

# 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.

### **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.

## **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](mailto:help@nspcc.org.uk)

ChildLine: 0800 1111 (textphone 0800 400 222) or [www.childline.org.uk](http://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