

Procedure for children at possible risk of abuse

Abergavenny Orchestral Society

This procedure applies to all members of Abergavenny Orchestral Society, the Musical Director, and the Leader who may be concerned about the safety and protection of a child. It also applies to other people working with Abergavenny Orchestral Society, or participating in activities or events organised by Abergavenny Orchestral Society. Hereafter referred to as Members and Associates

Purpose and aim of this procedure

We aim to ensure those children who participate in activities or events organised by Abergavenny Orchestral Society, and any other children who may come to the attention of Abergavenny Orchestral Society, receive the protection and support they need if they are at risk of abuse. This procedure provides clear direction to all Members and Associates if they have concerns that a child is in need of protection.

Different types of abuse

Physical abuse is violence causing injury or occurring regularly during childhood. It happens when:

- a child is hurt or injured by being hit, shaken, squeezed, thrown, burned, scalded, bitten or cut
- someone tries to drown or suffocate a child
- someone gives a child poison, alcohol or inappropriate drugs
- someone fabricates the symptoms of, or deliberately induces, illness in a child.

In some cases the injuries will be caused deliberately. In others they may be accidental but caused by the child being knowingly put at risk.

Sexual abuse occurs when someone uses power or control to involve a child in sexual activity in order to gratify the abuser's own sexual, emotional or financial needs or desires. It may include:

- forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening
- encouraging children to behave in sexually inappropriate ways
- showing children pornographic material or involving them in the production of such material
- involving children in watching other people's sexual activity or in inappropriate discussions about sexual matters.

Emotional abuse is persistent or severe emotional ill-treatment of a child that is likely to cause serious harm to their development. It may include:

- persistently denying the child love and affection
- regularly making the child feel frightened by shouts, threats or any other means
- hurting another person or a pet in order to distress a child
- being so over-protective towards the child that they are unable to develop or lead a normal life
- exploiting or corrupting a child, eg by involving them in illegal behaviour

- conveying to a child the message that they are worthless, unlovable, inadequate, or their only value is to meet the needs of another person. This may or may not include racist, homophobic or other forms of abuse.

Neglect involves persistently failing to meet a child's physical, psychological or emotional needs. It may include:

- failing to ensure that a child's basic needs for food, shelter, clothing, health care, hygiene and education are met
- failing to provide appropriate supervision to keep a child out of danger. This includes lack of supervision of particular activities or leaving a child alone in the house.

Female Genital Mutilation (FGM) (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It is practised by families for a variety of complex reasons but often in the belief that it is beneficial to the girl or woman. FGM is practised in 28 African countries as well as in parts of the Middle East and Asia. The practice is illegal in the UK. The girls may be taken to their countries of origin so that FGM can be carried out during the summer holidays, allowing them time to 'heal' before they return to school. Some girls may have FGM performed in the UK. FGM is child abuse and a form of violence against women and girls.

From October 2015 it is mandatory to report to the police any act of FGM.

Child Sexual Exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some indicators of children being sexually exploited are:

- going missing for periods of time or regularly being late
- appearing with unexplained gifts or new possessions
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends
- suffering from sexually transmitted infections
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse and displaying inappropriate sexualised behaviour.

The facts:

- A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other sexual touching
- Sexual activity with a child under 16 is also an offence
- It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person
- Non consensual sex is rape whatever the age of the victim
- If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

CSE is therefore a child protection issue for all children under the age of 18. Where it comes to our notice that a child under the age of 13 is, or may be, sexually active this will result in immediate referral to Children's Services.

Child criminal exploitation: County Lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young

people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered.

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

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

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

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

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

- <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/signs-symptoms-effects/>
- <http://www.refuge.org.uk/get-help-now/support-for-women/what-about-my-children/>
- <http://www.safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

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

If Members or Associates have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the DSL (or deputy). As appropriate, they will activate local

safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Forced marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage.

Radicalisation

Protecting children from the risk of radicalisation should be seen as part of wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

We should be aware of the increased risk of online radicalisation, as terrorist organisations such as ISIL (aka ISIS) seek to radicalise young people through the use of social media and the Internet.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, we should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. We should use our own judgement to identify children who might be at risk of radicalisation and act proportionately.

Examples of ways in which people can be vulnerable to radicalisation and the indicators that might suggest an individual might be vulnerable:

- indicators that an individual is engaged with an extremist group, cause or ideology include:
 - spending increasing time in the company of other suspected extremists
 - changing their style of dress or personal appearance to accord with the group
 - their day-to-day behaviours becoming increasingly centred around an extremist ideology, group or cause
 - loss of interest in other friends and activities associated with the extremist ideology, group or cause
 - possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups)
 - attempts to recruit others to the group/cause/ideology
 - communications with others that suggest identification with the group/cause/ideology.
- indicators that an individual has an intention to use violence or other illegal means include:
 - clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills
 - using insulting or derogatory names or labels for another group
 - speaking about the imminence of harm from the other group and the importance of action now
 - expressing attitudes that justify offending on behalf of the group, cause or ideology
 - condoning or supporting violence or harm towards others
 - plotting or conspiring with others.
- indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:
 - having a history of violence
 - being criminally versatile and using criminal networks to support extremist goals

- having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction)
- having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

These examples are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experience will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability. We should understand when it is appropriate to make a referral to the Channel programme. Channel is a programme which focusses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. An individual's engagement with the programme is entirely voluntary at all stages.

Peer on peer abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Sexual violence and sexual harassment between children can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Members and Associates should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Members and Associates should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.
- not tolerating or dismissing sexual violence or sexual harassment as 'banter', 'part of growing up', 'just having a laugh' or 'boys being boys'.
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

What is Sexual violence and sexual harassment?

Sexual violence

It is important to be aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

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

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

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

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

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

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

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names.
- sexual 'jokes' or taunting.
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes, displaying pictures, photos or drawings of a sexual nature.
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - non-consensual sharing of sexual images and videos
 - sexualised online bullying
 - unwanted sexual comments and messages, including, on social media
 - sexual exploitation, coercion and threats

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If Members and Associates have a concern about a child or a child makes a report to them, they should follow the referral process as set out at the end of this guidance. As is always the case, if anyone is in any doubt as to what to do they should speak to the DSL (or a deputy).

Ways that abuse might be brought to your attention

- a child might make a direct disclosure about themselves
- a child might make a direct disclosure about another child
- a child might offer information that is worrying but not a direct disclosure
- a Member or Associate might be concerned about a child's appearance or behaviour or about the behaviour of a parent or carer towards a child
- a parent or carer might make a disclosure about abuse that a child is suffering or at risk of suffering
- a parent or carer might offer information about a child that is worrying but not a direct disclosure.

Talking to a child who has told you that they or another child is being abused

- Reassure the child that telling someone about it was the right thing to do.

- Tell them that you now have to do what you can to keep them (or the child who is the subject of the allegation) safe.
- Let the child know what you are going to do next and who else needs to know about it.
- Let the child tell their whole story. Do not try to investigate or quiz the child, but make sure that you are clear as to what they are saying.
- Ask the child what they would like to happen as a result of what they have said, but do not make or infer promises you cannot keep.
- Give the child the ChildLine phone number: 0800 1111.

Helping a child in immediate danger or in need of emergency medical attention

- If the child is in immediate danger and is with you, remain with them and call the police
- If the child is elsewhere, contact the police and explain the situation to them
- If they need emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from one of the nominated first aiders
- If a first aider is not available, use any first aid knowledge that you may have yourself to help the child
- You also need to contact the Designated Safeguarding Lead (DSL), their deputy, or the Chairman, to let them know what is happening.

A decision will need to be made about who should inform the child's family and the local authority children's social care department, and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision. Consider the welfare of the child in your decision making as the highest priority.

Issues that will need to be taken into account are:

- the child's wishes and feelings
- the parent's right to know (unless this would place the child or someone else in danger, or would interfere with a criminal investigation)
- the impact of telling or not telling the parent
- the current assessment of the risk to the child and the source of that risk
- any risk management plans that currently exist.

Once any immediate danger or emergency medical need has been dealt with, follow the steps set out in the flowchart at the end of this document.

Keeping a record of your concerns

Use the reporting form to record the concern and how it is dealt with. The relevant sections of the form should be completed and signed at each stage of the procedure. It can be used to forward information to the statutory child protection authorities if a referral to them is needed.

The form should be signed and dated by all those involved in its completion and kept confidentially. The name of the person making the notes should be written alongside each entry.

Useful contact details

Designated Safeguarding Lead: Heather Leighton – 07920 408583

Deputy Designated Safeguarding Lead: Bethan Barlow – 07929 357779

Chairman: Peter Geraghty - 07930 164604

Local police: 01633 838111

Local authority children's social care department: 01633 644644

NSPCC Helpline: 0808 800 5000 or help@nspcc.org.uk

ChildLine: 0800 1111 (textphone 0800 400 222) or www.childline.org.uk

Reporting child protection concerns

If a child is in need of emergency medical attention or in immediate danger, follow the procedure set out in the section on helping a child in immediate danger or in need of emergency medical attention.

You should then take the steps set out in the flowchart on the next page to ensure the concern is dealt with.

Member or Associate has concerns about a child's safety or welfare



Member or Associate makes notes of their concerns using the reporting form, and discusses them with DSL. The deputy DSL or the Chairman should also be involved in discussion.



If the child's family does not already know about the concern, the Member, Associate or DSL discusses it with them unless:

- a family member might be responsible for abusing the child
- someone may be put in danger by the family being informed
 - informing the family might interfere with a criminal investigation.

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the local authority children's social care department.



If there is still uncertainty about the concerns, the DSL (or their deputy, or the Chairman, if the DSL is not available) can discuss with children's social care department or with NSPCC Helpline without disclosing the identity of the child/family.



Concerned
DSL refers to local authority children's social care department and confirms in writing within 24 hours.



No longer concerned
No further child protection action needed. Member or Associate and DSL decide whether to discuss the initial concern with other services (eg school) to ensure that the child's needs are being met elsewhere.

Monitoring and review

The DSL is responsible for reviewing this procedure.
This procedure will be reviewed every two years.

Date of last review:

Date of next review:

Signed:.....Designated Safeguarding Lead

Signed:.....Chairman