



Believing in young people

OXYGEN

SAFEGUARDING POLICY

To be read alongside the Code of Conduct for Working with Young People

Produced by:

London Youth edited by Oxygen

Reviewed annually by OXYGEN's board of trustees

Local contacts (Kingston upon Thames)

Single Point of Access: 0208 891 7969

Single Point Access (out of hours): 0208 744 2442

Local Authority Designated Officer (LADO): 0208 547 4609

LADO must be contacted within 24 hours if an allegation is made against a member of your staff. The LADO can also be reached through the SPA.

Oxygen Contacts

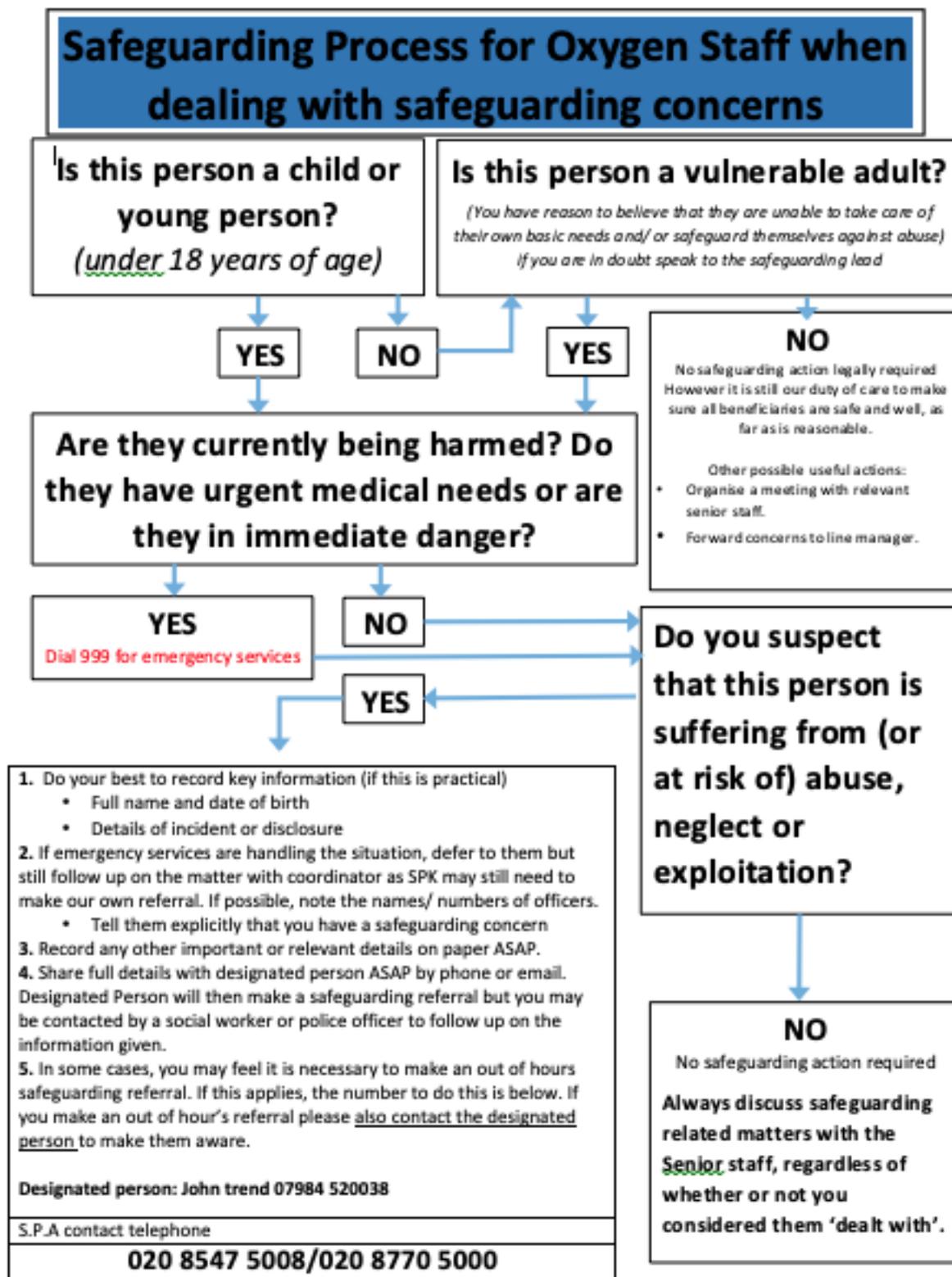
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Quick reference flow chart



Introduction

This policy outlines our approach to safeguarding children, young people and vulnerable adults (for the purposes of this policy children are under the age of 14, young people are 14-17 years old and vulnerable adults are 18-25 years old) and is written in accordance with the Children Act 2004 and the Safeguarding Vulnerable Groups Act 2006.

It will be reviewed, added to, or modified from time to time and may be supplemented in appropriate cases by further statements related to the work of Oxygen. Copies and subsequent amendments will be made available to all employees.

The success of this policy depends on the active support of all employees to achieve its objectives.

Oxygen recognises the need for a well-defined policy setting out the standards it aims to achieve for safeguarding children and young people within our care.

This Safeguarding Policy sets out the organisation and arrangements for achieving this aim including the detailed responsibilities for key staff.

The definition of a vulnerable adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Policy Statement

Oxygen believes that it is always unacceptable for a child, young person or vulnerable adult to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice, which protects them.

We recognise that

- The welfare of the child, young person or vulnerable adult is paramount
- All children, young people and vulnerable adults regardless of age, disability, gender, racial heritage, religious belief or lack thereof, sexual orientation or identity have the right to equal protection from all types of harm or abuse
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare
- All our staff and volunteers need to be carefully selected and trained and accept responsibility for safeguarding children, young people and vulnerable adults they come into contact with

The purpose of the policy is to

- Provide protection for the children, young people and vulnerable adults who receive Oxygen's services
- Provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of, harm

This policy is mandatory for anybody working for or on behalf of Oxygen meaning all paid staff, including staff working on short-term contracts and permanent contractors, and volunteers including the Board of Trustees and Advisers. The policy must be applied whenever there is a concern about a child, young person or vulnerable adult or about the behaviour of an adult.

We will endeavour to safeguard children, young people and vulnerable adults by

- Valuing them, listening to and respecting them
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Conducting robust recruitment and selection processes including the necessary safety checks in respect of references, declarations and DBS checks
- Sharing information about child protection and good practice with stakeholders
- Reporting to Social Services any suspicion that a child, young person or vulnerable adult has suffered, is suffering, or is at risk of suffering abuse
- Providing effective management for staff and volunteers through supervision, support and training including guidance on what to do if an individual is worried about a child or young person

This Policy will be reviewed when needed or at least annually.

Organisation and Responsibilities

Trustees

The Charity Commission is clear that Trustees have primary responsibility for safeguarding in their charity. In fulfilling their duty of care to Oxygen, trustees need to take steps to safeguard and take responsibility for the children with whom Oxygen works.

This means

- acting in their best interests
- taking all reasonable steps to prevent any harm to them
- assessing and managing risk
- putting safeguarding policies and procedures in place
- undertaking ongoing monitoring and reviewing to ensure that safeguards are being implemented and are effective
- responding appropriately to allegations of abuse

Within Oxygen the Trustee with responsibility for Safety and Safeguarding will chair the quarterly Committee where all of the above will be monitored. This Trustee with responsibility for Safety and Safeguarding is also responsible for informing the Charity Commission of any serious incidents.

Chief Executive

The Chief Executive is responsible for

- The implementation, maintenance, monitoring and review of this Policy, across Oxygen
- Leading by example in actively promoting safeguarding practices in Oxygen
- Informing the Trustee with responsibility for Safety and Safeguarding of any referrals to DBS
- Keeping records of concerns raised against a member of staff or volunteer on their staff file
- Making a referral to DBS
- Responding in a timely manner to any suspected abuse allegations
- Keeping written records in line with our Data Protection Policy
- Referring a case on to social services where necessary

Senior Managers

All senior managers are responsible for

- Working with the Chief Executive to maintain this policy through planning, implementing, measuring and reviewing performance on a corporate level
- Ensuring the Teams they manage have implemented the Safeguarding Policy and have received the appropriate safeguarding training
- Providing safeguarding advice to all areas of Oxygen
- Monitoring the implementation of this policy across Oxygen and reporting any concerns to Senior team
- Reporting to the trustees via the Safety and Safeguarding Committee any relevant matters relating to safeguarding

Project Leaders

Project Leaders are the key to the success of this policy. They are accountable for the safeguarding standards within their area of control. Specifically they are responsible for

- Ensuring the Safeguarding policy is communicated and implemented within their area of control

- Making sure they and their staff understand the safeguarding arrangements within Oxygen
- Informing, instructing, training and supervising employees
- Ensuring all incidents relating to safeguarding are reported to a Designated Person
- Reporting safeguarding issues which they cannot resolve to the Senior Team

All Employees

All employees are responsible for

- Making sure they understand the part they play regarding safeguarding children, young people and vulnerable adults
- Co-operating with managers in following the safeguarding arrangements set out in this policy
- Reporting any suspicions of abuse or neglect to a Designated Person
- Reporting any concerns about the behaviour of any members of staff, volunteers or contractors towards children, young people or vulnerable adults

Working in Partnership

Oxygen will cooperate and coordinate with all organisations it works in partnership with, to safeguard the children, young people and vulnerable adults it has contact with.

General Arrangements for Implementing the Safeguarding Policy

Safer Recruitment

Safeguarding the children, young people and vulnerable adults who Oxygen have contact with is considered at the recruitment stage. All staff, volunteers and trustees are required to attend interview and provide references, as detailed in the Oxygen's recruitment, selection and induction procedures.

A Disclosure and Barring Service (DBS) check will also be obtained for staff, volunteers and trustees recruited to certain positions. Eligibility to apply for a DBS check and the appropriate level of check is explained in the DBS Guidance document. A repeat DBS check will be obtained every three years for all eligible employees, volunteers and trustees.

During interview all candidates will be questioned regarding their understanding of safeguarding and how that might be a consideration in the role they are applying for.

Safer Working

All staff and volunteers working for Oxygen have a responsibility to safeguard the welfare of the children, young people and vulnerable adults that they are working with to ensure their physical, sexual and emotional safety. In order to achieve this all staff and volunteers should follow some simple guidelines.

Staff and Volunteer Code of Conduct

- Do treat everyone with respect
- Do ensure that your own behaviour is appropriate at all times

Good Practice Guidelines for Working with children, young people and vulnerable adults

- Plan activities so that they involve more than one member of staff, volunteer, or other relevant accompanying (e.g. youth leader) adult being present, or are at least in sight or hearing of others
- When meeting with a child, young person or vulnerable adult this should take place as publicly as possible. If privacy is needed, the door should be left partly open and other staff and volunteers informed of the meeting
- Don't exaggerate or trivialise safeguarding issues
- Don't let allegations made by a child, young person or vulnerable adult go without being addressed and recorded (using the Suspected Abuse Report Form)
- Don't deter anyone from making allegations through fear of not being believed
- Don't engage in or permit abusive behaviour between young people e.g. ridiculing, bullying
- Don't engage in sexually provocative or rough physical games with a child, young person or vulnerable adult
- Don't make suggestive remarks or gestures or tell jokes of a sexually inappropriate or discriminatory nature
- Don't show favouritism to any individual
- Don't allow yourself to be drawn into inappropriate attention-seeking behaviour, such as tantrums or crushes but deal with such behaviour firmly and fairly
- Don't give a child, young person or vulnerable adult your personal contact details and do not communicate with them outside of the work you are doing with them
- Do respect a person's right to privacy

Physical Contact

Staff and volunteers should not have unnecessary physical contact with child, young person or vulnerable adult. There may, however, be occasions when physical contact is unavoidable or positively desirable or necessary for safety reasons, for example

- Providing reassurance for a distressed person
- When teaching sports such as gymnastics or swimming
- When working with a person with a disability who requests such assistance

- Giving direct assistance when fitting outdoor activity equipment, e.g. harness
- Administering first aid
- Lifeguarding

Wherever possible there should be an attempt to ask the person to agree to such contact. Where appropriate, staff should explain their actions. This should be conducted openly and ideally with another member of staff or volunteer present. Staff should be aware of their positioning so that, where possible, others can clearly see the assistance being given.

Staff and volunteers should avoid doing things of a personal nature that the person can do themselves. However, when working with people with disabilities, personal care and help is sometimes required.

In very rare circumstances there may be a need to physically restrain a young person for their own or other's safety. See Appendix B for further guidance about restraint.

Social Media

As technology develops, the internet and its range of services can be accessed through various devices including mobile phones, computers and game consoles. Although the internet has many positive uses, it provides the key method for the distribution of indecent images of children.

Furthermore, social networking sites, chat rooms and instant messaging systems are increasingly being used by online predators to "sexually groom" a child, young person or vulnerable adult. In addition, electronic communication is being used more and more by young people as a means of bullying their peers and distributing inappropriate images.

In order to safeguard Oxygen employees and the people we work with the good practice outlined in the Oxygen Social Media Guidelines must be followed.

Photography

Photos of young people taking part in Oxygen programs and activities are an excellent way of communicating and promoting Oxygen but when personal information is added to photographs, these images can be used to identify children, and put their safety and privacy at risk. Photographs can also be adapted for inappropriate use. To manage the risks associate with photographing children and young people all employees must comply with the Oxygen Photography and GDPR Policies.

Residential Trips away

Oxygen staff organising residential trips for children, young people or vulnerable adults must follow the procedures outlined in the Residentials and Trips Guidance.

By following basic safeguarding best practices we can protect children, young people and vulnerable adults participating in our programmes.

- Adults should ideally not share a bedroom with a child or young person, however, this may be necessary where the adult is the child or young person's carer
- Bedrooms of only two young people should be avoided if possible
- Bedrooms must not be mixed male and female
- Adults and young people must use private shower facilities

Responding to Safeguarding Concerns

Staff and volunteers may become concerned about a person in a number of ways

- A child, young person or vulnerable adult may tell (disclose) that s/he or someone else has been or is being abused
- There may be concerns due to the person's behaviour or presentation
- Concerns may be raised about the behaviour of an adult, who may be a member of staff, volunteer, another professional or a member of the public
- A parent, carer, relative or member of the public might share their concerns about a child, young person or vulnerable adult

In all cases the following procedures must be followed.

When a child, young person or vulnerable adult wants to confide in you

- Stay calm and listen carefully to them
- Show them that you take what they are saying seriously
- Encourage the child, young person or vulnerable adult to talk, but do not interrupt whilst they are recalling events
- Ask questions only to clarify your understanding of what you are being told. Do not investigate. Do not ask them to repeat his/her account
- Do not promise to keep the information secret. Explain that you have to pass the information on to those who can help. Tell the child, young person or vulnerable adult what you are going to do next
- Do not confront any alleged abuser
- As soon as you can, write down what the young person has said, using the child's own words
- Report to your Designated Person as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

Reporting a young person's disclosure of abuse is not a betrayal of the young person's confidence. It is your duty and is also necessary to allow protective action to be taken in relation to the young person and any other children.

If you feel a young person may be going to tell you about abuse, but then stops or tells you something else, let them know that you are always ready to listen to them and/or remind them of the Childline number 0800 1111

If the child, young person or vulnerable adult has communication difficulties or English is not their first language, pass this information on so that an appropriate interpreter can be identified.

If you become concerned about a child, young person or vulnerable adult (due to the young person's behaviour, presentation or other reason)

- Do not trivialise or dismiss your concerns
- If the behaviour may be sexually harmful to other young people do not explain it away as 'normal'
- Report your concerns to your Designated Person as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

Information that may seem trivial can frequently form the missing piece of the puzzle and lead to protective action being taken.

Children, young people or vulnerable adults who display sexually harmful behaviour need to have an assessment of their needs, including possible needs for protection.

If you become concerned about the behaviour of an adult

- Do not dismiss your concerns
- Do not confront the person about whom you have concerns
- Report your concerns to your Designated Person as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

It is VERY IMPORTANT you do not ignore or dismiss suspicions about another professional or colleague, however well or little you know them, or whatever position they may occupy in their organisation.

If your concerns are about your Senior managers speak to Chief Executive. If your concerns are about the Chief Executive you should speak to the Head of trustees.

Your concerns will be taken in confidence and even if they are subsequently seen to be mistaken, you will not suffer any adverse consequences for raising the concern. The only exception to this would be where it could be conclusively shown that the concerns were raised maliciously.

If a parent, carer or other member of the public tells you of their concerns about a young person or the behaviour of an adult

- Do not leave it to them to make their own referral to social care services. You should make your own report

- Take adequate details about their concern and the identity of the young person
- Report your concerns to your Designated Person as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

Concerns raised by members of the public should always be taken seriously and where necessary Oxygen should take responsibility to make the referral to social care services.

If you are dissatisfied with the response to any of your concerns above, raise these again with your Designated Person. If you are unable or unwilling to do this you can approach another Designated Person or senior management.

Designated Person

Oxygen has appointed Designated Persons (refer to the Pocket Safeguarding Guide for details) who are trained to respond to safeguarding concerns. Designated Persons will follow the Designated Person Guidance. Staff who has safeguarding concerns must raise these with a Designated Person and should not make a direct referral to any outside agency.

Oxygen's designated Person is:

John Trend

Oxygen Chief Executive

Deputy designated person:

Rory Densham Brown

Head of youthwork

Trustee responsible for safeguarding:

Liz Wynyard

Chair of trustees

Street Pastors project safeguarding lead

Charles Bamford

Street Pastors Coordinator

Training

All Oxygen staff, volunteers and trustees will be given safeguarding training. Staff are required to attend the internally run training course or a Local LSCB training course within the first three months of their employment. Volunteers will be given safeguarding training relevant to the position in which

they are volunteering, this could be their manager talking through the Oxygen Safeguarding policy with them or they may need to attend Oxygen's Safeguarding training. This will be organised locally through the deputy designated person. Trustees will be invited to attend the Oxygen Safeguarding Training course or will be required to complete the local LSCB training.

Working with Partner Agencies

Working with partner agencies is a key part of our work both at the residential centres and on our programmes in London. It is important in these circumstances that there is clarity of responsibility for different aspects of safeguarding between the two parties.

In all circumstances Oxygen should remain alert to indications that a child, young person or vulnerable adult may be suffering, or may be at risk of suffering abuse or neglect and concerns should be reported to the appropriate Designated Person.

Reports

The Designated Person will follow the guidelines outlined in the Designated Person Guidance. This may include discussion with a Designated Person in a partner organisation and/or reporting to an outside agency.

Concerns about the behaviour of a member of staff or a volunteer

These procedures should be used in respect of all cases where it is alleged that a person who works with children, young people or vulnerable adults has:

- behaved in a way that has or may have harmed a child, young person or vulnerable adult
- possibly committed a criminal offence against or related to a child, young person or vulnerable adult
- behaved towards a child, young person or vulnerable adult in a way that indicates he or she may pose a risk of harm

in connection with the person's employment or voluntary activity.

If the concern is not connected to the person's employment or work activity, these procedures may also apply.

It is in everyone's interest to resolve cases as quickly as possible, consistent with a fair and thorough investigation. All allegations must be investigated as a priority to avoid any delay. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.

There may be up to three strands in the consideration of an allegation

- a police investigation of a possible criminal offence
- enquiries and assessment by social services about whether a child, young person or vulnerable adult is in need of protection or in need of services
- consideration by an employer or regulatory body of action in respect of the individual

If there is an immediate risk, appropriate actions may need to be taken by the member of staff e.g. urgent involvement of police; suspension of member of staff and removal from Oxygen premises; securing evidence; urgent medical attention.

Any allegation or concern which arises should be reported immediately to a Designated Person who will then follow the procedures set out in the Designated Person Guidance.

Where staff receive an allegation against someone from another organisation, this should be reported to a Designated Person.

Confidential Information and Retaining Records

All children, young people and vulnerable adults, and their families, are entitled to their privacy. However, where there are concerns about the safety or welfare of a child, young person or vulnerable adult, those concerns and the necessary personal information will need to be shared with those who can make decisions about action to safeguard the child, young person or vulnerable adult.

There is nothing in any legislation that prohibits the sharing of confidential and personal information where there are concerns about the safety or welfare of a child, young person or vulnerable adult, or where a criminal act may be, or may have been committed.

Employees should make written notes at the earliest opportunity and these should be passed to the Designated Person. The Designated Person must keep all written documents relating to a safeguarding issue in a secure place. There is a secure folder for all electronic documents.

These detailed records should be kept until Oxygen is confident that the information is held accurately with the agency responsible for taking further action to safeguard the child, young person or vulnerable adult i.e. partner agencies, social services or the police. A chronology of decisions made and actions taken can then be kept on file, once the detailed records are deleted or destroyed. This record should be held for 50 years.

More information can be found in the government document Working Together to Safeguard Children

Where concerns have been raised about a member of staff or a volunteer and these relate to behaviour that has harmed, or may have harmed a child, young person or vulnerable adult; possibly committed a criminal offence against, or related to a child, young person or vulnerable adult; or behaved in a way that indicates s/he is unsuitable to work with children, young people or vulnerable adults, then:

- The HR Manager and Chief Executive must be informed

- The Designated Person receiving the information must follow the procedures outlined in the Designated Persons Guidance document
- A clear and comprehensive summary of any allegations made, details of how the allegations were followed up and resolved, and of any action taken and decisions reached, will be recorded
- This record will be kept in the person's confidential personnel file and a copy should be given to the individual
- Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for ten years if that is longer

The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

Oxygen have a Duty to Refer to DBS any employees or volunteers who have been dismissed, redeployed, retired/redundant or resigned where Oxygen believe that this person has either:

- Engaged in relevant conduct or
- Satisfied the harm test or
- Received a caution for, or been convicted of, a relevant offence

(As defined in the Safeguarding Vulnerable Groups Act 2006).

The Senior Management is responsible for making this referral to DBS and for informing the Trustee with responsibility for Safety and Safeguarding.

The Trustee with responsibility for Safety and Safeguarding is responsible for notifying the Charity Commission of any serious incidents relating to safeguarding in line with the Charity Commission's Reporting Serious Incidents Policy.

Appendix A Recognising Signs and Symptoms of Abuse

Definitions of Abuse

“Child abuse and neglect” is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child’s health or development. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child. Working Together to Safeguard Children sets out definitions and examples of the four main categories of abuse

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories can overlap and an abused child does frequently suffer more than one type of abuse.

Physical Abuse

Physical abuse may involve poking, pushing, hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. It can also include “fabricated” or “induced” illness where a parent or carer simulates the symptoms of, or deliberately causes, ill health in a child.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child’s emotional development. This may involve

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child’s developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Serious bullying, causing children frequently to feel frightened or in danger - e.g. witnessing domestic violence
- Exploitation or corruption of children

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and includes penetrative and non-penetrative acts. It may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways. Sexual abuse includes abuse of children through sexual exploitation.

Sexually Harmful Behaviour

A significant proportion of sexual abuse is carried out by children and young people on their peers. Such abuse should always be taken as seriously as that perpetrated by an adult. The behaviour should not be dismissed as “normal”. A referral to social services should always be made.

Abuse of Trust

All members of staff and volunteers with YYY have a relationship of trust with the children and young people who use our services. It is an abuse of that trust, and could be a criminal offence to engage in any sexual activity with a young person aged under 18, or a vulnerable young person under the age of 25, irrespective of the age of consent and even if the relationship is consensual.

Organised Abuse

This is sexual abuse where there is more than a single abuser and the adults concerned appear to act in agreement to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

Child Sexual Exploitation(CSE)

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Neglect

Neglect involves the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health and development. This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger

or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs.

Recognising Signs of Abuse

Recognising possible abuse is a complex and complicated procedure and it is not the responsibility of YYY employees to decide whether a child or young person has been abused or is at risk. However, there is a responsibility to act on any concerns and report them to a Designated Person. The following information is designed as a guide to help raise awareness of the different signs of abuse.

Physical Abuse

Most children collect accidental injuries and bruises from time to time, and bruises caused in this way are likely to be on the external bony parts of the body such as the knees, shins, elbows and forehead. Most children who have developed language skills will be able to describe how an injury was caused. Any injury should be considered in the context of the child's history and developmental stage, and any explanation given.

The following circumstances are possible indicators of physical abuse and should trigger concerns

- Delay in the presentation of the injury
- An injury which is not consistent with the explanation given
- Changing or differing accounts of how the injury occurred
- An unexplained injury

Types of bruising which may indicate physical abuse include

- Bruising in babies and young children who are not independently mobile
- Bruising to the soft tissue area where there is no bony prominence, e.g. face, back, arms, buttocks, genitalia, ears and hands
- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, for example of an implement, a hand or a cord
- Grip marks; in a young baby this could indicate that the child has been shaken, risking injury to the brain
- Frequent bruising for which the child is unwilling to offer an explanation
- Regular "accidental" bruising or injury with or without a history of how the injury occurred

Types of injury which may indicate child abuse include

- Multiple burns, and burns on unusual areas of the body such as back, shoulders or buttocks
- Scalds where the child appears to have been “dipped” in too hot water
- Cigarette burns
- Bite marks
- Damage to mouths

Emotional abuse

This form of abuse almost always accompanies other forms of abuse. It includes persistent criticism, denigration, rejection and scapegoating. It has an important impact on a child’s mental health, behaviour and self-esteem.

The following are possible indicators of emotional abuse

- Abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate or no attachment
- Carer shows a persistently negative attitude towards the child
- The child consistently experiences low warmth and high criticism from its parent/carer(s)
- A fixed stare
- Older children may show evidence of mental health issues such as depression, self-harm or eating disorders, or may have behavioural or educational difficulties
- Acting out aggressive behaviour
- A child who is consistently reluctant to go home after school or nursery
- A child who struggles to engage in normal social activity and conversation with peers or adults
- A child who runs away from home
- A child with a very low self esteem and or who will consistently describe themselves in very negative ways such as “I am stupid, naughty, hopeless, ugly”
- A child living in an environment of domestic abuse, alcohol or substance misuse

Sexual abuse

Although there are some indicators relating to sexual abuse, in many cases this form of abuse is well hidden, with the only overt signs being a child’s behaviour in general or towards an individual, and this may be attributable to many things unrelated to sexual abuse. This makes sexual abuse very difficult to identify

The following may be indicators of sexual abuse

- Bruising or bites to breasts, buttocks and around the genital area could be signs of sexual abuse as well as physical abuse
- Sexually abusive behaviour
- Sexually explicit play, continual open masturbation or aggressive sex play with peers (as distinct from normal sexual curiosity)
- Extreme use of sexually explicit language and/or detailed descriptions or drawings of sexual activity
- Self harm
- Running away or regular absences from home or school (particularly in the case of organised abuse)
- Pregnancy
- A sexually transmitted infection

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may

- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- go missing from home, care or education.

Neglect

There are no specific features which indicate neglect, other than that the child's basic needs are not adequately met. Neglect is a pattern, not an event, so it is important to consider the standard of care the child received over time; a pattern of neglect may be missed if each individual event is considered in isolation.

The following may be indicators of neglect

- Exposure to danger, for example cold (inappropriate clothing for the weather) or starvation
- Repeated failure to attend to the physical and developmental needs of the child, to provide warmth, appropriate clothing, food and consistent care
- Faltering growth (failure to thrive) in babies or toddlers
- The child has responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- Poor supervision of young children resulting in frequent accidental bruising or injury
- The child is always dirty and/or hungry
- The child is left at home alone or with inappropriate carers
- The child is regularly not collected from care settings
- Eating disorders, including stealing and/or hoarding food
- Failure to attend routine medical appointments
- Failure to attend to the child's medical needs and refusal of appropriate treatment

Recognising Potential Risk to an unborn Child

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby. Indicators may include

- Domestic abuse within the household
- Alcohol and substance misuse by mother, leading to possible harm to the unborn child, or by others with risk to newborn
- Secret or hidden pregnancy or the mother's mental health problems

These concerns should be addressed as early as possible in order to provide sufficient time for full assessment and support so as to enable the parents (wherever possible) to provide safe care.

People with Disabilities

Oxygen is wholly committed to upholding the rights of children, young people and vulnerable adults with disabilities who use our services and particularly their right to be free from violence, abuse or neglect by their parents or anyone else who looks after them. Research suggests that children and young people with disabilities are more vulnerable to physical, emotional or sexual abuse or neglect than a non-disabled child. The level of risk may be raised by

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers and staff lacking the ability to communicate adequately with the child
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
- Physical dependency with consequent reduction in ability to be able to resist abuse
- An increased likelihood that the child is socially isolated
- Lack of access to “keep safe” strategies available to others
- Communication or learning difficulties preventing disclosure
- Parents’ or carers’ own needs and ways of coping conflicting with the needs of the child

In addition to the indicators of abuse and neglect listed above, the following indicators must also be considered in relation to disabled children:

- Force feeding, or impatience in feeding leading to under feeding/under nourishment
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing or social contact
- Misuse of medication, sedation, heavy tranquillisers
- Invasive procedures against a child’s will
- Deliberate failure to follow medically recommended regimes
- Misapplication of care programmes or regimes
- Ill-fitting equipment (e.g. callipers, sleep board causing injury or pain, inappropriate splinting)

- Undignified or culturally inappropriate intimate care practices.

Some sex offenders may target children and young people with disabilities in the belief they are less likely to be detected.

Institutional Abuse

Children and young people with disabilities are particularly vulnerable to this kind of abuse where practices and behaviours by staff in organisations have become institutionalised or commonly accepted practice. However those behaviours may cause significant harm (as above) and/or may be an abuse of the child's rights. Examples of the latter could be

- Where a child's communication board does not accompany the child everywhere
- Staff who assume a child's wishes or communication and speak for them
- Staff who do not facilitate a child's own communication because of the difficulty or time it takes
- Attributing difficult or challenging behaviour to the child's condition rather than identifying it as communication

All staff and volunteers within Oxygen must be alert to signs of institutional abuse or unprofessional practices or behaviour and raise their concerns as per the procedures outlined above.

Appendix B – Radicalisation and Extremism

There are different forms of extremist organisations in the UK and the world, ie – ISIL (Islamic State), Al-Qaeda, Boko Haram, British Defence League, Animal Rights extremist groups such as SPEAK, Irish Republican Army (IRA), Anti-Abortion groups, to name a few.

'Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm' (Home Office, Prevent Strategy – June 2015)

Radicalisation – 'the process by which a person comes to support terrorism and forms of extremism leading to terrorism' (Prevent Strategy)

Extremism – 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect tolerance of different faith and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas' (Prevent)

There is no single way of identifying a young person who is likely to be susceptible to terrorist ideology. As part of wider safeguarding responsibilities staff will be alert to

- Disclosures by young people of their exposure to the extremist actions, views or materials of others, especially where the young person has not actively sought these out.
- Graffiti symbols, writing or art work promoting extremist messages or images
- Young people accessing extremist material online, including through social networking sites
- Distributing extremist literature and documentation
- Young people voicing opinions drawn from extremist ideologies and narratives
- Changes in behaviour which could indicate that they are in need of help or protection
- Use of extremist or 'hate' terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- Attempts to impose extremist views or practices on others
- Anti-Western or Anti-British views
- Use of extremist language. 'Dawlah' – term used by ISIL to refer to the 'Islamic state' 'Jihad' – means 'struggle' or 'violence' 'Caliphate' – ISIL supporters describe the territory they control in Iraq / Syria 'Mujahid' – someone who wants to fight as part of the 'Jihad' 'Shahada' – refers to someone considered to be a martyr 'Kuffar' – a term used by ISIL to describe non-Muslims 'Ummah' – the phrase is used by ISIL to refer to the 'world community of Muslims' 'Rafidha' – word used by ISIL to refer to those who refuse to accept the Islamic state

If a member of staff has a concern that a young person or vulnerable adult is at risk of being radicalised this should be raised to a designated person in the same way as any other safeguarding concern

Appendix D Local Safeguarding Children Boards

Oxygen are an active member of Kingston and Richmond Local Safeguarding Children Board (LSCB). We have staff members qualified to deliver training through the LSCB and our staff regularly undertake training provided by the LSCB. We also contribute to forums where best practice is discussed and disseminated thereby demonstrating our deeply held commitment to safeguarding young people and increasing the robustness of safeguarding practice not only for Oxygen but across the sector.

The London Safeguarding Children Board has published child protection procedures for the City of London and the 32 London Boroughs. Procedures can be found on their website.

Local contacts (Kingston upon Thames)

Single Point of Access: 0208 891 7969
Single Point Access (out of hours): 0208 744 2442
Local Authority Designated Officer (LADO): 0208 547 4609

LADO must be contacted within 24 hours if an allegation is made against a member of your staff. The LADO can also be reached through the SPA.

Oxygen Contacts

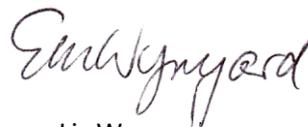
John Trend – Safeguarding Officer: 07984 520038
Rory Brown – Deputy Safeguarding Officer: 07834 583405
Liz Wynyard – Safeguarding Lead Trustee: 07710 178817
Charles Bamford – Street pastor safeguarding lead: 07908 815352

Signatories of approval on behalf of Oxygen and its projects



John Trend

Director



Liz Wynyard

Chari of trustees