

Safeguarding Policy

Safeguarding Policy for Participation Dogs LTD

Date Adopted: 2nd January 2023

Review Date: 2nd January 2024

Signed: *GShravat* Gillian Shravat Safeguarding Lead

Rbell Richard Bell Director

1. Our Safeguarding Policy

Ratified by Gillian Shrvat, Safeguard Lead Participation Dogs To be reviewed (annually)

This policy applies to all the volunteers of Participation Dogs and anyone working with or on behalf of the group.

Participation Dogs believes that all children, young person or vulnerable adult should never experience abuse or exploitation of any kind. All members of our group have a responsibility to promote the welfare of the children, young people and vulnerable adults that we are working with and to keep them safe. We are committed to work in a way that protects them.

Participation Dogs believes that:

- All children/young people/vulnerable adults have the right to be protected from harm;
- All children/young people/vulnerable adults need to be safe and to feel safe;
- All children/young people/vulnerable adults have the right to speak freely and voice their values and beliefs;
- All children/young people/vulnerable adults have the right to be supported to meet their emotional and social needs;

Being subjected to harassment, violence and or abuse, may breach children's rights, as set out in the Human Rights Act.

Equality legislation: Education providers

- must not unlawfully discriminate against pupils because of their protected characteristics
- must consider how they are supporting pupils with protected characteristics
- must take positive action, where proportionate, to deal with the disadvantages these pupils face. For example, by making reasonable adjustments for disabled children and supporting girls if there is evidence they are being disproportionately subjected to sexual violence or harassment.

This includes a need to be conscious that pupils with protected characteristics may be more at risk of harm and integrate this into safeguarding policies and procedures.

Participation Dogs will fulfil their responsibilities as laid out in the following documents.

- [Keeping children safe in education \(KCSIE\) \(DfE, 2022\)](#)
- [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(HM Government 2015\)](#)
- [Working Together to Safeguard Children \(DfE 2013\)](#)

- Keeping Children Safe in Education: Statutory guidance for organisations and colleges (DfE April 2014)
- The Children Act 1989
- Children and Families Act 2014
- The Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 1998
- Sexual Offences Act 2003
- Prevent
- Cambridgeshire Children's Social Care
- Equality Act 2010

<https://www.cambridgeshire.gov.uk/residents/children-and-families/children-s-social-care/safeguarding-children-and-child-protection/>

Participation Dog's Designated Safeguarding Lead (DSL) will keep up to date with any specific guidance issued and will attend any appropriate training.

This policy will contribute to safeguarding the service user working with Participation Dogs and promoting their welfare by:

- Clarifying standards of all members of the group;
- Contributing to the establishment of a safe, resilient and robust ethos built on mutual respect, and shared values;
- Implementing robust and deliverable safeguarding and protection policies and procedures;
- Working in partnership with other agencies in our area who have expertise in working with vulnerable people and children including the local authority and the police
- Encouraging all members of the company to participate by:
 - Alerting the Safeguarding Lead of any signs and indicators that all might not be well with a child or family
 - Developing awareness among the company of the causes of abuse;
 - Developing awareness of the risks and vulnerabilities the children may face;
 - Addressing concerns at the earliest possible stage
 - Reducing the potential risks

Any volunteers with Participation Dogs will be:

- Aware of this safeguarding policy
- Subject to appropriate background checks
- Alert to signs and indicators of possible abuse (See Appendix One for some idea of indicators)
- Record concerns and give the record to the Designated Safeguarding Lead (DSL): Gillian Shrvat

- Deal with a disclosure of abuse from a child, young person or vulnerable adult in line with the guidance in Appendix Two - the Designated Safeguarding Lead must be informed immediately, and provide a written account as soon as possible.

2. Our Responsibilities for Safeguarding

The directors of Participation Dogs have overall responsibility for ensuring that the safeguarding policy is implemented, along with the Lead organization if this is external.

The directors will ensure that:

- The company operates appropriate checks on volunteers with safeguarding responsibilities
- At least one senior member of the company acts as a DSL
- The DSL attends the appropriate training session as advised by Cambridgeshire Children's Safeguarding Board
- All other volunteers are made aware of the organisation's arrangements for child protection and safeguarding of vulnerable adults;
- Participation Dogs reviews its policies/procedures regularly and remedies any deficiencies or weaknesses brought to its attention without delay

2.2 Safer Selection

Participation Dogs takes seriously and has policies in place to ensure that if it did provide volunteers working with children, young people and vulnerable adults (in particular the DSL) are selected safely. Measures to ensure this include:

- Scrutinising individuals who volunteer for these roles, by verifying identify and qualifications, checking employment or volunteering history and obtaining references. (This includes people acting as interpreters for the group).
- Where necessary will be required to undertake appropriate checks through the Disclosure and Barring Service (DBS).
- A curriculum vitae (CV) would only be accepted alongside a full application form and is not sufficient on its own to support safer recruitment. We would also consider online searches as part of due diligence checks on shortlisted candidates.

2.3 The Designated Safeguarding Lead (DSL)

The DSL of Participation Dogs is Gillian Shrvat. He has lead responsibility and accountability for safeguarding within the group.

- The DSL will be responsible for liaising on safeguarding matters with the local authority
- The DSL will undertake regular (monthly) reviews of vulnerability issues in supervision and team meetings. Written records of these reviews will be kept in secure files.
- If and when there are safeguarding concerns the DSL will decide what steps should be taken and advise the company on escalation steps.
- Safeguarding and child protection information will be dealt with in a confidential manner. The DSL may have to act through an interpreter but in that case the interpreter should be aware of the need for confidentiality.

- Other members of the company will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to deal with an individual and / or family. A written record will be made of what information has been shared with whom, and when.
- All written records will be stored on secure files in a central place separate from project material. Where files are necessary, individual files will be kept for individual. Files will be kept in line with current data legislation and guidance.
- Access to these records by volunteers other than the DSL will be restricted, and a written record will be kept of who has had access to the records and when.
- Parents will be made aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications will give due regard to which adults have parental responsibility.
- The following principle will apply: **The DSL will not disclose to a parent any information held on a child if this would put the child at risk of significant harm.**

If or when the DSL steps down from their role within Participation Dogs, there should be a full face to face handover/exchange of information with the new DSL – or suitable alternative arrangements will be made.

3. What We Do When We Are Concerned

Where risk factors are present but there is no evidence of a particular risk then our DSL will advise Participation Dogs on preventative work that can be done within the group to help the child, young person or vulnerable adult

If a child is involved the DSL will talk to parents, sharing the organisation's concern about the young person's vulnerability and how the family and group can work together to reduce the risk.

If the risk seems greater, the DSL on behalf of Participation Dogs will take steps to refer the individual concerned to the appropriate agency. This includes concerns about a young person who is affected by the behaviour of a parent or another adult in their household.

4. Indicators of Abuse and Trauma

1. Neglect

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical and/or psychological needs, such that it is likely to result in the serious impairment of the health or development.

Neglect with a child 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); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. The same indicators can apply to a vulnerable adult.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor attendance or often late for organizational activities;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;

2. Physical Abuse

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;

- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

3. Sexual Violence and Sexual Harassment

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 they are aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit act of sexual abuse, as can other children where we will use the term “child-on-child abuse”.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Bruises or scratches in the genital area.

3b. Child on Child Sexual Violence or Harassment

Sexual violence and sexual harassment can occur between two or more children of any age and sex, from primary through to secondary stage and into college. It can occur also through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face-to-face (both physically and verbally) and are never acceptable. Participation Dogs is aware of the importance of:

- Making clear that there is a **zero-tolerance** approach to sexual violence and sexual harassment, that it is **never** acceptable, and it will not be tolerated. It should never be passed off as “banter”, “just having a laugh”, “a part of growing up” or “boys being boys”.
- Recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported;
- Challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Any report of sexual violence or sexual harassment will be taken seriously, and staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. Children with special educational needs and disabilities (SEND) are also three times more likely to be abused than their peers.

Participation Dogs is aware the abuse can happen both in and out of school.

When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents. (NOTE- Schools and colleges should be aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent, or touching someone’s bottom/breasts/genitalia without consent, can still constitute sexual assault.)

Causing someone to engage in sexual activity without consent: A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an

activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (NOTE – this could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

- A child under the age of 13 can never consent to any sexual activity;
- The age of consent is 16;
- Sexual intercourse without consent is rape.

Sexual harassment

When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline and both inside and outside of school/college. 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.

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;
- Displaying pictures, photos or drawings of a sexual nature;
- Upskirting (this is a criminal offence); and
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - Consensual and non-consensual sharing of nude and semi-nude images and/or videos. Taking and sharing nude photographs of U18s is a criminal offence.
 - Sharing of unwanted explicit content;
 - Sexualised online bullying;
 - Unwanted sexual comments and messages, including, on social media;

- Sexual exploitation; coercion and threats; and
- Coercing others into sharing images of themselves or performing acts they're not comfortable with online.

The safeguarding lead for Participation Dogs LTD will decide if to go ahead and make a referral to local authority children's social care and/or a report to the police. They will also work jointly with the school's safeguarding lead. Participation Dogs LTD will also make a immediate risk and needs assessment. Our designated safeguarding lead (or a deputy) should ensure they are engaging with local authority children's social care, police and specialist services as required.

4. Sexual Exploitation

Sexual exploitation occurs when a child or young person, or another person, receives "something" (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing sexual activities, or another person performing sexual activities on them.

The presence of any significant indicator for sexual exploitation should trigger a referral to children's services. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology;
- Having unexplained contact with hotels, taxi companies or fast food outlets.

5. Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on the emotional development or wellbeing. It may involve conveying to person 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 vulnerable child or adult the 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 the person. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a person participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing a child or vulnerable adult to frequently to feel frightened or in danger, or the exploitation or corruption of a vulnerable individual. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child or vulnerable adult consistently describes him/herself in very negative ways –as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;

- Fear of parents or other family members being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia;
- Soiling, smearing faeces, enuresis.

N.B. Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. Unusual Responses from Parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

7. Individuals with Disabilities

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;

- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures

7. LGBTQ+ Pupils

Participation Dogs will ensure they provide LGBTQ+ children with a safe space for them to speak out or share their concerns.

8. Domestic Abuse

- Can be psychological, physical, sexual, financial, or emotional
- Can impact on children through seeing, hearing or experiencing the effects of domestic abuse and/or experiencing it through their own intimate relationships.

9. Online safety

Governing bodies and proprietors should regularly review the effectiveness of school filters and monitoring systems.

They should ensure that the leadership team and relevant staff are:

- aware of and understand the systems in place
- manage them effectively
- know how to escalate concerns when identified.

Schools will share information with parents/carers about:

- what systems they have in place to filter and monitor online use
- what they are asking children to do online, including the sites they will be asked to access
- who from the school or college (if anyone) their child is going to be interacting with online.

Participation Dogs does not use or work online with children or young people but will communicate with parents and carers to reinforce the importance of children being safe online.

5. Allegations made against/concerns in relation to teachers

Participation Dogs is aware that learning lessons applies to all cases, not just those which are concluded and found to be substantiated.

Participation Dogs will follow individual school's guidance where it is alleged that anyone working in the school or a college that provides education for children under 18 years of age, including supply teachers, volunteers and contractors has:

- Behaved in a way that has harmed a child, or may have harmed a child; and/or
- Possibly committed a criminal offence against or related to a child; and/or
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Participation Dogs LTD will support the school's safeguarding lead and will also ensure they look after the welfare of the child, ensuring they are not at risk and referring cases of suspected abuse to the local authority children's social care.

Participation Dogs LTD will share all relevant information they have about the person who is the subject of the allegation, and about the alleged victim. We will also make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

Record Keeping:

Details of allegations following an investigation that are found to have been malicious or false should be removed from records, unless the individual gives their consent for retention of the information. However, for all other allegations, i.e. substantiated, unfounded and unsubstantiated it is important that Participation Dogs LTD keeps the following information:

- A clear and comprehensive summary of the allegation;
- Details of how the allegation was followed up and resolved;
- Outcome

Low-level concerns

The term 'low-level' concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the school or college may have acted in a way that:

- Is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and
- Does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- Being over friendly with children;
- Having favourites;
- Taking photographs of children on their mobile phone, contrary to school policy;
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or
- Humiliating pupils.

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse.

Low-level concerns may arise in several ways and from a number of sources. For example: suspicion; complaint; or disclosure made by a child, parent or other adult.

Participation Dogs LTD will share all low-level concerns responsibly with the right person, and will make sure they are recorded and dealt with appropriately.

6. Children in need of Support

The Integrated Front Door: MASH and EHH

The Multi-Agency Safeguarding Hub (MASH) and Early Help Hub (EHH) together form the single point of contact for all safeguarding and wellbeing concerns regarding children and young people in Cambridgeshire.

MASH acts as a “front door” to manage all safeguarding referrals including the undertaking of Child Protection investigations where required. EHH acts as a “front door” to Early Help services and the co-ordination of support around families where there is no need for social care intervention.

Professionals are required to choose whether to refer to MASH or EHH. However, the teams work together to ensure the family is supported in the correct way.

We will refer to the Cambridgeshire or Peterborough Threshold Document which can be found on the LSCB website to decide the appropriate point of intervention.

We will always get the consent of the parents or carers, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk.

Safeguarding referrals for MASH will be made using the Joint Peterborough and Cambridgeshire Referral Form and can be emailed to:

MASH.C&F@cambridgeshire.gcsx.gov.uk or PDCSC@peterborough.gcsx.gov.uk

We will follow up a telephone call by sending a completed Joint Peterborough and Cambridgeshire Referral Form to MASH within 24 hours, as above.

Once a fuller picture has been established by MASH, the MASH Manager will decide on the most appropriate action to take. We will be notified in writing as to the outcome of the referral within 24 hours.

CAMBRIDGESHIRE	PETERBOROUGH
Professionals number: 0345 045 1362	01733 864170
Out of hours: 01733 234 724	

Request for Early Help

Early Help Assessments (EHA's) identify what help a child and family require, to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989 – Single Assessment or Child Protection Enquiries.

Before making a request we will consider if the child or young person's needs can be met by services from within your own agency, or by other professionals already involved with the family.

Requests for Early Help in Cambridgeshire are made using the Early Help Assessment and emailed to Early.help@cambridgeshire.gcsx.gov.uk. Information in Peterborough can be found on their website.

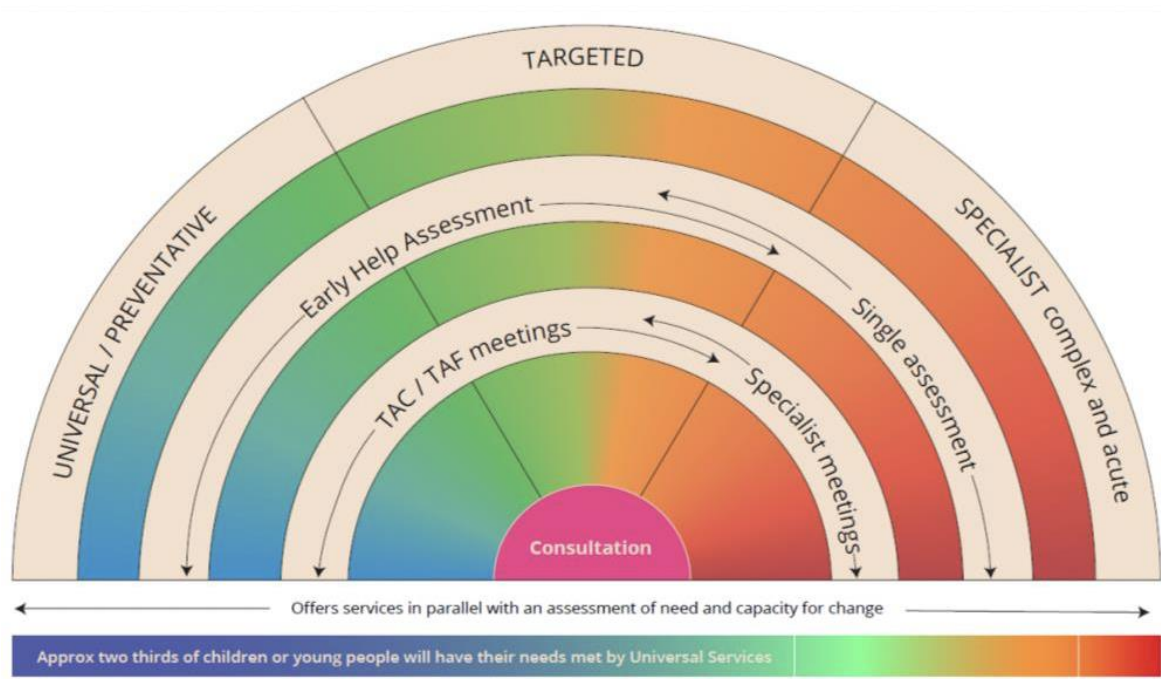
The Early Help Hub will review the EHA and make a decision to do one of the following:

- . a) Pass the case to the Multi Agency Safeguarding Hub as on review it appears that ^{[[SEP]]}social care services are required ^{[[SEP]]}
- . b) Decide that District Early Help Services are required and identify a Lead ^{[[SEP]]}Professional ^{[[SEP]]}
- . c) Signpost to other Early Help Services outside of the Local Authority and identify a ^{[[SEP]]}Lead Professional ^{[[SEP]]}
- . d) Provide advice and information ^{[[SEP]]}

Continuum of Need

The Continuum of Need is a common approach to describing the levels of need and the intervention that may be required by children, young people and their families.

This is never a static process, situations change and as a result so does the level of need and risk. We understand people move along this continuum and require more or less specialist intervention as needs and risk changes.



Safeguarding Children Flowchart

You have a concern about a child

Is this a child protection issue? Do you suspect maltreatment?^[SEP] Has the child experienced or likely to experience significant harm?

YES - A referral must be made to Children's Social Care. Delay should be avoided. Referrals can be made by phone but must be followed up in writing within 48 hours using the joint referral form available from social care or the LSCB websites (see contacts page).

Professionals number: 03450451362 Public number: 03450455203^[SEP] Out of hours: 01733 234724

No – the child and family may still be in need of additional support. Consider, a referral to Children's Social Care as a 'child in need' using an Early Help Assessment

It is the responsibility of social care to acknowledge the receipt of our referral and decide on the next course of action within one working day. If we have not heard anything from social care it is our responsibility to chase this up.

7. Consent

Consent is obtained where it is sensible, in the child's best interest, and practical.

To give informed consent, a child/young person and/or their parent/carer must be entirely clear about the purpose of the information; how it will be used; who it may be shared with and how it will be shared; how long it will be held and in what form.

People must be aware of circumstances where information may be shared without consent and where confidentiality cannot be maintained.

Consent can be withdrawn at any time. The child/young person and/or their parent/carer should be informed that they can withdraw consent at any time.

8. Dealing with a Disclosure of Trauma or Abuse

Children may not feel ready or know how to tell someone they are being abused.

When a child or vulnerable adult tells you about the stress or trauma s/he is feeling or abuse s/he has suffered, you must remember (particularly if you are the DSL):

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Offer reassurance. Tell her/him you are pleased that s/he is speaking to you.
- Tell her/him that you believe them. S/he may have tried to tell others and not been heard or believed.
- Tell s/he it is not her/his fault.
- Encourage s/he to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what s/he is trying to tell you. (You may need to get advice from the interpreter you are using where interpretation is necessary)
- Communicate that s/he was right to tell you and right to be safe and protected.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the individual, particularly a child, may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the individual again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the phrases s/he used as far as possible. Include any questions you may have asked. Do not add any opinions or interpretations.

Even if you think the issue is minor, the DSL or others in the group may have more information that, together with what you know, represents a more serious worry. It is never your decision alone how to respond to concerns – but it is always your responsibility to share concerns, no matter how small.

- Decide whether you need to find out more by asking the child / young person, or their parent to clarify your concerns, being careful to use open questions:
...beginning with words like: 'how', 'why', 'where', 'when', 'who'?
 - Let the child / young person / parent know what you plan to do next if you have heard a disclosure of abuse or you are talking with them about your concerns. Do not promise to keep what s/he tells you secret.
...for example, 'I am worried about your bruise and I need to tell person x so that s/he can help us think about how to keep you safe'
 - Inform the DSL immediately. If the DSL is not available or you are the DSL, speak to a senior person in the group. If there is no other member of staff available, you must make the referral yourself.
- Make a written record as soon as possible after the event, noting:

- - Name of person
- - Date, time and place
- - Who else was present
- - What was said / What happened / What you noticed ie speech, behaviour, mood, drawings, games or appearance
- - If child, vulnerable person or parent spoke, record their words rather than your interpretation
- - Analysis of what you observed & why it is a cause for concern

The DSL makes the referral to the First Response Service – such as the local authority or police. The referral will note all previous intervention by the group with the child or vulnerable adult, any relevant history relating to the them, their siblings or the family.

The DSL shares information with relevant professionals, recording reasons for sharing information and ensuring that they are aware of what action the other professionals will take as a result of information shared.

(If a child is involved) The DSL informs parent that they have made a CP referral, if the parent does not already know, and if there is no reason not to let them know the First Response Service may suggest to delay informing the parent in cases of suspected sexual abuse, or where informing the parent might put the child at further risk, to prevent the child being harmed or intimidated (and retracting their disclosure) or in cases of suspected Fabricated or Induced Illness by proxy, the parent is not informed that this is being considered.

The DSL remains in close communication with professionals around the child / young person/vulnerable adult and with the family, in order to share any updates about the child / young person/vulnerable adult.

The next page includes a Group Welfare Concern Form members of the group can use to record concerns

9. Participation Dog's Welfare Concern Form

Use this form to record any concern about an individual's welfare and give it to DSL in your group.

If you suspect a child may be suffering abuse or neglect, or you have received a disclosure of abuse from a child, or you have heard about an allegation of abuse, you must complete the child protection record of concern form instead, and hand it to DSL immediately today.

Full name

Date of this record

Why are you concerned about this individual?

What have you observed and when?

What have you heard and when?

What have you been told and when?

Have you spoken to the person? Yes/No

What did they say? Use the person's own words

Have you spoken to anyone else about your concern? Yes/No Who?

Is this the first time you have been concerned about this individual? Yes/No Further details

**Date and time you handed this form to the DSL Your name and designation
Signature**

10. Allegations about a Volunteer

Inappropriate behaviour by volunteers could take the following forms:

Physical; For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.

Emotional; For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.

Sexual; For example, sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.

Neglect; For example, failing to act to protect a child or vulnerable adult, failing to seek medical attention or failure to carry out an appropriate risk assessment.

2. DSL of Participation Dogs should be informed immediately. The DSL should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The core group should not carry out the investigation itself or interview the accuser/s

3. The DSL must exercise, and be accountable for, their judgement on the action to be taken, as follows:

- If the actions of the volunteer and the consequences of the actions, raise credible child protection or other safeguarding concerns the core group will notify the Local Authority Team. The local authority will advise about action to be taken
- If the actions of the volunteer and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the volunteer these should be addressed through the company's own internal processes.
- If the DSL decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded.

Whistle Blowing: It is important to build a culture that allows practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague's behaviour. ^{1}_{SEP}

11. Indicators of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as the demonstration of unacceptable behaviour by using any means or medium to express views which:
4. Extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. People may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that organization's staff are able to recognise those vulnerabilities.

6. Indicators of vulnerability include:

Identity Crisis – the person is distanced from their cultural / religious heritage and experiences discomfort about their place in society;

Personal Crisis – the person may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;

Personal Circumstances – local community tensions; and events affecting the young person's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;

Unmet Aspirations – the person may have perceptions of injustice; a feeling of failure; rejection of civic life;

Encourage, justify or glorify terrorist violence in furtherance of particular beliefs; Seek to provoke others to terrorist acts;
Encourage other serious criminal activity or seek to provoke others to serious criminal acts;
or

Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a "typical extremist": those who become involved in

Need – the young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

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

8. More critical risk factors could include:

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

Preventing Violent Extremism

The DSL Gillian Shrvat of Participation Dogs is responsible for:

3. Ensuring the members of the company are aware that s/he is the lead in relation to protecting members of the sponsored family from radicalisation and involvement in terrorism;
4. Maintaining and applying a good understanding of the relevant guidance in relation to preventing members of the sponsored family from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
5. Raising awareness within the group about the safeguarding processes relating to protecting people from radicalisation and involvement in terrorism;
6. Acting as the first point of contact between the group and outside agencies if there are any signs that a person may be at risk of radicalisation or involved in terrorism;