

ESCAPE INTERVENTION SERVICES LTD
SAFEGUARDING CHILDREN POLICY

1. Definition of a Young Person

For the purposes of this policy, the term 'young person' will generally mean people under the age of 18 years.

2. Rationale

It is the purpose of this policy to provide guidelines which address the need of our service to attract children and young people who are affected by emotional and psychological difficulties including bereavement, loss, self-injurious behaviours, abuse or any other issues into appropriate and accessible services, whilst at the same time operating within the current legal framework and guidelines of good practice.

Safe Recruitment

All Escape Intervention Services Ltd's staff, sessional workers and volunteers hold current Disclosure and Barring Service Enhanced Clearance (DBS).

Allegations / complaints

Any complaint made against a member of staff, sessional worker or volunteer will be treated sensitively and in confidence. Where information indicates that an employee has acted inappropriately towards a young person, harmed them in any way then Escape Intervention Services Ltd will liaise with the appropriate agencies i.e., the Police and Local Authority Designated Officer and follow the locally agreed protocol.

Young People

Escape Intervention Services Ltd is committed to responding to the needs of young people and holds the view that they are central to the service and have the right to make informed choices about their lives.

Parents/carers of young people accessing counselling, group work, complementary therapies and activity programmes will complete the relevant consent form to ensure that they are aware of the parameters of each level of consent and how we maintain confidentiality within the GDPR framework and in line with the Information Commissioner's Office.

The consent form required to give permission for children aged over 11 years to receive complementary therapies eg Indian Head massage, back massage, aromatherapy massage, Reiki, includes the completion of a health questionnaire that identifies any contra-indicators that would impact on the health and wellbeing of the child. Parents/carers can remain in the complementary therapy room whilst the child/young person receives a therapy. The child will never be naked, and some therapies can be carried out over clothing, whatever the child/young person prefers to safeguard them from embarrassment. In some instances, the child/young person may have their back or arms uncovered to receive a massage, which is always discussed with the parent/carer and recipient.

The consent form required to attend activities, including residential experiences, details any health issues, disabilities or impairments, learning difficulties including diagnoses eg autism etc., allergies, prescribed medications, ability to swim/water confidence, details of GP and contact, dietary requirements, emergency contact details etc. to ensure that the child/young person is adequately cared for and their specific needs are understood and responded to appropriately.

If the child/young person does not want their parent/carer to know they are accessing support then we would assess their competence to give consent based on the Gillick Competence guidelines as follows:

A Gillick competent child is a child under 16 who has the legal capacity to consent to medical examination and treatment, i.e. s/he is able to demonstrate that s/he has sufficient maturity and intelligence to understand and appraise the nature and implications of the proposed treatment, including the risks and alternative courses of action.

The term 'Gillick competent' is also often used to describe children who are capable of giving consent to other matters requiring their decision without parental consent, i.e. where they are capable of understanding what is proposed and can express his/her own wishes. It has a wider meaning than the term **Fraser Competent** which specifically refers to contraceptive advice. Our staff are fully conversant with these competencies and how they affect our clients in making decisions about their own care.

It must be noted that no child can consent to their own abuse so the issue of consent must be treated carefully when considering responses to suspected abuse.

The Children Act 1989 section 47c states that a Local Authority must investigate where there is reasonable cause to suspect that a young person is suffering, or likely to suffer, 'significant harm' and that the enquiries should be made by said authority to safeguard and promote the welfare of the young person. We adhere to the guidance in 'Working Together to Safeguard Children 2018', which states that a person-centred and co-ordinated approach needs to be adopted to safeguard children from any form of harm.

If a worker suspects that a young person is 'at risk', they should discuss their concerns with the Escape's Safeguarding Lead, Service Manager, Lynne Yousef: contact – (0191) 4276353 / 07599 307481 / 07714 637624. In the absence of the Manager who is the immediate Line Manager, an Executive Committee Member, preferably the Chair Mr Philip Cox, or a member of the Executive Committee, must be informed of the worker's concerns. This may lead to Social Services being contacted.

Everyone who comes into contact with children and families has a role to play.

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

- protecting children from maltreatment
- preventing impairment of children's mental and physical 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 – (Working Together 2018)

Being 'at risk' of significant harm, under section 31(9) of the Act states:

Harm means – ill treatment or the impairment of health or development

Development means – physical, intellectual, emotional, social or behavioural development

Health means – physical or mental health

Ill-treatment means – physical abuse, sexual abuse, emotional abuse and neglect

'Significant' is not defined except that the child's health or development should be compared with that which could reasonably be expected of a similar child.

There are no absolute criteria for judging what constitutes significant harm.

Issues to consider are:-

- the degree and extent of any physical harm
- the duration of abuse and neglect
- the frequency of abuse and neglect

- the extent of premeditation
- the degree of threat of coercion
- sadism
- any bizarre or unusual elements in the abuse.

Significant harm can be defined by: -

- a major damaging incident or
- the accumulation of more minor incidents or
- living over a period of time in circumstances which are psychologically and/or physically damaging.

Voluntary, charity, social enterprise, faith-based organisations and private sectors

Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver. Some of these will work with particular communities, with different races and faith communities and delivering in health, adult social care, housing, prisons, and probation services.

They may as part of their work provide a wide range of activities for children and have an important role in safeguarding children and supporting families and communities.

Like other organisations and agencies who work with children, they should have appropriate arrangements in place to safeguard and protect children from harm. Many of these organisations and agencies as well as many schools, children's centres, early years and childcare organisations, will be subject to charity law and regulated either by the Charity Commission and/ or other "principal" regulators.

Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it. The Charity Commission for England and Wales provides guidance on charity compliance which should be followed. Further information on the Charity Commission's role in safeguarding can be found on the Charity Commission's page on Gov.uk.

3. What is Abuse and Neglect?

Overview

It is the violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Different types of abuse include: **Physical Abuse, Neglect/acts of omission, Financial/material abuse, Psychological Abuse, Sexual Abuse, Institutional Abuse, Discriminatory Abuse**, or any combination of these. Abuse can be perpetrated by one or more people (either known or not known to the victim) or can take the form of Institutional Abuse within an organisation. It can be a single or repeated act.

All staff including volunteers should be aware that technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse online as well as face to face. In many cases abuse will take place concurrently via online channels and in daily life. Children can also abuse their peers online, this can take the form of abusive, harassing, and misogynistic messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography, to those who do not want to receive such content.

Indicators of abuse and neglect:

Abuse: 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 by another child or children.

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

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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as peer on peer abuse) in education and all staff should be aware of it and of their school or college's policy and procedures for dealing with it,

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, for example, 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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Other safeguarding issues to be aware of

Staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and or alcohol misuse, deliberately missing education, and consensual and non-consensual sharing of nude and semi-nude images and/or videos, can be signs that children are at risk. Other safeguarding issues all staff should be aware of include:

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity,

in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Child Criminal Exploitation (CCE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however, professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g., through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds, who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

Female Genital Mutilation (FGM)

Whilst **all** staff should speak to the designated safeguarding lead (or deputy) regarding any concerns about female genital mutilation (FGM), there is a specific **legal duty on teachers**. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher **must** report this to the police. See Annex B for further details.

Mental Health

Staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

If there is a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following your child protection policy

Peer on peer abuse (child on child)

Children can abuse other children (often referred to as peer on peer abuse), which can happen both inside and outside of school or college and online. It is important that all staff recognise the indicators and signs of peer on peer abuse and know how to identify it and respond to reports.

It is essential that **all** staff understand the importance of challenging inappropriate behaviours between peers, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Peer on peer abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between peers
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- up-skirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm; and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Serious violence

Staff should be aware of the indicators, which may signal children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, 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 and may be at risk of criminal exploitation.

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice for schools and colleges is provided in the Home Office's Preventing Youth Violence and Gang Involvement and its Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance.

Contact Telephone Numbers

Escape Intervention's Safeguarding Lead, Lynne Yousef	0191 4276353 / 07599 307481/ 07714 637624
Escape Intervention's Chair, Deputy Safeguarding Lead: Mr Philip Cox South Tyneside	0191 4276353 / 07443 654838
Integrated Safeguarding Intervention Team	0191 4245010
Out of Hours Team	0191 4562093
Police	999 or 101

Telephone referrals should be backed up by written referrals as soon as possible.

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: Angela Jones, Secretary	 Date: 14.1.26

