# The Avenues Youth Project

## Safeguarding Policy and Procedure for Children and Young People

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*This policy should be read alongside the current statutory guidance: Working Together to Safeguard Children (DfE, 2026), Keeping Children Safe in Education (DfE, 2025), the Prevent duty guidance: England and Wales (2023), and the relevant provisions of the Children's Wellbeing and Schools Act 2026 as they come into force.*

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# Introduction - Safeguarding Policy

All organisations and professionals have a duty to safeguard and promote the welfare and safety of children and young people. At AYP we take this duty very seriously and the safety, health and welfare of young people who attend AYP is of the utmost importance.

## Safeguarding and the multi-agency safeguarding arrangements

The safeguarding and reviewing units that review this work through case conferences, and at statutory reviews for looked after children, is also borough based in local teams but are now under one Head of Combined Service to facilitate sharing of good practice (Westminster will retain a local manager for safeguarding).

Safeguarding in Westminster is coordinated by the statutory safeguarding partners (the local authority, the integrated care board and the police), working through the bi-borough arrangements for Westminster and the Royal Borough of Kensington & Chelsea. These partners are responsible for coordinating local safeguarding work and for ensuring its effectiveness across agencies.

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 the local safeguarding partners.

The Team can be contacted on 07739 315388 (more contact details in Appendix 1). The Children, Young People and Families Department work with children and families referred to them who are at risk of actual or potential harm.

## Statement of Policy and Procedure

The Avenues Youth Project ("AYP") firmly believes that the safety and welfare of children and young people are our top priority.

AYP staff, trustees and volunteers must prevent the physical, sexual, or emotional abuse of all children and young people with whom they come into contact and must take appropriate action in relation to any such abuse which is discovered or disclosed during their involvement with The Avenues.

All existing and new staff, trustees, volunteers, and other users of AYP services and buildings (as appropriate) will be informed of this policy and procedure and receive regular and appropriate training on the issue.

This policy adheres to the Children Act 1989 and the Children Act 2004 and has regard to the Children's Wellbeing and Schools Act 2026, Working Together to Safeguard Children (2026) and Keeping Children Safe in Education (2025).

# Implementing a Safeguarding policy

## Safer Recruitment

Safeguarding the children, young people and vulnerable adults with whom AYP has contact is considered at the recruitment stage. All staff, volunteers and trustees are required to attend interview and provide references, as detailed in AYP recruitment, selection, and induction policy and procedures.

A Disclosure and Barring Service (DBS) check will also be obtained for all staff, trustees and volunteers recruited. The type of DBS requested will depend on the role they are being appointed to and what we are eligible to apply for following national DBS guidelines. 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 made annually for all eligible employees and volunteers.

If a staff member, trustee, or volunteer has signed onto the online update service, a check will be made annually. If a member of staff, trustee or volunteer has a DBS from an alternate suitable establishment (e.g. school) and have signed up to be part of the online update service, we will accept this rather than request another complete DBS. This will be decided on a case-by-case basis and the Safeguarding Lead will have the final say on what would be acceptable.

During the interview procedure, candidates with youth facing roles will be questioned regarding their understanding of safeguarding and how that might be a consideration in the role they are applying for.

We provide a thorough induction covering all safeguarding requirements of any new member of staff when they begin employment. This support is on-going.

## Safer Working

All staff and volunteers working for AYP have a responsibility to safeguard the welfare of the children, young people, and vulnerable adults with whom they are working to ensure their physical, sexual and emotional safety. 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 always appropriate
- Do respect a person's right to privacy

## 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.

- 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.

## Physical Contact

Staff and volunteers should not have unnecessary physical contact with a 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 or dancing
- When working with a person with a disability who requests such assistance
- Giving direct assistance when fitting outdoor activity equipment
- Administering first aid

Wherever possible there should be an attempt to ask the person to consent 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 but in such circumstances the restraining force used by the concerned member of staff or volunteer must be reasonable in the circumstances i.e. no more than is needed.

# Statement of beliefs

The needs of the child are paramount and should underpin all safeguarding and child protection work and resolve any conflict of interests.

All children deserve the opportunity to achieve their full potential.

All children have the right to be safeguarded from harm and exploitation whatever their:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health or disability
- Location or placement
- Criminal history or background
- Political or immigration status

Responsibility for protection of children must be shared because children are safeguarded only when all relevant agencies and individuals accept responsibility and co-operate with one another.

Statements about or allegations of abuse or neglect made by children must always be taken seriously.

The wishes and feelings of children are vital elements in assessing risk and formulating protection plans and must always be sought and given weight according to the level of understanding of the child.

During enquiries, the involvement and support of those who have parental responsibility for, or regular care of a child, should be encouraged and facilitated, unless doing so compromises that enquiry or the child's immediate or long-term welfare.

The consent of a person under the age of eighteen is as significant as that of an adult where they are the subject of information, provided they have sufficient understanding to provide it. If a member of staff is in doubt about a child's competence, they should seek legal advice.

Where a child does not have capacity to consent, it should be sought if it does not place them at additional risk, from a person with parental responsibility for that child.

We recognise that children can experience safeguarding risks differently because of their race, ethnicity, faith, disability, gender or other characteristics. We are committed to anti-racist and anti-discriminatory safeguarding practice, and to making sure that bias or assumption never masks harm or shapes how seriously a concern is taken.

## Definitions

'Child abuse and neglect' is a generic term encompassing all ill treatment of children including but not limited to; physical abuse, sexual abuse, domestic violence, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission, self-neglect, domestic abuse and financial abuse, 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, 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 broad categories of abuse which are used for the determination of whether to make a child the subject of a Child Protection Plan (CPP).

- 1. Neglect
- 2. Physical abuse
- 3. Sexual abuse and
- 4. Emotional abuse

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

## 1. 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.

## 2. Physical abuse

Physical abuse may take many forms e.g. 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. This unusual and potentially dangerous form of abuse is now described as fabricated or induced illness in a child.

## 3. 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 (i.e. vaginal or anal rape or buggery) 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.

## 4. 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, and 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 developmentally inappropriate expectations
- Causing children 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.

# Safeguarding Procedures and Guidelines

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but: -

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with the Designated Child Protection Officer or the Deputy Child Protection Officer
- May require consultation with and/or referral to Children's Services.

## Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care, shelter
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

## Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Reluctance to give information or mention previous injuries

### Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or areas unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face

- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

**Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

**Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.: Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)

- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area.
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

**Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

## Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about, and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts.
- Involvement in prostitution or indiscriminate choice of sexual partners

- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

## Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms.

The following may be indicators of emotional abuse:

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scapegoated within the family
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others

## Specific Safeguarding Issues

### 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.

### Child Sexual Exploitation (CSE)

Child Sexual Exploitation is a form of sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity. An abuser will gain the trust of a child or control them through blackmail or violence.

CSE can happen in person or online. A child exploited online may be forced to:

- distribute sexual images of themselves or livestream sexual activities.

- engage in sexual conversations.

The indicators of potential CSE can include (but are not limited to):

- going missing
- not attending school
- having sexual knowledge that is inappropriate for their age
- using drugs or alcohol
- having unexpected gifts or money that they will not explain the source of
- concerns regarding sexual health
- becoming isolated from family and friendship groups
- struggling with trust
- declining emotional wellbeing

**Child Criminal Exploitation (CCE)**

Child Criminal Exploitation is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into criminal activity.

This can include children being involved in transporting drugs or money (county lines), working in cannabis factories, shoplifting, or pickpocketing, as well as being forced or manipulated into committing crime, such as vehicle crime or threatening/committing serious violence to others.

Children can be trapped in this kind of exploitation by being threatened with violence or coerced into debt. Children may also be coerced into carrying weapons or may begin carrying a knife for protection from others.

The indicators of potential CCE can include (but are not limited to):

- going missing or travelling for unexplained reasons
- not attending school
- using drugs or alcohol
- being involved with gang activity or exhibiting signs of this, such as wearing clothing/accessories or using slang associated with gangs
- having unexpected gifts or money that they will not explain the source of
- committing 'petty' crime, such as shoplifting
- carrying a weapon
- becoming isolated from family and friendship groups
- unexplained injuries and refusal to seek medical help
- declining emotional wellbeing

**Serious violence**

Children and young people can be involved with, and be at risk from, serious violent crime. This can be linked to Child Criminal Exploitation but can also occur separately.

The indicators of potential serious violent crime can include (but are not limited to):

- regular or increased absence from school.
- decline in academic performance or behaviour.

- change in friendships or relationships, often involving older individuals or groups.
- signs of self-harm.
- being involved with gang activity.
- signs of assault or unexplained injuries.
- significant change in wellbeing.
- any potential indicators of CCE.
- The Avenues works to reduce the risk of serious youth violence through trusted relationships, consistent youth work, targeted mentoring and our girls' and young women's provision, alongside partnership working across Westminster. Where a young person is at risk of, or affected by, serious violence, staff treat this as a safeguarding concern and follow the reporting procedures set out in this policy. We contribute, as a voluntary sector organisation, to the local response under the Serious Violence Duty introduced by the Police, Crime, Sentencing and Courts Act 2022. We understand serious violence through a contextual safeguarding lens, recognising that risk often sits beyond the family home, in peer groups, online and in the wider community.

**Domestic abuse**

Domestic abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional abuse. It can be an isolated incident or a series of incidents and children can be victims. They may see, hear or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse).

The indicators of potential domestic abuse can include (but are not limited to):

- becoming anxious, withdrawn or depressed;
- sleep difficulties;
- bed-wetting;
- complaining of physical symptoms, such as tummy aches;
- behavioural issues, such as aggression or behaving in a much younger manner than their actual age;
- low sense of self-worth or self-esteem;
- self-harm;
- alcohol or drug abuse.

**Forced marriage**

It is a criminal offence to force a person to marry in England and Wales. Young men and women can be at risk in affected ethnic groups. Forced marriage is distinct from arranged marriages.

Evidence shows that the issue of forced marriage affects certain sectors of communities. It typically affects girls in the age range of 14-16 years old. However, it can affect boys. One sign of forced marriage is a lengthy absence which is often unexplained.

Any member of staff with concerns regarding forced marriage should report this immediately to the DSL, who should raise the concern with the police.

**Child-on-child abuse**

The Avenues Youth Project understands that abuse can take place from one child to another child. Child-on-child abuse can take several forms including (but not limited to):

- bullying, including discriminatory bullying and cyberbullying;

- physical abuse;
- sexual harassment, including online sexual harassment;
- causing someone to engage in sexual activity without consent;
- up skirting;
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth-produced sexual imagery).

Sexual violence and sexual harassment can occur between two or more children of any age and sex. It can occur also through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can be both physical and verbal and can occur online and/or face to face.

Staff should take a zero-tolerance approach to sexual violence and sexual harassment. It is never acceptable and should not be tolerated. It should never be passed off as "banter", "just having a laugh", "a part of growing up" or "boys being boys". Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and encourage people to falsely believe that it is acceptable.

Staff should also challenge physical behaviour, such as grabbing bottoms, breasts, and genitalia, pulling down trousers, flicking bras and lifting skirts. They should recognise, acknowledge, and understand the scale of harassment and abuse, and understand that even if there are no reports, it does not mean it is not happening.

All staff, trustees, support workers and volunteers within the Avenues must be alert to signs of institutional abuse or unprofessional practices or behaviour and raise their concerns as per the procedures outlined within this document.

# What Staff, Trustees Should do if Abuse is Alleged

The responsibility for investigating allegations of abuse lies with the Westminster Children, Young People and Families Services Duty and Assessment Team.

To report a concern about a child or young person in Westminster please contact:

Westminster Access Team: 020 7641 4000 (Out of hours: 020 7641 6000)

Email: AccesstoChildrensServices@westminster.gov.uk

In addition to reporting your concern, one should also carry out the following:

## LISTEN TO THE CHILD

If a child or young person discloses, they, or another young person, is concerned about someone's behaviour towards them, the person receiving this information should:

- Remain calm and in control.
- Reassure the young person by telling them they have done the right thing.
- Take what the young person says seriously.
- Listen carefully to what is said.
- Keep questions to a minimum - only ask for clarification and no leading questions.
- Don't promise to keep it a secret. Let the young person know you will need to share the information with other professionals to keep them and/or other young people safe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice police investigations, especially in cases of sexual abuse.

Whilst the child's view should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children.

## PARENTAL CONSULTATION

Where practicable, concerns should be discussed with the family and agreement sought for a referral to the Duty and Assessment Team unless this may, either by delay or the behavioural response it prompts, place the child at risk of harm. A decision by any staff member, trustee or volunteer not to seek parental permission before making a referral to the Duty and Assessment Team must be recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed in the referral to the Duty and Assessment Team. Generally, referrals will not be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.

Where the parent refuses to give permission for the referral, further advice should, unless this would cause undue delay, be sought and the outcome fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded
- The Duty and Assessment Team should be told that the parent has withheld her/his permission

- The parent should be contacted to inform her/him that after considering their wishes a referral has been made

**URGENT MEDICAL ATTENTION**

If the child is suffering from a serious injury, medical attention must be sought immediately from A&E, and the Duty and Assessment team notified, and the duty consultant paediatrician must be informed.

Except in cases where emergency treatment is needed, the Duty and Assessment Team and the police are responsible for ensuring that any medical examinations required as part of enquiries are initiated.

## Duty to Refer

If a staff member, trustee or volunteer is concerned that a child or young person is being harmed through abuse or neglect they must in the first instance speak to the Designated Safeguarding Lead or the Deputy Designated Safeguarding Lead. In the event that neither is available, they should try to speak to the Chief Executive. If none of these are available they then must contact the Westminster Children, Young People and Families Services, Duty and Assessment Team Tel: 0207 641 4000 (and select Option 1)

AYP staff, trustees and volunteers must make a referral to the Duty and Assessment Team if there are signs that a child under the age of eighteen years: -

- Is experiencing or may already have experienced abuse or neglect
- Is likely to suffer harm in the future

The timing of such referrals must reflect the level of perceived risk but should usually be within 1 working day of the recognition of risk.

In urgent situations, out of office hours, the referral should be made to the Emergency Duty /Out of Hours Team Tel: 020 7641 6000 or, in the event of extreme need call the Police on 999 or NSPCC (the National Society for the Prevention of Cruelty to Children) on 0808 800 5000.

## Initiating the Referral

Referrals should generally be made to the Duty and Assessment team office where the child:-

- is living or is found (see end for local contact details).
- If the child is known to have an allocated social worker, referrals should be made to her/him, or in her/his absence the manager or a duty officer. In other circumstances referrals should be made to the duty officer.

Where available, the following information should be provided with the referral (but absence of information must not delay referral):

- Full names, date of birth and gender of child/ren
- Family address
- Identity of those with parental responsibility
- Names and date of birth of all household members
- Ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid

- Any special needs of child/ren
- Any significant/important recent or historical events/incidents in child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Referrer's relationship and knowledge of child and parents/carers
- Known current or previous involvement of other agencies/professionals
- Information regarding parental knowledge of, and agreement to, the referral

The referrer should confirm verbal and telephone referrals in writing, within 48 hours, using a referral form. Social services should acknowledge referrals within one working day of receipt. If this does not occur within 3 working days, the referrer should contact social services again.

**Ensuring Immediate Safety**

The safety of children is paramount in all decisions relating to their welfare. Any action taken by AYP staff, trustees or volunteers should ensure that no child is left in immediate danger.

The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare.

A teacher, foster carer, childminder or any professional should for example, take all reasonable steps to offer a child immediate protection from an aggressive parent.

Where abuse is alleged, suspected or confirmed in children admitted to hospital, they must not be discharged until:-

- The Duty and Assessment team have been notified by phone that there are child protection concerns.
- Confirmation is provided within 24 hours on a completed interagency referral form
- A strategy discussion / meeting has been held including relevant hospital staff

**Recording**

Using the template form set out in Appendix 4 the referrer should keep a written record of:

- Discussions with child
- Discussions with parent
- Discussions with managers
- Information provided to the Duty and Assessment Team
- Decisions taken (clearly timed, dated and signed)

The referrer should confirm verbal and telephone referrals in writing, within 48 hours, using an interagency referral form.

Completed forms must be provided to the Designated Safeguarding Lead who has responsibility for filing and retaining the same in The Avenues' records in accordance with the NSPCC's Child Protection Records Retention and Storage guidelines.

**SELF-HARMING AND SUICIDAL BEHAVIOUR**

Self-harm, suicide threats and gestures by a child must always be taken seriously and may be indicative of a serious mental or emotional disturbance.

The possibility that self-harm including a serious eating disorder has been caused or triggered by any form of abuse or chronic neglect should not be overlooked.

The above possibility may justify a referral to the Duty and Assessment Team for an assessment as a child in need and/or in need of protection.

Older adolescents are especially vulnerable when their emotional difficulties are compounded with lack of provision such as adequate housing. There may be a gap in service provision due to transfer between child and adult services (both of mental health and the Duty and Assessment Team).

It is good practice, whenever a child or young person is known to have either made a suicide attempt or been involved in self-harming behaviour, to undertake a multi-disciplinary risk assessment, along with an assessment of need.

Where a child has been admitted to hospital as a result of self-harming behaviour, any discharge should involve co-ordinated planning with community services, including the Duty and Assessment Team and child & adolescent mental health service (CAMHS).

## REFERRAL CRITERIA

Professionals have a responsibility to refer a child to the Duty and Assessment Team when it is believed or suspected that the child:

- Has suffered significant harm
- Is likely to suffer significant harm or
- (With agreement of a person with parental responsibility) would be likely to benefit from family support services

Advice should be sought about the appropriateness of a referral from the Designated Safeguarding Lead, their deputy or the Chief Executive or you should contact the Duty and Assessment team direct to seek advice. Where consultation is sought about a child and the Duty and Assessment Team concludes that a referral is required, the information provided must be regarded and responded to as such.

# Use of Images

## PUBLICATIONS, LEARNING MATERIALS ON THE WEBSITE AND ON SOCIAL MEDIA

AYP will ensure that all the content of its publications, website and on social media channels falls within this policy.

AYP will ensure that all staff working with young people are made fully aware of Internet safety issues and complete training if necessary.

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. Social networking sites, chat rooms and instant messaging systems are increasingly being used by online predators to "sexually groom" children or young people. It is also a major source of recruitment for groups seeking to radicalise children and young people. In addition, electronic communication is being used more by young people as a means of bullying their peers and distributing inappropriate images. AYP staff should be vigilant and discuss digital safety with members.

Under the Online Safety Act 2023, regulated by Ofcom, online platforms now carry legal duties to protect children from illegal and harmful content. This does not replace our own responsibilities. Staff continue to follow our digital safety practice, to discuss online safety with members, and to treat online harms, including the sharing of indecent images, grooming and online radicalisation, as safeguarding concerns to be reported in the usual way.

Photos and video footage of young people taking part in AYP programs and activities are frequently taken and may be used on our website, as learning tools, marketing or in a publication by the Avenues or trusted partners, provided the consent section of the membership form has been completed or a separate consent form has been completed by a parent or guardian. Staff are advised to try and ensure that no personal or identifying information is evident in the photographs as it can put the club member's safety at risk and compromise their privacy.

AYP will ensure that all staff are made aware of these following Key Concerns:

The key concerns regarding the use of images of children/young people relate to:

- The possible identification of children when a photograph is accompanied by personal information.
- The inappropriate use, adaptation or copying of images for use on child pornography or illegal websites.

## Guidelines for Taking Photographic/Recorded Images

Ensure parents/guardian/young person have granted their consent for the taking and publication of photographic images.

All children featured in recordings must be appropriately dressed in outer clothing garments covering torso from at least the bottom of their neck to their thighs (i.e. a minimum of vest/shirt and shorts).

The photograph or recording should focus on the activity rather than a particular young person and personal details which might make the young person vulnerable, such as their exact address should not be revealed.

Staff, coaches and volunteers should be allowed to use video equipment as a legitimate youth work tool and means of recording special occasions however care should be taken in the dissemination and storage of the material.

You should not use any images of a child or young persons who is the subject of any court order or who has denied you, their consent.

Parents and spectators taking photographs/recordings should be prepared to identify themselves if requested and state their purpose for photography/filming.

Any instances of the use of inappropriate images should be reported to the Lead Safeguarding Officer, local Child Protection Team or the police.

# Confidentiality and Information Sharing

## Relevant Law

There are a number of sources of relevant law with respect to information sharing and confidentiality in child protection.

## Common Law of Confidence

The 'Common Law Duty of Confidence' arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential e.g. a contract or a patient-doctor relationship.

Working Together to Safeguard Children (paragraph 7.32 - 7.3.3) confirms that that personal information about children and families kept by professionals and agencies should not generally be disclosed without the consent of the subject.

The duty of confidence is not absolute, and disclosure can be justified if:

- The information is not confidential in nature e.g. it is trivial or readily available elsewhere
- The person to whom the duty of confidence is owed has 'expressly' authorised disclosure (orally or in writing) or 'implicitly 'authorised it.
- The key factor in deciding whether or not to disclose confidential information is proportionality i.e., is the proposed disclosure a proportionate response to the need to protect the child's welfare
- The amount of confidential information disclosed and the number of people to whom it is disclosed should be no more than is necessary to meet the public interest in protecting the health and well-being of the child.
- The approach to confidential information should be the same whether any proposed disclosure is internally within an organisation or between agencies e.g. teacher to a social worker.

### UK GDPR and the Data Protection Act 2018

UK GDPR and the Data Protection Act 2018 regulates the handling of information kept about an individual on a computer or in a manual filing system and requires that personal information is:

- Obtained and processed fairly and lawfully
- Processed for limited purposes and not in any manner incompatible with those purposes.

- Accurate and relevant
- Held for no longer than necessary
- Kept secure
- Only disclosed if specific conditions set out in the Act are satisfied

Legitimate conditions for sharing information include:

- Consent of the person to whom the data relates
- Disclosure is necessary to comply with a legal obligation
- It is necessary to protect the vital interests of the data subject
- It is necessary for the exercise of a statutory function or other public function exercised in the public
- It is necessary for the purposes of legitimate interests pursued by the person sharing the information (except where it is unwarranted by reason of prejudice to the rights and freedoms or legitimate interests of the data subject).

Many of the above conditions, especially the latter one offer a justification for sharing information (mindful of the proportionality principle).

Other laws referencing confidentiality include:-

The Children's Wellbeing and Schools Act 2026 introduces duties for specified bodies, including local authorities, integrated care boards, the police, probation and youth justice services, to share information with one another for safeguarding purposes, and provides for a single consistent identifier for children to support that sharing across agencies. These provisions are being brought into force in stages. As a voluntary sector partner, we will continue to share information proportionately and lawfully where there are concerns about a child's safety or welfare, and we should expect to be asked to share into these arrangements as they develop.

Other laws referencing confidentiality include:-

- The Crime and Disorder Act 1998
- The Children's Act 1989
- The Caldicott Standards

The NHS Code of Practise on Confidentiality - November 2003 states:- "Under common law, staff are permitted to disclose personal information in order to prevent and support detection, investigation and punishment of serious crime and/or to prevent abuse or serious harm to others where they judge, on a case by case basis, that the public good that would be achieved by the disclosure outweighs both the obligation of confidentiality to the individual patient concerned and the broader public interest in the provision of a confidential service".

The following procedures apply to situations:

- Where there are suspicions or allegations of abuse by any person who works with children in either a paid or unpaid capacity i.e. any member of staff, trustee or volunteer.
- When it is discovered that an individual known to have been involved previously in child abuse, is or has been working with children, and
- When the allegation or suspicion arises in connection to the individual's work, her/his own children or in relation to other children

Compliance with the requirements detailed below should ensure that where allegations of abuse are made or where there is suspicion, organisational responses are prompt, thorough, independent and proportionate to the issue of concern.

## THRESHOLD AND RESPONSE

Volunteers who work with children are also expected to maintain standards of conduct comparable to those prescribed for colleagues in paid employment.

All allegations and suspicions should be considered in the first instance as requiring a child protection response. The concerns must be referred to the police as a potential criminal investigation.

It is not permissible for any member of staff to conduct an enquiry about suspicion or allegation of abuse with respect to:

- A relative
- A friend
- A colleague, supervisor / supervisee or someone who has worked with her/him previously in any of these capacities

Even when there is insufficient evidence to support a criminal prosecution, complaints, regulatory or disciplinary procedures may still be justified.

Subject to legal constraints, any evidence gathered in the course of an enquiry about allegations against staff / carers can be made available to the staff responsible for disciplinary, regulatory or complaint investigation.

If, following the conclusion of protection processes, further enquiries are pursued for the purpose of disciplinary, regulatory or complaint investigation, they should be arranged in a way that avoids the repeated interviewing of children or other vulnerable witnesses.

Enquiries must be conducted in the strictest confidence so that information can be given freely and without fear of victimisation and in a way that protects the rights of staff, employees, volunteers, trustees. If an allegation relating to a child is made about a person who undertakes paid or unpaid care of vulnerable adults, consideration must be given to the possible need to alert those who manage her/him in that role.

## ALLEGATIONS AGAINST STAFF IN THEIR WORK

### Local Authority Designated Officer (LADO)

If an allegation has been made against a member of staff or volunteer, the Local Authority Designated Officer (LADO) must be alerted within 24 hours via telephone or email regardless of the day of the week. The LADO must be contacted if you become aware of a person who works with children and has:

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

The LADO will provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

To contact the Westminster LADO, telephone 0207 641 7668 or email: lado@westminster.gov.uk

An allegation may require consideration from any of the following four inter-related perspectives:

- Criminal investigation
- Social Services investigation
- Staff disciplinary
- Complaint procedures

These procedures deal with child protection enquiries and any associated criminal investigation as distinct from complaints of poor practice and disciplinary procedures, though exploration of the latter may reveal abuse and/or neglect.

This section applies to allegations of abuse or neglect by individuals in their working role.

The employing or responsible agency must ensure that allegations are investigated and that any justifiable action is taken to ensure that the service is safe for child users.

Information about an allegation must be restricted to those who have a need to know in order to:

- Protect children,
- Facilitate enquiries,
- Manage disciplinary/complaints aspects
- Protect any rights of the alleged perpetrator

### INITIAL RESPONSE TO RECOGNITION OF CONCERN / ALLEGATION

Recognition of concern or an allegation may arise from a number of sources e.g. a report from a child or an adult within an establishment, a complaint or information arising from a disciplinary investigation.

When a member of staff is suspicious or has received allegations of abuse by a colleague, s/he must report this to the Designated Child Protection Officer or the Deputy Designated Child Protection Officer.

If that person is implicated in the allegation, the concern must be reported to the Chief Executive Officer.

If the Chief Executive Officer is implicated in the allegation, the concern must be reported to the Chair of the Trustees of The Avenues.

In any case a record of the report which is timed, dated and includes a clear name or signature must be made.

The recipient of an allegation should not determine its validity and failure to report it in accordance with procedures should be a potential disciplinary matter.

It is not the role of any member of staff or volunteers to investigate.

The Chief Executive Officer, or if the Chief Executive Officer is implicated in the allegation, the Chair of the Trustees will be responsible for seeking advice and the LADO in association with the police and children's services will determine if the allegations constitute sufficient grounds for the initiation criminal or child protection procedures.

Any member of staff who believes that allegations or suspicions, which have been reported to the Designated Safeguarding Lead or the Deputy Designated Safeguarding Lead, the Chief Executive or the Chair of the Trustees, as the case may be, are not being investigated properly has a responsibility to report it to a higher level in AYP or direct to the LADO.

If, for any reason, there are difficulties with following the above procedure, a referral can be made directly to the Duty and Assessment Team telephone: 0207 641 4000 (and select Option 1). The need for consultation must not delay a referral, which should be in accordance with the procedures.

## DISCIPLINARY PROCEDURES

Any disciplinary process must be clearly separated from child protection enquiries. Child protection enquiries take priority over any disciplinary investigations and will determine whether the investigations can be carried out concurrently.

The Programme Director or Chief Executive will be responsible for determining if a decision to suspend staff should be taken.

## Confidential Information and Retaining Records

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

There is no legislation that prohibits the sharing of confidential and personal information where there are concerns about the safety or welfare of a child or young person or where a criminal act might have been committed. Written notes should be made as soon as possible, and these should be passed to the Designated Safeguarding Lead.

The Designated Safeguarding Lead must keep all written documents relating to a safeguarding issue in a secure place. This record should be held for 50 years. (More information can be found in the government document Working Together to Safeguard Children 2020 amendments). 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 or young person or possibly committed a criminal offence against or related to a child or young person; or behaved in a way that shows they are unsuitable to work with children or young people, then:

- The Designated/Deputy Safeguarding Lead must be informed.

- 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.

The Avenues Youth Project has a duty to refer to DBS any employees or volunteers who have been dismissed, resigned, or retired where The Avenues believe that this person has either:

- Engaged in inappropriate conduct or
- Satisfied the harm test.
- Received a caution for, or been convicted of, a relevant offence (As defined in the Safeguarding Vulnerable Groups Act 2006). The Designated Child Protection Officer 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.

If staff receive a request for advice from anyone external of the Avenues about suspected/reported abuse of a child or young person, the procedure that MUST be followed is:

- advise them to make a note as soon as possible detailing the facts as known and, if they spoke with the child or young person at risk, what was discussed.
- advise them to contact the Access Team with details of the concerns/report, including a copy of the written notes.
- immediately inform your Line Manager.
- record the facts as you know them and give a copy of the record to a Manager, Designated or Deputy Safeguarding Lead.
- It is the responsibility of the safeguarding officer to inform the appropriate authorities.

## CHILD PROTECTION TRAINING

All staff working with children are required to have a general awareness of known indicators and pre-disposing factors of abuse as well as (role specific) detailed knowledge of agreed policies and procedures. To this end The Avenues will ensure that staff receive appropriate training.

All staff of The Avenues must be trained to a minimum of Level 1 Safeguarding. The Designated Safeguarding Lead must be trained to a minimum of Level 3 Safeguarding. Any roles with specific safeguarding requirements will be reviewed on a case by case basis. Currently the Lead Sports Worker holds a Safeguarding Children in Sports certificate.

## INSURANCE

The Avenues recognises the need to have full and adequate insurances in place and to this end has the following insurances in place:

- Material damage "all risks"
- Business Interruption "all risks"
- Employers' liability
- Public and Products liability
- Trustee Liability

# Appendix 1 - Contact list

## The Avenues Youth Project

Designated Safeguarding Lead - Carol Archibald - 0208 969 9552 / 07572 154010

Deputy Safeguarding Lead – Steven Ita - 0208 969 9552 / 07504233060

## Westminster City Council

*Contact list confirmed June 2026. Confirmed entries appear first. Entries that could not be verified against current published sources are grouped at the bottom of this page.*

## Access to Children's Services (Duty and Assessment)

Telephone: 020 7641 4000 (Monday to Friday, 9am to 5pm)

Email: AccesstoChildrensServices@westminster.gov.uk

Emergency Duty Team (outside office hours): 020 7641 2388

## Local Authority Designated Officer (LADO)

LADO duty line: 020 7641 7668

Email: lado@westminster.gov.uk

*Contact within 24 hours of any allegation against a member of staff or volunteer, regardless of the day of the week.*

## Tri-borough FGM Senior Practitioner

Rochelle-Ann Naidoo, Bi-borough Senior Practitioner

Telephone: 020 7641 1610

Email: rnaidoo@westminster.gov.uk

*Note: available Monday to Wednesday only.*

## Bi-Borough Admissions and Access to Education

*(Children Missing Education, Child Employment and Elective Home Education enquiries)*

Wendy Anthony, Bi-Borough Head of Admissions and Access to Education

Telephone: 020 7745 6432

Email: wendy.anthony@rbkc.gov.uk

## Prevent (Westminster)

Westminster Prevent Team

Email: prevent@westminster.gov.uk

Mobile: 0781 705 4699 or 0779 098 0223

**Child Protection Advisers (LADO consultations and referrals)**

John Griffin, Child Protection Adviser — Tel: 020 7641 1615, Email: jgriffin@westminster.gov.uk

Gabby Bernard, Child Protection Adviser — Tel: 020 7641 4003, Email: gbernard@westminster.gov.uk

**Safeguarding Lead for Schools and Education (RBKC)**

Di Donaldson — Mobile: 07890 397 061, Email: di.donaldson@rbkc.gov.uk

**In an emergency call the police on 999.**

## Appendix 2 - Safeguarding Processes

Designated Safeguarding Lead and Programme Director is Ms Carol Archibald

Deputy Safeguarding Lead and Programme Development Manager: Steven Ita

## WHAT TO DO IF...

**A. A member discloses to you abuse by someone else:**

- Stop, stay calm, listen, and offer the member immediate support, understanding and reassurance
- Explain that you cannot promise confidentiality but must tell the people who can help
- Allow the member to speak without interruption or leading questions; accept what is said
- Ask questions only to clarify your understanding of what you are being told
- Alleviate the member's feelings of guilt and isolation while passing no judgement.
- Use non-judgemental/supportive phrases like "I believe you" and "I'm going to help"
- Let the member know you are glad that he/she has shared this information with you.
- As soon as you can write down what the child/young person has told you in THEIR own words. Report to the Safeguarding Officer as soon as possible

**B. You suspect a member is being neglected or abused emotionally; physically; sexually**

- Report the matter immediately to one of the Safeguarding Officers above
- Do not tell other adults or members what you have been told - keep the loop tight

**C. You receive an allegation about another member of staff:**

Report the matter immediately to the Programme Director, Carol Archibald 020 8969 9552, or Chair of the Trustees, Jennie Marshall 07774 424840

**D. If the allegation is about the Designated Safeguarding Lead contact the Chair of the trustees** Jennie Marshall on 07774 424840 or the Chief Executive on 07767 783925.

**E. If the allegation is about the Chief Executive contact the Chair of the trustees** Jennie Marshall 07774 424840

**F. If the allegation is about the Chair of the trustees contact the Deputy Chair**, Keir Tutt 07734 310503.

## IN ALL CASES

- Record the facts at the time (you can write your notes up later but keep the originals).
- Report the facts to Carol Archibald, who is the Programme Director and Club's Designated Safeguarding Lead.

Reporting a young person's disclosure 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.

**YOU MUST LISTEN AND REFER; YOU MUST NOT INVESTIGATE**

The Safeguarding Lead or Deputy Lead will designate a reported safeguarding matter as High Risk, Medium Risk or No/Low Risk.

**Action: High Risk**

- Safeguarding (Lead or Deputy) contacts LADO and/or Police immediately.
- Then contacts the CE by phone; if no reply, contacts the trustee safeguarding lead; if no reply contacts the chair of trustees.
- Then emails all 3.

**Action: Medium Risk**

- Safeguarding Lead or Deputy contacts the CE; if no reply contacts the trustee Safeguarding Lead.
- Trustee to decide whether to advise Chair.

**Action: No/Low risk**

- Safeguarding Officer to handle internally and keep a written record.
- Records to be shared with the trustee safeguarding lead before each trustee meeting.

In all cases the Designated Safeguarding Lead/ Deputy and/or the Trustee Safeguarding Lead must notify the CE if they consider there could be a risk to the organisation e.g. reputational or financial.

In all cases 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.

The Designated Safeguarding Lead (or Deputy), Chief Executive or Trustee responsible for Safeguarding has a duty to refer to DBS any employees or volunteers who have been dismissed, resigned or retired in relation to a safeguarding incident as described under Discipline Procedures above.

If thought appropriate and necessary advice may be sought from a suitably qualified outside adjudicator.

# Appendix 3 - Radicalisation and Extremism

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

Safeguarding people from radicalisation is treated no differently from safeguarding them from other forms of harm. Our duty has regard to the Prevent duty guidance: England and Wales (2023) and section 26 of the Counter-Terrorism and Security Act 2015. Where a member of staff is concerned that a young person is at risk of being drawn into terrorism, this is raised with the DSL in the same way as any other safeguarding concern, and may be referred into the Channel process for multi-agency support.

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 oversees' (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 artwork 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 4 - SAFEGUARDING CONCERN/INCIDENT FORM

Safeguarding Concern / Incident Report Form amended 10/10/2023

This form is designed to report any safeguarding incidents or concerns. It should be completed by the member of staff or volunteer who has been disclosed to, who witnessed the incident, was most directly involved or who provided first aid if relevant. Once completed it must be submitted as per the organisation's reporting procedures.

| | |
|---|---|
| **Name & role of person completing this form:** | **REFERENCE NUMBER** |
| **Programme name:** | **Date form is completed:** |

### Details of child, young person, or adult at risk:

| | |
|---|---|
| **Name:** | **Address:** |
| **Contact number:** | **Gender:** |
| **Date of birth:** | |

### Parents/carers details:

| | |
|---|---|
| **Name:** | **Address:** |
| **Contact number:** | **Email address:** |
| **Have parents/carers been notified of the incident? Yes / No** | **If yes, please provide details:** |

### Details of reportee:

| | |
|---|---|
| **Are you reporting your own concerns or responding to concerns raised by someone else?**<br>□ Reporting my own concerns<br>□ Responding to someone else's concerns | |
| **If responding to someone else's concerns, please provide their details below:** | |
| **Name:** | **Relationship to child, young person, or adult at risk:** |
| **Email address:** | **Contact number:** |

### Incident Details:

| | |
|---|---|
| **Date/ Time:** | **Group name (if applicable):** |
| **Location of incident:** | |
| **Description of the incident or concern: (continue on separate sheet if necessary & include reference number):**<br>(Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion, or hearsay) | |
| **Details of any previous concerns, incidents, or relevant safeguarding records:** | |
| **Child, young person or adult at risk account of the incident or concern: (use their own words)** | |
| **Witness account of incident or concern: (include further accounts on separate sheets as necessary. Include reference number on each accompanying account)** | |

### Details of any witnesses:

| | | |
|---|---|---|
| **Name(s): (Consider anonymising where this will not negatively impact the ability to take immediate response actions)** | **Relationship to child, young person, or adult at risk:** | **Contact details:** |

**Details of any persons involved in the incident or alleged to have caused the incident, injury or presenting risk:**

| Name(s): (Consider anonymising where this will not negatively impact the ability to take immediate response actions) | Relationship to child, young person, or adult at risk: | Contact details: |
|---|---|---|
| | | |

**Outcome of incident & immediate actions taken: (tick box where relevant)**

| Ambulance required? Y/N | Name of hospital / medical facility attended if applicable: | Police/fire/rescue services attended? Y/N | Notes: |
|---|---|---|---|
| First aid treatment provided: and by whom | Medication given: | Any resulting change of plans or disruption to the programme, if applicable: | Disciplinary procedures enacted: |
| Were any immediate changes to risk management procedures made? | | | |
| Signed: | Name: | Date: | |

**Reporting to the Designated Safeguarding Lead (DSL) section: (to be completed by DSL)**

| Date & time DSL notified of incident/concern: |
|---|
| Date & time this form passed on to DSL (if different from above): |
| DSL comments: (actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required): |

**External agency referral: (tick box where relevant)**

| Social services notified.<br>Date & time of referral:<br>Name of contact person:<br>Contact number / email:<br>Agreed action or advice given: | LADO notified.<br>Date & time of referral:<br>Name of contact person:<br>Contact number / email:<br>Agreed action or advice given: | Other referral made.<br>Agency:<br>Date & time of referral:<br>Name of contact person:<br>Contact number / email:<br>Agreed action or advice given: |
|---|---|---|

| Signed By DSL: | Name: | Date: |
|---|---|---|

**For Office Use Only:**

| Follow-up action required: | Due date: | Whom responsible: |
|---|---|---|
| | | |

Please remember to maintain confidentiality on a need-to-know basis - do not discuss this incident with anyone other than your line manager or those who need to know.

The personal information recorded above is governed by the provisions outlined in Data Protection legislation and must only be processed in a manner compatible with this legislation.

**TO BE TREATED IN STRICTEST CONFIDENCE WHEN COMPLETED**

# POLICY APPROVAL PAGE

**Name of Policy:** The Avenues Youth Project Safeguarding Policy and Procedure for Children and Young People

**Approved By:** Board of Directors / Trustees of The Avenues Youth Project

**Name of Chair or Authorised Board Member:** Jennie Marshall

**Signature:**

**Date:** 29. 6. 26

**Date for next formal review:** May 2027