



Lesbian, gay, bisexual and trans+ people in the South West

Registered charity 1171878

# Safeguarding Children and Young People Policy

Current version: September 2025

Review due: September 2026

**Intercom's Designated  
Safeguarding Lead:**

**Holly Anderson**

**Operations Manager**

**01392 201015**

## Introduction

- 1.1. Intercom recognises that everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them. The welfare of children is paramount in all the work that we do and in the decisions that we make.
- 1.2. “All those who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a legal duty to safeguard and promote the welfare of children.” (Climbie Enquiry, Laming 2003)
- 1.3. Intercom is committed to protect children and young people who receive our services from harm, this extends to include the children of adults who use our services.
- 1.4. We meet this commitment to keeping children and young people safe by:
  - listening to children and respecting them
  - appointing a nominated safeguarding lead and a member of the trustee board who takes lead responsibility for safeguarding at the highest level in the organisation – the Safeguarding Lead for Intercom is detailed on the first page of this policy.
  - having detailed safeguarding and child protection procedures
  - making sure all staff and volunteers understand can confidently follow the safeguarding and child protection procedures
  - ensuring children, young people and their families know about the Intercom’s safeguarding and child protection policies and what to do if they have a concern
  - building a safeguarding culture, supported by safeguarding best practice and effective management, where staff, volunteers and children treat each other with respect and feel comfortable about sharing concerns.
- 1.5. We will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.
- 1.6. We recognise that some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication

needs, intersectionality or other issues, and extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

- 1.7. This document is for all staff and volunteers (including Trustees and Counsellors) at Intercom Trust whether they have a specific role with children or not.
- 1.8. This policy should be read in conjunction with the Safeguarding Adults Policy and Confidentiality & Information Sharing Policy.

## **2. Roles and Responsibilities**

- 2.1. Section 11 of The Children's Act 2004 states that all organisations who work with children and young people should ensure that they have effective arrangements in place to safeguard and promote their welfare.
- 2.2. Intercom will ensure that all staff and volunteers:
  - are aware of their responsibility to make sure children and young people are not at risk of harm.
  - have read and signed this Safeguarding Children and Young People Policy and are aware of their responsibilities in safeguarding those at risk.
  - know that any concerns must discussed with either their Line Manager, CEO and Safeguarding Lead (Operations Manage), or Safeguarding Trustee.
- 2.3. In addition, Intercom will ensure that all staff and volunteers who come into contact with service users:
  - have achieved at least level 2 safeguarding training, refreshed every 2 years.
  - have appropriate reference checks and enhanced DBS checked as part of the recruitment process.
- 2.4. All Staff are responsible for:
  - Remaining alert at all times to the possibility of abuse.
  - Working collaboratively with other agencies to safeguard and protect the health and well-being of people who use services.
  - Recognising the impact of diversity, beliefs & values of people.
  - Appropriate record keeping and management.

- Discussing any concern about the health and well-being of a child or an adult at risk with their Line Manager, CEO and Safeguarding Lead (Operations Manager), or Safeguarding Trustee.
- Following safeguarding policies and best practice.
- Contributing to actions required including multi-agency working, information sharing and attending meetings.

### **3. Principles**

#### **3.1. Effective safeguarding arrangements in every local area should be underpinned by five key principles: (Working Together, 2023)**

- 3.1.1 The child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.
- 3.1.2 All practitioners should follow the principles of the Children Acts 1989 and 2004 – that state that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.
- 3.1.3 Children may be vulnerable to neglect and abuse of exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including; sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.
- 3.1.4 Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
- 3.1.5 In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents/ carers, understands the role they should play and the role of other practitioners. They should be aware of,

and comply with, the published arrangements set out by local safeguarding partners.

3.1.6 Under Working Together to Safeguard Children 2023, there are now a set of expectations that all practitioners involved in multi-agency safeguarding and child protection. These are that practitioners:

- Share the same goals
- Learn with and from each other
- Have what they need to help families
- Acknowledge and appreciate difference
- Challenge each other

## 4. Definitions

4.1. Safeguarding and promoting the welfare of children is defined (in Working Together, 2023) as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

4.2. **Child Protection** is part of safeguarding and promoting welfare and refers to the activity which is undertaken to protect specific children who are experiencing or are likely to experience significant harm.

4.3. Definitions and descriptors of abuse can be found in the Appendices.

## 5. Identification and Recognition of abuse

5.1. All staff will receive relevant training about safeguarding, including understanding, identifying, and recognising the common signs of abuse. Appendix 1 of this policy outlines this for reference.

## 6. Additional LGBT+ specific Safeguarding considerations

6.1. LGBT+ children and young people face the same risks as all children and young people, however, evidence suggests that LGBT+ children and young people might be at increased risk of some forms of harm and abuse. For example, they

might experience homophobic, biphobic, or transphobic bullying or hate crime. They might also be more vulnerable to or at greater risk of sexual abuse, online abuse, or sexual exploitation. All Intercom staff working with children and young people must be aware of both standard safeguarding risks and the additional risks that LGBT+ children and young people may experience.

- 6.2. Young people who are questioning or exploring their sexual orientation or gender identity might have confusing or difficult feelings. They might worry they will face discrimination if they come out or not feel able to talk to anyone about what they're going through. All of this can cause mental distress (Becerra-Culqui et al, 2018). Puberty can be a distressing and sometimes traumatic time for LGBT+ children and young people as their body and hormones start to change. They might start to have new or confusing feelings about their gender or sexual orientation. This can be particularly distressing if young people don't have anyone to talk about things with or don't feel supported.

### **Additional Risk and Adversity**

- 6.3. Research (McDermott, Hughes and Rawlings, 2018; LGBT Health & Wellbeing, Scottish Trans, Equality Network, LGBT Youth Scotland and Stonewall Scotland, 2018; Becerra-Culqui, 2018) suggests that LGBT+ children and young people might be at higher risk than their non-LGBT+ peers of:

- self-harm
- experiencing suicidal thoughts and feelings
- anxiety
- depression

- 6.4. Additional adversities to consider include:

- experiencing homophobia, biphobia and transphobia (The Children's Society, Victim Support and National Police Chiefs Council, 2018; LGBT Health & Wellbeing et al, 2018; McDermott, Hughes and Rawlings, 2018; Scottish Government, 2021)
- feeling the pressure of sexual and gender norms (McDermott, Hughes and Rawlings, 2018; Scottish Government, 2021)
- having to manage their sexual and gender identity across different life areas (for example, coming out at school but not at home and perhaps worrying about not being able to be themselves at home) (McDermott, Hughes and Rawlings, 2018)

- feeling isolated or 'different' from their family and friends (The Children's Society, Victim Support and National Police Chiefs Council, 2018; LGBT Health & Wellbeing et al, 2018)
- feeling like they can't express their identity because they're worried about people's responses (LGBT Health & Wellbeing et al, 2018), including being afraid of not being accepted by their family
- having complicated or negative feelings about their gender identity or sexual orientation (internalised LGBT+ phobia) (McDermott, Hughes and Rawlings, 2018)
- experiencing gender dysphoria (NHS, 2021).

### **Isolation**

- 6.5. There are some factors that might also mean LGBT+ children and young people feel less able to speak out about any worries or negative experiences they're having (Bradlow et al, 2017; The Children's Society, Victim Support and National Police Chiefs Council, 2018; Stonewall and Childnet International, 2021). Barriers include:
- worrying that telling someone will 'out' them before they're ready
  - fearing that it will make the bullying or abuse worse
  - thinking no one will believe them
  - feeling they are to blame for what they're experiencing
  - worrying that adults will think their gender identity or sexual orientation is to blame for their experience of abuse

### **Homelessness**

- 6.6. LGBT+ young people are more likely to become homeless than their non-LGBT+ peers (Albert Kennedy Trust (AKT), 2015). This might be because of:
- parental rejection
  - being subject to physical, emotional or sexual abuse from family members
  - family violence
- 6.7. If they are homeless, LGBT+ young people are more likely to experience targeted violence and be exposed to sexual exploitation. For example, perpetrators might offer a child a safe space to stay in order to sexually exploit or abuse them (The Children's Society, Victim Support and National Police Chiefs' Council, 2018).



## Exploitation

- 6.8. LGBT+ relationships are underrepresented in educational resources and the media (Barnardo's and Fox, 2016). This means there are fewer examples of relevant, healthy relationships available to LGBT+ young people. If LGBT+ young people are not taught about healthy and unhealthy relationships, it might be easier for an abuser to groom them into believing an abusive relationship is normal.
- 6.9. If LGBT+ young people are unable to get information about sex and relationships from school or family, they might seek advice and support from people in adult spaces, such as gay clubs. This is particularly true of young people who live in rural areas or in communities where their gender identity or sexual orientation is not accepted. Adult spaces don't have the same safeguarding and child protection measures in place as spaces specifically for children. Children might be pressured or coerced into doing something they don't want to do, particularly if they are already isolated and don't have anywhere else to turn for support (Barnardo's and Fox, 2016).

## Online Risks

- 6.10. The internet can be a great place of advice, support and community for young LGBT+ people. However, there are also risks associated with using the internet. They might use adult dating apps to meet other LGBT+ people, especially if they can't find inclusive offline spaces or communities nearby. These apps are designed for adults and are not moderated in the same way as platforms designed specifically for children. This means the young people using them might encounter sexual content which could be harmful and are likely to come into contact with adults who are looking for a sexual relationship (Internet Matters, 2021).
- 6.11. There is some evidence to suggest that LGBT+ children and young people are more likely to meet a partner or ask someone out online (McGeeney et al, 2017). The research suggests this could be because young people find it hard to meet other openly LGBT+ people in their community, or because they don't want to come out to people in their offline lives (McGeeney et al, 2017). This research also showed that gay and lesbian young people were significantly more likely to meet up with someone offline who they had first met online and who was not who they said they were (McGeeney et al, 2017).
- 6.12. Online grooming could happen to any child or young person. But if an LGBT+ child or young person hasn't come out or feels that their gender identity or



sexual orientation needs to be kept secret, perpetrators can take advantage of this to prevent the child from telling anyone about the relationship or to coerce them into meeting offline without telling anyone else.

- 6.13. Any young person might become involved in sending or receiving sexual photos or messages online. They might do this consensually, or they could feel pressured by their peers or adults. Once an image is shared online, young people have no control over how other people might use it. Some adults online might target LGBT+ young people to groom or blackmail them into sending explicit images or videos of themselves (Internet Matters, 2021).
- 6.14. Children and young people might also encounter non-sexual harmful content on the internet. They might seek information about a range of LGBT+ issues online, particularly if they don't have any other sources of information. While doing so, they might come across inaccurate material, hate comments or content that isn't age appropriate. All of these can cause children distress (Government Equalities Office, 2018; Ofsted and Brown, 2021).
- 6.15. Children might see anti-LGBT+ posts or homophobic, biphobic and transphobic comments even if they aren't specifically looking for information about LGBT+ issues. These can be distressing whether or not the child or young person is directly being targeted (Internet Matters, 2021).

## **Bullying**

- 6.16. Homophobic, biphobic and transphobic (HBT) bullying is based on prejudice or negative attitudes about gay, lesbian, bisexual or transgender people. This can include name calling, using offensive language and negative stereotyping. Bullying can happen anywhere, including at home, at school or online (cyberbullying).
- 6.17. HBT bullying can affect children who have come out as LGBT+, who are questioning their gender identity or sexual orientation or who don't conform to gender stereotypes and are seen as 'different' (Scottish Government, 2021). It might also affect children and young people who have LGBT+ family members.
- 6.18. Children and young people who experience HBT bullying can be more likely to have suicidal thoughts and feelings, or self-harm (McDermott, Hughes and Rawlings, 2017).

## **Intersectionality**

6.19. LGBT+ children, like all children, have diverse identities. The way these challenges interact is known as intersectionality. As well as experiencing prejudice or bias related to their gender identity or sexual orientation, they might experience challenges relating to other parts of their identity, such as:

- ethnicity
- disability
- mental health
- having been in care
- where they live, how much money they have and how much access they have to education

6.20. For example, a child may be growing up in a culture which does not accept their sexual orientation or gender identity. It can be difficult for children to cope with this and it can have a negative impact on their welfare.

## **7. Sexual Activity and Safeguarding**

7.1. It is important to remember that:

- A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching; Sexual activity in older children (i.e. from 13 to 18 years) needs to be considered in relation to both the giving, and the getting of consent, with the promotion of mutual negotiation as the norm being an important aspect of preventative activity (NSPCC, 2018)
- Sexual activity with a child under 16 is an offence. Practitioners have a responsibility to undertake an assessment of young people aged 13 to 15 years who are engaged in sexual activity following Fraser competencies guidelines (NSPCC, 2018), to determine the risk of sexual and other forms of exploitation or coercion including trafficking. This assessment will inform the decision making process relating to the appropriateness of a referral to Children's Social Care and the Police. Risk assessment is a complex process and practitioners are encouraged to discuss concerns with a member of the Safeguarding Children Team whenever they are unsure about the appropriate course of action
- Those aged 16 and 17 years may be viewed by health professionals and others as being of 'the age of consent' in terms of the Sexual Offences Act (2003), but this age group are particularly vulnerable to CSE being missed

precisely because of the legalities of sexual consent in this age group (NSPCC, 2018)

- It is an offence for a person to have a sexual relationship with a 16-or 17-year old if they hold a position of trust or authority in relation to them;
- Where sexual activity with a 16-or 17-year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- Non consensual sex is rape whatever the age of the victim; and
- If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed
- No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or mental health issues. A child under 18 years of age cannot consent to their own abuse through exploitation (NSPCC, 2018).

## 8. Children at risk of radicalisation (PREVENT)

- 8.1. The Prevent Strategy (Home Office, 2011) defines the term 'radicalisation' as "the process by which a person comes to support terrorism and forms of extremism, leading to terrorism". Prevent is aimed at front line staff and is designed to help make staff aware of their role in preventing vulnerable people being exploited for terrorist purposes. The Counter Terrorism and Security Act (2015) places a duty on a range of organisations to have due regard to the need to prevent people of all ages being drawn into terrorism.
- 8.2. If a staff member has concerns that a child or adult may have been radicalised or is at risk of radicalisation, staff must report their concerns and complete a Prevent referral to the Local Authority. All concerns relating to Prevent must be escalated as a matter of urgency to the Safeguarding Lead.
- 8.3. The Prevent referral process can be described in three stages; notice, check and share.
  - **Notice:** staff must be aware of an individual's vulnerability to radicalisation, changes in behaviour, ideology and other forms of extremism.

- **Check** your concerns with the individual where possible, and where safe, with your line manager, colleagues and multi-disciplinary clinical meetings. Checking out your concerns with the Southern Health Corporate Safeguarding Team will help to ensure a proportionate response to the concerns.
- **Share** your concerns with partner agencies, and as far as possible be open and honest with the individual about the duty to share your concerns.

## 9. Missing, Exploited and Trafficked children (MET)

- 9.1. Children and young people who go missing from home or care are at serious risk of being targeted for involvement in gangs, trafficking, criminalisation, sexual exploitation and violence. Recognising the risk at the time a child is reported as missing and offering a child appropriate support on return may prevent the situation escalating and further exploitation of vulnerable children and young people.
- 9.2. Research estimates that some 100,000 children and young people runaway each year including 10,000 reported as missing from care. These children are vulnerable and can be exposed to the risks of being physically or sexually abused or exploited.
- 9.3. For those children living within the local authority care system their vulnerability to these risks are even greater and are disproportionately represented within the group of children known to be exploited. This may be for sexual or criminal purposes, trafficking, or for the purposes of radicalisation. Within the care system those living in residential care homes are at an even higher level of risk.
- 9.4. Agencies and professionals should also be aware of the potential risks to children and young people who are not yet reported as missing. Within this cohort could be children who are victims of exploitation but attract less attention -perhaps they are only gone for a short period of time, or their whereabouts is known and therefore they are not formally reported as missing by the persons responsible for their care at that time. It is important for those working with children and young people, and those within the school environment, to be aware that not all children at risk of exploitation go missing. In such cases it will be other information about the young person, changes in their behaviour and presentation that will be the trigger for concern. Going missing may be an early warning sign of gang exploitation.

- 9.5. When a person makes a report of a child that is missing, the Police will ask that person whether they have conducted any enquiries themselves to establish the whereabouts of the person. This will assist with prioritising police resources and with the assessment of risk.

## 10. Private Fostering

- 10.1. Private Fostering takes place when a child who is aged 16 or under (18 years if disabled) is cared for by an adult who is not a family member through a private arrangement between the parent and carer for a period of 28 days or more. This is different from children who are in the care of the Local Authority.
- 10.2. If a member of staff becomes aware of a child who is privately fostered, they have a duty to inform the Local Authority to ensure arrangements can be made to provide the appropriate care and support to the child and their carer – this includes the placement of language students from overseas. You should let the carer know you are informing the Local Authority, but not if it places the child at risk or breaches Intercom's Confidentiality policy. Seek advice from the Safeguarding Children Team of your Local Authority if you are unsure.

## 11. Disclosures

- 11.1. The NSPCC established three key interpersonal skills that help a child feel they are being listened to and taken seriously:
- **show you care, help them open up:** Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
  - **take your time, slow down:** Respect pauses and don't interrupt the child – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what's happened to them.
  - **show you understand, reflect back:** Make it clear you're interested in what the child is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.

- 11.2. It's vital that any child who is trying to disclose abuse feels that they are being listened to and taken seriously.
- 11.3. If a child tells you they are experiencing abuse, reassure them that they've done the right thing in telling you and make sure they know that abuse is never their fault.
- 11.4. Never talk to the alleged perpetrator about the child's disclosure. This could make things a lot worse for the child.
- 11.5. But there can be a risk that if professionals just believe the child's account without thoroughly investigating the situation, this can lead to unfair bias against the alleged abuser as formal investigations progress (Child Protection Resource, 2021; Transparency Project, 2018). This means it's important to maintain an unbiased approach when responding to disclosures and follow your organisation's procedures to ensure each case is treated in a fair and transparent manner and that the child gets the protection and support that they need.
- 11.6. It is important to make notes as soon as possible following a disclosure (or during) to support the most accurate and detailed record keeping.

## **12. Record Keeping**

- 12.1. All safeguarding information must be recorded within the client's records:
  - All concerns and actions undertaken, including decisions made, must be recorded fully in the client records (and linked with family members where relevant).
  - All contacts regarding the safeguarding of children, be this face to face, telephone, email contacts or written reports must be documented in the client records.
  - All follow up information including failure to attend appointments and phone calls must also be recorded in the client records.
  - Any family members linked with the child, who are also clients of Intercom, should also have a note placed on their records highlighting the concerns.
- 12.2. When recording information, you should be as factual as possible. If you need to give your own or somebody else's opinion, make sure it is clearly differentiated from fact. You should identify whose opinion is being given and record their exact words.

### 13. Reporting a Safeguarding Concern

- 13.1. **If a child is in immediate danger, call the police on 999.**
- 13.2. Staff and volunteers should normally discuss concerns with their Line Manager, CEO and Safeguarding Lead (Operations Manager), or Safeguarding Trustee, and seek their advice about how best to proceed, but if that is not possible, MASH / MARU and Early Help Interventions referrals can be made without management discussion. The needs of the child must come first.
- 13.3. If the concern about a child meets the safeguarding threshold for raising a concern, then referral to the local children's services must be made. Each of the relevant Southwest Child Protection Procedures can be found here:  
  
<https://swcpp.trixonline.co.uk/>
- 13.4. If you have made a verbal referral to local children's services you should follow this up with a written referral as soon as possible, ideally **within 48 hours**.
- 13.5. Where the level of risk / harm is uncertain or there is not an Intercom Safeguarding Lead available to discuss concerns with, consider contacting the NSPCC Helpline on [0808 800 5000](tel:08088005000) or by emailing [help@nspcc.org.uk](mailto:help@nspcc.org.uk). They will talk through your concerns with you, give you expert advice and take action to protect the child as appropriate. This may include making a referral to the local children's services.
- 13.6. Best practice is that the parent / carer of the child is informed of the concerns and the referral. However, if doing so places the child at greater risk, this sharing of information with the parent / carer should not take place. This includes concerns around Outing the child and around possible Fabricated and Induced Illness (FII), which was previously known as Munchausen's by Proxy.
- 13.7. If, following a referral to Children's Social Care, you are not happy with the outcome; the Local Safeguarding Children Board Escalation Policy can be used to highlight the concerns to a higher level of management. This should be discussed with a Line Manager / Safeguarding Lead first. If we decide that following the outcome decision of the referral is not enabling the child to remain safe it is the responsibility of that professional to escalate this further directly with the Local Authority Safeguarding Manager.



## **14. Confidentiality and Information Sharing**

- 14.1. Always seek consent to share information about a child and their family. However if consent isn't given, you can still share information with relevant professionals under certain circumstances, for example if you are protecting a child from significant harm or the perceived risk of harm. The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not affect this principle.
- 14.2. Information on all clients must be kept confidential at all times. However, if a child is considered at risk of significant harm information must be shared in a way that is proportionate and appropriate with Children's Social Care.
- 14.3. Never promise a child that you will keep the things they're telling you a secret. Explain that you need to share what they've told you with someone who will be able to help.
- 14.4. You should aim to only share information about a child or young person's sexual orientation or gender identity if they give specific permission, or if it's relevant to a child protection concern. LGBT+ children and young people might not want to come out to everyone in their life. Sharing a child or young person's gender identity or sexual orientation might put them at extra risk if the person you tell is not supportive.
- 14.5. You need to decide what specific information is appropriate to share and who to share it with.
  - Prioritise the safety and welfare of the child and anyone else who may be affected by the situation.
  - Make sure you share the information quickly and securely. The sooner you report your concerns the better. This means the details will be fresh in your mind and action can be taken quickly.
  - Identify how much information should be shared. This will depend on the reasons for sharing it.
  - Use language that is clear and precise. Different agencies may use and understand terminology differently.
  - Make sure the information you are sharing is accurate. Make it clear what information is factual and what is based on opinion (yours or other people's).

- 14.6. Remember, when sharing information, to remind those involved of their duty to keep the sexual orientation and gender identity of the child confidential. Also remind them that should they disclose that the child is a service user of Intercom, this is likely to Out the child, by association and Intercom is an LGBT+ organisation.
- 14.7. There will be times that specific information will be requested by Children's Social Care, for example in a Section 47 Child protection investigation. Parental consent is not required under Section 47 as the local authority is acting to investigate the allegation and to protect the child. If in doubt, consult the Safeguarding Lead or Safeguarding Trustee.
- 14.8. Information may also be requested for the following investigations:
  - Sudden unexpected death of a child as part of the statutory Child Death Review process.
  - Serious injury resulting from non-accidental injury or unexplained injuries.
- 14.9. Requests for court reports should be received in a written format with an explanation as to the details and dates that are required. Court reports should be checked by the Safeguarding Lead.

## **15. Consent**

- 15.1. Children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention.
- 15.2. Children should be given the opportunity to decide whether they agree to their personal information being shared. If a child doesn't have the capacity to make their own decisions, ask their parent or carer (unless doing so would put the child at risk of harm). The Gillick competency and Fraser guidelines help professionals to assess whether a child is mature enough to make decisions.
- 15.3. A child of under 16 may be Gillick competent to consent to medical treatment, research, donation or any other activity that requires their consent.
- 15.4. The concept of Gillick competence is said to reflect a child's increasing development to maturity. Therefore the understanding required for different interventions will vary considerably. (DOH 2009) If your interaction with a child or young person involves touching them (for example, a medical examination) explain what you are going to do and ask for consent:

- from them if they are over 16 (follow the Mental Capacity Act 2005) or under 16 but Gillick competent or
- from their parent or carer if they are under 16 and not Gillick competent.

15.5. The Mental Capacity Act applies to people who are 16 years of age or older. Please read the Mental Capacity Act Policy for further information about this.

15.6. The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give contraceptive advice and treatment to a girl under 16: “provided they are satisfied on the following matters:

- that the girl (although under the age of 16 years of age) will understand his advice
- that she cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice
- that she is very likely to continue having sexual intercourse with or without contraceptive treatment
- that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer
- that her best interests require him to give her contraceptive advice, treatment or both without the parental consent” (Gillick v West Norfolk, 1985).

15.7. If you’re sharing information without consent keep a written record explaining:

- what steps you took to get consent
- the person’s reasons for not giving consent (if known)
- why you felt it was necessary to share information without consent.

## **16. Safeguarding in Schools**

16.1. When working with a child on school premises, staff must follow the local school safeguarding procedures and should familiarise themselves with who the Safeguarding Leads are at the school.

16.2. Information sharing with the school may be needed to support the welfare of the child and this should be discussed with the child during the first appointment and with a nominated member of staff at the school.

- 16.3. Where MASH / MARU referrals or Early Help Interventions are considered appropriate, it may be worth discussing with the school which organisation might instigate this (particularly if the school has a pre-existing relationship with the parents, not had by Intercom staff).
- 16.4. The most recent guidance regarding keeping children safe in education can be found here:  
[https://assets.publishing.service.gov.uk/media/66d7301b9084b18b95709f75/Keeping\\_children\\_safe\\_in\\_education\\_2024.pdf](https://assets.publishing.service.gov.uk/media/66d7301b9084b18b95709f75/Keeping_children_safe_in_education_2024.pdf) and should be referred to when supporting a school to make changes to address e.g. school bullying.

## **17. Training and Supervision**

- 17.1. It is the duty of Intercom to ensure that all staff have access to the appropriate safeguarding training and development, learning opportunities and support to facilitate understanding of the aspects of child welfare and information sharing.
- 17.2. As a minimum, all staff and volunteers that that have regular contact with clients, their families or care givers must receive Level 2 Safeguarding training. In addition, those who supervise those staff and volunteers plus the CEO, should be level 3 trained.
- 17.3. Safeguarding is also included in each member of staff's and each volunteer's clinical supervision and Line Management, and lessons learned shared in a culture of continuous learning at Intercom.

## **18. Safer Recruitment**

- 18.1. It is vital that Intercom create a culture that safeguards and promotes the welfare of children. As part of this culture, it is important that we have robust recruitment procedures that deter and prevent people who are unsuitable to work with children from applying for or securing employment, or volunteering opportunities.
- 18.2. All staff and volunteers who have unsupervised contact with Intercom clients, must therefore have:
- Identity, Enhanced DBS (in accordance with Regulated activities guidelines), and references checked as part of the recruitment process.
  - Induction that includes safeguarding expectations and practice.
  - Minimum of level 2 safeguarding training and regular updates.
  - Ongoing and regular supervision in which safeguarding concerns are explored and discussed.

- 18.3. Intercom therefore has a structured recruitment process to minimise bias and maximise our ability to ensure candidates are suitable for the role. This includes ensuring that:
- The recruitment process is transparent and consistent
  - Shortlisting is undertaken by at least two members of staff familiar with the requirements of the role.
  - All applicants are assessed on their ability to carry out the role, based on justifiable and objective criteria.
  - Access requirements for interview are asked about and wherever possible adjustments made to ensure accessibility.
  - At least two people are on the interview panel.
  - Each candidate is asked the same questions so that they are all treated equally, and interviewers record their comments and scoring.
  - Referees for successful candidates are asked about their:
    - knowledge and understanding of child protection and safeguarding.
    - suitability and ability to work with children and young people
  - Any offer of appointment is subject to satisfactory vetting and barring and reference checks.
- 18.4. For any role working with children and young people, both the role description and the person specification should highlight the safeguarding responsibilities and the interview questions should establish the candidate's ability to:
- establish and maintain professional boundaries and professional integrity
  - establish and maintain relationships with children
  - take action to protect a child.
- 18.5. During the interview candidates should show that they are able to:
- establish and maintain professional boundaries and professional integrity
  - establish and maintain relationships with children
  - take action to protect a child.
- 18.6. In England, Northern Ireland and Wales, if someone is doing "regulated activity" they need to undergo an "enhanced with barred list check". This provides information about adult convictions and cautions recorded on the Police National Computer (PNC) that are not 'protected'; information about whether the person has been barred from working with children; and any other relevant information that the police feel ought to be disclosed.
- 18.7. Successful candidates should be given the option to self-disclose cautions and/or convictions that might be relevant in advance of the DBS check.

18.8. Intercom keeps a confidential record of DBS checks:

- the date the check was completed
- the level and type of check
- the reference number of the certificate
- the decision made about whether the person was employed (with reasons).

18.9. We cannot use 'spent' or 'protected' convictions as a reason not to employ somebody (unless the conviction makes them unsuitable to work with children).

18.10. If references, vetting, and/or DBS checks reveal concerns about a person's history, we will undertake a risk assessment to decide whether or not they are suitable to work with children and young people.

18.11. It is an offence for an individual who has been barred to apply for a regulated position. It is also an offence for an employer to knowingly employ someone in a regulated position if they are barred from doing so. Employers must refer any information about employees or volunteers who (may) have harmed children while working for them to the relevant barring service.

18.12. If the vetting and barring check includes additional information that is marked "in confidence", we will not discuss it with the applicant. This could compromise a criminal investigation or the safety of another person and may in itself constitute a criminal offence under the Police Act 1997. Where we decide not to appoint someone on the basis of confidential information, we need to be careful when you inform them that the offer is withdrawn. It is sufficient to tell the applicant that, on the basis of checks and references that have been made, we have had to withdraw the provisional job offer.

## **19. Managing Safeguarding Children Allegations against People in Positions of Trust**

19.1. The framework for managing allegations is set out in Working Together to Safeguard Children (2023). The framework applies to all who work with children and young people, including those who work in a voluntary capacity.

19.2. When an allegation of child maltreatment is made against an employee of Intercom Trust, including agency staff and bank staff, it must be reported immediately to the Safeguarding Lead. This will be immediately responded to and thoroughly addressed. There may be concern that a member of staff has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

19.3. It is essential that any allegation of abuse made against a person is dealt with consistently, fairly, quickly and in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation. An integral part of the framework for managing allegations against staff is the role of the Local Authority Designated Officer (LADO). The LADO is responsible for the management and oversight of individual cases and must be informed of all allegations or concerns relating to staff or volunteers that fit the criteria above.

19.4. The LADO will provide advice and guidance to any agency or employer providing services for children. Where necessary they will liaise with Children's Social Care and other agencies, monitor the progress of cases and work to ensure that all allegations are dealt with appropriately. It is essential that, following agreement with the LADO, managers ensure that they keep LADO informed of the ongoing investigation and at the closure share relevant reports relating to the investigation.

## **20. Whistleblowing**

20.1. Where staff have concerns about safeguarding practice at Intercom or another service, they should discuss this with their Line manager and /or Safeguarding Lead wherever possible.

20.2. If this is not possible, they can contact the NSPCC Whistleblowing Advice Line. This may be if:

- we or another organisation doesn't have clear safeguarding procedures to follow
- concerns aren't dealt with properly or may be covered up
- a concern that was raised hasn't been acted upon
- you are worried that repercussions are likely to arise if you raise a concern.

20.3. This applies to incidents that happened in the past, are happening now, or may happen in the future.



## Declaration

I hereby agree to the contents of this policy and I will take responsibility for studying it and positively complying with it.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Post or position: \_\_\_\_\_

Signed in the presence of: \_\_\_\_\_

Print name: \_\_\_\_\_

## **Appendix 1 – Categories and Signs of Child Abuse**

*Extracted from NSPCC 2020 guidance*

### **What is child abuse?**

Child abuse happens when a person harms a child. It can be physical, sexual or emotional, but can also involve neglect.

Children may be abused by:

- family members
- friends
- people working or volunteering in organisational or community settings
- people they know
- strangers

### **General signs of abuse**

Children experiencing abuse often experience more than one type of abuse over a period of time.

Children who experience abuse may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend.

Many of the signs that a child is being abused are the same regardless of the type of abuse. Anyone working with children or young people needs to be able to recognise the signs. These include a child:

- being afraid of particular places or making excuses to avoid particular people
- knowing about or being involved in ‘adult issues’ which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour
- having angry outbursts or behaving aggressively towards others
- becoming withdrawn or appearing anxious, clingy or depressed
- self-harming or having thoughts about suicide
- showing changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes
- running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries.

These signs do not necessarily mean that a child is being abused. There may well be other reasons for changes in a child's behaviour such as a bereavement or relationship problems between parents or carers. If you have any concerns about a child's wellbeing, you should report them following your organisation's safeguarding and child protection procedures.

## **Physical abuse**

### What is physical abuse?

Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating.

It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness (FII).

### Spotting the signs of physical abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern.

Injuries that are more likely to indicate physical abuse include:

#### Bruising

- bruises on babies who are not yet crawling or walking
- bruises on the cheeks, ears, palms, arms and feet
- bruises on the back, buttocks, tummy, hips and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- large oval-shaped bite marks.

#### Burns or scalds

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times.

If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

## **Neglect**

### What is neglect?

Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

### Spotting the signs of neglect

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:

- children who appear hungry - they may not have lunch money or even try to steal food
- children who appear dirty or smelly
- children whose clothes are inadequate for the weather conditions
- children who are left alone or unsupervised for long periods or at a young age
- children who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development
- children who live in an unsuitable home environment.

## **Sexual abuse**

### What is sexual abuse?

Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse.

Child sexual abuse can involve contact abuse and non-contact abuse.

Contact abuse happens when the abuser makes physical contact with the child. It includes:

- sexual touching of any part of the body whether the child is wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals.

Non-contact abuse involves non-touching activities. It can happen online or in person and includes:

- encouraging or forcing a child to watch or hear sexual acts
- making a child masturbate while others watch
- not taking proper measures to prevent a child being exposed to sexual activities by others
- showing pornography to a child
- making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images.
- meeting a child following online sexual grooming with the intent of abusing them.

Online sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped.

Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

### Spotting the signs of sexual abuse

There may be physical signs that a child has suffered sexual abuse. These include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge
- sexually transmitted infections (STI)
- pregnancy.

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age.

For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- they might become sexually active or pregnant at a young age.

## **Child sexual exploitation**

### What is child sexual exploitation?

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities.

Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs (Berelowitz et al, 2013).

Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

### Spotting the signs of child sexual exploitation

Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may:

- go missing from home, care or education
- be involved in abusive relationships
- hang out with groups of older people
- be involved in gangs or anti-social groups
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- be involved in petty crime such as shoplifting
- have access to drugs and alcohol
- have new things such as clothes and mobile phones, which they aren't able to easily explain
- have unexplained physical injuries.

### **Harmful sexual behaviour**

#### What is harmful sexual behaviour?

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour.

HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.

HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't (Davies, 2012). However, a younger child



can abuse an older child, particularly if they have power over them – for example, if the older child is disabled (Rich, 2011).

### Spotting the signs of harmful sexual behaviour

It's normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

## **Emotional abuse**

### What is emotional abuse?

Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

### Spotting the signs of emotional abuse

There aren't usually any obvious physical signs of emotional abuse but you may spot changes in a child's actions or emotions.

Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development.

Babies and pre-school children who are being emotionally abused may:

- be overly-affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious
- be unable to play
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- fear making mistakes
- fear their parent being approached regarding their behaviour
- self-harm

## **Domestic abuse**

### What is domestic abuse?

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse.

Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

### Spotting the signs of domestic abuse

It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour

- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

## **Bullying and cyberbullying**

### What are bullying and cyberbullying?

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable.

Bullying includes:

- verbal abuse, such as name calling
- non-verbal abuse, such as hand signs or glaring
- emotional abuse, such as threatening, intimidating or humiliating someone
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual or homophobic bullying
- physical assaults, such as hitting and pushing
- making silent, hoax or abusive calls.

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

### Spotting the signs of bullying and cyberbullying

It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault.

No one sign indicates for certain that a child's being bullied, but you should look out for:

- belongings getting 'lost' or damaged
- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

## **Child trafficking**

### What is child trafficking?

Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children may be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect.

Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying

documents, bribery, owning or renting premises or money laundering (Europol, 2011). Child trafficking can also be organised by individuals and the children's own families.

Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation so child trafficking only requires evidence of movement and exploitation.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014). The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

### Spotting the signs of child trafficking

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events.

Children who have been trafficked may:

- have to do excessive housework chores
- rarely leave the house and have limited freedom of movement
- not have any documents (or have falsified documents)
- give a prepared story which is very similar to stories given by other children
- be unable or reluctant to give details of accommodation or personal details
- not be registered with a school or a GP practice
- have a history with missing links and unexplained moves
- be cared for by adults who are not their parents or carers
- not have a good quality relationship with their adult carers
- be one among a number of unrelated children found at one address
- receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation.

There are also signs that an adult is involved in child trafficking, such as:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- having previously acted as the guarantor on visa applications for visitors who have not left the UK when the visa expired.

## **Female genital mutilation**

### What is female genital mutilation?

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016).

FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

Everyone has a duty to safeguard girls at risk of FGM, there are four key issues to consider:

- An illegal act being performed on a female, regardless of age.
- The need to safeguard girls and young women at risk of FGM.
- The risk to girls and young women where a relative has undergone FGM.
- Situations where a girl may be removed from the country to undergo FGM.

### Spotting the signs of female genital mutilation

A child at risk of FGM may not know what's going to happen. But they might talk about or you may become aware of:

- a long holiday abroad or going 'home' to visit family relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- missing school repeatedly or running away from home.
- Going on long holidays to countries where FGM is practiced, potentially at the beginning or just before the summer holidays

A child who has had FGM may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college

- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear

### Reporting requirements

Anyone who has information that a child is potentially or actually at risk of harm should pass information to the local authority children's social care or the police. You can contact the FGM helpline 0800 0283550 to discuss any concerns.

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under-18s to the police (Home Office, 2016).

### **County Lines**

#### What is county lines?

County lines refers to a specific form of criminal exploitation in which urban gangs recruit, coerce, or compel children and young individuals to store and transport drugs and money to suburban areas, market towns, and coastal areas (Home Office, 2018). This illegal activity occurs throughout the UK and constitutes a serious form of child abuse. Perpetrators may use drugs and alcohol to entice young people into the gang lifestyle, or offer money and status to attract young people, or trick them into incurring drug debts which they then have to pay off, this can be called a "debt bondage". There are strong links between county lines, physical violence, financial exploitation and abuse, sexual abuse and exploitation, trafficking and missing children as well as cuckooing.

Gangs will seek out a child to exploit by observing them for vulnerabilities, wants and needs and manipulating the child so they believe the gang can meet their needs.

Key places that are targeted by gangs include:

- Schools, further and higher educational settings
- Special education needs schools
- Places of alternative provision for education
- Foster homes
- Homeless shelters



### Spotting the signs

A child may not recognise that they are being groomed or exploited by a county lines gang, but certain indicators may suggest potential involvement. These indicators can include:

- Regularly going missing from school, home, or care settings.
- Traveling to locations or being found in areas with which they have no clear connections.
- A reluctance to disclose their whereabouts.
- Obtaining money, clothing, mobile phones, or other expensive items without a valid explanation.
- Possessing multiple phones or SIM cards or receiving an unusually high volume of texts or calls at all hours.
- A notable decline in school attendance or performance.
- Significant changes in mental health or instances of self-harm.
- Withdrawal from social relationships or sudden alterations in personality, behaviour, or language.
- Carrying weapons.
- Utilising slang terms indicative of criminal activity, such as “going cunch,” “running a line,” “going country,” or “going OT.”

## Appendix 2 - Local Safeguarding Contacts

Call 999 if you think someone is in immediate danger.

Use the website <https://swcpp.trixonline.co.uk/> to find safeguarding procedures for each of the areas in the south west.

Alternatively you can call ChildLine for advice on 0800 1111 or email them by visiting [www.childline.org.uk](http://www.childline.org.uk)

### DEVON

If you are concerned about a child's welfare or worried they are being abused, you can make a referral to the Devon Multi Agency Safeguarding Hub (MASH) by phoning 0345 155 1071 or e-mail: [mashsecure@devon.gov.uk](mailto:mashsecure@devon.gov.uk).

Further information can be found here: [Devon Safeguarding Children Board Concerned About a Child](#).

### PLYMOUTH

If you're worried about a child or young person or think they're being abused, even if you are unsure, call 01752 668000 or [MASH@plymouth.gov.uk](mailto:MASH@plymouth.gov.uk)

If you are a professional with an urgent child protection concern, please make an immediate referral to the Multi-Agency Hub on 01752 305200 (or 01752 346784 out of hours).

The [Professional Enquiry Form](#) can also be used to share information with your local office.

### TORBAY

If you are concerned about a child's welfare or worried they are being abused, you can make a referral to [Torbay Multi-Agency Safeguarding Hub](#). To do this please call Tel: 01803208100 or out of Hours 0300 456 4876, or alternatively e-mail: [MASH@torbay.gov.uk](mailto:MASH@torbay.gov.uk).

The [Safeguarding Hub Enquiry](#) can also be used to share information with your local office.

For Early Help referrals please use the [Early Help Assessment Form](#).

## **CORNWALL**

If you are concerned about a child's welfare or worried they are being abused, you can make a referral to:

Multi-agency Referral Unit: 0300 123 1116 or  
[multiagencyreferralunit@cornwall.gov.uk](mailto:multiagencyreferralunit@cornwall.gov.uk) or you can complete an online [Multi-Agency Referral Form](#)

Out of Hours Service: 01208 251300

## **Isles of Scilly**

Our Safeguarding Children Partnership (OSCP) for Cornwall and the Isles of Scilly:  
03001234105 option 5

Out of Hours Service: 01720 422699

If you have concerns about a professional working with a child you need to contact your Local Authority Designated Officer (LADO) on:

Cornwall & the Isles of Scilly - 01872 326536

The Cornwall and Isles of Scilly safeguarding children partnership (OSCP) has more information and online forms that can be found [here](#)

## Appendix 3 - Useful Resources and References

Female Genital Mutilation Act, 2003

Serious Crime Act, 2015

Sexual Offences Act, 2003

The Children Act, 1989

The Human Rights Act, 1988

The Data Protection Act, 2018

The Children Act, 2004

[Albert Kennedy Trust \(2015\) LGBT youth homelessness: a UK national scoping of cause, prevalence, response, and outcome \(PDF\)](#). London: Albert Kennedy Trust.

Barnardo's and Fox, C. (2016) [‘It’s not on the radar’: the hidden diversity of children and young people at risk of sexual exploitation in England \(PDF\)](#). Essex: Barnardo's.

Becerra-Culqui, T. et al (2018) [Mental health of transgender and gender nonconforming youth compared with their peers](#). Pediatrics, 141(5).

Bradlow, J. et al (2017) [School report: the experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017 \(PDF\)](#). London: Stonewall.

Children's Society, Victim Support and National Police Chiefs Council (NPSCC) (2018) [Supporting LGBTQ+ children and young people](#). London: The Children's Society.

Department for Children, Schools and Families (2009) [Think Family Toolkit Improving support for families at risk Strategic overview](#)

Department for Education (2017) [Child sexual exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation](#)

Department for Education (2014) [Equality Act 2010: advice for schools](#).

Department for Education and Department of Health (2015) [Promoting the Health and Wellbeing of Looked After Children](#)

Education Authority (EA) (2019) [Guidance for schools, EOSTAS centres and youth service on supporting transgender young people](#).

Estyn (2020) [Celebrating diversity and promoting inclusion: good practice in supporting lesbian, gay, bisexual and transgender \(LGBT\) learners in schools and colleges \(PDF\)](#). [Cardiff]: Estyn.

Government Equalities Office (2018) [National LGBT survey: research report \(PDF\)](#). Manchester: Government Equalities Office.

HM Government (2007) Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004

HM Government (2023) [Working Together to Safeguarding Children : a guide to inter-agency working to safeguarding and promote the welfare of children](#)

Home Office (2015) [Mandatory Reporting of Female Genital Mutilation](#) –procedural information

Home Office (2018) [Criminal Exploitation of children and vulnerable adults: County Lines guidance](#)

House of Commons Library (2020a) [Bullying in UK schools](#).

House of Commons Library (2020b) [Provisions to support transgender children in schools](#).

Information Commissioner's Office (2018) [Guide to the General Data Protection Regulation](#) (GDPR)

Internet Matters (2021) [LGBTQ+: advice for professionals working with LGBTQ+ young people aged 7-18](#).

LGBT Health & Wellbeing, Scottish Trans, Equality Network, LGBT Youth Scotland and Stonewall Scotland (2018) [LGBTI populations and mental health inequality \(PDF\)](#). [Edinburgh]: LGBT Health & Wellbeing.

McDermott, E., Hughes, E. and Rawlings, V. (2018) [The social determinants of lesbian, gay, bisexual and transgender youth suicidality in England: a mixed methods study](#). Journal of Public Health, 40(3): e244-e251.

McGeeney, E., Hanson, E., Brook and National Crime Agency (2017) [Digital romance: a research project exploring young people's use of technology in their romantic relationships and love lives \(PDF\)](#). London: National Crime Agency.

NHS (2021) [Gender dysphoria](#)

NICE [guidelines NG76, Child abuse and neglect](#)

NICE [guidelines NG89, Child maltreatment: when to suspect maltreatment in under 18s](#)

NSPCC (2003) It Doesn't Happen to a Disabled Child

NSPCC (2022) [Gillick competency and Fraser guideline](#)

Ofsted (2021) [Review of sexual abuse in schools and colleges](#).

Ofsted and Brown, Chris (2021) [Research commentary: teaching about sex, sexual orientation and gender reassignment](#).

Olson, Kristina R. et al (2016) [Mental health of transgender children who are supported in their identities](#). Pediatrics, 137(3): e20153223.

Russell, Stephen T. et al (2018) [Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behaviour among transgender youth](#). Journal of Adolescent Health, 63(4): 503-505.

Scottish Government (2021) [Supporting transgender young people in schools: guidance for Scottish schools](#).

Scottish Government and Time for Inclusive Education (TIE) (2021) [lgbteducation.scot](#)

Stonewall (2022) [An introduction to supporting LGBT children and young people: a guide for schools, colleges and settings \(PDF\)](#). London: Stonewall.

Stonewall and Childnet International (2021) [Staying safe online: practical strategies to best support all children and young people online, including those who identify as LGBT \(PDF\)](#). London: Stonewall.

Xu, Yin and Zheng, Yong (2014) [Prevalence of childhood sexual abuse among lesbian, gay and bisexual people: a meta-analysis](#). Journal of Child Sexual Abuse, 24(3): 315-331.