

CHAT SAFEGUARDING (CHILD PROTECTION) POLICY

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance is available from nspcc.org.uk/childprotection

This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents:

- GDPR
- safer recruitment
- managing complaints
- whistleblowing
- health and safety
- induction, training,

Robust information-sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally The Data Protection Act 2018 and the General Data Protection Act 2018 (GDPR) and do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

Safeguarding and promoting the welfare of children is everyone's responsibility. 'Children' includes everyone under the age of 18. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. A child centred approach is supported by The Children's Act 1989. This means that practitioners should consider, at all times, what is in the best interests of the child. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who

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comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing the 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

(Keeping Children Safe in Education DfE, Sept 2024).

Safeguarding vulnerable adults involves reducing or preventing the risk of significant harm from abuse, while also supporting people to maintain control of their own lives.

MISSION STATEMENT

All children have a right to protection from abuse, violence and exploitation. This is a mandatory policy which is approved and endorsed by the Trustees Management Committee and applies to all staff, trustees, and volunteers at CHAT. It is essential that all staff, trustees and volunteers are aware of this policy and the duties/responsibilities it places on them:

- ensure a child feels safe, secure and listened to
- encourage child to talk about concerns, in a confident manner
- understand how they are to report any concerns they may have
- be supportive of children who have been or are at risk of abuse.

Children and young people need protection and safeguarding for many reasons. They may need protection from the effects of poverty, disadvantage, exclusion and violence.

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But in addition, individual children may also be at risk from specific forms of abuse by adults or other children.

Vulnerable adults include everyone aged eighteen or over who is or may be in need of services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. This equally applies to vulnerable adults i.e., those up to the age of 25 years. Any concerns relating to vulnerable adults should be reported in accordance with Northamptonshire Adult Safeguarding Board (NSAB) procedures: www.northamptonshiresab.org.uk

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. To fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, always, what is in the best interests of the child. (Keeping Children Safe in Education DfE, September 2024).

This Policy should be read in conjunction with the Safeguarding/ Child Protection Policies of any school with a current Service Level Agreement arrangement in place, (reviewed annually). Copies of individual school policies will be kept in an accessible folder for staff and volunteers of CHAT.

PURPOSE OF POLICY

To provide specific direction to all staff, volunteers, students and trustees in relation to the duty of care of every member of staff in promoting the wellbeing, and safeguarding from significant harm of all children, young people and vulnerable adults, including allegations against staff.

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To inform clients, staff, parents/carers, volunteers, students, trustees and funders about CHAT Youth Counselling's responsibilities for safeguarding children, young people and vulnerable adults.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

To ensure that appropriate action is taken in a timely manner to safeguard and promote children, young people's and vulnerable adult's welfare. This policy will be implemented within a safeguarding culture where staff, volunteers and children know how they are expected to behave and feel comfortable about sharing concerns.

LEGISLATION AND STATUTORY FRAMEWORK

This policy is based on statutory guidance, **Keeping Children Safe in Education 2024** and **Working Together to Safeguard Children 2018**.

This policy is also based on the following legislation and statutory guidance: -

The Children Act 1989 and The Children Act 2004 amendment-Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Section 5B (11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the **Serious Crime Act 2015**, which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18.

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Statutory guidance on FGM, which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM.

The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children.

The Safeguarding Vulnerable Groups Act (2006) explains vetting and barring checks and defines 'regulated activity' to help prevent people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.

Statutory guidance on the Prevent duty, which explains schools' duties under the **Counterterrorism and Security Act 2015** with respect to protecting people from the risk of radicalisation and extremism.

Sexual Offences Act (2003).

The Childcare (Disqualification) Regulations 2009 (and 2018 amendment) and **Childcare Act 2006**, which set out who is disqualified from working with children (All schools with pupils aged under 8).

CHAT Youth Counselling complies with this guidance and the procedures set out by:

- Northamptonshire Safeguarding Children Partnership (NSCP)
www.northamptonshirescb.org.uk
- Northamptonshire Safeguarding Adults Board
- <https://www.northamptonshiresab.org.uk>

EQUALITY STATEMENT

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

We give special consideration to children, young people and vulnerable adults who:

- Have special educational needs or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence , county lines
- Are at risk of Female, Genital Mutilation (FGM), sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers

<https://learning.nspcc.org.uk/safeguarding-child-protection-schools/safeguarding-children-with-special-educational-needs-and-disabilities-send>

ROLES AND RESPONSIBILITIES

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff, volunteers, and trustees of REACH and is consistent with the procedures of Northamptonshire Safeguarding Children Partnership and Northamptonshire Safeguarding Adults Board.

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Staff and Volunteers:

All staff and volunteers will read and understand Part 1 and Annex A KCSIE 2024 of the Department for Education's statutory safeguarding guidance, Keeping Children Safe in Education 2024, and review this guidance at least annually.

https://assets.publishing.service.gov.uk/media/66d7301b9084b18b95709f75/Keeping_children_safe_in_education_2024.pdf

All staff and volunteers have a responsibility to provide a safe environment for children.

Staff and volunteers are particularly well placed to observe signs of abuse, changes in behaviour and failure to develop because they have close contact with children. They must be knowledgeable of the signs of different types of abuse and neglect (exploitation), as well as specific safeguarding issues, such as Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE), Female Genital Mutilation (FGM) and radicalisation.

They have a legal responsibility to act if they have a cause for concern. They must be aware of CHAT recording and reporting systems including the body map which support early intervention and assessment, including the staff code of conduct and the role of the Designated Safeguarding Lead (DSL).

Staff and volunteers must know what to do if they identify a safeguarding issue or a child/vulnerable adult tells them they are being abused or neglected, including where they can see or hear abuse such as domestic violence and issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.



All staff and volunteers should have appropriate safeguarding and child protection training which is regularly updated (three-year cycle). In addition, all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

When staff or volunteers are working in school, they must work directly with the member of staff appointed as the school's DSL, operating under the individual school's Safeguarding and Child Protection policies. CHAT DSL must be informed of a referral having been made to the school's DSL and monitor any follow up action having been taken.

The Designated Safeguarding Lead:

The DSL takes lead responsibility for child protection and wider safeguarding.

The DSL/Deputy DSL will be available during operating hours for anyone to discuss any safeguarding concerns.

When the DSL is absent, the named deputy will act as cover.

- If the DSL and/or deputy(s) are not available, the concerned person should refer to the Northamptonshire MASH Team directly. Guidance for completing the MASH referral form:

https://northamptonshire-self.achieveservice.com/en/service/Make_a_children_s_referral_to_Northamptonshire_s_MASH

0300 1267000

For full range of contact for Northamptonshire Safeguarding including MASH form see-<https://nctrust.co.uk/report-a-concern-or-request-support/>

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Any deputies should be trained to the same standard as the Designated Safeguarding Leads.

The DSLs are given the time, funding, training, resources and support to:

- Provide advice and support to other staff, volunteers and students on child welfare and child protection matters
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel/PREVENT programme, Disclosure and Barring Service, and/or police), and support staff, volunteers and students who make such referrals directly in the absence of the DSLs or DSL Deputies
- Ensure that all practitioners attend clinical supervision, and any risk/possible safeguarding issues are discussed, and appropriate plans developed
- Ensure practitioners receive training on Gillick/Fraser Guidelines balancing children's rights with the responsibility to keep them safe <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

The DSLs will also keep the Trustees informed of concerns as appropriate.

The Designated Safeguarding Lead (DSL) should undergo formal training every two years. The DSL should also undertake PREVENT awareness training. In addition to this training, their knowledge and skills should be refreshed, (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually.

- Designated Safeguarding Lead (DSL) is Kelly French CBM
- Designated Deputy Safeguarding Lead for Child Protection and Safeguarding

:KATHRYN NEWELL

Vice Chair of Trustees

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**In the absence of the DSL/Dep DSL contact REACH DSL Carmen Moore
01536 518339**

Trustees: All Trustees must have regard to the above guidance to ensure that the policies, procedures and training are effective and comply with the law at all times. The Trustee Safeguarding Lead's responsibilities include:

- Monitor compliance of safeguarding and Child Protection Policies
- Manage referrals received from DSL/ staff. Any allegations regarding staff or volunteers of CHAT Youth Counselling should be made in writing to this person.
- Concerns regarding school personnel should be made in writing to the Headteacher of the named school. If the concern relates to the Headteacher, a referral should be made to the Chair of Governors of the named school, in accordance with their policies, by the CHAT DSL or DSL Trustee.
- Support CHAT DSL
- Undertake formal training every two years and receive regular updates for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually.

CHILDREN WHO MAY REQUIRE EARLY HELP

All staff and volunteers should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating.

Staff and volunteers working within CHAT Youth Counselling should be alert to the potential need for early help for children who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.

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- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence.
- Children who are showing early signs of abuse and/or neglect
- Staff and volunteers to seek advice from DSL regarding referrals for Early Helps.

Early Help Links:

- <http://www.northamptonshirescb.org.uk/social-care/early-help/>

The staff and DSL should be aware of the latest Thresholds and Pathways for support which can be found

at: <http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/news/thresholds-and-pathways/>

Children with Special Educational Needs and Disabilities

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- Assumptions that indicators of possible abuse such as behaviour; including for example: ADHD or other specific behavioural problems/diagnosis, mood and injury relate to the child's impairment without further exploration.
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying - without outwardly showing any signs.
- Communication barriers and difficulties.
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child).

- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- A disabled child's understanding of abuse.
- Lack of choice/participation.
- Isolation.

Directory of Services for Children with Disabilities:

- <https://nctrust.co.uk/support-for-children-and-families/support-for-children-with-special-education-needs-and-disabilities/>

SIGNS and SYMPTOMS of ABUSE

Staff and volunteers should be aware of the main categories of maltreatment: physical abuse, emotional abuse, sexual abuse and neglect. They should also be aware of the indicators of maltreatment and specific safeguarding issues so that they are able to identify cases of children who may need help or protection.

1. Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

<u>Child</u>	<u>Parent/Family/environment</u>
Bruises – shape, grouping, site, repeat or multiple	Parent with injuries
Withdrawal from physical contact	History of mental health, alcohol or drug misuse or domestic violence.
Bite-marks – site and size	Evasive or aggressive towards child or others
Burns and Scalds – shape, definition, size, depth, scars	

<p>Aggression towards others, emotional and behaviour problems</p> <p>Improbable, conflicting explanations for injuries or unexplained injuries</p> <p>Admission of punishment which appears excessive</p> <p>Injuries on parts of body where accidental injury is unlikely</p> <p>Fractures</p> <p>Repeated or multiple injuries</p> <p>Fabricated or induced illness</p>	<p>Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault</p> <p>Explanation inconsistent with injury</p> <p>Marginalised or isolated by the community.</p> <p>Fear of medical help / parents not seeking medical help</p> <p>Physical or sexual assault or a culture of physical chastisement.</p> <p>Over chastisement of child</p>
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1. Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

<p><u>Child</u></p> <p>Self-harm</p> <p>Over-reaction to mistakes /</p> <p>Inappropriate emotional responses</p> <p>Chronic running away</p> <p>Abnormal or indiscriminate attachment</p>	<p><u>Parent/Family/environment</u></p> <p>Observed to be aggressive towards child or others</p> <p>Marginalised or isolated by the community.</p>
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<p>Drug/solvent abuse</p> <p>Low self-esteem</p> <p>Compulsive stealing</p> <p>Extremes of passivity or aggression</p> <p>Makes a disclosure</p> <p>Social isolation – withdrawn, a 'loner'</p> <p>Frozen watchfulness particularly pre school</p> <p>Developmental delay</p> <p>Depression</p> <p>Neurotic behaviour (e.g., rocking, hair twisting, thumb sucking)</p> <p>Desperate attention-seeking behaviour</p>	<p>Intensely involved with their children, never allowing anyone else to undertake their child's care.</p> <p>History of mental health, alcohol or drug misuse or domestic violence.</p> <p>Previous domestic violence</p> <p>History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</p> <p>History of abuse or mental health problems</p> <p>Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault</p> <p>Mental health, drug or alcohol difficulties</p> <p>Wider parenting difficulties</p> <p>Cold and unresponsive to the child's emotional needs</p> <p>Physical or sexual assault or a culture of physical chastisement.</p> <p>Overly critical of the child</p> <p>Lack of support from family or social network.</p>
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3. Neglect

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

<p><u>Child</u></p> <p>Failure to thrive - underweight, small stature</p> <p>Low self-esteem</p> <p>Dirty and unkempt condition</p> <p>Inadequate social skills and poor socialisation</p> <p>Inadequately clothed</p> <p>Frequent lateness or non-attendance at school</p> <p>Dry sparse hair</p> <p>Abnormal voracious appetite at school or nursery</p> <p>Untreated medical problems</p> <p>Self-harming behaviour</p> <p>Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold</p> <p>Constant tiredness</p> <p>Swollen limbs with sores that are slow to heal, usually associated with cold injury</p> <p>Disturbed peer relationships</p>	<p><u>Parent/Family/environment</u></p> <p>Failure to meet the child's basic essential needs including health needs</p> <p>Marginalised or isolated by the community.</p> <p>Leaving a child alone</p> <p>History of mental health, alcohol or drug misuse or domestic violence.</p> <p>Failure to provide adequate caretakers</p> <p>History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</p> <p>Keeping an unhygienic dangerous or hazardous home environment</p> <p>Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault</p> <p>Unkempt presentation</p> <p>Lack of opportunities for child to play and learn</p> <p>Unable to meet child's emotional needs</p> <p>Dangerous or hazardous home environment including failure to use home safety equipment, risk from animals</p> <p>Mental health, alcohol or drug difficulties</p>
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Please use the full suite of documents and guidance contained within the NSCP webpages - including the Neglect Tool Kit

4. SEXUAL ABUSE

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 or non-contact activities, such as involving children in looking at sexual images or being groomed on-line / child exploitation.

<u>Child</u>	<u>Parent/Family/environment</u>
Self-harm - eating disorders, self-mutilation and suicide attempts	History of sexual abuse
Poor self-image, self-harm, self-hatred	Marginalised or isolated by the community
Running away from home	Excessively interested in the child
Inappropriate sexualised conduct	History of mental health, alcohol or drug misuse or domestic violence
Reluctant to undress for PE	Parent displays inappropriate behaviour towards the child or other children
Withdrawal, isolation or excessive worrying	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Pregnancy	Conviction for sexual offences
Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Comments made by the parent/carer about the child
Poor attention/concentration (world of their own)	

Pain, bleeding, bruising or itching in genital and /or anal area Sudden changes in schoolwork habits, become truant Sexually exploited or indiscriminate choice of sexual partners	Grooming behaviour Lack of sexual boundaries Physical or sexual assault or a culture of physical chastisement.
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5. PEER ON PEER ABUSE

Staff and volunteers recognize that children can abuse their peers. Whilst peer on peer abuse can take many forms, it remains clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up.” CHAT Youth Counselling will support children to make referrals to the school’s pastoral staff or make direct referrals to the school’s Designated Safeguarding Lead (DSL), if it is considered to be abusive. However, if one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a significant difference in power (for example age, size, ability, development) between the young people concerned; or
- Whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.
- Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender-based violence/sexual assaults, sexting, domestic abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful

sexual behaviour.

<http://www.northamptonshirescb.org.uk/young-people/what-is-abuse/>

6.FEMALE GENTIAL MUTILATION (FGM)

Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. It is carried out on children between the ages of 0-15, depending on the community in which they live.

There is a statutory duty for professionals in England and Wales to report 'known' cases of FGM in under-eighteens to the police which they identify in the course of their professional work.

If there are suspicions that a girl under the age of 18 years may have undergone FGM or is at risk of FGM, professionals must still report the issue by following their internal safeguarding procedures. Professionals must share the information about their concerns, potential risk and/or the actions which are to be taken. Next steps should be discussed with the safeguarding lead and if necessary, a social care referral made.

<http://www.northamptonshirescb.org.uk/young-people/what-is-abuse/>

7.CHILD SEXUAL EXPLOITATION (CSE)

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are

victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions.
- 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; and
- Children who regularly miss school or education or do not take part in education.

<http://www.northamptonshirescb.org.uk/young-people/what-is-abuse/>

8. PREVENTING RADICALISATION

Note: This preventing radicalisation section remains under review, following the publication of a new definition of extremism on the 14 March 2024

The Counterterrorism and Security Act, 2015 places a duty on authorities 'to have due regard to the need to prevent people from being drawn into terrorism'. Protecting children from the risk of radicalisation should be seen as part of the wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation, it is possible to intervene to prevent vulnerable people being radicalised.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may need help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.

The Prevent Duty Guidance for England and Wales places requirements, on schools and organisations working with children and young people, under four themes: risk assessment, working in partnership, staff training and IT policies:

www.gov.uk/government/publications/prevent-duty-guidance

9. HONOUR BASED VIOLENCE (HBV)

So-called 'honour-based' violence (HBV) encompasses 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.

All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the DSL. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Staff or volunteers who have a concern regarding a child that might be at risk of HBV, should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Additional Information on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found in the Multi agency statutory guidance on FGM (pages 38-41) and Handling case of forced marriage (pages 13-14).

The Forced Marriage Unit has published multi-agency guidelines, with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmufco.gov.uk.

10. ON-LINE AND DIGITAL SAFETY

It is important that children and young people receive consistent messages about the safe use of technology and can recognise and manage risks posed both in the real world and the virtual world.

Terms such as 'e-safety,' 'online,' 'communication technologies' and 'digital technologies' refer to all fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks to their well-being.

The issues can be categorised into three areas of risk:

- Content – being exposed to illegal, inappropriate or harmful material
- Contact – being subjected to harmful online interaction with other users
- Conduct – personal online behaviour that increases the likelihood of, or causes harm.

All staff should recognise and be aware of online safety issues and make online safety a priority in their day to day working and, in the messages, communicated to CHAT users.

The DSL and Trustees must ensure that all the relevant online safety policies and procedures are in place and implement and that all personal data is managed securely and in accordance with the requirements of the current Data Protection Act and legislation.

The Designated Safeguarding Lead (DSL) and Trustees must ensure that staff and volunteers read and understand all relevant policies, inclusive of clear procedures in relation to the use of mobile phones, cameras and social networks as well as online conduct.

Staff should have a clear understanding of what constitutes misuse of mobile phones and cameras and know how to minimise the risk. Staff must be vigilant and alert to any potential warning signs of the misuse of mobile phones and cameras and report any concerns to CHAT Manager or DSL.

The protection of children and adults from abuse is a major social priority. This requires effective sharing of information about those at risk between agencies involved.

CHAT Youth Counselling complies with the mandatory requirements to share information, using secure and confidential systems and procedures. It holds the required information sharing agreements and policies with CCG and Reach partnership agencies. (See CHAT Privacy Policy and Information Sharing Agreement with Reach Youth Support agencies and service contract documents with CCG.)

Craig Chair of Trustees CHAT is the Caldicott Guardian, representing and championing confidentiality and data protection of information within the organisation and partner agencies to ensure that personal information about those who use the service is used legally, ethically and that confidentiality is maintained. This role has been registered with the CG Register and is available on the CHAT Youth Counselling website. It is known to the whole staff and volunteers of CHAT.

11. DOMESTIC VIOLENCE (DV)

Domestic violence is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over

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who are or have been intimate partners or family members regardless of gender or sexuality. The vast majority of the victims of domestic violence are women and children. When there are children in the household, the majority witness the violence that is occurring, and in 80% of cases, they are in the same or the next room. In about half of all domestic violence situations, the children are also being directly abused themselves.

- This can encompass, but is not limited to, the following types of abuse:
- Psychological
- Physical
- Sexual
- Financial
- Emotional

12. CRIMINAL EXPLOITATION including GANGS AND COUNTY LINES

CHAT uses the definition of child criminal exploitation provided by the Home Office:

- *"Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur using technology."*

Northamptonshire is within the top ten counties in the country with identified county lines practices while both acute trusts in the county are seeing a rise in young people presenting with knife and gun injuries. County lines is the organised criminal distribution of drugs from the big cities into smaller towns and rural areas using children and vulnerable people.

The influence of county lines is nationwide. Boys, typically 15 and 16, but sometimes younger, travel by coach, train, and taxi into rural or coastal area, with only a 'burner', or disposable phone, often stolen, and a stash of drugs. For the gang's security each runner only knows one other phone number along the delivery chain.

The drug runner needs a place to stay and to do this the gang will take over the home of a vulnerable person, often after following them home. This is known as "cuckooing". Once in the property, drugs and weapons can be stored there along with a possible venue for dealing drugs and the sexual exploitation of girls and young women.

13. MODERN SLAVERY AND TRAFFICKING

Modern slavery is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal gain. Traffickers and slave drivers' trick, force and/or persuade children and parents to let them leave their homes. Grooming methods are used to gain the trust of a child and their parents, e.g., the promise of a better life or education, which results in a life of abuse, servitude and inhumane treatment.

The term Modern Slavery captures a whole range of types of exploitation, many of which occur together. These include but are not limited to:

- Sexual exploitation – This includes but is not limited to sexual exploitation and sexual abuse, forced prostitution and the abuse of children to produce child abuse images/videos.
- Domestic servitude – This involves a victim being forced to work in predominantly private households, usually performing domestic chores and childcare duties. Their freedom may be restricted, and they may work long hours often for little or no pay, often sleeping where they work.
- Forced labour – Victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can happen in various industries, including construction,

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manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (nail bars).

- Criminal exploitation – This can be understood as the exploitation of a person to commit a crime, such as pick-pocketing, shoplifting, cannabis cultivation, drug trafficking and other similar activities that are subject to penalties and imply financial gain for the trafficker.
- Other forms of exploitation – Organ removal; forced begging; forced benefit fraud; forced marriage and illegal adoption.

REPORTING CONCERNS

Advice on Dealing with a disclosure

If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may not be in the best interests of the child
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what must be done next and who must be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Lead without delay

- Notify the school they are working in and share this disclosure with their DSP as this is where the disclosure took place. Share that fact with DSL at CHAT Youth Counselling.

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff or volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead as well as taking the situation to Supervision

Dealing with a Concern.

CHAT Youth Counselling uses MyConcern to report concerns digitally. If the person reporting a concern does not have access to this system any physical notes are attached and uploaded to the concern.

Individual schools have their own reporting forms which should be readily available to staff and volunteers. If a concern arises while on the premises at a school, the counsellor will report the concern as soon as possible to the school DSL (in accordance with the school's Safeguarding policy) and make a note on MyConcern that the school DSL has been informed. If necessary the CHAT DSL will check on the progress of this action by the school.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing on MyConcern. If the DSL is absent the REACH DSL at Youthworks will be rung for advice if it is an urgent concern.

If in doubt about recording requirements staff should discuss with the Designated Safeguarding Leads. The concern is automatically forwarded to the DSL. Keep what has happened confidential to the people who need to know, and as few as possible.

A member of staff can obtain support, through discussions with the DSLs, regarding their concerns and actions to be taken.

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When a child has made a disclosure, the member of staff or volunteer should:

- Record as soon as possible after the conversation. Use MyConcern (or schools recording sheet and then update MyConcern of summary and reported to school DSL
- Attach any additional notes to the case in MyConcern or hand to School DSL if in school.
- Volunteers to notify DSL of a concern as soon as possible and DSL will add to MyConcern
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries using a body map diagram (if appropriate)
- Record statements and observations rather than interpretations or assumptions.

All records must go onto MyConcern and be sent to the school's DSL promptly. No copies of forms should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

Making a referral to further services

If any member of staff is concerned about a child, he or she must inform the Designated Safeguarding Lead. The Designated Safeguarding Lead in school will decide whether the concerns should be referred to Children's Services if the disclosure was on school premises. If the young person was seen outside of school CHAT DSL will make this decision and may take advice on a non identifiable client basis from DSL in the

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REACH partnership. If it is decided to make a referral to Children's Services this will be discussed with the parents, **unless to do so would place the child at further risk of harm.**

Whilst it is the schools/CHATS's DSL role to make referrals, any staff member can make a referral to Children's Services via on-line form to MASH. If a child is in immediate danger or is at risk of harm (e.g., concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If staff or volunteers, in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the person receiving the disclosure must report this to the police after informing the Designated Safeguarding Lead Person. This is a mandatory reporting duty. See Keeping Children Safe in Education (DfE 2024).

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Particular attention will be paid to the attendance and development of any child about whom there are concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

The DSLs or Deputy DSLs **or any member of staff in their absence** shall refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern. Safeguarding Referrals must be made in one of the following ways:

- Telephone contact to the Multi-Agency Safeguarding Hub (MASH): 0300 126 7000 (Option 1)

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- Use the online referral form found at: ern.aspx
- https://northamptonshire-self.achieveservice.com/en/service/Make_a_children_s_referral_to_Northamptonshire_s_MASH
- In an emergency outside office hours, contact children's social care out of hours' team on 0300 126 7000 or the Police
- If a child is in immediate danger at any time, left alone or missing, contact the police directly and/or an ambulance using 999

How to deal with complaints about a member of staff

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates she/he will pose a risk of harm if they work regularly or closely with children.

This applies to any child the member of staff or volunteer has contact within their personal, professional or community life.

What staff or volunteers should do if they have concerns about safeguarding practices within their workplace?

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the setting's safeguarding arrangements.

Appropriate whistle blowing procedures, which are suitably reflected in policies, should be in place for such concerns to be raised with the CEO or Trustees.

If a staff member has concerns about another staff member, then this should be referred to the DSL Manager or DSL Trustee. Where there are concerns about the CBM, this should be referred to the Chair of Trustees, Craig Wilcox. In the absence of the Chair of Trustees, the Vice Chair should be contacted, Kathryn Newell

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the appropriate person in alignment with above lists. The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

That person will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer (formerly LADO):

- Multi-Agency Safeguarding Hub: 0300 126 7000 (Option 1)
- Designated Officers (formerly LADO) LADOConsultations@NCTrust.co.uk
- For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:
<http://www.northamptonshirescb.org.uk/schools/referrals-eha/designated-officer/>
- If the allegation meets any of the three criteria set out at the start of this section of the policy, contact should always be made with the Designated Officer (formerly LADO) without delay.

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- If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via its internal procedures.
- Where a staff member feels unable to raise an issue with their employer/through the whistle blowing procedure or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them:
- Multi-Agency Safeguarding Hub: 0300 126 7000 (Option 1)
- NSPCC whistle blowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.

If the allegation is about a staff member in a school, the CHAT DSL or CHAT staff member must pass the written Cause for Concern sheet to the Headteacher of the school involved or if it is relating to the Headteacher, the written concern should be passed to Chair of Governors as a matter of urgency or contact the Designated Officer at the local authority.

COMMUNICATION WITH PARENTS/CARERS

CHAT Youth Counselling will ensure the Child Protection Policy is available publicly either via the offices on request or on the website.

Parents/carers should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g., a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed

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- Leading to an unreasonable delay
- Leading to the risk of loss of evidential material.
- CHAT Youth Counselling may also consider not informing parent(s) where it would place a member of staff at risk.
- CHAT Youth Counselling will ensure that parents understand the responsibilities placed on them and their staff for safeguarding children.

CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

All staff or volunteers have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services and the Police).

If a child confides in a member of staff or volunteer and requests that the information is kept secret, it is important that the member of staff or volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead, they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This may not be in the best interests of the child.

Staff or volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

STAFF CODE OF CONDUCT

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The staff Code of Conduct outlines acceptable levels of staff behaviour and aims to protect staff from allegations of misconduct. During their induction training, new staff must be given the staff Code of Conduct and the Keeping Children Safe in Education (2024). Annexe A

Underlining principles - staff should:

- Be aware that the welfare of the child is paramount
- Understand their responsibilities to safeguard and protect children
- Be responsible for their own behaviour and avoid any conduct which could lead any reasonable person to question their motives and intentions
- Apply the same professional standards regardless of age, disability, race, colour, ethnic or national origin, gender, religion or belief, sexual orientation, marital status or trade union membership
- Know the name of the DSL and their deputies and report any concerns about the safety or welfare of a child to them.

Safe working practices

- Staff must treat information about children and their families discretely and not disclose confidential matters
- Staff should be careful not to misuse their power and influence over children
- Staff should ensure their behaviour always remains professional, including their dress, use of language and online communications which is or could be seen publicly
- Physical contact should be minimal, time limited, age appropriate and able to be justified
- In the case of first aid being needed, staff should contact the school first aider, or ring 111/999 as appropriate
- Staff should not offer lifts to children. Any impromptu or emergency arrangements of lifts should be recorded and should be able to be justified
- Staff should not receive gifts other than small tokens of appreciation

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- Staff should not give gifts other than as part of an agreed reward system or given to all children equally
- Staff should not engage in personal email or telephone communication with children, except for confirmation of appointments. This includes texting. Messaging, skypeing, chat rooms, social networking sites etc. In online sessions under 13s should be accompanied in the background by an adult. Counsellors should always ascertain who is in the room in an online session, even out of camera view.
- Any out of school/ office contact should be timetables and visible to CBM
- Appropriate social contact will be easily recognized and openly acknowledged
- Internet use should be according with CHAT policy and inappropriate content must not be accessed
- There should be no unauthorised photography of children
- Staff should guard against young people developing an infatuation with them and report any concerns to CHAT CBM
- Staff should be mindful of situations when working on 1:1 basis. Additional adult presence nearby is recommended. Access to telephone communication for assistance is a requirement
- Staff should be mindful of situations where a child or parent comes to depend on them for support outside their role and discuss this promptly with CHAT CBM
- Staff are in a position of trust and should never engage in any sexual relationship with service users. Communication must never be sexually suggestive.

IMPLEMENTATION, MONITORING AND REVIEW

The policy will be reviewed annually by the Trustees. It will be implemented through induction and training, and as part of day-to-day practice. Compliance with the policy will be monitored by the Manager and Trustees and through staff performance measures.

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Staff and Trustees will be asked to sign an annual declaration to confirm awareness of policy and procedures.

This policy will be reviewed annually by the Trustees Management Committee on anniversary of latest adoption.

Adopted	January 2018	
Reviewed	October 2024	
Next Review	October 2025	

ANNUAL SAFEGUARDING DECLARATION Year

Please sign and return to Kelly French (DSL) by <insert date>.....

I, _____<insert name>_____ have read

and am familiar with the contents of CHAT Youth Counselling Safeguarding and Child Protection Policy, as above, and understand my role and responsibilities as set out in it.

I am aware that the CHAT Youth Counselling Designated Safeguarding Leads are:

-
-

and I can discuss any concerns that I may have with them.

- I know that further guidance, together with copies of the documents mentioned
- above, are available on the Northamptonshire Safeguarding website.
-
- Signed: _____
- Role: _____
- Date: _____

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