



How We Keep Young People Safe Protecting Children and Young People

Keeping children and young people safe is our priority and at the very heart of our work. We do this by creating a safe non-judgemental environment and positive relations built on trust. Barnabas is committed to those practices which safeguard children and young people. Staff within the organisation accept and recognise our responsibilities to develop awareness of safeguarding issues with our employees and volunteers and work with relevant agencies and services where necessary to prevent abuse.

Protecting children and young people includes:

- Safeguarding policy and procedure
- County Lines guidance
- Code of Behaviour for Trustees, Staff and Volunteers
- Whistleblowing policy

Important numbers:

Designated Safeguarding Officer –	Hayley Brown, 01670 517721 or 07394561775
NCC Emergency Duty Team -	01670 536400
NSPCC Helpline -	0808 800 5000
Childline -	0800 1111

Policy review

This policy will be next reviewed and updated April 2022



SAFEGUARDING POLICY AND PROCEDURE

1. Policy Aims and Objectives

- 1.1 Barnabas is committed to those practices which safeguard children and young people. Staff within the organisation accept and recognise our responsibilities to develop awareness of safeguarding issues with our employees and work with relevant agencies and services where necessary to prevent abuse.
- 1.2 This Policy has been developed to ensure that Barnabas refers to key legislation, the Childrens Act (1989), Working Together to Safeguard Children (2018), The Children Leaving Care Act (2000) and Safeguarding Vulnerable Groups Act (2006)
- 1.3 In writing this Policy, Barnabas has considered the following principles:
 - the welfare of children, young people, staff and clients is paramount;
 - all children, young people, staff and clients, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse;
 - all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately;
 - all staff have a responsibility to report concerns to their Manager.

2. Policy Statement

- 2.1 To fulfil statutory responsibilities Barnabas will ensure arrangements are put in place to create and maintain a safe environment. An environment where all reasonable measures are taken to ensure that risks of harm are minimised and welfare concerns are identified and addressed.
- 2.2 Our aim is to safeguard children, young people, staff and clients and to meet statutory responsibilities by:
 - adopting safeguarding guidelines through procedures;
 - sharing information about safeguarding good practice with employees;
 - sharing information about concerns with agencies who need to know, and involving employers as appropriate.
 - carefully following the procedures for recruitment and selection of staff;
 - providing effective management for staff through support, supervision and training;
 - making a commitment to review our policy and good practice regularly.
- 2.3 This policy sets out agreed guidelines relating to the following areas:
 - responding to allegations of abuse, including those made against staff and customers;



- supervision of organisational activities.

3. Definitions of abuse

- 3.1 These definitions are based on those from Working Together to Safeguard Children (Department of Health, Home office, Department for Education and Employment, 1999)

Physical abuse

- 3.2 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child or vulnerable adult.
- 3.3 Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child or vulnerable adult whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children or “Munchausen Syndrome by proxy” after the person who first identified this situation.
- 3.4 A person might do this because they enjoy or need the attention they get through having a sick child/vulnerable adult.
- 3.5 Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional abuse

- 3.6 Emotional abuse is the persistent emotional ill treatment of a child/vulnerable adult such as to cause severe and persistent adverse effects on the child’s/vulnerable adult’s emotional development. It may involve making a child/vulnerable adult feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.
- 3.7 It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children/vulnerable adults to feel frequently frightened or in danger, or the exploitation or corruption of a child/vulnerable adult.
- 3.8 Some level of emotional abuse is involved in all types of ill treatment of a child/vulnerable adult, though it may occur alone.

Sexual abuse

- 3.9 Sexual abuse involves forcing or enticing a child/vulnerable adult to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.



- 3.10 Sexual abuse may also include non-contact activities, such as involving children/vulnerable adults in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children/vulnerable adults to behave in sexually inappropriate ways.
- 3.11 Boys and girls can be sexually abused by both males and or females, by adults and by other young people. This includes people from all different walks of life.

Neglect

- 3.12 Neglect is the persistent failure to meet a child's/vulnerable adult's basic physical and or psychological needs, likely to result in the serious impairment of the child's/vulnerable adults health or development. It may involve a parent or a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- 3.13 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

Child Sexual Exploitation (NSPCC, 2018)

- 3.14 Child sexual exploitation (CSE) is a type of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity.
- 3.15 Children and young people in sexually exploitative situations and relationships are persuaded or forced to perform sexual activities or have sexual activities performed on them in return for gifts, drugs, money or affection.
- 3.16 CSE can take place in person, online or both. This may arise from a range of factors including age, gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. Sexual exploitation is a hidden crime. Young people have often been groomed into trusting their abuser and may not understand they are being abused.

Child sexual exploitation online

- 3.17 When sexual exploitation happens online, young people may be persuaded or forced to have sexual conversations by text or online, send or post sexually explicit images of themselves or/and take part in sexual activities via a webcam or smartphone. (Hamilton-Giachritsis et al, 2017)



- 3.18 Abusers may threaten to send images, video or copies of conversations to friends and family unless they take part in further activity, images or videos may continue to be shared long after the sexual abuse has stopped.

Female Genital Mutilation (FGM) (<https://learning.nspcc.org.uk/child-abuse-and-neglect/fgm>)

- 3.19 FGM is the partial or total removal of the external female genitalia for non-medical reasons. It is often performed by someone who has little or no medical training who uses instruments such as knives, scalpel, scissors, glass or razor blades. Children are rarely given anaesthetic or antiseptic treatment and are forcibly restrained.

3.20 There are four main types of FGM:

- Type 1 (clitoridectomy) – removing part or all of the clitoris
- Type 2 (excision) – removing part or all of the clitoris and cutting the inner and/or outer labia
- Type 3 (infibulation) – narrowing the vaginal opening
- Type 4 – other harmful procedures to the female genitals including pricking, piercing, cutting, scraping or burning (NHS Choices, 2016)

- 3.21 Female Genital Mutilation Act (2003) and the Serious Crime Act (2015) make FGM illegal in the UK. It is a form of child abuse and violence against women. It can be extremely dangerous and can cause; severe pain, shock, bleeding, infection such as tetanus, HIV and hepatitis B and C, organ damage, blood loss and infection and in some cases death.

- 3.22 Sometimes religious, social and cultural reasons are given to justify FGM, however it is a dangerous practice and can cause long lasting health problems that continue throughout a child's life. FGM can happen in the UK or abroad. The Home Office has identified children from certain communities as being more at risk: Somali, Kenyan, Ethiopian, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish, Indonesian (HM Government, 2016)

Grooming

- 3.23 Grooming is “a process by which a person prepares a child, significant adults and the environment for abuse of a child”. (Craven, 2006)
- 3.24 Children and young people can be groomed by a stranger or by someone they know – such as a family member, friend or professional. The age gap between a child and their groomer can be relatively small (NSPCC and O2, 2016)
- 3.25 Grooming techniques can be used to prepare children for sexual abuse and exploitation, radicalisation (DfE 2017) and criminal exploitation.



Radicalisation (<https://learning.nspcc.org.uk/safeguarding-child-protection/radicalisation>)

- 3.26 There is a statutory duty on local authority staff and partner agencies under section 26 of the Counter-Terrorism and Security Act 2015, to identify children and young people and prevent them from being drawn into terrorism. This is known as the Prevent duty.
- 3.27 Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It is a gradual process so young people who are affected may not realise what's happening. It is a form of harm and may involve:
- being groomed online or in person;
 - exploitation, including sexual exploitation;
 - psychological manipulation;
 - exposure to violent material and other inappropriate information;
 - the risk of physical harm or death through extremist acts.
- 3.28 Anyone can be radicalised, but there are some factors that make young people more vulnerable, these include:
- being easily influenced or impressionable;
 - having low self-esteem or being isolated;
 - feeling that rejection, discrimination or injustice is taking place in society;
 - experiencing community tension amongst different groups;
 - being disrespectful or angry towards family and peers;
 - having a strong need for acceptance or belonging;
 - experiencing grief such as loss of a loved one;

However, these factors will not always lead to radicalisation

3.29 Other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse should also be noted.

These may have a negative impact on a child/vulnerable adult's health and development and may be noticed by a member of staff or employer. If it is felt that an employee's well-being is adversely affected by any of these areas, the same procedures should be followed.



4. Recognising and Responding to Abuse

4.1 The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

Physical signs of abuse

- any injuries not consistent with the explanation given for them;
- injuries which occur to the body in places which are not normally exposed to falls or games;
- unexplained bruising, marks or injuries on any part of the body;
- bruises which reflect hand marks or fingertips (from slapping or pinching);
- cigarette burns;
- bite marks;
- broken bones;
- scalds;
- injuries which have not received medical attention;
- neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care;
- repeated urinary infections or unexplained stomach pains

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation;
- aggressive behaviour or severe temper outbursts;
- flinching when approached or touched;
- reluctance to get changed, for example, wearing long sleeves in hot weather;
- depression;
- withdrawn behaviour;
- running away from home.

Emotional signs of abuse

4.2 The physical signs of emotional abuse may include:

- a failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care;
- sudden speech disorders;
- persistent tiredness;
- development delay, either in terms of physical or emotional progress.

4.3 Changes in behaviour which can also indicate emotional abuse include:

- obsessions or phobias;
- sudden under-achievement or lack of concentration;



- inappropriate relationships with peers and/or adults;
- being unable to play;
- attention seeking behaviour;
- fear of making mistakes;
- self-harm;
- fear of parent being approached regarding their behaviour.

Sexual Abuse

4.4 The physical signs of sexual abuse may include:

- pain or itching in the genital/anal area;
- bruising or bleeding near genital/anal areas;
- sexually transmitted disease;
- vaginal discharge or infection;
- stomach pains;
- discomfort when walking or sitting down;
- pregnancy.

4.5 Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive;
- fear of being left with a specific person or group of people;
- having nightmares;
- running away from home;
- sexual knowledge which is beyond their age or developmental level;
- sexual drawings or language;
- bedwetting;
- eating problems such as over-eating or anorexia;
- self-harm or mutilation, sometimes leading to suicide attempts;
- saying they have secrets they cannot tell anyone about;
- substance or drug abuse;
- suddenly having unexplained sources of money;
- not allowed to have friends (particularly in adolescence);
- acting in a sexually explicit way with adults.

Neglect

4.6 The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children;
- constantly dirty or smelly;
- loss of weight or being constantly underweight;
- inappropriate dress for the conditions.



4.7 Changes in behaviour which can also indicate neglect include:

- complaining of being tired all the time;
- not requesting medical assistance and/or failing to attend appointments;
- having few friends;
- mentioning being left alone or unsupervised.

Child Sexual Exploitation (NSPCC, 2018)

4.8 The physical signs of CSE may include:

- unexplained physical injuries and other signs of physical abuse;
- changed physical appearance – for example, weight loss;
- scars from self-harm (Department for Education, 2017).

4.9 The changes in behaviour which could indicate CSE include:

- displaying inappropriate sexualised behaviour for their age;
- being fearful of certain people and/or situations;
- displaying significant changes in emotional wellbeing;
- being isolated from peers/usual social networks;
- being increasingly secretive;
- having money or new things (such as clothes or a mobile phone) that they can't explain.
- spending time with older individuals or groups;
- being involved in gangs and/or fights;
- missing school and/or falling behind with schoolwork;
- having older boyfriends or girlfriends;
- persistently returning home late;
- returning home under the influence of drugs/alcohol;
- going missing from home or care;
- being involved in petty crime such as shoplifting;
- spending a lot of time at hotels or places of concern, such as known brothels;
- not knowing where they are, because they have been trafficked around the country (Department for Education, 2017).

4.10 Impact of child sexual exploitation online

Research suggests that online sexual abuse can have as much of an impact on a child as abuse that takes place offline and can lead to the same psychological difficulties (Hamilton-Giachritsis et al, 2017). Effects can include:

- self-blame;
- flashbacks or intrusive thoughts;
- difficulties sleeping;



- nightmares;
- extreme tiredness;
- difficulties concentrating;
- behavioural problems at school;
- depression;
- low self esteem;
- social withdrawal;
- panic attacks and anxiety;
- eating disorder or eating difficulties;
- self-harm;

Female Genital Mutilation (<https://learning.nspcc.org.uk/child-abuse-and-neglect/fgm>)

4.11 Signs and indicators

A child at immediate risk of FGM may ask you directly for help. But even if they don't know what is going to happen there may be other signs:

- a relative or 'cutter' visiting from abroad;
- a special occasion or ceremony to 'become a women' or prepare for marriage;
- a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt;
- a family arranging a long holiday or visit to family overseas during the summer holidays;
- unexpected, repeated or prolonged absence from school;
- a girl struggling to keep up in school and the quality of her work declining;
- a child running away from or planning to leave home.

A child or women who's had female genital mutilation (FGM) may:

- have difficulty walking, sitting or standing;
- spend longer in the bathroom or toilet;
- appear withdrawn, anxious or depressed;
- display unusual behaviour after an absence from school or college;
- be particularly reluctant to have routine medical examinations;
- ask for help, but may not be explicit about the problem due to embarrassment or fear.



5.0 **What to do if you suspect that abuse may have occurred**

5.1 Barnabas recognises that it is best practice to identify key individual staff with specific responsibility for safeguarding issues. All concerns should be reported immediately to the designated safeguarding officer, and concerns should be documented on Notification of Safeguarding Concerns (Appendix A).

5.2 The role of the designated safeguarding officer is to:

- obtain information from staff or employers as appropriate who have safeguarding concerns and to record this information;
- assess the information quickly and carefully and ask for further information as appropriate;
- they should also consult with a statutory safeguarding agency to clarify any doubts or worries;
- the designated person should make a referral to a statutory safeguarding agency or the police without delay.

5.3 The designated person is to refer allegations or suspicions of neglect or abuse to the statutory authorities.

5.4 Suspicions will not be discussed with anyone other than those nominated above.

5.5 It is the right of any individual to make direct referrals to the safeguarding agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the safeguarding agencies directly.

Allegations of physical injury or neglect

5.6 In the event of allegations or suspicions of physical injury or neglect the designated person will:

- contact Social Services for advice in cases of deliberate injury or concerns about the safety of the child. The parents should not be informed by the organisation in these circumstances;
- where emergency medical attention is necessary it will be sought immediately. The designated person will inform the doctor of any suspicions of abuse;
- in other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child. The doctor will then initiate further action if necessary;
- if appropriate the parent/carer will be encouraged to seek help from Social Services.
- if the parent/care/guardian fails to act the designated person should in case of real concern contact social services for advice;



- where the designated person is unsure whether to refer a case to Social Services then advice from the Safeguarding Committee will be sought.

Allegations of sexual abuse

5.7 In the event of allegations or suspicions of sexual abuse the designated person will:

- contact the Social Services duty social worker for children and families directly. The designated person will not speak to the parent (or anyone else);
- if the designated person is unsure whether or not to follow the above guidance then advice from the Area Child Protection Committee will be sought;
- under no circumstances should the designated person attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the designated person is to collect and clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter under section 47 of the Children Act;
- Whilst allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to Social Services.

6.0 The procedure

Remember it is a sign of trust when a child or young person feels able to disclose or allude to abuse to a staff member. Staff must:

- stay calm, listen carefully to what is being said;
- find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others-do not promise to keep secrets;
- allow the person to continue at his/her own pace;
- ask questions for clarification only, and at all-time avoid asking questions that suggest a particular answer;
- reassure the person that they have done the right thing in telling you;
- tell them what you will do next and with whom the information will be shared;
- record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.

6.1 Helpful statements to make

- i believe you (or showing acceptance of what the child says);
- thank you for telling me;
- it's not your fault;
- i will help you;



6.2 Do not say

- why didn't you tell anyone before?
- i can't believe it!
- are you sure that this is true?
- why? who? when? where?
- never make false promises.

6.3 Make notes as soon as possible (ideally within 1 hour of being told) you should write down exactly what the person has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered) You should record the dates, times and when you made the record. All hand written notes should be kept securely.

6.4 You should use the form "Notification of Safeguarding Concerns" This form is attached at the back of this policy. (Appendix A)

6.5 You should report your discussion with the designated person as soon as possible. If this person is implicated you need to report to (second designated person) If both are implicated report to Social Services.

6.6 You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.

6.7 After a person has disclosed abuse the designated person should carefully consider whether or not it is safe for a child to return home to potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services or the Police to discuss putting safety measures into effect.

7.0 Allegations against a member of staff

7.1 Barnabas will assure all staff that they will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing someone. Where there is a complaint against a member of staff there may be three types of investigation:

- a criminal investigation;
- a safeguarding investigation;
- a disciplinary or misconduct investigation.

The results of the police and child protection investigation may well influence the disciplinary investigation, but not necessarily.

7.2 Concerns about poor practice:



- if, following consideration, the allegation is clearly about poor practice; this will be dealt with as a misconduct issue;
- if the allegation is about poor practice by the Designated Person or if the matter has been handled inadequately and concerns remain, it should be reported to the Chair who will decide how to deal with the allegation and whether or not the organisation should initiate disciplinary proceedings.

7.3 Concerns about suspected abuse

7.4 Any suspicion that someone has been abused by either a member of staff or a volunteer should be reported to the Designated Person, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk;

7.5 The Designated person will refer the allegation to the Social Services department who may involve the police, or go directly to the police if out of Social Services hours;

7.6 The parents or carers of the person where necessary will be contacted as soon as possible following advice from the Social Services department;

7.7 If the Designated Person is the subject of the suspicion/allegation, the report must be made to the safeguarding trustee who will refer the allegation to Social Services.

Internal Enquiries and Suspension

7.8 The *Designated Person* will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further investigation;

7.9 Irrespective of the findings of the social services or police inquiries the *organisation* will assess all individual cases to decide whether a member of staff can be reinstated and how this can be sensitively handled. This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the *organisation* must reach a decision based upon the available information which could suggest that on a balance of probability; it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

8.0 Supervisory arrangements for the management of Barnabas activities and services.

8.1 Barnabas will aim to protect people from abuse and our team members from false allegations by adopting the following guidelines:

- we will keep a register of all team members;
- we will keep a record of all sessions including monitoring and assessment records;



- our team members will record any unusual events on the accident/incident form;
- where possible our team members should not be alone with a person, although we recognise that there may be times when this may be necessary or helpful;
- all team members should treat all people with dignity and respect in both attitude, language and actions.

Support and Training

8.2 Barnabas are committed to the provision of safeguarding training for all our team members, professional development and supervisions. Good practice amongst the team forms part of our agenda at staff meetings.

Monitoring Assessment and Review Procedures

8.3 Monitoring of safeguarding and compliance with policy and procedures is embedded within Barnabas Management Team meetings.



County Lines Guidance

What is County Lines?

County lines drug dealing is a national issue involving organised drug dealing networks exploiting children, young people and vulnerable adults to move, hold and sell Class A drugs across the UK, using dedicated mobile phone lines to take orders. Although Class A drug supply underpins county lines offending, exploitation remains integral to the business model.

County lines is a growing issue and there are now over 2000 separate phone lines (compared with 700-1000 in 2017) with upward of £0.5 billion annual turnover. The biggest exporting areas are the Metropolitan Police Service, West Midlands and Merseyside but numbers of other police force areas reporting their area to be Class A exporters is now close to 30, in 2017 there were only 13.

The victims are often young people, commonly males aged 15-17 years, who are groomed with money, gifts or through sexual and violent relationships, and forced to move, store and deal, Class A drugs. Children as young as 11 years of age have been reported as being exploited, child victims can be both male and female. Methods of control include:

- Debt bondage, including staged robberies
- Sexual abuse, particularly against females, including for blackmail and humiliation purposes;
- Violence (real and threatened) is used to coerce victims to become dealers, enforce debts, and use victim's accommodation as an operating base

County lines and associated violence, drug dealing and exploitation has a devastating impact on the victims, their families and local community.

Seeing children as exploited victims and not as perpetrators

While children appear to have status in an organised drug dealing network and enjoy benefits associated with this, frontline practitioners are asked to consider how and why this child became associated with the network in the first instance. At what age did it start for the child and in what circumstances? Was the child targeted, groomed and/or coerced by the organised drug network? Is the child now so entrenched in this lifestyle that they do not present as being a victim? Children can be both victims and perpetrators. Children, especially older children, can often present as perpetrators when in fact they are the victims of exploitation, and the identification of victims by police and local authorities can be extremely difficult.



Signs that a child may be being exploited through county lines

Children exploited through county lines may exhibit some of these signs, either as a member or as an associate of an organised drug dealing network. Any sudden change in a child's lifestyle should be discussed with the child.

- Persistently going missing from school, home, care
- Children travelling to location, or being found in areas where they have no obvious connections with, including seaside or market towns
- Unwillingness to explain their whereabouts
- Unexplained acquisition of money, clothes, accessories or mobile phones which they are unable to account for
- Excessive receipt of texts or phone calls
- Children having multiple mobile phone handsets or sim cards
- Withdrawal or sudden change in personality, behaviour or language used
- Relationships with controlling or older individuals and groups
- Leaving home or care without explanation
- Suspicion of physical assault or unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results or performance
- Gang association or isolation from peers or social networks
- Self-harm

This list is not exhaustive and anyone with concerns should seek advice from your safeguarding lead as primarily this is a safeguarding issue.

Practitioners should also be aware that organised drug dealing networks are now targeting a new demographic of children, often referred to as 'clean skins', who are not previously known to the authorities.

If you suspect a child may be involved in county lines or at risk of county lines exploitation please follow our safeguarding procedures and share this information with the designated safeguarding officer.

If you suspect a child is in immediate risk of harm, you should contact the police.

Complete our Notification of Safeguarding Concern Form



Behaviour Code for staff and volunteers

This behaviour code outlines the conduct Barnabas Safe and Sound expects from all our staff and volunteers. This includes trustees, agency staff, peer mentors, and anyone who is undertaking duties for the organisation, whether paid or unpaid.

The behaviour code aims to help us protect children and young people from abuse and reduce the possibility of unfounded allegations being made. It has been informed by the views of children and young people.

Barnabas Safe and Sound is responsible for making sure everyone undertaking duties for the organisation, whether paid or unpaid, has seen, understood and agreed to follow the code of behaviour, and that they understand the consequences of inappropriate behaviour.

The role of staff and volunteers

In your role at Barnabas Safe and Sound you are acting in a position of authority and have a duty of care towards the children and young people we work with. You are likely to be seen as a role model and are expected to act appropriately.

Responsibility

You are responsible for:

- Prioritising the welfare of children and young people
- Providing a safe environment for children and young people
 - Ensuring equipment is used safely and for its intended purpose
 - Having good awareness of issues to do with safeguarding and child protection and taking action when appropriate
- Following our principles, policies and procedures
 - Including our policies and procedures for safeguarding, whistleblowing and online safety
- Staying within the law at all times
- Modelling good behaviour for children and young people to follow
- Challenging all unacceptable behaviour and reporting any breaches of the behaviour code to Hayley Brown, Manager and Designated Safeguarding Officer
- Reporting all concerns about abusive behaviour, following our safeguarding procedures
 - This includes behaviour being displayed by an adult or child and directed at anybody of any age.

Rights

You should:

- Treat children and young people fairly and without prejudice or discrimination
- Understand that children and young people are individuals with individual needs
- Respect differences in gender, sexual orientation, culture, race, ethnicity, disability and religious belief systems, and appreciate that all participants bring something valuable and different to the group/organisation.



- Challenge discrimination and prejudice
- Encourage young people and adults to speak out about attitudes or behaviour that makes them uncomfortable

Relationships

You should:

- Promote relationships that are based on openness, honesty, trust and respect
- Avoid favouritism
- Be patient with others
- Exercise caution when you are discussing sensitive issues with children and young people
- Ensure your contact with children and young people is appropriate and relevant to the work of the project you are involved in
- Ensure that whenever possible, there is more than one adult present during the activities with children and young people
 - If a situation arises where you are alone with a child or young person, ensure than you are within sight or hearing of other adults.
 - If a child specifically asks for or needs some individual time with you, ensure other staff or volunteers know where you and the child are.
 - Some of our work is done on a one to one basis, refer to our Lone Working policy
- It is not within any of the roles within our organisation to provide personal care, this would only take place in an emergency, in this case ensure there is more than one adult present if possible.

Respect

You should:

- Listen to and respect children and young people at all times
- Value and take their contributions seriously, actively involving them in planning activities wherever possible.
- Respect a young person's right to personal privacy as far as possible
 - If you need to break confidentiality in order to follow safeguarding procedures, it is important to explain this to the child or young person at the earliest opportunity.

Unacceptable behaviour

When working with children and young people, you must not:

- Allow concerns or allegations to go unreported
- Take unnecessary risks
- Smoke, consume alcohol or use illegal substances
- Develop inappropriate relationships with children and young people
- Make inappropriate promises to children and young people
- Engage in behaviour that is in anyway abusive
 - Including having any form of sexual contact with a child or young person



- Let children and young people have your personal contact details (mobile number, email or postal address) or have contact with them via a personal social media account.
- Act in a way that can be perceived as threatening or intrusive
- Make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of children and young people.

Upholding this code of behaviour

You should always follow this code of behaviour and never rely on your reputation or that of our organisation to protect you.

If you have behave inappropriately you will be subject to our disciplinary procedures.

Depending on the seriousness of the situation, you may be asked to leave Barnabas Safe and Sound. We may also make a report to statutory agencies such as the police and/or the local authority child protection services.

If you become aware of any breaches of this code, you must report them to Hayley Brown, Manager or name/trustee. If necessary you should follow our whistleblowing and safeguarding procedures.



Whistleblowing Policy

What Is Whistleblowing?

- 1 A “whistle-blower” is someone who discovers something that is wrong and alerts his employer or the relevant authorities to what is going on. The law protects whistle-blowers from their employer subjecting them to detriment or dismissal by reason of their having “blown the whistle” and from detrimental treatment by their colleagues. To be protected by the law, the act of whistleblowing must fall within the legal rules and the whistle-blower must reasonably believe that their disclosure of wrongdoing is made in the public interest.

Our Policy

- 2 Our business is run in accordance with the law. No employee will suffer a detriment for speaking up if they believe that something is wrong.
 - 2.2 If you have information you believe shows any of the following:
 - 2.3 A criminal offence was committed or is being or is likely to be committed
 - 2.4 A person has or is or is likely to fail to comply with a legal obligation
 - 2.5 A miscarriage of justice has occurred or is or is likely to occur
 - 2.6 The health and safety of any individual has been or is being or is likely to be endangered
 - 2.7 The environment has been, is being or is likely to be damaged
 - 2.8 That information tending to show any matter falling within any one of the above categories has been, is being, or is likely to be deliberately concealed.

How to Raise a Concern – Internally

- 3 If you have a concern about malpractice, we hope you will feel able to raise it in the first instance with your Manager. If you feel unable to raise the matter with your Manager then please raise the matter with the Chairman / Manager or their nominated representative
 - 3.1 Any concerns that you have may be raised orally or in writing and those who wish to make a written statement should set out the background and history of the concern (giving relevant dates) and the reasons why you are particularly concerned about the situation. The earlier you express your concern the easier it will be to take action.
REMEMBER – IF IN DOUBT RAISE IT
 - 3.2 The Charity does not expect you to prove that your concern is true, but you will need to demonstrate to the person contacted that there are reasonable grounds for you to raise the issue.
 - 3.3 The person to whom the disclosure is made will decide whether the matter should be dealt with under this procedure. If he or she considers that the matter should be



dealt with under a different Charity procedure, s/he will advise the person making the disclosure as to the appropriate steps which should be taken.

How the Charity will deal with the matter?

- 3.4 The person to whom the disclosure is made will normally consider the information and decide whether there is a prima facie case to answer. He or she will decide whether an investigation should be conducted and what form it should take. This will depend on the nature of the matter raised and may be:
- investigated internally
 - referred to the External Auditors
 - the subject of independent enquiry
- 3.5 Some matters following investigation, will need to be referred to the relevant outside body, e.g. the Police. If the person to whom the disclosure is made decides not to proceed with an investigation, the decision will be explained as fully as possible to the individual who raised the concern. It is then open to the individual to make the disclosure again either to another of the persons specified in the paragraph above or to the Chairman / Manager or their nominated representative.

Investigation

- 4 Any investigation will be conducted as sensitively and speedily as possible. The employee will be notified of the intended timetable for the investigation. The person to whom the disclosure is made may authorise an initial investigation to establish the relevant facts. The investigation may be conducted by the internal auditor in the case of a financial irregularity, or by another person. The investigator will report his or her findings to the person to whom the disclosure was made, who will then decide if there is a case to answer and what procedure to follow. This may include taking steps with the competent authority to set up a special internal independent investigation or reference to some external authority, such as the police, for further investigation. The decision may be that the matter would be more appropriately handled under existing procedures for grievance, bullying and harassment, or discipline.
- 4.1 Where disclosure is made the person or persons against whom it is made will be told at an early stage of it and of the evidence supporting it, and they will be allowed to respond.
- 4.2 The individual making the disclosure will be informed of what action is to be taken.
- 4.3 Should an investigation or referral lead the appropriate Charity authority to conclude there has been a breach of Charity discipline, the member or members of staff responsible may, in addition to any civil or criminal proceedings, be subject to disciplinary action in accordance with the appropriate disciplinary procedures for the relevant category of staff.



Records

4.4 An official written record will be kept of each stage of the procedure.

Reporting of outcomes

4.5 A report of all disclosures and subsequent actions taken will be made by the persons deciding on the issues. This record should be signed by the Investigating Officer and the person who made the disclosure, and dated. Where appropriate the formal record need not identify the person making the disclosure, but in such a case that person will be required to sign a document confirming that the complaint has been investigated. Such reports will normally be retained for at least five years. In all cases a report of the outcome will be made to the Chairman / Manager or their nominated representative, who will refer the report on appropriately if necessary.

4.6 The aim of this policy is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing in the workplace. In most cases you should not find it necessary to alert anyone externally.

Advice for staff raising a concern

5 The Charity acknowledges the difficult choice a member of staff may have to make in raising a concern. As the issues that prompt the concern are likely to be complex, how the member of staff proceeds with his or her concern will vary from situation to situation. The following advice is recommended if a member of staff wishes to make a disclosure:

- make any objections to illegal, unsafe or unethical practices promptly so as to avoid any misinterpretation of the motives for doing so;
- focus on the issues and proceed in a tactful manner to avoid unnecessary personal antagonism which might distract attention from solving the problem;
- be accurate in his/her observations and claims and keep formal records documenting relevant events.

5.1 Members of staff may also wish to seek independent legal advice.

5.2 You will still be protected in law if you disclose the information to the following:

5.2.1 A legal adviser in the course of getting legal advice

5.2.2 A Minister of the Crown

5.2.3 One of the prescribed persons set out in the Public Interest Disclosure (Prescribed Persons) Order 1999 (e.g. disclosure of a danger to health and safety to the Health and Safety Executive; disclosure of fraud to the Secretary



of State for Trade and Industry; disclosure of breach of tax rules to HM Revenue & Customs).

- 5.3 Disclosure to any other person is not generally protected except in very limited circumstances.
- 5.4 After you have raised a concern, we will decide how to respond in a responsible and appropriate manner. This will usually involve making internal enquiries but it may become necessary to carry out a full investigation which may be formal or informal depending on the nature of the concern raised. We will endeavour to complete investigations within a reasonable time.
- 5.5 We will keep you informed of progress and let you know when the investigation is completed. We will not be able to inform you of any matters which would infringe any duty of confidentiality owed to others.
- 5.6 If you use this policy to raise a concern which you reasonably believe to be in the public interest, we assure you that you will not suffer any form of retribution or detrimental treatment.
- 5.7 Any employee who criticises, bullies or victimises a fellow employee by reason of their whistleblowing will be liable to disciplinary action up to and including dismissal, depending on the seriousness of the conduct.



Notification of Safeguarding Concern

Please follow the guidelines on reporting allegations of abuse/concern (including concerns relating to county lines) as laid out in the Safeguarding Policy and Procedures.

Under no circumstances begin an investigation yourself.

Once you have followed the guidelines and taken the necessary action **fill this form in** and e-mail to the designated person for investigation.

You can type in the boxes, which will expand as required, If completing manually, please continue on an additional sheet if required.

Name		DOB	
Work Place Address			

Date & Time safeguarding concern:	
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Factual details of safeguarding concern
<p>1. Are there immediate actions to be taken? Does the vulnerable person need medical attention? Has a serious crime been committed? 999 emergency services.</p> <p>2. We need to know:</p> <ul style="list-style-type: none">• what you understand has occurred• to whom did it happen – full name, dob?• when did it happen - use 24 hour clock?• where did it happen? <p>3. Alleged perpetrator:</p> <ul style="list-style-type: none">• Who are they – name, dob, address.? <p>4. Witnesses (if any)</p> <ul style="list-style-type: none">• who are they – name, dob, address if known? <p>5. What have you done to ensure the service user/employee is safe?</p> <p>7. Try not to ask additional information beyond the need is to gather basic information.</p> <p>8. Do not contaminate evidence.</p> <p>YOU NEED TO:</p> <ul style="list-style-type: none">• E-MAIL THIS FORM TO THE DESIGNATED PERSON• AS NECESSARY NOTIFY YOUR MANAGER.



Witness (if any)	
Name:	
Address:	
Relationship to person:	

Action already Taken

Signature	
Name (please print)	
Tel No	
Job title	
Date and time signed	

