



# Safeguarding Policy

## REGULATIONS AND STANDARDS

The procedures outlined in this policy are based on the principles and practice guidance contained in the following:

The Children's Act, 1989 and 2004.

London Child Protection Procedures and Practice Guidance updated 31st March 2020

<https://www.londoncp.co.uk/>, and Working Together to Safeguard Children, 2015 (reviewed July 2018)

The UN Convention on the Rights of the Child, 1989

The Human Rights Act, 1998.

The Protection of Children Act, 1999.

The Sexual Offences Act, 2003.

What to Do If You're Worried a Child is Being Abused – DfES, 2006

FGM Act 2003

## RELATED POLICIES

Anti-Bullying Policy

Safeguarding Children and Young people from Sexual Exploitation Policy

Divine Buzz Statement of Purpose

Safe Recruitment Policy

Complaints Policy and Procedure

Confidential Reporting

Whistleblowing Policy

Equality & Diversity Policy

Risk Assessments Policy

Health & Safety Policy

## REVIEW

This policy will be kept up-to-date, and reviewed as and when necessary, and in line with changes in legislation and safeguarding practice.



<b>Safeguarding Policy.....</b>	<b>1</b>
<b>Purpose.....</b>	<b>3</b>
<b>Prevention and action procedures.....</b>	<b>4</b>
<b>1. Staff recruitment and selection.....</b>	<b>4</b>
2. E-Safety guidelines.....	4
<b>3. First Aid Policy.....</b>	<b>6</b>
4. General and media consent.....	7
5. Lone working.....	9
<b>6. Safeguarding girls at risk of abuse through Female genital mutilation (FGM).....</b>	<b>11</b>
<b>7. Safeguarding children exposed to extremist ideology.....</b>	<b>13</b>
13. Child Criminal Exploitation.....	17
<b>14. Recognising abuse (Recognition–Risk Indicators) .....</b>	<b>20</b>
<b>15. Child sexual exploitation (CSE).....</b>	<b>24</b>
<b>16. Injuries caused whilst using restrictive physical interventions.....</b>	<b>25</b>
<b>17. Body Maps.....</b>	<b>26</b>
<b>18. Handling disclosures from children.....</b>	<b>27</b>
<b>19. Making a Referral.....</b>	<b>31</b>
<b>20. Allegations against Staff.....</b>	<b>35</b>
<b>21. Child death review process.....</b>	<b>37</b>
<b>22. Divine Buzz Safeguarding guidelines to staff/contractors/volunteers.....</b>	<b>38</b>
Terms.....	40
<b>The Divine Buzz Flowchart of what to do in the event of an allegation/suspicion of harm.....</b>	<b>43</b>
<b>Safeguarding Reporting Form.....</b>	<b>44</b>
<b>Child Protection Log.....</b>	<b>46</b>



## Purpose

The purpose of this policy is to protect people from any harm that might result from their coming into contact with Divine Buzz, particularly children, vulnerable adults, and beneficiaries. This includes harm arising from

- The conduct of staff, contractors, or volunteers with Divine Buzz
- The design and implementation of Divine Buzz's programmes and activities

The policy lays out the commitments of Divine Buzz and informs staff, contractors, and volunteers of their responsibilities about safeguarding.

## What is safeguarding?

In the UK, safeguarding means protecting people's health, well-being, and human rights and enabling them to live free from harm, abuse, and neglect.

In our sector, we understand it to mean protecting people, including children and at-risk adults, from harm that arises from coming into contact with our staff, contractors, volunteers, or programmes. Further definitions of safeguarding are provided in the glossary on Page 6 below.

## SAFEGUARDING VULNERABLE GROUPS (BARRED LISTS)

The Disclosure and Barring scheme is designed to give greater protection to vulnerable groups. As an organisation, we are obliged to check that potential new workers are not on the Barred List before allowing them to work for us. We are unable to employ anyone in a care capacity who is on this list.

We also have a duty to refer any worker to the Disclosure and Barring Service where we suspect any case of abuse. The Barred Lists are now managed by the Disclosure and Barring Service.

## Scope

- All staff contracted by Divine Buzz
- Associated individuals while engaged with group activities related to Divine Buzz, including but not limited to the following: consultants, volunteers; contractors; and programme visitors.

## Policy Statement

Divine Buzz believes that everyone we contact, regardless of age, gender identity, disability, sexual orientation, or ethnic origin, has the right to be protected from harm, abuse, neglect, and exploitation. Divine Buzz will not tolerate abuse and exploitation by staff, contractors, or volunteers.

This policy will address the following areas of safeguarding: child safeguarding, adult safeguarding, and protection from sexual exploitation and abuse.



Divine Buzz commits to addressing safeguarding throughout its work through the three pillars of prevention, reporting, and response.

# Prevention and action procedures

## 1. Staff recruitment and selection

Divine Buzz carries out comprehensive checks which assist in the safe recruitment and selection of staff, contractors and volunteers.

Prior to appointment, all staff, contractors and volunteers are subject to a Disclosure & Barring Service check at the enhanced level; candidates must also provide proof of identity through official documents and qualifications, and references are checked for authenticity.

All staff must provide a full employment history, with any gaps fully explained, and all appointments will be subject to a minimum of two references having been received (one of which must be the most recent employer) and checked unless there are circumstances where an individual has not yet accrued the required 2 years employment history. All contractor and volunteer appointments will be subject to a minimum of two work/ character references having been received and checked.

Referees will be reminded that references must not contain any material misstatement or omission relevant to the suitability of the applicant.

Even the most careful selection process cannot fully guarantee the suitability of candidates, and all new appointments will be subject to a probationary period of three months.

On commencement of duties, all staff participate in the staff support and development programme, which provides regular, planned, and supportive supervision, guidance, and development opportunities.

## 2.E-Safety guidelines

- Children and young people will be taught about E-Safety.

**Children and young people will be advised to be careful about what they share online:**



When choosing a profile picture for a social networking website like Facebook or Twitter, avoid photos that could give strangers clues about where you live. Check your privacy settings regularly. Think about what should be shared in public and what shouldn't be shared.

### **Learn about how you can take care of your digital footprints.**

The digital footprint is all the stuff you leave behind as you use the Internet. Comments on social media, WhatsApp calls, app use and email records – it's part of your online history and can potentially be seen by other people or tracked in a database. This happens in many ways:

- **Social Media** – All those friend tags, retweets, and Facebook comments (even private ones) leave a record. Make sure you know what the default privacy settings are for your social media accounts, and keep an eye on them. Sites often introduce new policies and settings that increase the visibility of your data. They may rely on you just clicking “OK” to whatever terms they are introducing, without reading them.
- **Mobile Phones, Tablets, or Laptops** – Some websites will build a list of different devices you have used to visit those sites. While this can often be used as a way to help secure your account, it is important to understand the information being collected about your habits.
- **Websites and Online Shopping – Retailers** and product review sites often leave cookies on your system which can track your movement from site to site, allowing targeted advertisements that can show you products you've been recently reading about or looking at online.

### **Think before you post:**

Don't upload or share anything you wouldn't want your parents, teachers, or friends seeing. Once you press send, it is no longer private. Avoid chats such as sexting (sexting is when people share a sexual message and/or a naked or semi-naked image, video or text message with another person) and stay in control.

### **Never share or reveal your passwords:**

Use strong passwords that are hard for others to guess, using a mix of letters and numbers. Keep passwords to yourself and change them regularly.

### **Be careful who you chat to:**

If somebody you don't know adds you as a friend, ignore them and delete their request.

Don't share personal information like your address or phone number with somebody you don't know.

### **Learn about the signs that someone abusive is grooming you online.**

When you notice that someone you have been chatting to online is showing signs of grooming, report this person to an adult immediately. A 'groomer' is someone who makes an emotional connection with someone to try and make them do things like:

- have sexual conversations online or by text messages
- send naked images of yourself, which is sometimes called sexting
- send sexual videos of yourself
- do something sexual live on webcam
- meet up with them in person.

They might be old or young. And they can be male or female.



Most of us talk to people online – it's a great way to stay connected. It can even be a good way of making new friends sometimes. But it's really important to understand the dangers of talking to someone you don't know.

### **The internet and abuse of children**

The internet has become a significant tool in the distribution of child pornography. Some adults/young people use it to establish contact with children with a view to grooming them for inappropriate or abusive relationships.

Divine Buzz will take all available steps to prevent misuse of the internet, and abuse of children through this medium, by ensuring that all computers used by the young people have appropriate parental control software installed. However, the young people will have access to the internet through a variety of other means, e.g., during home contact, at friends' homes, or through use of other people's mobile phones. As control can be limited, staff, contractors, and volunteers must pay attention to any discussion about internet use and must discuss safety around this with the young people.

Where there are concerns that a child is being groomed through the internet, this must be reported in line with the 'procedures/action to be taken in relation to suspicion or allegation of abuse as set out in the Safeguarding Policy.

## **3.First Aid Policy**

### **REGULATIONS AND STANDARDS**

All staff will receive First Aid training. Incorporated into this will be refresher training at regular intervals to ensure that their skills are maintained.

The Manager will monitor and ensure that staff/contractors/volunteers have adequate training.

All members of staff will be reviewed through supervision to demonstrate their continued competency in these procedures.

There will be a qualified First Aider on duty at all times.

A first aid box will be placed on the table inside the session room in front of the kitchen shutters and the names of the Aiders will be displayed on the wall on top of the first aid box.

The inventory must include the full quantity of each item stipulated in the box. When an item has been used, it should be replaced as soon as possible.

The administration of first aid must be recorded in the Accident Book (if there has been an accident). If the child or young person needs treatment from a medical professional, then the incident needs to be recorded in the incident book.



It is the responsibility of the staff/contractors and volunteers to complete the Accident Report Form (and an entry in the accident book) as soon as possible after the incident has occurred.

For the purpose of maintaining first aid supplies, the nominated person should keep a record of those supplies that are used for treatment purposes and reorder them as soon as possible.

## **Safe System of Work**

The following arrangements should be followed in order to ensure that suitable and sufficient provision of first aid personnel and equipment is available at Divine Buzz:

1. Staff should inform their Manager that their training certification period is nearing expiration (2 months minimum)
2. The manager must ensure that appointed persons are familiar with the identity and location of their nearest First Aider and first aid box
3. Ensure that an appointed person maintains first aid boxes to ensure that the contents have not expired and are checked monthly and refilled as necessary.
4. Ensure that all persons are familiar with the requirements of this Policy through information, instruction and training;

### **Divine Buzz should keep the following records:**

Accident Book to record any accidents.

## **4. General and media consent**

It is important that all participants give their consent before starting and joining any of the Divine Buzz activities. Divine Buzz collects information from the participants for respective purposes of participant information for different activities, sharing with the funders, safeguarding and health and safety. The joining form includes the sections below for which the joining participants have to express consent:

### **Data protection information**

Divine Buzz keeps the information collected in this form to enable us to understand the needs of participants in order to safeguard and deliver the most appropriate services.

Information about participants may be kept for the purposes of monitoring our equal opportunities policy and also for reporting back to funders.

We collect data for monitoring and evaluation purposes to fulfil our contractual obligation. The organisation is committed to processing data in accordance with its responsibilities under the GDPR.

If you would like more information about your consent, what it means for you and your information please visit our website in the [Resources](#) where you can find Divine Buzz's full Confidentiality and Data Protection policy.



### **Consent to the activities:**

“Activities may be recorded through photographs and video film both for the participant to celebrate their experiences but also for evaluation and promotional purposes by the Royal Borough of Greenwich/Divine Buzz. I agree that the images may be used in media or publicity materials and celebration publications produced by the Royal Borough of Greenwich/Divine Buzz. I understand that these images may be safely stored or archived digitally or manually and may be publicised in a variety of media forms including social network sites.”

### **Terms and Conditions:**

#### **Signing in**

All participants are required to register their name at the beginning of each session, for the purpose of Health & Safety and Safeguarding.

#### **Behaviour**

No play fighting or unnecessary physical contact is acceptable.

No smoking or drugs are allowed on the premises. Anyone caught drinking or using drugs will be ejected from the premises immediately. Bullying, swearing or name-calling is not acceptable and, will not be tolerated, any offender will be deregistered from the programme. Please be respectful towards our staff and volunteers. Do not be rude or abusive, we are here to help, and will do our best to answer all your queries. All children/ young people are required to follow the house roles.

#### **Equipment**

Participants must handle all equipment with extreme caution. It is important not to damage or abuse the resources and equipment.

#### **Personal Belongings**

Divine Buzz will not be held responsible for any lost property, please do not bring with you any valuables as we do not have storage for personal items.

#### **Food Sharing**

Food items are not to be shared among participants, anyone with dietary needs must indicate it on this form

#### **House Roles**

Every participant must abide by the rules set forth by Divine Buzz. It is not permitted for participants to change or disrupt the formation or schedule of planned activities. Participants are required to follow the guidelines of that building in which the session is taking place.

All the above are to the discretion of Divine Buzz Fitness staff and volunteers. The Manager has the final say on the decision to ban any participants who do not adhere to the above guidelines.



## 5. Lone working

Divine Buzz has a legal duty to ensure the health, safety and welfare of staff, contractors, and volunteers while at work or engaged in volunteer activity. At any given time, Divine Buzz ensures that staff, contractors, or volunteers work in a team, however, we may have occasional situations where they may be alone, either in our premises. We are responsible for assessing the risks to lone workers and taking steps to avoid or control the risks where necessary. Staff, contractors, and volunteers have responsibility to take reasonable care of themselves and others in lone working situations. Lone working is not inherently unsafe. Taking precautions can reduce the risks associated with working alone. These guidelines are designed for staff, contractors, and volunteers who either frequently or occasionally work or volunteer alone. It also refers to both high and low risk activities.

### **Definition**

The Health and Safety Executive defines lone workers as those who work by themselves without close or direct supervision. For example:

- People working separately from others in a building
- People who work outside 'normal' hours
- People who work away from their fixed base without colleagues
- People who work at home other than in low risk, office-type work

The definition covers staff, contractors, and volunteers in situations with varying degrees and types of risk. It is important to identify the hazards of the work and assess the risks involved before applying appropriate measures.

### **Potential Hazards of Working Alone**

People who work or volunteer alone will of course face the same risks in their work as others doing similar tasks.

However, additionally they may encounter the following:

Accidents or sudden illnesses may occur when there is no-one to call for help or first aid available

- Fire
- Violence or the threat of violence
- Lack of safe way in or out of a building for example, danger of being accidentally locked in
- Attempting tasks which cannot safely be done by one person alone

### **Measures to reduce the risk of lone working**

To reduce the risk for people working alone we carry out a risk assessment of the following issues, as appropriate to the circumstances:

- The environment – location, security, access.
- The context – nature of the task, any special circumstances.



- The individuals concerned – indicators of potential or actual risk.
- History – any previous incidents in similar situations.
- Any other special circumstances.

All available information should be taken into account and risk assessments should be updated as necessary. Where there is any reasonable doubt about the safety of a lone worker in a given situation, consideration should be given to sending a second worker or making other arrangements to complete the task.

In any situation where a member of staff, contractor, or volunteer is operating alone and feels unsafe, they must remove themselves from that situation immediately and report the incident to the Manager.

In any situation where a member of staff, contractors, or volunteer is operating alone and an incident occurs, this must be reported to the Manager as soon as possible. An incident is any situation where the health and safety of a member of staff, contractors, or volunteer is compromised and may include accidents, fire, violence or threat of violence (this is not exhaustive).

### **Supervision**

Lone workers are by definition not under constant supervision. We ensure that you understand the risks associated with your work and the relevant safety precautions.

Staff, contractors, or volunteers will be given training that covers lone working where appropriate during induction.

Staff, contractors, or volunteers new to a role where they may be lone working may need to be accompanied initially.

Regular contact by phone may be appropriate and we ensure that staff, contractors, or volunteers carrying out duties alone have a mobile phone available at all times to enable them to contact the office in the event of an emergency.

### **Accidents and Emergencies**

Staff, contractors, and volunteers operating alone should be made aware of the process for responding correctly to emergencies.

Staff, contractors, or volunteers who are alone in the office must inform (insert the appropriate person) and are responsible for adhering to security and fire regulations.

### **Conclusion**

Establishing safe working for lone workers is no different from organising the safety of other staff, contractors, or volunteers, but the risk assessment must take account of any extra risk factors.

Divine Buzz ensures that measures are in place to reduce risk and that expectations have been communicated to staff, contractors, and volunteers operating alone and appropriate training provided.

All staff, contractors, and volunteers, including lone workers, are responsible for following safe systems of work and should take simple steps to reduce the risks associated with carrying out their normal duties.

## 6. Safeguarding girls at risk of abuse through Female genital mutilation (FGM)

FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries, including the UK. It is essential that staff, contractors and volunteers are aware of FGM practices and the need to look for signs, symptoms, and other indicators of FGM. Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

### What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. Four types of procedure:

- Type One: Clitoridectomy – partial/total removal of clitoris
- Type Two: Excision – partial/total removal of clitoris and labia minora.
- Type Three: Infibulation – entrance to vagina is narrowed by repositioning the inner/outer labia.
- Type Four: All other procedures that may include: pricking, piercing, incising, cauterising, and scraping the genital area.

### Why is it carried out?

Those who carry out FGM believe that:

FGM brings status/respect to the girl (social acceptance for marriage)

- preserves a girl’s virginity
- part of being a woman/ rite of passage
- upholds family honour
- cleanses and purifies the girl; i.e. removes sexual desires and/urges
- gives a sense of belonging to the community
- fulfils a religious requirement
- perpetuates a custom/tradition
- helps girls be clean/hygienic
- is cosmetically desirable
- mistakenly believed to make childbirth easier

### Circumstances and occurrences that may point to FGM happening are:

- child talking about getting ready for a special ceremony
- family taking a long trip abroad

- child's family being from one of the 'at risk' communities (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea, as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia, and Pakistan)
- knowledge that the child's sibling has undergone FGM
- child talks about going abroad to be 'cut' or to prepare for marriage

### **Signs that may indicate a child has undergone FGM:**

- prolonged absence from school and other activities
- behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still and looking uncomfortable
- complaining about pain around genital area
- mentioning something somebody did to them that they are not allowed to talk about
- secretive behaviour, including isolating themselves from the group
- reluctance to take part in physical activity
- repeated urinary tract infection

### **Mandatory Reporting of Female Genital Mutilation [FGM]**

In response to the Mandatory Reporting Duty, which came into force on 31 October, 2015, the following requirement is due to be incorporated into the London Child Protection Procedures as part of the next update:

Where a professional, who is subject to the mandatory reporting duty, has either been told by a girl that she has had FGM or has observed a physical sign appearing to show that a girl has had FGM, s/he should personally report the matter to the police by calling 101.

In all other cases, professionals should follow normal safeguarding processes. This is in line with guidance produced by NHS England and the Metropolitan Police Service.

For further information please refer to the recently published Home Office statutory guidance 'Mandatory Reporting of Female Genital Mutilation' and note 'Annex A – FGM mandatory reporting process map'.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573782/FGM\\_Mandatory\\_Reporting\\_-\\_procedural\\_information\\_nov16\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf)



## 7. Safeguarding children exposed to extremist ideology

The guidance below is taken from a Safeguarding Board Report: ‘Guidance for working with children and young people who are vulnerable to the messages of radicalisation and extremism’

<https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/protecting-children-from-radicalisation>

The current threat from terrorism and extremism in the UK is real and severe and can involve the exploitation of vulnerable people, including children and young people. This can include involving them in extremist activity in the UK or abroad.

### **Understanding and Recognising Risks and Vulnerabilities of Radicalisation**

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist activity.

Extremism is 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 the armed forces.

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include exposure through the influence of family members or friends, and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.

Children and young people are vulnerable to exposure to, or involvement with, groups or individuals who advocate violence towards a political or ideological end.

Examples of extremist causes that have used violence to achieve their ends include animal rights, the far right, internal terrorist and international terrorist organisations.

Most individuals, even those who hold radical views, do not become involved in extremism. Numerous factors can contribute to and influence the range of behaviours that are defined as extremism. It is important to consider these factors in order to develop an understanding of the issue. It is also necessary to understand those factors that build resilience and protect individuals from engaging in violent extremist activity.

Safeguarding children and young people from radicalisation is no different from safeguarding them from other forms of harm. Indicators of vulnerability to radicalisation are the same as those you are already familiar with:

- family tensions
- a sense of isolation
- migration
- distance from cultural heritage



- experience of racism or discrimination
- feelings of failure, etc.

Those in the process of being radicalised may become involved with a new group of friends; search for answers to questions about identity, faith, and belonging; possess extremist literature or advocate violent actions; change their behaviour and language; or they may seek to recruit others to an extremist ideology.

It is important to note that children and young people experiencing these situations or displaying these behaviours are not necessarily showing signs of being radicalised. There could be many other reasons for the behaviour, including alcohol or drug abuse, family breakdown, domestic abuse, bullying, etc., or even something less worrying.

Be cautious in assessing these factors to avoid inappropriately labelling or stigmatising individuals because they possess a characteristic or fit a specific profile.

It is vital that all professionals who have contact with vulnerable individuals are able to recognise those vulnerabilities and help to increase safe choices. The risk of radicalisation is the product of several factors, and identifying this risk requires that staff, contractors, and volunteers exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified. Some children may be at risk due to living with, or being in direct contact with, known extremists. Such children may be identified by the police or through MAPPA processes. Note: MAPPA (Multi-Agency Public Protection Arrangements) is the process through which the police, probation and prison services work together with other agencies to assess and manage violent and sexual offenders in order to protect the public from harm.

## **Vulnerability / Risk Indicators**

Please note, the following lists are not exhaustive, and all or none may be present in individual cases of concern. Nor does it mean that vulnerable people/young people experiencing these factors are automatically at risk of exploitation for the purposes of extremism. The accepted view is that a complex relationship between the various aspects of an individual's identity determines their vulnerability to extremism. Oversimplified assessments, based upon demographics and poverty indicators, have consistently proven to increase victimisation, fail to identify vulnerabilities and, in some cases, increase the ability of extremists to exploit, operate, and recruit.

There is no such thing as a 'typical extremist', and those involved in extremism come from a range of backgrounds and experiences. The following indicators have been provided to support professionals to understand and identify factors that may suggest a child, young person, or their family may be vulnerable to, or be involved with, extremism.

### **8. Vulnerability**

**Identity Crisis** – Distanced from cultural/religious heritage and uncomfortable with their place in the society around them.



**Personal Crisis** – Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from an existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith, and belonging.

**Personal Circumstances** – Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of government policy.

**Unmet Aspirations** – Perceptions of injustice, feeling of failure, and rejection of civic life.

**Criminality** – Experiences of imprisonment; poor resettlement/reintegration; previous involvement with criminal groups.

## 9. Access to extremism/extremist influences

- Is there reason to believe that the child/young person associates with those known to be involved in extremism, either because they associate directly with known individuals, or because they frequent key locations where these individuals are known to operate? (E.g., the child/young person is the friend, partner, spouse, or family member of someone believed to be linked with extremist activity.)
- Is there evidence to suggest that the child/young person is accessing the internet for extremist activity? (E.g., use of closed network groups, access to, or distribution of, extremist material, contacts associates covertly via Skype, email, etc.)
- Is there reason to believe that the child/young person has been, or is likely to be, involved with extremist/military training camps/locations?
- Is the child/young person known to have possessed, or is actively seeking to possess, and/or distribute extremist literature/other media material likely to incite racial/religious hatred or acts of violence?
- Does the child/young person sympathise with, or support, illegal/illicit groups, e.g., propaganda distribution, fundraising, and/or attendance at meetings?
- Does the child/young person support groups with links to extremist activity, but not illegal/illicit, e.g., propaganda distribution, fundraising, and/or attendance at meetings?

## 10. Experiences, Behaviours, and Influences

- Has the child/young person encountered peer, social, family, or faith group rejection?
- Is there evidence of extremist ideological, political, or religious influence on the child/young person from within or outside the UK?
- Have international events in areas of conflict and civil unrest had a personal impact on the child/young person, resulting in a noticeable change in behaviour?

It is important to recognise that many people may be emotionally affected by the plight of what is happening in areas of conflict (e.g., images of children dying); it is also important to differentiate these children and young people from those who sympathise with, or support, extremist activity.



- Has there been a significant shift in the child/young person's behaviour or outward appearance that suggests a new social/political or religious influence?
- Has the child/young person come into conflict with family over religious beliefs, lifestyle, or dress choices?
- Does the child/young person communicate support for terrorist attacks, either verbally or in their written work?
- Has the child/young person witnessed or been the perpetrator/victim of racial or religious hate crime or sectarianism?

### **11. Travel**

- Is there a pattern of regular or extended travel within the UK, with other evidence to suggest that this is for purposes of extremist training or activity?
- Has the child/young person travelled for extended periods of time to international locations known to be associated with extremism?
- Has the child/young person employed any methods to disguise their true identity?
- Has the child/young person used documents or cover to support this?

### **12. Social Factors**

- Does the child/young person have experience of poverty, disadvantage, discrimination or social exclusion?
- Does the child/young person experience a lack of meaningful employment appropriate to their skills?
- Does the child/young person display a lack of affinity or understanding for others or social isolation from peer groups?
- Does the child/young person demonstrate identity conflict and confusion normally associated with youth development?
- Does the child/young person have any learning difficulties or mental health support needs?
- Does the child/young person demonstrate a simplistic or flawed understanding of religion or politics?
- Does the child/young person have a history of crime, including episodes in prison?
- Is the child/young person a foreign national, refugee, or awaiting a decision on their immigration/national status?
- Does the child/young person have insecure, conflicted, or absent family relationships?
- Has the child/young person experienced any trauma in their lives, particularly any trauma associated with war or sectarian conflict?
- Is there evidence that a significant adult or other in the child/young person's life has extremist views or sympathies?

### **More critical risk factors could include:**

- Being in contact with extremist recruiters

- Articulating support for extremist causes or leaders
- Accessing extremist websites, especially those with a social networking element
- Possessing extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining extremist organisations
- Significant changes to appearance and/or behaviour

## 13. Child Criminal Exploitation

### **CCE and Grooming**

CCE can take several forms for example, children may be forced to or manipulated into transporting drugs or money through county lines, working in drug factories such as cannabis factories, shoplifting or even pickpocketing. In other cases, they may be forced to or manipulated into committing vehicle crime or threatening/committing serious violence to others.

The children and young people are recruited through a process called ‘grooming’ which is a process that involves the offender building a relationship with a child, and sometimes with their wider family, gaining their trust and a position of power over the child, in preparation for abuse." (CEOP, 2022)

Grooming can happen anywhere, including: online, in organisations, or in public spaces (also known as street grooming)

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt.

They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others.

As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation. Staff, contractors, and volunteers should look out for certain behaviours since the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however staff, contractors, and volunteers should be aware that girls are at risk of criminal exploitation too.

### **Recognising that a child is being groomed**

It's rare for a child to tell an adult about being groomed.



### **Children may not feel able to seek help because they**

- are unaware that they're being groomed
- believe they are in a caring relationship and are worried about jeopardising it
- are scared of what the groomer will do if they speak out
- don't want to get the groomer in trouble
- blame themselves for getting involved in the relationship
- are ashamed or worried about sharing what's happened to them with other people.

### **Signs a child is being groomed include:**

- sudden changes in behaviour, such as spending more or less time online
- spending more time away or going missing from home or school
- being secretive about how they're spending their time, including when using online devices
- having unexplained gifts, big or small
- misusing alcohol and/or drugs
- having a friendship or relationship with a much older person
- developing sexual health problems
- using sexual language you wouldn't expect them to know
- seeming upset or withdrawn
- mental health problems

Signs of grooming can easily be mistaken for 'typical' teenage behaviour, but you may notice unexplained changes in behaviour or personality or inappropriate behaviour for their age.

If a child does speak out, you should reassure them that they've done the right thing in telling you, and that what's happening to them is not their fault.

### **Advice to children and young people on how groomers start their grooming process and how to spot the signs and stop communication immediately:**

Groomers gain trust by:

- pretending to be someone they're not, for example saying they are the same age as the child online
- offering advice or understanding
- buying gifts
- giving the child attention
- using their professional position or reputation
- taking the child on trips, outings or holidays

Once they've established trust, groomers will exploit the relationship by isolating the child from friends or family and making the child feel dependent on them. Groomers will use power and control to make a child believe they have no choice but to do what the groomer wants. They may use the methods below:



Secrets: Groomers may introduce 'secrets' as a way to control or frighten the child. Sometimes they will blackmail the child or make them feel ashamed or guilty to stop them telling anyone about the abuse.

Manipulation: Groomers use a range of strategies to entrap a child and manipulate them. They present themselves as approachable, likeable and having shared interests with the child they are targeting.

## **Online Grooming**

Groomers can use social media, instant messaging apps or online gaming platforms to connect with a young person or child. It's easy for groomers to hide their identity online – they may pretend to be younger than they are, and then chat and become 'friends' with children.

Groomers can use multiple online platforms to contact the same child. They can spend time learning about a young person's interests from their online profiles and posts, and then use this knowledge to help them build up a relationship. Then, once a relationship has been established, they might encourage the child to communicate using a private or encrypted messaging service (NSPCC 2020, IICSA, 2020).

Groomers may look for:

- usernames or comments that are flirtatious or have a sexual meaning
- public comments that suggest a child has low self-esteem or is vulnerable.

However, groomers don't always target a particular child. Sometimes they'll send messages to hundreds of young people and wait to see who responds.

The online environment makes it easier for groomers to target several children at once and this makes their grooming process much quicker.

Groomers don't need to meet children in real life to abuse them. After making online contact, a groomer may convince a child to meet in person. However, groomers can also sexually exploit children and young people by persuading them to take part in online sexual activity.

Social media and other online platforms are also used to groom children to involve them in criminal exploitation, for example county lines (Children's Society, 2019).

## **Vulnerable groups of children to grooming:**

Grooming can affect any child regardless of age, gender, race or socio-economic background.

However, children who may be particularly vulnerable include:

- looked after children and children known to social care
- children who are exploring their sexuality and identity online
- those with special educational needs and learning difficulties (SEND), for example those who experience social and communication difficulties
- children with low self esteem and confidence (those who might be lacking and seeking validation)
- children who have limited awareness about online risks

- those whose online activity isn't appropriately supervised or monitored
- children who aren't in mainstream education, for example due to school exclusion.

### **How to protect children from grooming**

It's important for all professionals working with children to be aware of the following:

Staff, contractors, and volunteers should keep up-to-date with training on safeguarding regarding grooming, especially:

- what grooming is
- signs of grooming displayed by children
- typical grooming behaviours.

### **Empowering children and preventing grooming**

Staff, contractors, and volunteers working with children and young people should help empower them to recognise and speak out about abuse. This includes:

- teaching children and young people about healthy relationships
- helping children and young people develop the awareness and skills needed to keep safe online
- helping children to identify the safe people and places they are happy to go to for support.

## **14. Recognising abuse (Recognition–Risk Indicators)**

### **Emotional Abuse**

Recognition of emotional abuse is based on observation, over time, of the quality of relationships and interactions between carers/parents and the child. Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- developmental delay
- abnormal attachment between a child and parent/carer, e.g., anxious
- indiscriminate or no attachment,
- aggressive behaviour towards others
- scapegoated within the family
- frozen watchfulness, particularly in pre-school children
- low self-esteem and lack of confidence

- withdrawn or seen as a ‘loner’ – difficulty relating to others
- attention-seeking
- oppositional behaviour
- unhappiness
- anxiety

**Carer/parent (the following may all be factors):**

- high on criticism and low on warmth
- inappropriate and inconsistent developmental expectations of child
- emotionally/psychologically distant and unresponsive to child’s emotional needs
- persistent negative comments about the child
- distorted, misleading, and confusing communication with child
- mental health difficulties
- substance misuse
- dysfunctional family relationships, including domestic violence
- poor attachment relationship with child

**Sexual Abuse**

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs, and indications are likely to be emotional/behavioural.

There may be no recognisable signs of sexual abuse and children may not feel able to disclose this to anyone.

**However, the following indicators may be present:**

- inappropriate sexualised conduct
- sexually explicit behaviour, play, or conversation inappropriate to the child’s age
- continual and inappropriate or excessive masturbation
- self-harm (including eating disorder), self-mutilation, and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners
- an anxious unwillingness to remove clothes, e.g., for sports events (but this may be related to cultural norms or physical difficulties)

**Some physical indicators associated with this form of abuse are:**

- pain or itching of genital area
- blood on underclothes

- pregnancy in a younger girl where the identity of the father is not disclosed
- physical symptoms such as injuries to the genital or anal area; bruising to buttocks, abdomen, and thighs; sexually transmitted disease; presence of semen on vagina, anus, external genitalia, or clothing
- genital injuries
- sexually transmitted diseases
- pregnancy
- developmental abnormalities, e.g., precocious puberty
- anal bleeding/abnormalities.

**Some behavioural indicators associated with this form of abuse are:**

- Sexually inappropriate behaviour, i.e., provocative or age-inappropriate, self-harm (especially cutting)
- drug and alcohol abuse
- psychosomatic complaints
- extreme changes in behaviour, e.g., aggression, withdrawal, hyperactivity, sadness, depression, loss of self-esteem

**Sexual Abuse by young people**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate, or abusive will hinge around the related concepts of true consent, power imbalance, and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour, such as indecent exposure, obscene telephone calls, fetishism, bestiality, and sexual abuse against adults, peers, or children.

**Developmental sexual activity** encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional, and behavioural relationships with each other. Such sexual activity is essentially information-gathering and experience-testing. It is characterised by mutuality and the seeking of consent.

**Inappropriate sexual behaviour** can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person.

It should be recognised that some actions may be motivated by information-seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is ‘acting out’, which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educational inputs may be enough to address the behaviour.

**Abusive sexual activity includes any behaviour involving coercion, threats, or aggression, together with secrecy, or where one participant relies on an unequal power base.**



## **Neglect**

Evidence of neglect is built up over time and can cover different aspects of parenting. Patterns of neglect are recognisable in the child through the behaviour of the parent/carer. It is usually the result of a combination of factors. Indicators include:

- failure by parents or carers to meet basic essential needs, e.g., adequate food, clothes, warmth, hygiene, and medical care
- a child seen to be listless, apathetic, and unresponsive, with no apparent medical cause
- failure of child to grow within normal expected pattern, with accompanying weight loss
- child thrives away from home environment
- child frequently absent from school
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods

## **Physical signs**

- untreated/unmanaged medical conditions
- inadequate clothing; unkempt/dirty appearance
- frequent accidents or injuries; growth/weight problems, e.g., under/over weight

## **Developmental signs**

- developmental delays, particularly speech and language; poor attention or concentration
- lack of self-confidence/low self-esteem
- failure to educationally achieve.

## **Behavioural signs**

- attachment disorders
- withdrawn behaviour with poor social skills
- indiscriminate friendliness with strangers, seeking physical comfort/closeness
- offensive behaviour
- destructive or attention-seeking behaviour
- socially unresponsive
- non-attendance at school
- substance misuse
- running away
- promiscuity

## **Home environment**

- dirty, unhygienic conditions
- dangerous, hazardous environment
- inadequate heating/ventilation
- lack of stimulation, e.g., no toys, books, TV

### **Parental factors**

- Although not definitive, risk factors which are associated with abuse include:
- substance misuse (drugs/alcohol)
- mental ill health (either parent/carer or young person)
- domestic violence
- parental learning disability
- social isolation
- physical disability

## **15. Child sexual exploitation (CSE)**

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

### **Signs and risk indicators include:**

#### ***Physical signs:***

- repeat sexually transmitted infections
- injuries from physical assault, physical restraint, sexual assault
- drug or alcohol misuse
- in girls, repeat pregnancy, abortions, miscarriage

#### ***Behavioural signs:***

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern

- contact with, and possible development of, relationship with someone older
- regular absence/late return/going missing with no plausible explanation
- drug use/abuse
- adults loitering outside premises, or picking up young person in cars
- extreme secrecy by young person about where they are going/whom s/he is meeting
- moving around the country, appearing in new towns or cities, not knowing where they are going
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders, getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership

## 16. Injuries caused whilst using restrictive physical interventions

On rare occasions, children and young people could be injured during the use of restrictive physical intervention; unfortunately, this can occur even when appropriate techniques are being employed. Where very minor injuries, such as bruising or scratches, have occurred, the Designated Safeguarding Officer will need to use their professional judgement in determining whether the injury warrants referral to the local area children's services team.

If any doubt exists regarding whether the injury has reached the threshold for referral, then the safeguarding officer must seek advice and guidance from the Local Authority Designated Officer.

However, a referral should always be made if any of the following criteria apply:

The young person receives an injury that is more serious than very minor bruising or abrasions that have arisen accidentally from properly used physical restraint

The young person wishes to complain about the manner in which they have been restrained

The parent or carer of a young person makes a complaint about the use of restrictive physical intervention



## 17. Body Maps

When injuries occur, either from the use of physical controls or as a result of suspected abuse, a young person should always be encouraged to seek medical support and examination. However, there may be some occasions when, for a variety of reasons, the young person is reluctant to or refuses to consent to a medical examination.

The young person may be willing to show a member of staff/contractor/volunteer with whom they have a high trust relationship marks, bruises, or abrasions, etc.. In such circumstances, it would be appropriate to record these marks, bruises, or abrasions on a body map. It is not sufficient to merely record the location of any marks or bruises; it is essential that any such records are supported with a written description detailing the location, size, colour, or any other significant factor.

It is always preferable for a young person who has incurred an injury to be medically examined. The use of body maps is intended as a short-term measure to contemporaneously record injuries at a time when a young person may be so distressed that they are refusing to consent to medical examination.

Under no circumstances should staff attempt to conduct intimate examinations of young people. If any doubt exists regarding the appropriateness of the use of body maps, advice should be sought from the local area children's services team.

### **Risk Assessment**

On-going risk assessments of Divine Buzz activities will be carried out to identify areas and situations of high, medium, and low risk of danger.

In the case of safeguarding, they will identify areas and times when young people may be more vulnerable.

The assessments will also consider identifying areas where staff/contractors/volunteers may become vulnerable to allegation e.g., being alone with children. They will also refer to staff selection procedures and the use of volunteers.

### **Procedures/action to be taken in relation to suspicion or allegation of abuse**

#### ***Safety***

The immediate safety of the child is the priority. All staff/contractors/volunteers must always act in the best interests of the child/young person, whose welfare is of paramount importance. If staff/contractors/volunteers have concerns about the safety or welfare of a child, even if there is no firm evidence to substantiate child abuse or risk of significant harm, action must always be taken.



Advice should be sought from the manager. It is important to ensure that the child is not left in a vulnerable position where the abuse could continue. If necessary, urgent medical attention/advice should be sought. Whenever a member of Divine Buzz staff/contractors/volunteers suspects that a child has suffered abuse, or is told of allegations of child abuse, or that the child is at risk of suffering abuse, she/he must inform the manager, or an appropriate senior member of staff, immediately.

Always act on the side of caution and report concerns quickly rather than adopting a policy of wait and see. This is crucial where there are allegations against, or suspicions about, a member of staff/contractor/volunteer or where there may be abuse of one child by another. Failure to report such concerns promptly can lead to suspicion of collusion or a cover-up.

## 18. Handling disclosures from children

Always stop and listen straight away to someone who wants to tell you about incidents of, or suspicion of, abuse.

Be alert to the fact that, when a child discloses information about abuse to a member of staff, it may be done obliquely, rather than directly, and may be limited in detail.

Children and young people often tell other young people, rather than staff or other adults, about abuse and these young people may then pass this information to staff.

An abused child is likely to be under severe emotional stress and the staff member may be the adult with whom the child feels safe to talk. When the child discloses in confidence, the member of staff will need to display tact and sensitivity in responding. The member of staff will need to reassure the child, and retain his/her trust.

In the event of an incident, the member of staff or volunteer is required to complete an incident report and immediately inform the DSO or their line manager. If there is a concern, the member of staff or volunteer is required to record the concerns and inform the DSO or their line manager. They are to reassure the child or children that what has happened is not their fault and retain their trust. They are to explain the need to inform other professionals. In any discussion with the child or children, they must

### **DO:**

- be accessible and receptive
- listen carefully
- take it seriously
- reassure the child that s/he is right to tell
- negotiate getting help
- find help quickly

Make careful records of all that was said, using the child's own words, as soon as is practicable following the disclosure. Date, time, and sign the record. This record may be used in subsequent legal proceedings.

### **DO NOT:**

- jump to conclusions
- directly question the child
- try to get the child to disclose all of the details
- speculate or accuse anybody
- make promises you cannot keep
- ask leading questions that could give your own idea of what may have happened.
- prompt (e.g., "Did he do X to you?"). Instead ask, "What do you want to tell me?" or, "Is there anything else you want to say?"
- give a guarantee that whatever has been said will be kept confidential.

### **If you are told about abuse, you have a responsibility to report it (see below).**

If asked, explain that, if you are going to be told something very important that involves the young person's safety and it needs to be sorted out, you will need to tell the people who can do this, but that you will only tell people who must know.

*Discuss with the Safeguarding Lead whether any steps need to be taken to protect the person who has told you about the abuse. (This may need to be discussed with the person who told you).*

### **Self-harming and suicidal behaviour**

Any child or young person who self-harms, or expresses thoughts about this or about suicide, must be taken seriously, and appropriate help and intervention should be offered at the earliest point. Any practitioner who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with the child or young person without delay.

### **Definitions from the Mental Health Foundation (2003) are:**

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury.
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury.
- Suicide is self-harm, resulting in death.
- Deliberate self-harm is a common precursor to suicide, and children and young people who deliberately self-harm may kill themselves by accident.
- Self-harm can be described as a wide range of behaviours that someone does to themselves in a deliberate and usually hidden way.
- In the clear majority of cases, self-harm remains a secretive behaviour that can go on for a long time without being discovered.

- Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.
- The indicators that a child or young person may be at risk of taking actions to harm themselves, or attempt suicide, can cover a wide range of life events, such as bereavement, bullying at school, or a variety of forms of cyber bullying (often via mobile phones), homophobic bullying, mental health problems, including eating disorders, family problems such as domestic violence and abuse, or any form of child abuse, as well as conflict between the child and parents.

**The signs of the distress the child may be under can take many forms, and can include:**

- cutting behaviours
- other forms of self-harm, such as burning, scalding, banging, hair pulling
- self-poisoning
- not looking after their needs properly, emotionally or physically
- direct injury such as scratching, cutting, burning, hitting oneself, swallowing, or putting things inside the body
- staying in an abusive relationship
- taking risks too easily
- eating distress (anorexia and/or bulimia)
- addiction, for example, to alcohol or drugs
- low self-esteem and expressions of hopelessness

**An assessment of risk should be undertaken at the earliest stage and should consider the child or young person's:**

- level of planning and intent
- frequency of thoughts and actions
- signs of depression
- signs of substance misuse
- previous history of self-harm or suicide in the wider family or peer group
- delusional thoughts and behaviours
- feelings of being overwhelmed and without any control of their situation

Any assessment of risks should be talked through with the child or young person and regularly updated, as some risks may remain static whilst others may be more dynamic, such as sudden changes in circumstances within the family or school setting.

- The level of risk may fluctuate, and a point of contact with a backup should be agreed to allow the child or young person to make contact if they need to.



- The research indicates that many children and young people have expressed their thoughts prior to taking action, but the signs have not been recognised by those around them, or have not been taken seriously.
- In many cases, the means to self-harm may be easily accessible, such as medication or drugs in the immediate environment, and this may increase the risk of impulsive actions.
- If the young person is caring for a child, or is pregnant, the welfare of the child or unborn baby should also be considered in the assessment.
- A supportive response, demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance.

Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

**Staff, contractors, and volunteers SHOULD talk to the child or young person and establish:**

- If they have taken any substances or injured themselves
- What is troubling them
- How imminent or likely self-harm might be
- What help or support the child or young person would wish to have
- Who else may be aware of their feelings, and explore the following in a private environment, not in the presence of other pupils or patients, depending on the setting
- How long they have felt like this
- If they are at risk of harm from others
- If they are worried about something
- If young person has health or any other problems, such as relationship difficulties, abuse, or sexual orientation issues
- What other risk-taking behaviour they may have been involved in
- What they have been doing that helps
- What they are doing that stops the self-harming behaviour from getting worse
- What can be done in school or at home to help them with this?
- Generally, how they are feeling at the moment
- What needs to happen for them to feel better

**DO NOT:**

- panic or try quick solutions
- dismiss what the child or young person says
- believe that a young person who has threatened to harm themselves in the past will not carry it out in the future

- disempower the child or young person
- ignore or dismiss the feelings or behaviour
- see it as attention-seeking or manipulative
- trust appearances, as many children and young people learn to cover up their distress

## 19. Making a Referral

If a referral is necessary, the matter must be reported to the relevant social services safeguarding team as a matter of priority. However, this does depend on the circumstances of the suspected/reported abuse.

Staff, contractors, and volunteers with a complaint or concern relating to safeguarding should report it immediately to the **Designated Safeguarding Officer (DSO) (Richard Nyarko, Mobile number 07539019395)** or the **Deputy DSO (Ellen Otchere, Mobile Number 07952922324)**. If the staff, contractor, or volunteer feels, for any reason, cannot report it to the **Designated Safeguarding Officer** (for example, if they feel that the report will not be taken seriously or if that person is implicated in the concern), they may report it to a director or senior member of staff.

The Board of Directors nominated **Richard Nyarko, Mobile number 07539019395** to be the safeguarding lead. The responsibilities here include, but are but not limited to advising, supporting and guiding the board on all safeguarding matters. If any safeguarding matters arise, the safeguarding lead has to act quickly to ensure that any further harm or damage is minimised. They have to then report the matter to all relevant agencies. Additionally, they will be responsible for handling and recording the matter in a secure and responsible way.

**The Greenwich LADO contact details are as follows:**

Telephone: 020 8921 3930

Email: [childrens-LADO@royalgreenwich.gov.uk](mailto:childrens-LADO@royalgreenwich.gov.uk)

[childrens-LADO@royalgreenwich.gov.uk.cjism.net](mailto:childrens-LADO@royalgreenwich.gov.uk.cjism.net)

Relevant information, on a referral form, must be passed to Social Services and should include the child's name, address, date of birth, racial origin, telephone contact numbers of parents/carers, and details of the allegation.

An accurate written record must be kept of all that has occurred. The written record must include a factual account of what is alleged to have occurred, or has been said, using the child's own words, including any visible marks or injuries. This record must show the time and date and must be signed. (See the Section 10 on handling disclosures from children).

Professionals should aim to work in partnership with parents by attempting to discuss any concerns they have and, where possible, seeking their agreement to making a referral.

Permission should be sought from a person holding parental responsibility for the child before discussing a referral with other agencies, unless seeking permission may place a child at risk of significant harm, or prejudice a criminal investigation.



Should the Manager making the referral be in any doubt as to who should contact the parents and when, she/he may ring the placing authority team or local authority safeguarding team for advice.

When a child requires medical attention and there is suspicion of abuse, Social Services, in liaison with the named doctor for child protection, will advise the referring worker where the child should be taken, and by whom (e.g. Accident and Emergency Department, Paediatrician or G.P).

If the child has an injury that appears life threatening, or requires urgent attention, then an ambulance should be called (999) without delay, and Social Services informed of the action taken.

The child must be accompanied at all times by a responsible adult, who will be identified in discussion with Social Services, the child, and Divine Buzz.

Any staff member/contractor/volunteer working for Divine Buzz who has reason to believe that a child has been abused, must inform the Manager. If the concern relates to any of these people, the Manager or another Director must also be informed, as detailed in Section 1: Allegations against staff.

### **Information sharing and consent**

No single professional can have a full picture of a child's needs and circumstances and, if children and young people are to receive the right help at the right time, everyone who meets them has a role to play in identifying concerns, sharing information, and taking prompt action.

Personal information about our children and young people is normally subject to a duty of confidence and would not normally be disclosed without the consent of the young person. However, The Children's Act, 1989, allows disclosure of confidential information necessary to safeguard the welfare of children.

Consent to share information, including any referrals that will be made, should be sought from the young person and the referring local authority representative. The exception to this would be if gaining consent would increase the potential risk to the child, or in cases of suspected sexual abuse or fabricated/induced illness by proxy.

Children must not be promised confidentiality, but must be reassured that information will be shared on a need-to-know basis only, and will be treated as confidential. All matters relating to child protection are confidential, and care must be taken with whom the information is shared. However, all staff must be aware that they have a professional responsibility to share information with other agencies to safeguard children.

Do not give a guarantee to a child that whatever has been said will be kept confidential. If you are told about abuse, you have a responsibility to report it. If asked, explain that, if you are going to be told something very important that involves the young person's safety and it needs to be sorted out, you will need to tell the people who can do this, but that you will only tell people who have to know.

Matters related to Child Protection (CP) are of a confidential nature. The designated person will therefore share detailed information about a young person and other staff members on a need-to-know basis only.



All staff must be aware that they have a professional responsibility to share information with other relevant agencies where necessary to safeguard and promote the welfare of children.

We shall develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attendance at CP case conferences wherever possible and providing reports as a matter of course. We shall contribute to multi-agency assessments of children's needs where appropriate.

### **Supporting Children and Families**

Children subject to a safeguarding referral and investigation will need much more support than in general, and staff/contractors and volunteers will need to consider carefully the support systems and procedures in advance.

Staff/contractors and volunteers will need to make themselves available for such children to express their concerns in a confidential way, if they so wish.

The minimum that Divine Buzz can offer is a secure environment in which the child feels valued and protected.

Staff/contractors and volunteers may offer support to the family of a child involved in a safeguarding investigation, but staff/contractors and volunteers will need to remember the limits of confidentiality placed on them, and that the welfare of the child is paramount.

Staff/contractors and volunteers will work with other agencies, as appropriate, in order to ensure that children are safeguarded.

### **Record Keeping**

The principles of Divine Buzz' Case Recording Policy and Staff/Contractor/Volunteer Code of Conduct must be adhered to, and all Child Protection concerns must be recorded in line with the Divine Buzz's recording procedures, including maintaining a Child Protection Log.

An accurate written record of all that has occurred must be made and filed in the Child Protection section of the young person's file. All relevant reports and meeting minutes, e.g., Directors/ Staff Meeting minutes, must also be placed in the Child Protection section of the file.

Weekly updates should refer briefly to child protection issues, without recording specific details, and must be cross-referenced to full details, which are usually kept in the Child Protection section of the young person's file. In some cases, this information may be stored separately, e.g., to provide tighter confidentiality, where this has been agreed with the young person, and it is not necessary for all staff to know specific information, or where concerns relate to a member of staff.

A summary record must be made in the child protection log held in the safeguarding file of the concern, the action taken, and the outcome.

***Any requests to provide statements for either the police or courts should be referred immediately to the safeguarding Designated officer.*** Evidence derived from a Child Protection Investigation, e.g., statements, exhibits, transcripts of video-recorded interviews with children, may be made available for



use in subsequent disciplinary proceedings, prior to which availability must be discussed at a Directors/ Staff Meeting.

***Records should not be photocopied unless permission has been sought from the Manager.*** Written records should be kept of all concerns, whether or not there is a need to refer the matter immediately and these records are to be kept securely, separate from the main young person file, and in locked locations.

### **Marks and Injuries:**

Whilst exercising duty of care for children, staff may gain information regarding injuries sustained by a child. If the injury is clearly visible, it should be recorded, with the explanation given by the child, using body map diagrams to mark the site of the injury. An indication of size and colour must be recorded also. Where non-accidental injury is alleged, or suspected, the member of staff must inform the Manager, or Responsible Individual in their absence, as soon as possible, and s/he will need to make a referral in line with the above procedure.

Where an injury is not visible, a member of staff/contractor/volunteer **must not ask children to remove clothing, or undress a child in order to see if there are any marks.** Arrangements will need to be made for the child to be seen by an appropriate medical examiner, either via the local social services assessment team following a referral, or directly with the child's GP or local A&E if there is no reason to suspect abuse.

### **Directors/ Staff Meetings and Investigative Interviews**

The investigating authority will hold a Directors/ Staff meeting, to plan the action to be taken, and by whom, in relation to the referral. The Manager/Responsible Individual must attend the meeting and, prior to attendance, must appraise him/herself of the relevant information relating to the young person and the referral. For example, full referral details, young person's background, contact details of key people, chronology of any previous concerns, any observed signs or indicators of abuse.

Where a case of child abuse is suspected, and the investigating agencies wish to interview a child, *consent for the interview must be obtained*, either from the child (if the child is of sufficient age and understanding), or from the persons with parental responsibility for the child, or via a Court Order. Divine Buzz staff/contractors/volunteers are not able to give consent.

The child may make a request for a member of staff/contractor/volunteer, in whom they have confidence, to act as a supporting adult during the interview. The decision will be made by the investigating team, in conjunction with the child, person with parental responsibility, and the social worker, and in liaison with the relevant Divine Buzz staff/contractor/volunteer (unless contact with any of these persons would prejudice the process or place the child at risk).

An appropriate staff member/contractor/volunteer should always accompany the young person to and from the interview. The staff member/contractor/volunteer must also help to prepare the young person for the interview by discussing the process, what to expect, and offering support and reassurance. However, the details of the alleged or suspected abuse must not be discussed. The staff member/contractor/volunteer



will need to first familiarise him/herself with the joint investigation and interview process, if not already aware, by discussion with the Manager, and by reading the relevant sections in the local area safeguarding children board procedures.

## 20. Allegations against Staff

See Section 7 (Allegations against staff or volunteers who work with children) of the London Safeguarding Children Board Child Protection Procedures. (<http://www.londoncnp.co.uk/>)

### **What to do if an allegation is made against staff**

The Safeguarding Designated Office (DSO) is responsible for managing allegations against staff/contractors and volunteers. In the absence of the Safeguarding Designated Officer (DSO), the Manager will act as the designated person.

Should an allegation of abuse be made that relates to a member of staff/contractor/volunteer from Divine Buzz, the designated person must report the matter to the Greenwich LADO, and must also inform the Police where a criminal offence may have been committed.

*In the event of an allegation being made about the Manager, the receiving staff/contractor/volunteer must report the matter to the Safeguarding Designated Officer (DSO) and notify all the relevant people.*

*In the event of an allegation against the Manager, the Directors should be informed, and vice versa.*

If immediate action is required to secure the safety of children, or for any other reason, it is the responsibility of the Manager to take such action, in consultation with the Safeguarding Designated Officer (DSO) or Directors (which could include *suspending a member of staff/contractor/volunteer*).

If the Safeguarding Designated Officer and relevant social services team deem there to be sufficient grounds, a Directors/ Staff Meeting with representatives from all relevant agencies will be convened by Social Services, where decisions will be made regarding the course of action to be taken.

If the Directors/ Staff Meeting establishes that there are sufficient grounds for further investigation, there will be a discussion about the need to remove the staff member/contractor/volunteer from the situation whilst an investigation is undertaken, if this has not already been done.

Where suspension is recommended, the Manager, or Directors, must consult to discuss the steps to be taken in suspending the staff member/contractor/volunteer, which will be determined by the Disciplinary Procedure. Appropriate support for those involved will also be arranged during this consultation.

*The suspension of any staff member/contractor/volunteer is a traumatic experience, and for this reason, despite the need to act quickly, it is essential that the facts of a case are considered carefully when determining whether to suspend.*



The decision to suspend is taken by the Manager, in consultation with the Directors, and not by the police or Social Services. However, Social Services, in collaboration with other agencies, may give advice to ensure the protection of children and staff members/contractors/volunteers, and the safeguarding of information.

*Suspension is intended as a neutral act to protect the interests of all concerned, and does not imply blame or punishment.* This must be communicated at the point of suspension and reiterated throughout the investigative process.

The person initiating the suspension will be the manager, who may be accompanied by the Safeguarding Designated Officer (DSO). The DSO or directors will initiate suspension in the event of an allegation made against the manager.

### **Support for a member of staff/contractor/volunteer during a period of suspension**

At the point of suspension, the staff member/contractor/volunteer will be allocated a contact who will keep them updated on proceedings, process matters, and offer emotional support.

When practical, a meeting will be held with the staff member/contractor/volunteer where it will be explained that an allegation has been made in connection with possible child abuse and that the member of staff/contractor/volunteer is being suspended pending investigation of the matter. The staff member/contractor/volunteer has the right to be accompanied to this meeting by a colleague or, where applicable, a union representative.

### **Where a meeting is not practical, the staff member/contractor/volunteer will be contacted via telephone. The staff member/contractor/volunteer will be told:**

- that she/he will continue to receive normal pay where applicable
- the anticipated suspension period, if known
- of other rules (e.g. that s/he must not return to the workplace, or contact the young person or members of staff)
- to return any special items required (e.g. keys, laptops, mobiles, etc.) where applicable
- of a named point of contact at Divine Buzz during the period of suspension, for matters not relating to the allegation, and for support
- the name of the person to contact for support

These arrangements must be confirmed in writing to the employee within four calendar days of the allegation being made and handed to the employee or posted to his/her home address via recorded delivery.

### **Disciplinary Investigations into Child Protection Allegations Made Against Staff/contractor/volunteer**

Disciplinary action will not be taken in circumstances that could interfere with a child protection investigation. Child protection investigations will be treated as paramount, and further disciplinary action



may have to wait until completion of child protection and criminal investigation. Disciplinary action, if appropriate, must then be undertaken as soon as possible.

When child protection and criminal investigations are proceeding, the decision to also investigate under disciplinary procedures will be discussed and agreed upon at the Directors'/Staff Meeting. If neither child protection nor criminal proceedings are considered appropriate, the manager, in consultation with the Designated Safeguarding Officer (DSO), will decide whether to investigate under the appropriate disciplinary procedure and, if applicable, appoint a person to do so.

In the case of the manager becoming the subject of an allegation, this will be a matter for the Designated Safeguarding Officer (DSO) or directors. The matter must be investigated in line with Divine Buzz' Disciplinary Procedures, and a formal disciplinary hearing convened.

As investigations and hearings relate to child protection concerns, a decision must be reached on the appropriate course of action, based on whether the allegation has been sustained 'on the balance of probability' rather than 'beyond reasonable doubt'.

Evidence derived from a child protection investigation, e.g., statements, exhibits, and transcripts of video-recorded interviews with children, may be made available for use in subsequent disciplinary proceedings, prior to which availability must be discussed at a directors'/staff meeting. Where allegations are unsubstantiated, the manager is responsible for ensuring that a return to work is handled smoothly and sensitively.

## 21. Child death review process

***The Local Safeguarding Children Partnership (LSCP)*** is the key statutory mechanism for agreeing on how the relevant agencies in each local area will cooperate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do. The Children Act 2004 requires each local Children Partnership authority to establish a Safeguarding Partnership.

***Working Together to Safeguard Children: In July 2018***, Multi-Agency Safeguarding Arrangements set out in detail the arrangements for the work of each Local Safeguarding Children Partnership.

LSCPs should undertake reviews of cases where abuse or neglect of a child is known or suspected and either a child has died or a child has been seriously harmed and there is cause for concern as to the way in which the authority, their partners or other relevant persons have worked together to safeguard the child.

LSCPs should develop procedures and agency and professional roles to ensure that serious case reviews are undertaken when required and that the process and outcome are efficient and effective.

Serious case reviews are not enquiries into how a child died or who is culpable; that is a matter for Coroners and Criminal Courts to determine, as appropriate. The Designated Safeguarding Officer (DSO) may refer a case to the local authority – social services if it is believed that there are important lessons for inter-agency working to be learned from the case.



The Secretary of State for the Department for Education (DfE) has powers to demand an inquiry be held under the Enquiries Act, 2005. The local authority social services should always consider whether a serious case review should be conducted:

- where a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development through abuse or neglect
- where a child has been subjected to particularly serious sexual abuse
- if their parent has been murdered and a homicide review is being initiated
- if the child has been killed by a participant with a mental illness
- if the case gives rise to concerns about inter-agency working to protect children from harm

Each relevant service should undertake a separate management review of its involvement with the child and family. Relevant independent professionals (including GPs) should contribute reports of their involvement. Designated professionals should review and evaluate the practice of all involved health professionals and providers within the PCT area. Agency reports should differentiate between recorded fact, opinion, and third-party information.

The purpose of serious case reviews and the sharing of findings is to establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children and to identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result, thus leading to improved inter-agency working and better safeguarding to promote the welfare of our participants.

## **22. Divine Buzz Safeguarding guidelines for staff/contractors/volunteers**

### **Divine Buzz responsibilities**

Divine Buzz will:

- Ensure all staff, contractors, and volunteers have access to, are familiar with and know their responsibilities under this policy.
- Design and undertake all its programmes and activities in a way that protects people from any risk of harm that may arise from their coming into contact with Divine Buzz. This includes how information about individuals in our programmes is gathered and communicated.
- Implement stringent safeguarding procedures when recruiting, managing, and deploying staff, contractors, and volunteers.
- Ensure staff receive training on safeguarding at a level commensurate with their role in the organisation.
- Follow up on reports of safeguarding concerns promptly and according to due process.

### **Staff responsibilities**



## **Child safeguarding**

Divine Buzz staff, contractors, and volunteers must not:

- Engage in sexual activity with anyone under the age of 18
- Sexually abuse or exploit children
- Subject a child to physical, emotional, or psychological abuse or neglect.
- Engage in commercially exploitative activities with children, including child labour or trafficking.
- Cannot use or share the pictures/videos of children captured whilst undertaking duties for Divine Buzz outside of the company.

## **Adult safeguarding**

Divine Buzz staff, contractors, and volunteers must not:

- Sexually abuse or exploit at-risk adults
- Subject an at-risk adult to physical, emotional, or psychological abuse or neglect.

## **Protection from sexual exploitation and abuse**

Divine Buzz staff, contractors, and volunteers must not:

- Exchange money, employment, goods, or services for sexual activity.
- Engage in sexual relationships with beneficiaries/participants while remaining an employee/contractor of Divine Buzz.

Additionally, Divine Buzz staff, contractors, and volunteers are obliged to

- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding Policy
- Report any concerns or suspicions regarding safeguarding violations by a Divine Buzz staff member, contractors, or volunteers to the appropriate staff member.

## **Enabling reports**

Divine Buzz will ensure that safe, appropriate, and accessible means of reporting safeguarding concerns are available to staff, contractors, and the volunteers we work with.

Divine Buzz's policy on "Disclosure of Malpractice in the Workplace" (Whistleblowing Policy) protects employees, contractors, and volunteers who report problems or concerns through official channels.

Divine Buzz will also accept complaints from external sources such as public members, partners, and official bodies.

## **How to report a safeguarding concern**

Staff, contractors, and volunteers with a complaint or concern relating to safeguarding should report it immediately to the **Safeguarding Designated Officer (Richard Nyarko)**. If the staff, contractor, or



volunteer feels, for any reason, that they cannot report it to the **Designated Safeguarding Officer** (for example, if they feel that the report will not be taken seriously or if that person is implicated in the concern), they may report it to the **Deputy DSO (Ellen Otchere)**. For reference, the safeguarding policy and the safeguarding report form are in the [Divine Buzz Knowledge Bank](#) in your personal folder, and the safeguarding flow chart is on Page 43 of this policy. A copy of the safeguarding report form is also on page 44 of this policy.

## Response

Divine Buzz will follow up on safeguarding reports and concerns based on policy, procedure, and legal and statutory requirements (see 'Procedures for reporting and responding to safeguarding concerns' in Associated Policies).

Divine Buzz will apply appropriate disciplinary measures to staff, contractors, and volunteers found in breach of policy.

Divine Buzz will support survivors of harm caused by staff, contractors, or volunteers, regardless of whether a formal internal response is carried out (such as an internal investigation).

## Confidentiality

It is essential to maintain confidentiality at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need-to-know basis and kept secure at all times.

## Safeguarding training

All staff, contractors and volunteers must undertake safeguarding training prior to working with children, young people and vulnerable adults.

The Designated Safeguarding Officer must attain a designated safeguarding officer training and a Level 3 certificate in safeguarding, and training should be refreshed every year or when there are significant changes in practice.

The staff, contractors, and volunteers must attain a Level 2 certificate in safeguarding, and training should be refreshed every year or when there are significant changes in practice.

## Terms

### Child

A **person** below the age of 18



## **Harm**

Psychological, physical and any other infringement of an individual's rights

### **Psychological harm**

Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as name-calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation

### **Protection from Sexual Exploitation and Abuse (PSEA)**

The term is used by the humanitarian and development community to refer to the prevention of sexual exploitation and abuse of affected populations by staff, contractors or volunteers. The term derives from the United Nations Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13)

### **Safeguarding**

In the UK, safeguarding means protecting people's health, wellbeing, and human rights and enabling them to live free from harm, abuse, and neglect

In our sector, we understand it to mean protecting people, including children and at-risk adults, from harm that arises from coming into contact with our staff, contractors, contractors and volunteers, or programmes.

One donor definition is as follows:

Safeguarding means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse, and harassment, from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur.

This definition draws from our values and principles and shapes our culture. It pays specific attention to preventing and responding to harm from any potential, actual, or attempted abuse of power, trust, or vulnerability, especially for sexual purposes.

Safeguarding applies consistently and without exception across our programmes, partners, staff, contractors, and volunteers. It requires proactively identifying, preventing, and guarding against all risks of harm, exploitation, and abuse and having mature, accountable, and transparent systems for response, reporting, and learning when risks materialise. Those systems must be survivor-centred and also protect those accused until proven guilty.

Safeguarding puts beneficiaries and affected persons at the centre of all we do.

### **Sexual abuse**

The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

### **Sexual exploitation**

The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. This definition includes human trafficking and modern slavery.

### **Survivor**



The person who has been abused or exploited. The term ‘survivor’ is often used in preference to ‘victim’ as it implies strength, resilience, and the capacity to survive, however, it is the individual’s choice how they wish to identify themselves.

### **At-risk adults**

Are Sometimes also referred to as vulnerable adults. A person who may require care because of mental or other disability, age, or illness; and who is or may be unable to take care of himself or herself or unable to protect him or herself against significant harm or exploitation.

**Safeguarding Designated Officer: Richard Nyarko**

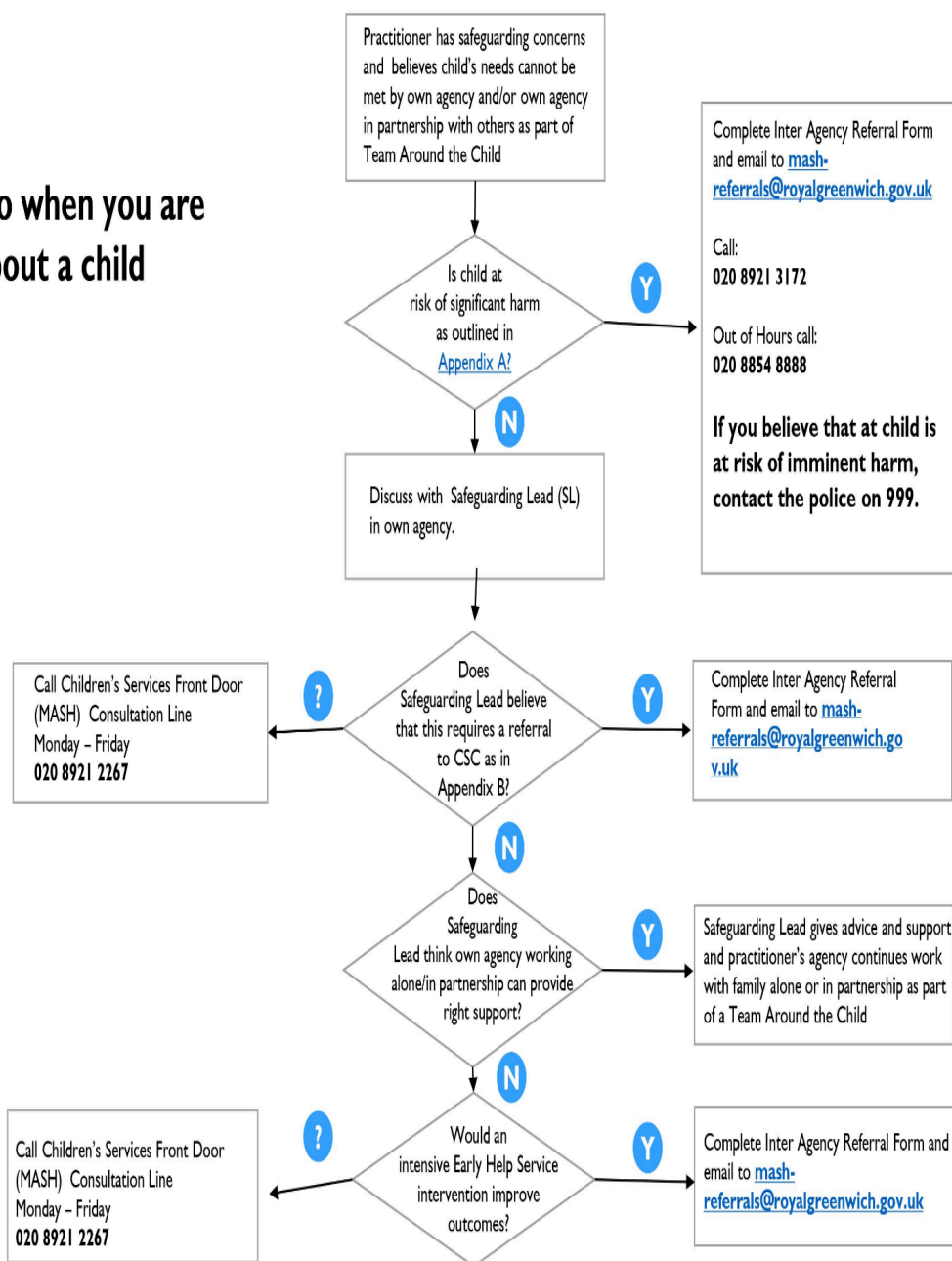
**Date of last review: 30/01/2026**

**Date of next review: 30/01/2027**

# The Divine Buzz Flowchart of what to do in the event of an allegation/suspicion of harm

*At a glance:*

**What to do when you are worried about a child**





# Safeguarding Reporting Form

This form should be used to record safeguarding concerns relating to Children and/or Vulnerable persons. In an emergency please do not delay in informing the police or social services. All the information must be treated as confidential and reported to the Designated Safeguarding Officer within one working day or the next working day if it's a weekend.

The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken. Please complete the form as fully as possible.

<b>Your details – the person completing the form</b>	<b>Name:</b> _____	<b>Position:</b> _____
	<b>Phone number:</b> _____	
	<b>Email address:</b> _____	
<b>Details of the person affected</b>	<b>Name:</b> _____	<b>Position:</b> _____
	<b>Phone number:</b> _____	
	<b>Email address:</b> _____	

**Details of the incident (please describe in detail using only the facts)**





# Child Protection Log

<b>Name of the child/young person and address</b>	
<b>Date of Birth</b>	
<b>Gender and racial origin</b>	
<b>Contact numbers of the parent/carers</b>	
<b>Date and Time</b>	
<b>Nature of case</b>	
<b>Reported by: Name of Staff/contractor/ volunteer</b>	
<b>Action taken</b>	
<b>Action that is planned for the future</b>	
<b>Record keeping</b>	A copy of this incident report will be held in the office of the manager. After consultation with the directors, please retain this file note for six years.