a specific person
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; oversensitive or overreacting to criticism
- Reluctant to go home

1.35 Typical vulnerabilities in children prior to abuse and recognising abuse

There is no definitive list of vulnerabilities

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage,
- Risk of 'honour'-based violence, physical and emotional abuse and neglect).
- · Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships
- Learning disabilities.
- Homeless.
- Low self-esteem or self-confidence.
- Young carer
- Isolated, with little or no friendship or peer group

This is not an exhaustive list.

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs of abuse and hide what is happening from everyone. Many learn to 'manage' their problems, making it hard for others to help. We may observe behaviours/physical presentations that cause concern; however, it is important to remember that the causes of these may not be abuse, but due to other issues such as bereavement, homesickness etc. Information related to events of this nature should be logged onto a, "Cause for Concern" form. As a result, staff should be cautious before assuming abuse is the cause. Staff/volunteers should ensure that they discuss their concerns with the Designated Safeguarding Lead/session lead for advice.

1.36 Safequarding issues

In addition to these four types of abuse there are safeguarding issues that can put children and young people at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger (Keeping Children Safe in Education, 2019).

1.37 Self-injury and Self Harm

Self-injury can take many different forms but in general terms is the act of deliberately causing harm to oneself either by causing a physical injury or by putting oneself in dangerous situations and/or self-neglect. Self-injury is generally a coping mechanism; there can be many reasons why a person chooses to self-injury, but it is important that staff/volunteers consider the possibility of a link between self-injury and trauma/abuse.

When dealing with self-injury and self-harm staff should:

- Show that they care about the person behind the self-injury
- Show concern for the injuries themselves and ensure any needed first aid in provided
- Make it clear it is OK to talk about
- Acknowledge how scary the thought of not self-harming may be
- Explore what are their support networks?
- Report to Designated Safeguarding Leads and seek further advice

1.38 Peer on Peer abuse

All staff/volunteers need to be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying);
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence, such as rape, assault by penetration and sexual assault;
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- Upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence;
- Sexting (also known as youth produced sexual imagery); and
- Initiation/hazing type violence and rituals.

1.39 Sexual harassment

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual "jokes" or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- Online sexual harassment.

This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

It may include:

- Non-consensual sharing of sexual images and videos;
- Sexualised online bullying:
- Unwanted sexual comments and messages, including, on social media;
- · Sexual exploitation; coercion and threats; and
- Upskirting
- Pulling down shorts or pants as a joke.

1.40 Serious violence and gangs related behaviour

All staff/volunteers should be aware of indicators, which may signal that children/young people are at risk from, or are involved with serious violent crime, gang related behaviour or associations. It's not illegal for a young person to be in a gang as there are different types of "gangs" and not all "gangs are dangerous. However, some children and young people that are involved with gangs may need help and support as the gang membership can be linked to illegal activity. Particularly organised criminal gangs that are involved in trafficking, drug dealing and serious violence. Young people might be victims of violence or pressured into doing things like stealing or carrying drugs or weapons. Indicators may include a change in friendships or relationships with older individuals or groups, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

How are young people recruited?

A child or young person might be recruited into a gang because of where they live or because of who their family is. They might join because they don't see another option or because they feel like they need protection. Children and may become involved in gangs for many reasons, including:

- Peer pressure and wanting to fit in with their friends.
- They feel respected and important.
- They feel protected from other gangs or bullies.
- They want to make money and are promised rewards.
- They want to gain status and feel powerful.
- They have been excluded from school and feel they don't have a future or any other option.
- To support their family.

Organised criminal gangs groom children and young people because they are less suspicious and are given lighter than adults.

Studies show that a child/young person is more at risk of being recruited if:

- They have been excluded from school.
- They have special education needs.
- There are problems at home like neglect, domestic abuse or sexual abuse.
- They have problems with their mental health.
- They live in existing gang territory.

All staff/volunteers must be aware of the associated risks and report any concerns to the Designated Safeguarding Lead.

1.41 Child Criminal Exploitation: County Lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity, drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs.

Like other forms of abuse and exploitation, county lines exploitation:

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

1.42 Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

- In exchange for something the victim needs or wants, and/or
- For the financial advantage or increased status of the perpetrator or facilitator. The victim may
 have been sexually exploited even if the sexual activity appears consensual. Child sexual
 exploitation does not always involve physical contact; it can also occur through the use of
 technology.

Like all forms of child sex abuse, child sexual exploitation:

- Can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex;
- Can still be abuse even if the sexual activity appears consensual;
- Children with learning disabilities are more vulnerable to sexual exploitation than other children.
- Can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity:
- Can take place in person or via technology, or a combination of both;
- Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- May occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- Can be perpetrated by individuals or groups, males or females, 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; and
- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst
 age may be the most obvious, this power imbalance can also be due to a range of other factors
 including gender, sexual identity, cognitive ability, physical strength, status, and access to
 economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- Children who appear with unexplained gifts or new possessions and/or money;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late;

Research highlights that children and young people who identify as lesbian, gay, bisexual, transgender, questioning, plus (LGBTQ+) face numerous factors that may result in them being vulnerable to, or victims of, child sexual exploitation (CSE).

Young people identifying as LGBTQ+ often experience additional challenges as a result of their sexual orientation or gender identity or questioning process. Given that, in some parts of society, there is still a lack of acceptance and understanding, children and young people who identity as anything other than heterosexual, often feel limited or constrained in their ability to explore their identity or gain appropriate information and advice as their heterosexual or heteronormative peers. That is not to say that young people who identify as LGBTQ+ are more at risk of CSE, or that they are abused through CSE because of their sexuality or gender identity, however they may face additional vulnerabilities, barriers to disclosure and a lack of access to appropriate advice and support.

1.43 Child Trafficking

Child trafficking is a very serious issue which can have a devastating and lasting impact on its victims. Children can be trafficked into, within and out of the UK. 'Trafficking of persons means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

1.44 Female genital mutilation (FGM)

Includes all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. However, circumcision is not an appropriate term. Communities tend to use local names for referring to this practice including 'sunna'. FGM is illegal in the UK, a form of child abuse and a grave violation of the human rights of girls and women with long-lasting harmful consequences.

1.45 Forced marriage

Forced Marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse can also be a factor.

1.46 So-called 'honour-based' violence

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Staff and volunteers need to be alert to the possibility of a child/young person being at risk of HBV, or already having suffered HBV.

1.47 Faith abuse

Faith abuse includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or 'leading them astray' (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

1.48 Extremism and Radicalism

Extremism is defined in the national Counter-Terrorism Strategy (CONTEST)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716907/140618_CCS207_CCS0218929798-1_CONTEST_3.0_WEB.pdf

the UK's response to terrorism, Prevent, Pursue, Protect and Prepare, as:

"A 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. It also includes calls for the death of members of our armed forces, whether in this country or overseas."

Radicalisation is defined in the CONTEST Strategy as:

"The process by which a person comes to support terrorism and forms of extremism leading to terrorism."

The following are examples of recognised offences in relation to terrorism, extremism and radicalisation:

- Murder or soliciting murder.
- Committing, preparing or instigating acts of terrorism.
- Incitement to commit acts of terrorism overseas.
- Encouragement of terrorism.
- Inciting racial or religious hatred or hatred because of sexual orientation.
- Inviting support for a proscribed organisation.
- Terrorist financing offences.
- Dissemination of terrorist publications.
- Offences of encouragement and dissemination using the internet.

Whatever the form of abuse or neglect, the needs of children must come first when determining what action to take.

1.49 Domestic abuse

The cross-government definition of domestic violence and abuse is:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality".

The abuse can encompass but is not limited to:

- Psychological;
- Physical;
- Sexual:
- Financial: and
- Emotional.

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children and young people. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

1.50 Child to Parent Violence (CPV)

Child on Parent Violence (CPV) or Adolescent to Parent Violence and Abuse (APVA) is any behaviour used by a young person to control, dominate or coerce parents. It is intended to threaten and intimidate and puts family safety at risk. Whilst it is normal for adolescents to demonstrate healthy anger, conflict and frustration drawing their transition from childhood to adulthood, anger should not be confused with violence. Violence is about a range of behaviours including non-physical acts aimed at achieving ongoing control over another person by instilling fear.

1.51 Children Missing from Home

Children who go missing from home are vulnerable to abuse and violence and need to be safeguarded. Children go missing for a number of reasons, but in general, the factors preceding missing episodes are:

- Arguments and conflicts
- Poor family relationships
- Abuse and neglect
- Boundaries and control

Immediate risks

- No means of support or legitimate incomes leading to high risk activities
- · Becoming a victim of abuse.
- Missing out on schooling and education
- Increased vulnerability

1.52 Children and young people with a disability or additional health needs are a particularly vulnerable group as signs of abuse and neglect may be masked or misinterpreted as being due to underlying impairments. Disabled young people are much more likely than non-disabled children to experience abuse as:

- They have fewer outside contacts than other young people;
- May receive personal care, possibly from several carers;
- Have limited capacity to resist or avoid abuse;
- Have communication difficulties that may make it difficult to tell others what is happening
- Be inhibited about complaining because of a fear of losing services;
- Be especially vulnerable to bullying and intimidation and /or, abuse by their peers.

For more information on safeguarding d-deaf and disabled children and young people see section 4 of the Safeguarding Toolkit.

1.53 Private Fostering

Private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer. Such arrangements may come to the attention of staff and volunteers through the normal course of their interaction, and promotion of learning activities, with children. For more information on private fostering see section 6 of the safeguarding toolkit.

1.6 Adults at Risk

The Care Acts 2014 makes it clear that specific adult safeguarding duties apply to any adult who:

- Has care and support needs and
- Is experiencing, or is at risk of, abuse or neglect and
- Is unable to protect themselves because of their care and support needs.

An adult with care and support needs may be:

- A person with a physical disability, a learning difficulty or a sensory impairment
- Someone with mental health needs, or a personality disorder
- A person with a long-term health condition
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list.

Types of abuse for adults at risk:

1.61 Physical abuse

Including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

1.62 Domestic violence or abuse

This is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member.

1.63 Sexual abuse

Any form of sexual activity that the adult does not want and or have not considered. Including:

- A sexual relationship instigated by those in a position of trust
- Rape
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Subjection to pornography or witnessing sexual acts
- Indecent exposure and sexual assault
- Sexual acts to which the adult has not consented or was pressured into consenting.

1.64 Psychological or emotional abuse

This abuse may involve the use of:

- Intimidation
- Indifference
- Hostility
- Rejection
- Threats of harm or abandonment
- Humiliation
- Verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language.
- A deprivation of contact
- Blaming, controlling, coercion
- Harassment
- Cyber bullying
- Isolation

1.65 Financial or material abuse

Including:

- 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, or the misuse or misappropriation of property, possessions or benefits

1.66 Modern slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

1.67 Discriminatory abuse

Abuse can be experienced as harassment, insults or similar actions due to race, religion, gender, gender identity, age, disability, sexual orientation.

1.68 Organisational or institutional abuse

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

This may 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 and adequate nutrition
- Wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others
- Failure to use agreed risk management procedures

1.69 Neglect, self-neglect and/or acts of omission

Including 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.

This covers a wide range of behaviour;

- Neglecting to care for one's personal hygiene health or surroundings resulting in a risk that impacts on the adult's wellbeing.
- Hoarding

1.7 Taking Action

1.71 What to do if you suspect abuse (Appendix 2.1)

A young person may choose to disclose concerning information to any employee, trustee or volunteer, or may be observed carrying out concerning behaviour that raises concerns around possible abuse. It is not the duty of employees, trustee or volunteers to investigate the issue themselves, however it is their responsibility to gather as much information as possible. Where you suspect a child or vulnerable adult is being abused or there is potential for harm you should discuss your concerns with the Designated Safeguarding Lead or session leads as soon as possible and within 24 hours, who will help decide what action should be taken. For example, no further action, monitor the situation or to consult other professionals.

If there is a concern the Designated Safeguarding Lead or session lead will contact the local Safeguarding Partnership and/or the Police. They will need your support in making the referral to ensure the details are recorded correctly.

If you are not sure or have any concerns, speak to the Designated Safeguarding Lead or Session Lead within 24 hours. Remember that is what they are there for, to deal with any concerns and offer advice and support.

1.72 What to do if a young person tells you about abuse (Appendix 2.2)

If a young person/vulnerable adult makes a disclosure about abuse or you suspect they may be about to do so, it is imperative they understand you cannot keep this 'secret' but that you have a duty to report it to other professionals who will help keep them safe. Be honest and open about who you will speak to and why.

You should find a quiet place to talk where they feel comfortable. Ensure you give them the time they need to talk but be aware they will need to give a full account to Children's Services so avoid subjecting them to lengthy or multiple 'interviews' as it can confuse and jeopardise evidence. Try to keep eye level equal or lower than theirs.

Non-recent historic abuse

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Non-recent historic abuse refers to one of 3 situations:

- 1. An adult making an allegation of abuse when they were under 18 years of age, that occurred at least 1 year before it was reported.
- 2. A child making an allegation of abuse that occurred at least 1 year before it was reported.
- 3. Someone reports an allegation, on behalf of someone else, relating to an offence committed over a year ago. NSPCC (2018).

Such disclosures can occur after long periods of time as the complainant may now feel comfortable that they are no longer at risk, have the confidence to make an allegation that will be believed, become aware that there have been other reports, or feel they need closure to move on. Whatever the motive, and however long ago the allegation, action must be taken because:

- 1. The alleged may not have been an isolated incident.
- 2. It may be part of a wider abuse situation.
- 3. The person(s) may still be abusing individuals and/or working with children.
- 4. There may be ongoing legal action.

Should an allegation or disclosure be made to it is important to record and report such information as you would if it were a current situation. This includes allegations about staff or volunteers that no longer works/volunteers at Carlisle Youth Zone and incidents that involved young people that no longer attend Carlisle Youth Zone.

1.73 Golden Rules -

Remember it is not the duty of staff and volunteers to investigate the concern, but it is their responsibilities to gather as much information as possible

The '5Rs' underpin these reporting procedures as follows:

- Recognise concerns that a child/young person is being harmed or might be at risk of harm.
- Respond appropriately to a child/young person who is telling you what is happening to them.
- Refer the concerns on to your Designated Safeguarding Lead, Session Lead or straight to the emergency services (if the incident warrants this)
- **Record** the concerns appropriately and any subsequent action taken
- **Resolution** and escalation are the responsibility of the Designated Safeguarding Lead to follow up referrals made to the authorities and if necessary, escalate concerns if identified risks remain.

1.74 Talk to staff

Staff and volunteers must:

- Find a quiet place to talk.
- Listen, but do not press for information.
- · Stay calm and be reassuring.
- Believe what you are being told.
- Listen to the young person; if you are shocked by what is being said, try not to show it.
- Reflect what they've heard to check that they have correctly understood the young person.
- It is acceptable to observe injuries such as bruises, but not to ask a child to remove or adjust their clothing to observe them (injuries must be recorded on a Cause for Concern Form, Appendix 1).
- Do not question the child in a way that will introduce new words, phrases or concepts into their minds (leading questions).
- Do not challenge, confront or criticise their information, even if it seems unlikely or if there are obvious errors; they may be unable to give accurate timescales or dates.
- If a disclosure is made, the pace should be dictated by the child without their being pressed for detail by being asked such questions as 'what did they do next?' or 'where were you when this happened?'; the employee's/volunteer's role is to listen, not to investigate.
- Use open questions.

- Acknowledge how hard it was for them to tell you this.
- Do not criticise the perpetrator, this may be someone they love.

Do not promise confidentiality, reassure the young person that they have done the right thing, explain who you will have to tell and why; it is important that you do not make promises that you cannot keep (please refer to section 18, Information Sharing and Confidentiality Policy and Confidentiality Statement for more details).

1.75 Remember is it a huge step for a young person to make a disclosure

Inform the Designated Safeguarding Lead and/or Session Lead immediately. If the situation is an emergency and neither the Designated Safeguarding Lead nor Session Leads are available, you can ring the OnSide Safeguarding Manager (Lynn Byrne 07704 005036) for advice or telephone your local Safeguarding Partnership directly. The NSPCC also have a helpline for advice on Tel: 0800 800 500. If out of hours call, the Emergency Duty Social Work team or Police Child Protection Team.

1.76 Recording Information

Make some notes immediately afterwards (being aware that note-taking during a disclosure may inhibit that disclosure, making it harder for the young person to be open and honest); record the date, time, place and context of the disclosure or concern, recording facts and not assumption or interpretation. Any notes must be added to a completed 'Cause for Concern' form (Appendix 1) and handed to the Designated Safeguarding Lead or Session Lead (not left on a desk marked for their attention). Do not be afraid to interrupt meetings if you need to speak to someone. Note any non-verbal behaviour and ensure that that the language used by the young person (do not translate into correct terminology) is recorded.

1.77 What to do if you witness abuse by an employee, trustee or volunteer (Appendix 2.3) Abuse is defined as when a person has:

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

If a young person makes an allegation of abuse against an employee, volunteer or trustee you should report this immediately to their line manager (where applicable) or volunteer coordinator and the Designated Safeguarding Lead. The Designated Safeguarding Lead will assess the information to make a judgement to whether the behaviour does constitute a safeguarding allegation and if it does refer immediately to The Safeguarding Hub following up a written referral within 24 hours. The Designated Safeguarding Lead with notify HR of the allegation and the procedures that are being followed.

If the allegation is against a member of staff from another organisation, report directly to the Designated Safeguarding Lead.

You should assure the young person who made the allegation that this is a serious matter and you will follow it up with the Designated Safeguarding Lead. You should update the young person as to what action has been taken.

See Safeguarding Toolkit section 16, Safeguarding Allegations against Staff and Volunteers policy, for further guidance.

1.8 Power and Positions of Trust

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children and young people are in positions of trust in relation to the young people in their care.

'Position of trust' is a legal term that refers to certain roles and settings where an adult has regular and direct contact with children. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship (Caring for Young People and the Vulnerable).

A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

Where a person aged 18 or over is in a specified position of trust (Sexual Offences Act 2003)
with a child under 18, it is an offence for that person to engage in sexual activity with or in the
presence of that child, or to cause or incite that child to engage in or watch sexual activity.

This means that adults should not:

- Use their position to gain access to information for their own or others' advantage.
- Use their position to intimidate, bully, humiliate, threaten, coerce or undermine children or young people
- Use their status and standing to form or promote relationships which are of a sexual nature

1.9 Informing parents

The Designated Safeguarding Lead/Session Lead will inform the young person's family/carer that an incident has taken place and/or a referral is being made unless: that would either place the young person at greater risk, place the member of staff or public at risk or impede the investigation. For example, sexual abuse or fabricated illness is suspected, or multiple abuse is suspected. In these cases, Cumbria County Council or the Police will decide whether or not to inform the parents. An inability to inform parents should not delay or prevent a referral being made.

Designated Leads for Safeguarding

The Designated Leads for safeguarding children are:

Designated Safeguarding Lead, Emma Royle, Emma Royle@carlisleyouthzone.org

Deputy Safeguarding Lead, Julie.hetherington, julie.hethertington@carlisleyouthzone.org and Craig Neill, craig.neill@carlisleyouthzone.org

Cumbria – Children and Young People

Cumberland Safeguarding Hub – 0333 240 1727

Westmoreland and Furness - 0300 373 2724

In an emergency always call the police on 999. If you think there has been a crime but it is not an emergency call 101

Cumbria Social Care - LADO

The Local Authority Designated Officer for Allegations (LADO) contact details are :-

• Westmorland & Furness LADO | lado@westmorlandandfurness.gov.uk | 0300 303 3897

- Cumberland LADO | lado@cumberland.gov.uk | 0300 303 3892
- Postal address for both Unitary Authority LADO's: LADO, Safeguarding Hub, Skirsgill Depot, Penrith, Cumbria, CA10 2BQ

Please note if you are worried that a child is at **risk of immediate harm** please contact either the Cumberland Safeguarding Hub on **0333 240 1727** or Westmorland and Furness Safeguarding Hub on **0300 373 2724**

Cumbria Social Care - Adult

If you are concerned that an Adult is experiencing or at risk of harm, abuse or neglect please report it to Cumbria Adult Social Care on 0300 373 3732. The emergency duty team can be contacted on: 01228 526690

Other contact details are :-

Adult Social Care, 3rd Floor, Cumbria House, 117 Botchergate, Carlisle, CA1 1RD customerservicesASC@cumberland.gov.uk

Appendices

- 1. Youth Zone Cause for Concern Form.
- 2. Safeguarding Flow Charts.
- 2.1You have concerns about a young person's welfare.
- 2.2 What to do if a young person tells you about abuse.
- 2.3 What to do if an allegation of abuse involves staff or volunteers.
- 3. Summary of "Safeguarding Toolkit.



Cause for Concern

Do you consider this young person to be at immediate risk of harm? • O Yes		
O No		
Please describe in one line what you are concerned about •		
Young person		
First name:		
Last name:		
Date of birth:		
- Details		
Date of incident:		
Time of incident:		
Youth Zone session Please select		
Description of concern •		
Please provide an overview of the incident /concern, providing as much factual detail as possible.		
For example:		
Any physical, behavioural, or other indicators e.g., bruises, behaviour changes,		

Anyone else involved

periods of absence

domestic violence, mental health issues

Please provide the names of anyone else involved and their role in the incident/concern e.g., staff/volunteer, young person, sibling.

• Any information relating to the young person's home life e.g., substance abuse,

Other information -Please describe any actions already taken e.g., spoken to Youth Zone staff, informed parents, school, police, or other agencies Additional information e.g., preferred name of the young person people who should not be contacted, next steps (if known) Submitted by Name • Role Email • Phone number • **Privacy Notice** Your personal information will be used to respond to your enquiry and administer the service Where there is a need to protect or support a young person, we may also share personal information with relevant agencies as required by law. For further information about how we process your personal information, who we may rreCAPTCHA helps prevent auto om ate d form spam. The submmit button will be disabled until you complete the CAPTCI-A

Appendix 2 Safeguarding Flow Charts.

Appendix 2.1You have concerns about a young person's welfare.

Appendix 2.2 What to do if a young person tells you about abuse.

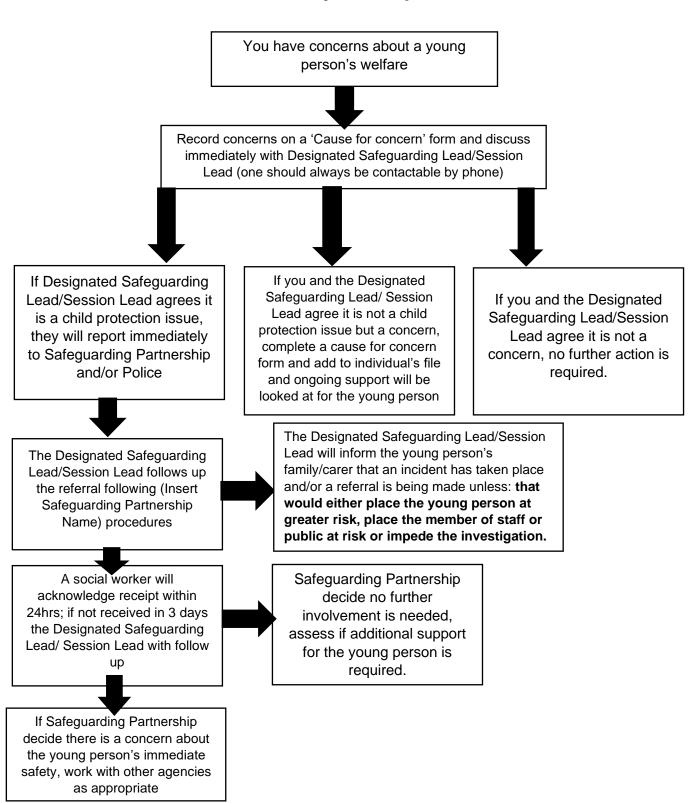
Appendix 2.3 What to do if an allegation of abuse involves staff or volunteers.

Safeguarding Flow Charts

For concerns relating to Young People who are members of Carlisle Youth Zone the Designated Safeguarding Lead/Session lead will be contact immediately and all future action will be agreed and where possible the Designated Safeguarding Lead will lead on all referrals and follow up.

Appendix 2.1 You have concerns about a young person's welfare

What to do if you suspect abuse



Appendix 2.2 What to do if a young person tells you about abuse

The Designated

Lead/Session Lead will

family/carer that an

inform the young person's

incident has taken place

and/or a referral is being

made unless: that would either place the young

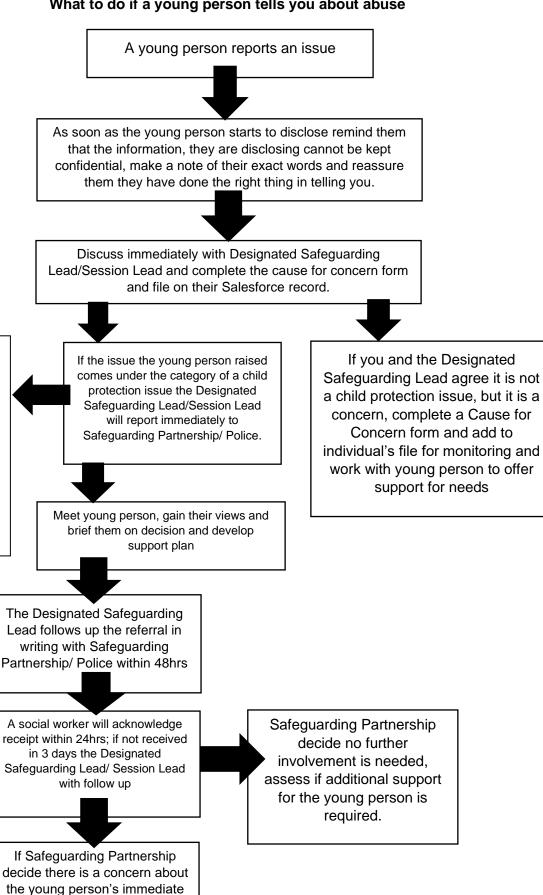
person at greater risk,

place the member of staff or public at risk or

impede the

investigation.

Safeguarding



safety, work with other agencies as appropriate

Appendix 2.3 What to do if an allegation of abuse involves staff or volunteers

