



Marie Collins
Foundation

SAFEGUARDING POLICY

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STATEMENT OF INTENT

Marie Collins Foundation (MCF) exists to offer a cohesive approach to addressing the needs of children and young people who have been harmed by technology-assisted child sexual abuse, with the aim of helping them to recover and live safe and fulfilling lives.

Due to the nature of our work, some of the staff at MCF will have direct contact with children and young people and vulnerable adults who may have been sexually abused. For this reason, all staff, trustees, volunteers and MCF representatives are instructed in this Safeguarding Policy. It must be read in conjunction with other relevant documents that describe the expected conduct of staff.

For the purposes of this document:

- A child is defined as that of being under 18 years of age.
- A vulnerable adult is defined as someone who is over 18 years of age and is receiving, or in need of help and services to live in the community. A vulnerable adult may be unable to take care of themselves and/or be unable to protect themselves from harm or exploitation by other people.

When reference is made to a child throughout this report, the same actions would apply to a vulnerable adult. When reference is made to staff, the same actions would apply to trustees, volunteers and MCF representatives, including consultants.

MCF Commitment

MCF, and its staff and trustees, will always seek to ensure that any activities we undertake are safe through ensuring that risks are minimised. We will do this by setting up effective procedures for:

- I. Safer Recruitment of all staff, trustees, volunteers and representatives of MCF, whereby all appropriate checks are undertaken.
- II. Risk Assessment of work carried out with children and young people.
- III. Responding to accidents, complaints, disclosures of abuse or where abuse is discovered.
- IV. Adequate insurance cover for any activity.
- V. Ensuring our Safeguarding Policy is accessible to children.
- VI. Regular reviewing, monitoring and, where appropriate, updating these procedures.

1.0 WHAT IS SAFEGUARDING

Safeguarding is the action that is taken by staff to promote the welfare of children and protect them from harm. This means both online and offline.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. Safeguarding is what we do to prevent harm, child protection is the way in which we respond to harm. It is focussed on protecting individual children identified as suffering or likely to suffer significant harm. This includes MCF having clear child protection procedures detailing how to respond to concerns about a child.

1.1 MCF Designated Safeguarding Lead

The Designated Safeguarding Lead (DSL) for MCF is the Chief Executive Officer (CEO). On occasions when the CEO is unavailable, this role will be delegated to the Director of Services (DoS).

1.2 Responding to a child protection concern.

If a child or young person is in immediate danger or injured, emergency services should be contacted by dialling 999.

All concerns must be raised as a priority with the DSL and the procedures outlined in the flow chart detailed in **Appendix 1 Responding to a Safeguarding Concern** must be followed.

The reporting of concerns to statutory agencies must be seen as a priority and responded to promptly. A written record of concerns and evidence of any discussions, or communications exchanged with a statutory agency must be saved alongside proof that the concerns have been shared. Referrals will be provided in the format required by the receiving agency.

Concerns about a child or young person must be referred to Children's Social Care where the child lives, or if the child is in immediate danger, the police must be called.

Local authorities are under a duty to make enquiries or cause enquiries to be made where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm (s47 Children Act 1989).

1.3 Responding to disclosures

Where concerns arise as a result of the information given by the child or young person, it is important to reassure them, but not to promise confidentiality. Remember that an allegation of child abuse or neglect may lead to a criminal investigation so don't do anything that may jeopardise a police investigation, such as asking the child leading questions or attempting to investigate the allegations. If possible, arrange for a colleague to remain with the young person whilst discussions with the DSL or their deputy take place – this colleague's role is not to discuss the concerns. There must be a discussion between the case worker and DSL to clarify if and how the child's parents are to be informed of the concerns.

1.4 Reporting and recording requirements

At the earliest opportunity, a careful record must be completed by the member of staff who received the disclosure. It is their duty after speaking to the DSL to make any necessary referrals to social services. The following needs to be clearly recorded:

- What the child or young person has said.
- How the worker has responded.
- Any discussions with the DSL or their deputy or any other agencies.
- Any relevant information about the child or young person's physical appearance or behaviour.

Remember that your records may be used as evidence in any criminal proceedings.

If the child has produced paper evidence through drawing or the written word, these should be retained, or a photo of the document taken by the person receiving the disclosure because they may prove to be of evidential importance. Similarly, the MCF member of staff should keep any hand-written notes taken during the disclosure process in a secure place for future reference if needed. These paper copies should be scanned and kept in the appropriate case folder on MCF's OneDrive as an additional back up.

Records, which are not 'contemporaneous' i.e., made within hours of an incident, may dilute the weight attached by the courts to such evidence in the event of any subsequent proceedings.

When you, the DSL or their deputy make a referral to police or Children's Social Care, agree with the recipient over the phone what the child/young person will be told, by whom and when. Confirm your verbal discussions in writing.

The reporting of concerns to statutory agencies should be prompt, usually within two hours for a verbal contact. Verbal notification must be followed up in writing within six hours. Referrals will be provided in the format required by the receiving agency.

Children's Social Care should acknowledge written referrals within one working day of receiving them if they do not do so they should be contacted again by the referrer or DSL.

Records will be timed, dated and signed legibly and kept in the case file on MCF's OneDrive which is encrypted and secure, with controlled access. Any physical evidence must be filed in a locked filing cabinet as soon as practicable.

1.5 Responding to concerns when overseas

There are occasions when MCF staff or volunteers, associates or consultants acting on MCF's behalf are deployed overseas to support host countries develop safeguarding practices. MCF recognises its responsibility towards safeguarding children whilst abroad and will follow guidelines issued by the National Crime Agency, Guide to Reporting Child Sexual Abuse and Exploitation Outside of the UK (Appendix B); found at C:\Users\Marie Collins Foundation\MCF Policies\ Official Amber Alert – NGO Reporting. Any such referrals will also be logged on MCF systems.

1.6 Responding to concerns from a third party

Other professionals and members of the public should be advised that you will pass on child protection concerns to statutory agencies. Members of the public are entitled to report concerns anonymously directly to Children's Social Care or the police.

1.7 Confidentiality and young people's consent to information sharing

Sharing information is an intrinsic part of any frontline practitioner's job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but rather provide a

framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from the CEO or Director of Services, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

1.8 Working jointly with other agencies

The sharing of information amongst practitioners working with children and young people is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm. Remember that most child deaths during the past three decades have been related to the failure of agencies to work together and share information. It is the policy of MCF to appropriately share information and assist in assessments with statutory authorities.

Workers are likely to be involved with statutory agencies in three main ways:

- i. Referring concerns to Children's Social Care or the police.
- ii. They may be approached by Children's Social Care and asked to provide information or to be involved in an assessment.
- iii. They may be asked to provide help or a specific service as part of an agreed plan and to contribute to reviewing progress.

1.9 Allegations against staff

The CEO will deal with safeguarding allegations against staff, in consultation with the Local Authority Designated Officer (LADO). Where the allegations are against the CEO then staff need to report their concerns to the deputy DSL who will notify the Chair of the Trustee Board and will keep them updated on any investigation. Members of staff who are the subject of an allegation will be

suspended immediately on full pay pending an investigation. During the period of suspension, the staff member will not come onto MCF premises unless specifically instructed and must not have any contact with young people or colleagues. During this time staff's devices will be retained and access to MCF files, emails or other records will be blocked.

Investigations of allegations against staff will be robust and timely and will not cease even if the staff member resigns. We will not enter into a compromise agreement with any staff member and all investigations will continue to completion.

The CEO must inform the Chair of the Trustee Board regarding any allegations made against staff members.

2.0 SAFER RECRUITMENT

We will ensure that our staff and volunteers and MCF representatives are carefully selected, screened, trained and supervised.

2.1 DBS (Disclosure and Barring Service) checks and references

All staff, volunteers MCF representatives and trustees will:

- have an enhanced DBS check (as per our disclosure and barring policy)
- need to provide two references covering the last five years of employment or study.

All job applicants, volunteers or trustees who fail to disclose convictions that are subsequently identified by the DBS check will be disqualified from working for the organisation or serving as a trustee.

All prospective workers, volunteers and trustees will be asked if they are or have been subject to disciplinary procedures.

For general guidance the following principles will apply if there are convictions on a person's record:

- All offences against a person or persons, and offence of fraud or theft will disqualify them from being employed or involved with the organisation (possible exception of offences committed under the age of 18).
- Other offences will be considered on a case-by-case basis by the CEO and Chair of the Trustee Board.

2.2 Supervision and Monitoring

Staff's ability to safeguard children and young people effectively is one aspect of their performance that is reflected upon in supervision and at their annual appraisal. Any staff member or MCF representative who fail to apply appropriate safeguarding measures in their practice will receive additional advice guidance and training through their line manager. Ongoing concerns regarding

safeguarding practice, or a significant safeguarding failing, will be the subject of disciplinary procedures and their employment may be terminated.

2.3 Training and Staff Development

Staff and MCF representatives must have up to date safeguarding training.

2.4 Whistleblowing

Staff or MCF representatives may have concerns regarding current MCF personnel or organisational practice. In these cases, the person must highlight these concerns to the DLS. Further information on escalating concerns or poor practice can be found in the Whistle Blowing Policy.

3.0 ACCESSIBILITY STATEMENT

This policy will be provided in different formats, such as an accessible PDF, audio recording, large print or alternative languages on request.

4.0 RELATED POLICIES

This policy is to be read in conjunction with the following policies:

- Case Management Policy
- Data Management and Privacy Policy
- DBS Policy, including Appendix 2, Recruitment of Ex-Offenders Policy
- IT Policy
- Disciplinary Policy
- Grievance Policy
- Retention of Case Records Policy
- Performance Management Policy
- Social Media Policy
- Staff Handbook
- Whistleblowing Policy

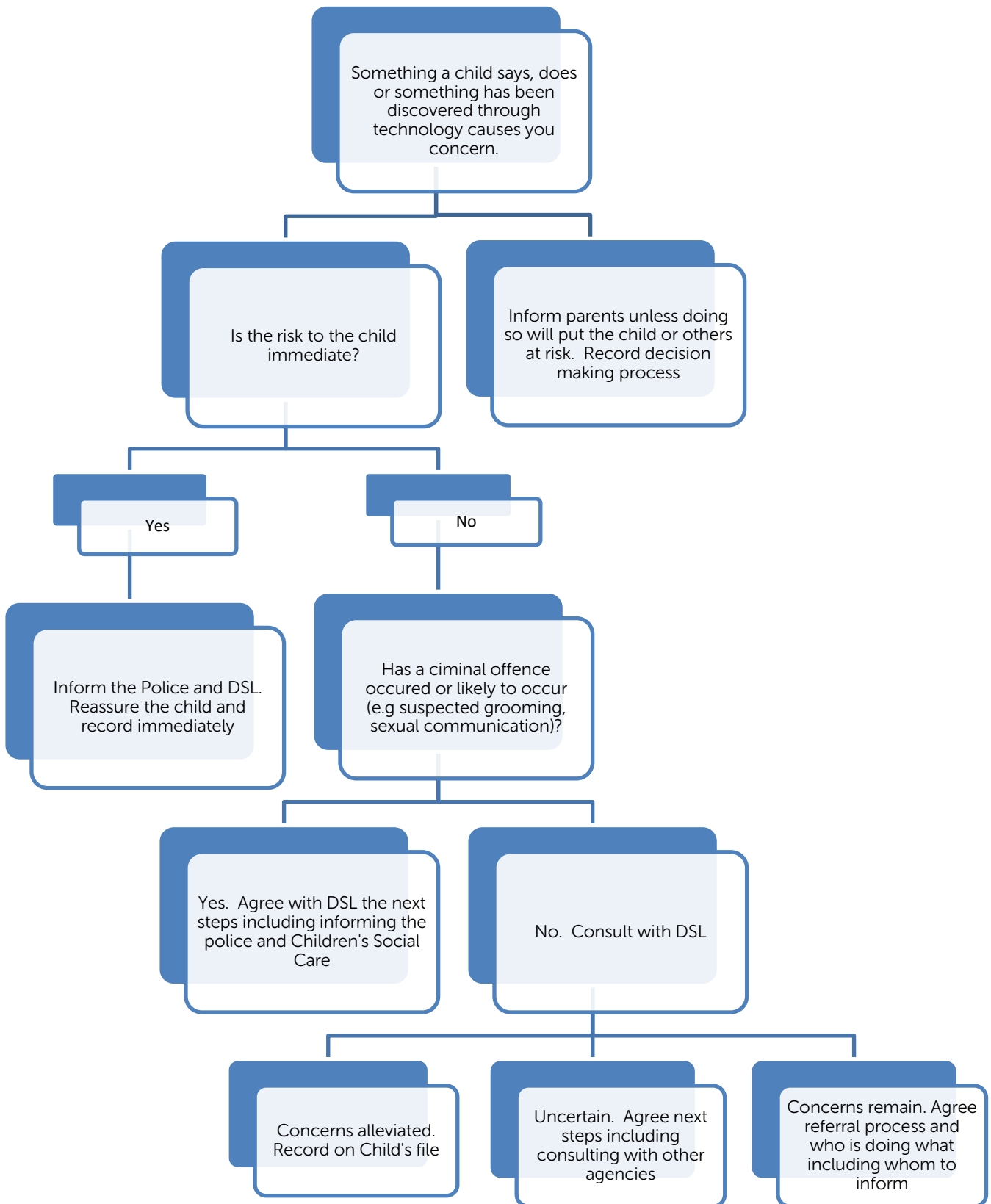
5.0 RESOURCES

The following legislation and guidance relate to or have been referenced within this policy:

- Care Act 2014
- Children Act 1989
- Child sexual exploitation definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation 2017
- Counter Extremism Strategy 2015
- Data Protection Act 2018 and UK General Data Protection Regulation
- Homelessness Act 2002
- Human Rights Act 1998

- Keeping Children Safe in Education 2022
- Modern Slavery Act 2015
- National Crime Agency, Guide to Reporting Child Sexual Abuse and Exploitation Outside of the UK, April 2019
- Protected Disclosures Act 2014
- Public Interest Disclosure Act 1998
- Serious Violence Strategy, Home Office, 2018
- What to do if you're worried a child is being abused, DH 2003 and 2015
- Working together to Safeguard Children, HM 2018

APPENDIX 1: Responding to a safeguarding concern - Staff or MCF representatives must not investigate concerns



APPENDIX 2: Definitions of abuse

Contextual Safeguarding

As well as threats to the welfare of children from within the family, children may be vulnerable to abuse or exploitation from outside the family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, technology-assisted abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (WTSC 2018)

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (DoE 2017)

Neglect

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 or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- b. Protect a child from physical and emotional harm or danger.
- c. Ensure adequate supervision (including the use of inadequate caregivers).
- d. Ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (WTSC 2018)

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. (WTSC 2018)

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. (WTSC 2018)

Financial abuse

Financial abuse can take a variety of different forms within relationships, whether by partners, family members or carers and may manifest itself as financial control, dependency, exploitation or sabotage.

Financial abuse includes:

- (a) having money or other property stolen,
- (b) being defrauded,
- (c) being put under pressure in relation to money or other property, and
- (d) having money or other property misused.

(CA 2014)

Non-recent abuse

Non-recent abuse is also referred to as historic abuse. It is an allegation of abuse that relates to an incident or incidents that happened before an alleged victim was 18 years old. Often it is the case that adults report their non-recent abuse later in adulthood.

Allegations of non-recent abuse are also made by children who report abuse that has occurred at least one year before the allegation is made. Non-recent abuse can also be reported by other individuals on behalf of a child or another adult if the incident occurred in childhood and/or at least one year before the allegation was made.

It is important to remember that all forms of abuse can be non-recent and the response to this information still needs responding to promptly.

Domestic abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening

behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Controlling or coercive behaviour

Coercive control is a form of abuse that involves multiple behaviours and tactics which reinforce each other and are used to isolate, manipulate and regulate the victim.

- Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour; and
- Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Missing child or vulnerable adult

A missing person is anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or risk of harm to themselves or another'. (College of Policing)

Homelessness

Workers should be aware of section 27 of the Children Act 1989 with reference to the duties of local housing departments and section 12 of the Homelessness Act 2002 with regard to children in homeless families.

Trafficking

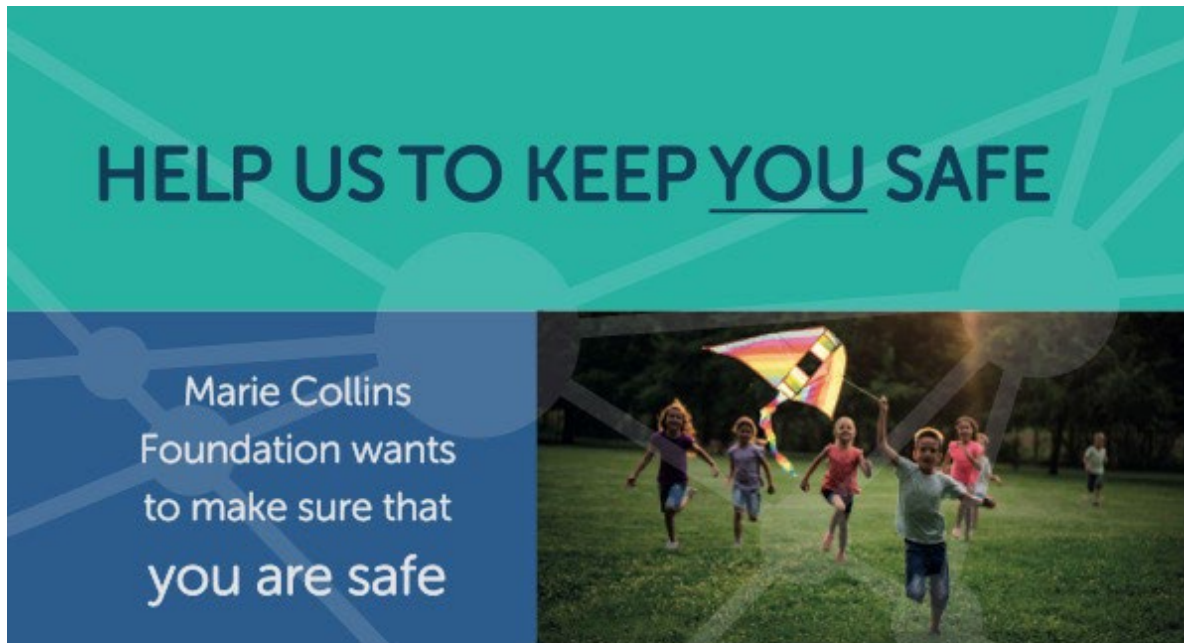
Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control of another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs. (MSA 2015)

Technology-assisted abuse

The use of technology can increase an individual's vulnerability to being abused or harmed. This form of abuse may not necessarily involve physical contact but the harm it can cause must not be minimised. Concerns, reports or discovery of technology-assisted abuse must be reported following MCF processes outlined in Appendix 1 of this policy.

If you have concerns that do not fit with the above definitions, but you have concerns that a child is being harmed or is at risk of being harmed you must discuss these concerns with the DSL.

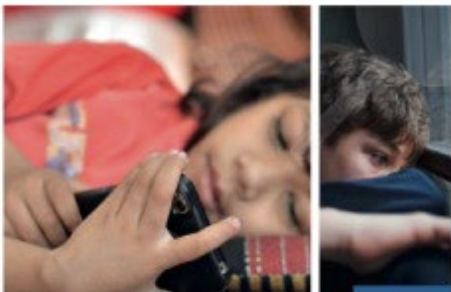
APPENDIX 3: Child-friendly Safeguarding Statement



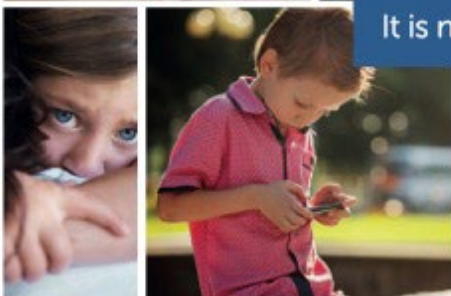
HELP US TO KEEP YOU SAFE

Marie Collins Foundation wants to make sure that **you are safe**

People should never hurt you



Some people might hurt you. This can happen anywhere including on your mobile phone, game console, tablet or computer.



It is never your fault

if someone is hurting you

If something is worrying you or you are worried about a friend you can tell us at the Marie Collins Foundation or talk to a grown-up you trust (like your parent or a teacher). Email us at help@mariecollinsfoundation.org.uk, or you can call Childline on 0800 11 11.



If you are in danger **NOW** call the police on **999**

Company No. 7657115 Charity No. 1144355 Charity registered in Scotland: SC048777.

APPENDIX 4: Glossary

Item	Definition
Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	Defined for the purposes of this guidance as: <ul style="list-style-type: none"> a. protecting children from maltreatment b. preventing impairment of children's health or development c. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care d. taking action to enable all children to have the best outcomes
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Children may be abused by an adult or adults, or another child or children. Technology can be used to abuse children either in the virtual world and / or in the real world.
Extremism	Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Calls for the death of members of the armed forces is also regarded as extremist.
County lines	As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
Significant harm	There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, and the extent of premeditation, degree of threat and coercion, sadism, and the bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively

	<p>greater difficulty in helping the child to overcome the adverse impact of ill treatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.</p>
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