



Child Protection and Safeguarding Document for LSE Widening Participation (WP) activities August 2018

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Safeguarding and Protecting Children: The basis used in Widening Participation

The London School of Economics and Political Science (LSE) has a safeguarding policy that sets out the [School's approach to Safeguarding](#). It is under this policy that the Widening Participation (WP) Team works.

The procedures outlined in this document are specifically for work undertaken by the Widening Participation (WP) Team. The procedures set out in detail the expectations of those involved in WP work and the processes followed and support available to allow everyone to enact these.

Further information about specific items including definitions, categories and indicators of abuse are to be found in the appendices.

Our Basis and Values

LSE is enriched by a diverse student body. As a specialist social science institution and a leading global university we want to ensure that the widest range of perspectives and experiences are present in our classrooms.

The School's Widening Participation (WP) programme aims to provide London school and college students with opportunities to discover more about the continual educational opportunities available to them and to encourage them to consider how best they can fulfil their potential and reach their goals, no matter what their background or prior experience.

LSE's Safeguarding Policy and our WP Team Child Protection and Safeguarding procedures reinforce our values, corporate responsibility and uphold our statutory duties. They demonstrate our compliance with UK legislation and other four nations government legislation, policy guidance, research and good practice. This is challenging and sensitive work and it is vital that our staff and volunteers understand their safeguarding responsibilities and know what to do to safeguard their welfare.

Purpose

The overall purpose of this document and its associated procedures is to protect the welfare of children and young people engaging in activity provided by the WP Team. This includes responding to direct concerns of safeguarding raised by children and young people, or students or staff associated with the delivery of WP activity.

Our safeguarding approach aims to achieve the following three objectives by being vigilant in the execution of our duties:

- Creating a culture where children and young people are valued and their right to safety and respect is upheld.

- Actively managing risk to minimise the potential of any harmful circumstances for children or young people participating in LSE WP activity.

- Working collaboratively with other LSE colleagues and external organisations to ensure that children and young people on LSE WP activity are safeguarded and protected.

Scope

We take our safeguarding responsibilities seriously. All children have the right to protection and the welfare of children/young people, referred to throughout as participants, attending WP activities is of paramount importance. A clear set of procedures exists covering all participants in such activities.

Everyone who works or volunteers in/for the WP team has a duty to safeguard and promote participants' welfare alongside a duty to recognise, respond to and share concerns or worries about possible abuse and harm in a timely fashion.

Everyone who works or volunteers in/for the WP team will be supported to make decisions as to how to proceed in a way that is in the best interests and safety of any participant.

All LSE students or LSE staff who work – whether paid or voluntary - on the delivery of any WP activity are considered 'staff' in the course of this document. Whether paid or voluntary all are subject to the same safeguarding responsibilities within the course of our procedures.

The document refers to the procedures in place once staff are recruited to work for Widening Participation. Through the recruitment of staff to work on WP activity we are committed to safeguarding children, young people, and vulnerable adults. Our checking process during the recruitment of staff supports this. Appendix 10 states in more detail how this is executed. This includes the use of Disclosure and Barring Service (DBS) checks and links to LSE's HR policies.

Statutory Guidance

1. [Working together to Safeguard Children \(2015\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf
2. [What to do if you are worried about a child being abused \(2015\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
3. [Keeping Children Safe in Education \(2016\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf
4. [Working together to Safeguarding Children \(2018\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

Safeguarding and Protecting Children and Young People: Procedures

1. Communicating Safeguarding Responsibilities

Action: WP Team member responsible for recruitment and training

- I. Ensure that all staff/volunteers are aware of the LSE Safeguarding Policy & WP Procedures and any relevant codes and practices.
- II. Ensure local contact numbers are displayed in an accessible place for staff and volunteers to include, as relevant, LSE Safeguarding contacts, Local Authority/Trust referral teams (children and adults) and the Local Area Designated Officer (LADO).

2. Code of Conduct; Rules and Regulations

The Safeguarding code of conduct (Appendix 3) supports staff and volunteers by making clear what is expected of them in terms of their conduct and behaviour; it assists them to raise concerns without fear of recrimination and reduces the risk of misplaced or malicious allegations being made against them.

Through the recruitment of staff to work on WP activity, we are committed to safeguarding children, young people we work with. Our checking process to anyone made an offer of a paid or voluntary role within the Team see Appendix 10 for more details of this process.

2.1 Induction

Action: All Staff/Volunteers

Ensure that you have read, fully understood, and signed the code of conduct in Appendix 3. It is your responsibility to speak to a member of the WP Team if you are not clear or require further clarification.

Action: WP Project coordinators/Designated Safeguarding Leads (DSLs)

- I. Ensure all staff and volunteers have fully understood and signed the code of conduct in Appendix 3.
- II. Highlight any required updates to the code of conduct to the DSL and agree an updated version that is change controlled.

2.2 Professional Boundaries defined in code of conduct

Action: All Staff/Volunteers Action: All Staff/Volunteers

Adhere to the code of conduct in relation to the boundaries that are set up and maintained with participants at any time, including before, during and after activities.

Action: WP Team Project coordinators and DSLs

Ensure all staff are reminded of these requirements during training and any refresher training/activity.

2.3 Specific Operational Guidance

Action: All staff/volunteers

Ensure that you have read and fully understood the specific operational guidance information (Appendix 4), alongside attending relevant training. It is your responsibility to speak to your line manager or a member of the WP Team if you are not clear or require further clarification.

Action: WP Project Coordinators and DSLs

- I. Discuss any potential challenges or blurring of boundaries, which may arise in the course of their work. Agree how any such difficulties will be addressed should they arise.
- II. Ensure that if staff or volunteers require telephone contact with WP participants that this is done through appropriate use of LSE's issued equipment e.g. WP mobile phone.
- III. Agree clear boundaries about the nature of an individual's work and their relationship to participants.
- IV. Use training and drop-in processes to help staff reflect on their professional relationship with children, young people and adults at risk and identify if there are any warning signs that professional boundaries may be in danger of being compromised.

2.4 Personal Relationships and contact with participants outside of work

Whilst it is not inappropriate for the WP team's staff/volunteers to deliver an activity to an individual they know, this must be discussed in advance and a note of the outcome recorded.

Action: Staff/Volunteers

Declare any personal connection with any participants if they begin to attend any WP activity.

Action: WP Team Project Coordinators/DSLs

- I. Raise awareness of the need for staff/volunteers to notify the WP Team of any personal connection with WP participants.
- II. Discuss any cases raised and agree any appropriate action with the staff/volunteer
- III. Record the outcome of any such agreed action and ensure this is flagged to a WP DSL and documented.

2.5 Self-disclosure of personal experiences

Whilst we ask students to share their educational and extra-curricular experiences with participants, it is not usually acceptable for a member of staff to self-disclose other more personal experiences to a participant. There may be occasional exceptions to this where some self-disclosure is appropriate and professional judgement should be exercised. Boundaries relating to this must be discussed with a member of the WP Team.

Action: Staff/Volunteers

Ensure you are clear about what experiences it is usual to share on activities. It is your responsibility to speak to a member of the WP Team if you are not clear or require further clarification. Where you feel that you might have shared more than you would have ordinarily

- discuss this with a member of the WP Team.

Action: WP Team Project Coordinator

- I. Discuss issues of self-disclosure with staff during training and other events so they are clear of what experiences would be ordinarily considered appropriate to be shared and what we would not expect staff/volunteers to share with participants.
- II. Document any cases where a member of staff/volunteer feels this has been breached and discuss with a WP DSL.

2.6 Continuing a relationship after the a piece of work is complete

It is not normally acceptable for a member of staff to have contact with a participant in a personal capacity once the service or piece of work you have been involved in is complete. Any exceptions to this must be agreed with line management and identify why continued contact does not compromise professional boundaries in any way.

Action: Staff/Volunteer

- I. Discuss with a member of the WP Team if you think that there is the likelihood of contact with a participant being continued on completion of the work.
- II. Only continue any connection with the participant if, and on the terms, agreed by the WP Team.

Action: WP Project Coordinator/DSL

- I. Raise awareness during training and other relevant events that it is not usual practice to continue contact with participants once their time on a scheme is complete
- II. Discuss with individual staff/volunteers where there is a likelihood of continued contact after a Scheme has finished
- III. Agree any outcomes with reference to the DSL, and record this in line with WP Team safeguarding reporting procedures.

2.7 Gifts and Favours

No member of staff should use the relationship with a participant or their family for personal gain. Gift-giving and accepting presents should only take place in line with LSE's procedure for gifts and hospitality <https://info.lse.ac.uk/staff/services/Policies-and-procedures/Assets/Documents/proGifHos.pdf>. It should be agreed and recorded by a more senior member of the WP Team.

Gifts received must be recorded in line with the LSE Ethics Code <https://info.lse.ac.uk/staff/services/Policies-and-procedures/Assets/Documents/ethCod.pdf>.

Action: Staff/Volunteers

- I. Adhere to the guidance above. It is your responsibility to clarify with a member of the WP Team if you are not clear on this.
- II. Record any gifts given and report to a member of the WP Team.

Action: WP Project Coordinator/DSLs

- I. Raise awareness of the above policies and procedures during training and

other relevant circumstances.

- II. Record any gifts received and ensure this is in-line with the aforementioned LSE policies and procedures.

2.8 Concern about a breach/potential breach of professional boundaries

Action: Staff/Volunteers

- I. Concerns about a breach or potential breach of professional boundaries by you or a colleague or external agency must be shared with the member of the WP Team who oversees the work you are involved with.
- II. This should happen regardless of whether the breach of professional boundaries was due to initial intentions being well meaning. You have a duty to act upon your concerns to safeguard participants and yourself.
- III. Where you feel unable to report the concern/s to the person named above, you should refer them to another member of the WP Team, preferably a DSL.
- IV. If you cannot raise issues through your line management or you consider the breach of professional boundaries not to have been dealt with appropriately, you should report via the LSE School Safeguarding Policy or the Whistleblowing Procedure.

Action: WP Team Project Coordinator or DSL

- I. All potential breaches of professional boundaries should be taken seriously. The breach may not be a single event but a series of events and interactions, which together cause the individual to cross the boundary between what would be considered a professional relationship to a non-professional relationship.
- II. Staff must be supported to address any concern about a breach of professional boundaries without the automatic risk of disciplinary proceedings. However, staff should be made aware of all possible consequences depending on the severity and nature of the breach including possible disciplinary action; dismissal; referral to Regulatory bodies, relevant Local Authorities, Disclosure and Barring Service, Disclosure Scotland and/or the police as appropriate.
- III. If required the DSL will conduct an investigation to establish the facts and decide whether there is a disciplinary case to answer – refer to LSE's Disciplinary procedures which can be found on the [Human Resources website](http://www.lse.ac.uk/collections/humanResources/) - www.lse.ac.uk/collections/humanResources/ and if so will proceed in-line with LSE Safeguarding and HR policy.
- IV. All breaches of professional boundaries are to be recorded including any outcome of action taken. In cases where there is found to be 'no case to answer' the outcome should still be recorded.
- V. If concerns arise regarding a colleague from another organisation consult with the WP DSL to consider how these matters are appropriately raised in a timely manner. Record the concern, any action taken and outcome

3. Recognising types of abuse and safeguarding issues

All WP staff/volunteers should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, 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 a stranger. They may be abused by an adult or adults, or another child or children.

Procedures are in place to support staff in recognising the four types of abuse (physical abuse, sexual

abuse, emotional abuse, and neglect) and the potential signs of this alongside broader safeguarding issues. See Safeguarding Wall in Appendix 2.

Action Staff/Volunteers

- I. Ensure that you have read, and understood the specific types of abuse, signs of these in Appendix 2
- II. Ensure you have an understanding other safeguarding issues Appendix 5
- III. Ensure you attend relevant training
- IV. It is your responsibility to speak to your line manager or a member of the WP Team if you are not clear or require further clarification.
- V. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do, however, have both a responsibility and duty to act in order that the appropriate agencies can investigate and take any necessary action to protect a child, following the procedures in Section 4.

Action Project Coordinators/DSLs

- I. Ensure all staff are aware of the types of abuse listed in Appendix 2, via providing a copy of the policy and procedures and covering in relevant induction/training sessions.
- II. Highlight other safeguarding issues shown in Appendix 5 during training and ensure staff/volunteers are aware of these and what to do if they have concerns.
- III. Provide refresher training and information where appropriate, minimum every 3 years.

4. Responding to safeguarding concerns

4.1 A child or young person discloses information to you about abuse or harm that they are experiencing (in person/on the phone/via email)

Action: Person receiving the information if not a DSL

Always offer reassurance, listen to, and take seriously, what they are saying. Never promise to keep secrets or be persuaded by the child or family not to take action if you are worried that a child is being harmed or is at risk of harm.

- I. It is not your job to investigate, verify what is being said, or examine the child; this is the statutory responsibility of the local authority/child protection services and/or the Police. However, it is important to allow the participant to speak openly without any judgement as to the information they are sharing, where necessary for clarification asking open questions in relation to the information shared.
- II. Explain the process to the child: that you will need to pass this information on, to whom, the reasons why and possible actions.
- III. Consult with the WP project coordinator or another member of the WP Team to share the information that has been disclosed.
- IV. As soon as possible make a full and accurate record of the conversation that was had and pass this over to the member of the WP Team who you reported the initial incident to or the DSL in their absence. This should be recorded on an Incident Report Form (Appendix 9)
- V. The relevant member(s) of the WP Team will then discuss and agree the course of action. Please review alongside Appendix 8.

- VI. **If the child is present and is at immediate risk of harm**, and there is no time to refer to a member of the WP Team then take the appropriate course of action to secure the immediate safety of the child unless to do so would put you or others at risk. However, the responsible member of WP Staff and/or the DSL must be notified of action without delay once safe to do so.

- VII. If, at the point of disclosure, it becomes clear that immediate and emergency medical treatment is required without any delay arrange this by calling 666 internally which will put you through to security or 999 if not on the LSE Campus. Inform the named WP project coordinator and/or DSL at the earliest possible opportunity who will provide any necessary information to the accompanying staff member. If parental consent has not been provided for emergency medical treatment or circumstances prevent permission being obtained the medical practitioner may:
 - a. Regard the child to be of an age and level of understanding to give their own consent
 - b. Decide to proceed without consent
- VIII. Record all actions taken and ensure this is passed on to the WP project coordinator and/or DSL without delay.

Action: WP Project Coordinator if not a DSL

- I. Ensure that all staff/volunteers are aware of the process for responding to and recording concerns through the delivery of training and relevant information including the LSE Safeguarding policy and WP Team procedures document.
- II. On receipt of a Safeguarding concern from the staff/volunteer discuss this with them and gain clarity of any information where required.
- III. On receipt of any concerns if directly to you ensure you clarify relevant information and then discuss with the DSL who will decide if they need to undertake some enquiries and/or make a referral.
- IV. Ensure that the participant's full name, age, date of birth, school/college, mobile number, local authority within which they live, email address and any involvement with WP activity alongside a brief outline of what happened to them has been fully documented.
- V. Without delay discuss the issue with the available DSL and agree next actions. Ensure that all updates are recorded.

4.2 If the child is present and is at immediate risk of harm and there is no time to refer to the WP Team DSL then take the appropriate course of action to secure the immediate safety of the child unless to do so would put you or others at risk.

However, the responsible DSL must be notified of action without delay once safe to do so. The action taken must be recorded.

If, at the point of disclosure, it becomes clear that immediate and emergency medical treatment is required without any delay arrange this by calling 666 internally which will put you through to security, or dial 999 if away from the LSE Campus. Further guidance on seeking first aid in any situation is contained in Appendix 6. Inform the named WP DSL at the earliest possible opportunity who will provide any further necessary information to the accompanying staff member. If parental consent has not been provided for emergency medical treatment or circumstances prevent permission being obtained the medical practitioner may:

- I. Regard the child to be of an age and level of understanding to give their own consent
- II. Decide to proceed without consent

In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time. Parents must not be informed if this would put the child at risk of significant harm. It is entirely within a child's right (if of

sufficient age and understanding) to refuse medical treatment. Should this be the case, if the child's parents are not already present, they should be informed by the medical practitioner of this decision at the earliest possible opportunity, and a full record made.

During or after LSE's programme, if you receive a telephone call from a child please take as much detail as possible, including full name, age/date of birth, contact details, email address, mobile number, and if they say they are being harmed a brief outline of what is happening to them. If the child is in immediate danger, advise them to call the Police; you must also contact the Police to check that the child has referred the concern to them. If the child is not in agreement with this/not able to do this, you have a duty to call the police and pass on any information you have.

4.3 If the child is not in immediate risk or harm

- I. If the child is a participant of LSE's WP activity and is not in immediate danger, inform them that you will speak to the DSL and call them back. You must speak to the DSL available on the day
- II. If the child is not a WP participant and not in immediate danger, advise them they need to contact or offer to contact on their behalf:
 - a) Their local authority for support and advice, referring to contact list at the end of this document; or
 - b) Child line (0800 1111).
 - c) A record of the discussion with them should be kept and passed on to the DSL regardless of the outcome.
- III. In all circumstances, you must record what your concerns are, identify what action has been taken, and pass this record to the relevant service or agency. Records must be completed and stored in accordance with the Recording Policy for LSE staff as soon as possible.
- IV. Inform the DSL/senior member of staff/line manager immediately of your actions and share your record of the incident. Ensure that the relevant local authority is notified.

Action: DSL

Where the participant is engaged in a long-term WP scheme, information will have been requested from the contact teacher about any ongoing child protection concerns/involvement. Please review alongside Appendix 7.

- I. If the child is subject to a Care Order or an ongoing Child Protection Investigation, or has a child protection plan, any new incident must be referred to the lead professional/allocated social worker/local child protection services and information shared accordingly.
- II. If you are concerned that the child is, or may be at risk of, being trafficked, you must adhere to local inter-agency protocols and liaise with the local children's social care/duty service or Police to discuss whether a referral to the [National Referral Mechanism](http://www.nationalcrimeagency.gov.uk/) <http://www.nationalcrimeagency.gov.uk/> is made. In these circumstances it is suggested that advice is sought from the local authority or LSE Lead Safeguarding Officer regarding the process.
- III. If the child is not subject to a current Child Protection Plan or child protection or care proceedings, a supervision order or at risk of being trafficked, or is not known to the service, you must make a clear assessment of whether the information received from the responsible worker is deemed to be a child protection referral i.e. the child is at risk of significant harm. If you are unsure of the course of action you should take, you must seek guidance through the LSE safeguarding structure and/or local authority.
- IV. If your assessment is that the child is suffering, or likely to suffer, significant harm, a referral must be made to the local children's social care duty team/local child protection service.

- V. If your assessment is that a referral is not needed, you must identify what course of action is to be taken to respond to the concerns identified and ensure that all decisions and the reasons for them are recorded in accordance with LSE WP Team Safeguarding procedures. Where there is some form of assessed need refer to relevant services, use agreed local protocols.
- VI. If there is a disagreement between the WP team's DSL and other member of staff about the need to report concerns to child protection services, the LSE lead safeguarding officer must be consulted.

- VII. Ensure all decisions and agreed actions and subsequent updates are recorded on LSE WP Team Safeguarding procedures in accordance with LSE Records Policy and Procedure.

4.4 Working with Children/Young People where there are existing safeguarding and child protection concerns.

Action: WP Project Coordinator

If it is known that a child/young person is subject to a Child Protection Plan, is on the Child Protection Register, or deemed to be in a high risk situation (e.g. at risk of sexual exploitation, trafficking or missing); you must raise this with the WP Team DSL.

Action: WP Team DSL

Consider and record any risks/potential risks to the participant and identify any actions required on the participant's information sheet. Recording must be undertaken in accordance with the LSE WP Team Safeguarding policy and procedures and LSE Recording Policy and Procedure.

4.5 Referring Child Protection Concern

Action: All Staff/Volunteers

A child's need for protection must always be the primary concern.

- I. The DSL will contact the child protection services and will store the record securely and separately from the child's other records.
- II. Any amendments to the record can be made by adding any additional information to the record and noting the date and time of the amendment.
- III. Once you have referred your concerns to a member of the WP Team they will take forward the process of deciding whether to refer the case further and will keep you informed where it is appropriate to share information.

Action: WP Project Coordinator

Discuss the case with the DSL to support a decision as to whether a case needs to be referred to the local authority for further discussion/input.

Action: WP Team DSL/WP Project Coordinator

- I. Contact child protection services and discuss the case.
- II. Agree with child protection services what the child and parents/carers will be told about the next steps, by whom and when and actions which need to be taken.
- III. Referrals of suspected child abuse must always be confirmed by encrypted email or recorded delivery using local referral protocols to the local child protection service within 24 hours. A copy of the referral must also be shared with the Head of WP as DSL.
- IV. Ensure you inform the LSE Lead Safeguarding Officer and record all actions, decisions, risk assessments, and contact in accordance with the LSE and LSE WP Team Safeguarding Policy and Procedures.
- V. If you become concerned that the situation has escalated and it seems that the child or young person is at increased risk of significant harm you must immediately contact the police and local child protection services to seek guidance on what to do.

- VI. If child protection services do not make further contact with you or another WP DSL within three days, you must contact them for an update.
- VII. If you are not satisfied that the child protection service's response adequately safeguards the child then you must inform your line manager who can make representations on LSE's behalf. See Escalation Procedures in Section 4.6.

4.6 Escalation of Child Protection Concerns where there are professional disagreements

Action: Person Making Referral

- I. If the decision of the child protection service does not agree with yours or colleagues assessment of the level of concern this must be recorded within the same working day (and no more than 24 hours).
- II. Discuss with LSE's Lead Safeguarding Officer to clarify what action needs to be taken. If they are not available take your concerns up the line management chain.
- III. If you disagree with the senior decision and have evidence to suggest that the child is not adequately safeguarded you should seek advice from another senior manager in LSE. You should do this with your direct line manager's agreement if possible but you have the right to raise your concerns regardless of your line manager's consent. This should also be recorded on the file. In this event the Whistleblowing Policy may be used.

Action: WP DSL and/or LSE Lead Safeguarding Officer

- I. All notes of discussion/disagreement must be recorded in accordance with Safeguarding Policy and Procedures.
- II. If you disagree with the decision made by the Local Authority/Child Protection Services, you must contact the local authority manager for discussion. Follow up your concerns in writing within 24 hours.
- III. Inform LSE's Lead Safeguarding Officer and your line manager to discuss possible actions and options available.
- IV. If the response is still not deemed satisfactory, contact your equivalent level manager in the statutory agency to discuss your concerns.
- V. Follow up your concerns in writing with the statutory agency within 24 hours. If agreement is still not reached through this route, then discuss next steps with your Region/Nation Director to consider: making representation to the relevant director in the local authority or trust; or Local Children's Safeguarding Board/Area Child Protection Committee.
- VI. If intervention at this level still fails to resolve the concerns discuss with the Corporate Director for Children's Services who holds accountability for safeguarding.

5. Responding to safeguarding allegations against adults who work for or on behalf of LSE's Widening Participation Team

- I. A safeguarding allegation is one where information comes to light from any source, which suggests that an adult working for or on behalf of LSE's WP Team has or may have:
 - a) Caused significant harm to a child or vulnerable adult
 - b) Committed a criminal offence against a child or adult or
 - c) Behaved in such a way that calls into question their suitability to work with children or vulnerable adults.

This includes historical information about abuse an adult may have experienced as a child whilst participating in activity with LSE's WP Team.

- II. The management of an allegation of abuse may involve one or all of:

- a) a police investigation of a possible criminal offence
- b) enquiries and assessment by children's social care about whether a child is in need of protection or in need of services
- c) consideration by an employer of disciplinary action in respect of the individual.

Action from member of staff or volunteer who has a concern about an adult working for or on behalf of LSE's WP Team who works with or is in contact with a child or young person.

- I. Inform the WP project coordinator or other responsible member of the WP Team and the relevant WP DSL Level immediately. Action must have been taken and recorded within 24 hours (including weekends and bank holidays).
- II. It is not your job to investigate the allegation. Your job is to listen, ensure you have the basic details so you can record what was said, and respond appropriately.
- III. If for any reason you do not feel able to alert the WP Team staff or DSLs then you can contact the LSE Safeguarding lead officer and/or use the Whistleblowing Policy and Procedure.

Action: WP DSL

- I. Upon receiving information, ensure the safety of any child or young person. If a crime has clearly been committed, police and the local authority child protection services/Trusts/Local Authority Designated Officer (LADO) will need to be contacted as a matter of some urgency. If there are other children who could be at risk (e.g. other children in the household/service) these details must also be shared.
- II. Advice and guidance should be sought from the relevant LSE WP DSL and LSE HR should be advised of the allegation. In consultation with the LADO/local child protection services/Trusts, a risk assessment should be conducted within 24hrs to decide whether the person concerned can continue in their role.
- III. Do not inform the member of staff/volunteer against whom the concern/allegation has been made of the nature of the allegation until consultation has been undertaken with the relevant local authority and where necessary police. The responsible Director of HR must ratify any decision and/or LSE's Lead Safeguarding Officer (the Chief Operating Officer).
- IV. If the allegation concerns a volunteer then a decision must be made as to whether to suspend their volunteering activities. This must be confirmed in writing.
- V. If the allegation involves harm or risk of harm to a LSE WP participant then you must consider whether access to IMT accounts should be sealed and the relevant IMT Helpdesk requested to arrange this. Advice must be sought from the LSE WP DSL and/or the Lead Safeguarding Officer.
- VI. Consult with LSE HR to agree next steps regarding the member of staff/volunteer. Any officer, tasked with undertaking further enquiries or conducting an investigation under disciplinary procedures must be competent in child protection matters and be of sufficient seniority to enter into discussion with external agencies. Any action must be agreed with the LSE WP DSL, the Local Authority Designated Officer (LADO) or Social/Health Care Trust. These procedures must be followed in conjunction with LSE's Disciplinary procedures which can be found on the Human Resources website - www.lse.ac.uk/collections/humanResources/
- VII. As soon as possible, agree with the Health/Social Care Trust/Child Protection Agency who will ensure that parents/carers or children are kept informed about the allegation and how they will be kept updated on any progress of the case and its outcome.
- VIII. Any other local authority with responsibility for the child and any relevant partner agencies must also be notified of the allegation and/or investigation within 24hrs. In some circumstances, the Local Authority or Health and Social Care Trust where the LSE's staff, volunteer, or carer resides may become involved if the allegations have implications for the care of their own children.
- IX. The reporting form must be monitored and regularly updated by the responsible officer either WP Team DSL or LSE Safeguarding Officer or other staff when there is significant new information, and/or reviewed quarterly and when the outcome of the

investigation is known.

- X. Ensure that staff involved with an investigation are aware of the support options available.
- XI. Senior managers are responsible for ensuring that any support offered is kept separate from the managers involved in the investigation.
- XII. Notify the Local Authority Designated Officer (LADO) or senior managers in the relevant Local Authority of the conclusion of any internal investigation.

- XIII. At the conclusion of a case all required regulatory referrals or notifications must be made.
- XIV. The responsible director will make a decision whether the person will be referred to the Disclosure and Barring Service

6. E-safety & Social Media

6.1 E-Safety on LSE's Premises

Action: Staff/Volunteer

It is the responsibility of all staff and volunteers to maximise safety when IMT (Information Management Technology) and Social Media are accessed on LSE's premises.

6.2 Communicating with children and young people as service users via email and text message or instant message

Action: Staff /volunteers

The use of e-media should always be within the context of a planned and supervised piece of work, consistent with LSE's Safeguarding Code of Conduct (Appendix 3).

Action: WP Project Coordinators / DSLs

- I. Ensure that any use of digital technology is discussed as part of supervision, risk assessed, and any decision recorded on as appropriate.
- II. Any contact undertaken with or about a service user via text message should be on LSE equipment and a record kept of this.

6.3 Taking and retaining digital images and the use of camera phones

Action: Staff/volunteers

- I. Where events are taking place and parents, for instance, want to take photographs of their children, staff must apply professional judgement, consistent with our Safeguarding Code of Conduct and this policy and procedure as to whether photography is appropriate in given circumstances, with the agreement of all parties, and after assessing any risk. In relation to staff and volunteers they must only use LSE's equipment for this purpose.
- II. Staff and volunteers must gain permission from their relevant line manager on taking and storing digital images and only use LSE's approved equipment. Personal equipment is prohibited.

Action: WP Project Coordinators and DSLs

- I. All such work in a service context with individual service users must take place within an agreed and reviewed plan.
- II. Photographic data related to work with LSE WP participants must be stored in a confidential area of LSE, unless previously agreed a specific purpose of the photos (e.g. publicity). If photographs form part of the participant's record they must be kept on the record in line with LSE's WP Safeguarding policy and WP data protection policies. Any other photographs must have an identified retention period, which reflects the purpose for retaining the images and is in line with the Data Protection Act. When the retention date is reached, they must be securely deleted from electronic storage and corresponding paper/soft copies securely shredded.
- III. Staff and volunteers must be given information and guidance on what is and is not

acceptable in the use of digital images and the use of camera phones as part of training and in other relevant documentation.

7. Missing Children

7.1 A child who goes missing during an LSE activity

Action: Staff / volunteers

You are responsible for ensuring you know the whereabouts of any young people you have been asked to take responsibility for during an activity.

If you realise that someone has gone missing you must notify a member of the WP Team as soon as possible whilst also starting to try and identify where the individual was last seen and might now be.

Action: WP project coordinators

- I. Risk Assessments should be completed for all activities in accordance with the Health & Safety Policy and Procedures. Where there are additional concerns about an individual child, an individual Risk Assessment should be completed in accordance with the Safeguarding Policy and Procedures and shared with relevant parties.
- II. If a child or young person goes missing, and after an initial search still cannot be found, the staff member must consider with their line manager and parents/carers, whether to notify the Police immediately or make further enquiries in relation to places where the child may have gone. This judgement should be informed by the level of the child's vulnerability or an assessment of risk to themselves or others. If contacting the Police, details of the risk assessment must be shared along with the child's details.
- III. If the WP Team are aware a child is subject to a child protection (Section 47) enquiry or on a child protection plan, child protection register, or a supervision requirement, then the Local Authority/Trust must be informed immediately. If it is out of hours, the Duty/Out of Hours on call service should be contacted.
- IV. If a child or young person has particular vulnerabilities, or has gone missing on several occasions, and the situation could lead to serious harm, this should be recorded as a serious incident using the WP Safeguarding incident reporting form.
- V. Staff should ensure that once the child or young person is found, parents, carers, and any other relevant agencies are notified immediately and that he/she is treated positively on their return.

7.2 Unauthorised Absence of a looked after child

Action: WP project coordinators/DSLs

- I. If it is considered that a child/young person is missing and there is no indication that the child/young person will return in a short space of time, WP Project coordinators/DSL staff should determine the level of a child/young person's vulnerability and the potential danger to the child or the general public.

This assessment should take into consideration any of the below where known:

- a) Guidance/information contained in the child/young person's Care Plan;
- b) The age, maturity, physical or cognitive disability of the child;
- c) The legal status of the child;
- d) Previous behaviour patterns, including whether the child is considered to be a risk

- to self or others, and the general vulnerability of the child;
- e) Whether the child is perceived as running to/from someone;
 - f) The risk of offending or behaviour that may put the child at increased risk e.g. substance misuse;

- g) The risk of the child being targeted by organised groups, e.g. abduction for the purpose of trafficking or sexual exploitation and/or the risk of forced marriage.
 - h) Environmental factors such as the weather, time of year, community events/tensions.
- II. Any child or young person should be reported to the Police immediately, if:
- a) He/she is overdue for medication;
 - b) He/she has an assessed disability that increases their level of vulnerability;
 - c) He/she shows a high level of vulnerability from their risk assessment
 - d) He/she is under the age of eleven years or has special medical needs or who is considered a risk to themselves or others.
- III. Where a decision is made not to contact the Police, this must be agreed with a line manager/DSL and the child's Social Worker should be contacted to agree a course of action including a risk assessment process.
- IV. If it is out of hours, inform the Out of Hours Duty Social Work service. Every attempt should be made to contact relevant others who may know where the child/young person may be.
- V. With referral to the local authority, a list of significant names and addresses (previously returned from), known contacts, associates, 'bolt holes,' phone numbers etc., should be used and checked when a child is missing. (If the child is in a residential unit, a full search of the property must be undertaken).
- VI. Ensure you provide all requested information to the Social Worker/Police and update them when you have any additional/new information. You must also ensure a photograph is provided. The child's Social Worker/placing authority, in conjunction with the Police, retain responsibility for co-ordinating the plan of care and response to the missing episode, including any necessary media strategy. Full co-operation must be provided. If you have a concern regarding any action/lack of action being taken, this must be escalated to the placing authority manager through the WP Team DSL.
- VII. Where a child or young person breaches their bail or remand conditions, provide statements, as required to the Police.

Action – WP DSLs

- I. Managers are expected to maintain records of each occasion when a 'Looked After Child' is identified as 'missing' or having taken 'unauthorised absence'. These records should be made available for inspection under the Children Act 1989. The records should include:
- a) Description of the child/young person
 - b) When and where the child/young person was last seen and with who
 - c) A recent photograph
 - d) Family addresses
 - e) Known acquaintances
 - f) Any previous history of absconding and information about where they were found
 - g) The name and address of the child/young person's GP and Dentist
 - h) The name and address of the child/young person's school.
 - i) Circumstances which increase the risk to a child/young person should be drawn to the attention of the Police
 - j) Who has parental responsibility for the child/young person
 - k) Full details and contact telephone numbers of parents, foster carers and social workers, including out of hours contact numbers.
- II. WP DSLs must ensure that every service they are responsible for communicates the

Safeguarding Policy & Procedure to all staff and carers and that each person knows who to contact in the case of any child going missing. This must be in line with local inter-agency protocols and strategic multi-agency collaborative framework outlined by Local Safeguarding

Children Board (LSCB) or safeguarding partners as these come into place following 2018 changes.

- III. Ensure all events have a process in place to respond to a missing episode once the child returns in liaison with the Local Authority. This must include a 'return interview', which may/may not be conducted by the placing authority. Return interviews are essential to the future safeguarding of the child and all staff/carers should engage accordingly.
- IV. The WP Staff and/or WP DSL must ensure that all children who go missing are reported to the police in line with local Missing Protocols/placing authority protocols alongside these procedures.
- V. The likelihood of being missing must be included in the risk assessment in accordance with the Health & Safety Policy and Behaviour Management Policies.
- VI. If the child is missing from a school setting then Educational statutory guidance must be adhered to.
- VII. Ensure that any notifiable events are reported accordingly.

8. Child Sexual Exploitation (CSE)

WP staff may identify participants who are subject to or at risk of CSE. However, some children/young people may be at higher risk of this e.g. care leavers, homeless young people. At times, these young people may lead chaotic lives and some engage in risky behaviour. However, no child or young person is ever responsible for the abuse to which they are subjected.

Action: Staff/Volunteers/WP Team

If staff/volunteers in non-CSE specialist services become aware of a child/young person who may be at risk of CSE, they should report this to the WP Team Project coordinator or DSL in the first instance.

Indicators may include:

- a) Missing from home for periods of time
- b) Regularly missing school/education
- c) Appearing with unexplained gifts
- d) Associating with other young people involved in CSE
- e) Having older boyfriends/girlfriends

Action: WP DSL

- I. LSE's staff are expected to complete an assessment and to ascertain the background, level of risk and future planning for the child/young person. If there are immediate concerns from a child/young person the Police/Social Care Department should be contacted by the WPDSL.
- II. In matters where there are increasing concerns that a child/young person is involved in CSE and may be experiencing significant harm, this should be reported as a serious safeguarding incident.
- III. Consideration must also be given as to the risk to other identifiable young people and the appropriate agencies contacted.

9. Private Fostering

Action: Staff/Volunteers

- I. If you suspect that a child is in a private fostering arrangement (see Appendix 1) raise

this with a member of the WP Team as they have a statutory duty to notify the relevant Local Authority in terms of ensuring their welfare and protection.

- II. If such concerns arise, these should in the first place be raised with the WP Team project coordinator or DSL who will agree next steps.

Action: WP Project Coordinator/DS

- I. Discuss concerns and next actions
- II. Make a record of agree actions and outcomes
- III. DSL to pursue with local authority if it is felt concerns are founded and need to be raised.

10. Female Genital Mutilation (FGM)

Duty to report: From 31 October 2015, there is a mandatory duty for regulated professionals¹ to report cases of FGM in England and Wales. This applies where the victim is under 18 years old and has disclosed FGM directly and should be reported to the Police and social care department.

This is a personal duty, which requires the employee who becomes aware of the case to make a report; the responsibility cannot be transferred to anyone else. The only exception is if you know that another employee has already made a report. Therefore, there is no requirement to make a second referral.

Regulated Professions: The duty only applies to staff that work in a regulated profession e.g. teachers, healthcare profession and social workers. It therefore covers:

- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optic Council
- General Osteopathic Council
- General Pharmaceutical Council
- Health and Care Professions Council (whose role include the regulation of social workers in England)
- Nursery and Midwifery Council

When the duty does not apply:

1. Women over the age of 18 years old
2. The duty to report does not apply to cases of disclosure from women over the age of 18. In these instances, you must follow local safeguarding procedures or contact your local Safeguarding Lead.

Disclosure is from someone other than the child

If other people disclose a possible case of FGM e.g. parent of friend, or you suspect that a child/adult at risk may be at risk of FGM, the duty to report will not apply. However, this remains a safeguarding concern and must include a referral to the local Social Care Department and informing a local Safeguarding Lead.

10.1 10.1 Receiving a Disclosure or becoming aware of a FGM case

Action: Staff Member / volunteer

An employee and/or volunteer may become aware of a case of FGM if they are informed by a girl under 18 that an act of FGM has been carried out on her or observe physical signs, which

appear to show that an act of FGM has been carried out on a girl under 18.

¹ In Wales, education practitioners are regulated by the Education Workforce Council.

10.2 10.2 Making a report

A report can be made in writing or orally via the WP DSL to the Police and Social Care department. If calling the Police, use the non-emergency no. 101. This report must be completed no later than by the close of the following working day. Any reports should be discussed with your line manager in the first instance but should not delay the referral to the Police.

Staff in non-regulated posts but belong to one of the “professions” in accordance with the “2003 Act”, should familiarise themselves with the mandatory duty to report and they should contact their Region/Nation Safeguarding Lead to make a safeguarding referral.

Staff should be prepared to provide the call handler with the following information and explain that you are making a report under the FGM mandatory reporting duty.

<p>Your details:</p> <ul style="list-style-type: none">• Name• Contact details (work telephone number and e-mail address)• Place of work• Details of your organisation’s designated safeguarding lead	<p>The girl’s details:</p> <ul style="list-style-type: none">• Name• Age/date of birth• Address
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Any reporting of an FGM incidence should be reported internally, as a Serious Safeguarding Incident using the WP Safeguarding form. This should be sent securely to the entire list of named people on the form.

Cases involving FGM should be recorded in the relevant case file of the individual concerned in accordance with LSE’s Safeguarding Policy and procedure.

10.3 10.3 Consequences of a failure to report

If the employee/volunteer does not carry out their duty to report the case of FGM to the Police, this will be treated as a possible breach of their professional duty and may result in a disciplinary action.

11. Prevent Policy

Under the Counter-Terrorism and Security Act 2015, universities and a number of other bodies such as schools and local authorities are legally obliged to have due regard to the need to prevent people from being drawn into terrorism – the government calls this latter process radicalisation. This obligation is to be exercised through what is known as the Prevent duty, and this is primarily a safeguarding duty.

However, as it applies to universities, the Prevent duty takes a specific form which focuses on our students and others such as visiting speakers, all of whom are adults in a particular educational environment. LSE has no direct legal duty to take action under the Prevent duty in respect of suspected radicalisation of children, young people or others not within our community or otherwise covered by the duty on us (such as external speakers at our events). That duty will fall to another authority such as the individual’s school, college or local authority.

We must therefore report any concerns we have to the relevant authority, as set out below, so that they can take action.

There is no set list of criteria by which to determine if someone is vulnerable to radicalisation. The signs may be similar to the signs displayed by someone who is vulnerable for any other reason.

If as an employee or volunteer you notice or are alerted to signs of vulnerability, the action required is

straightforward: **contact the WP DSL** informing them of your concerns and thoughts on actions.

- I. In all cases in which the WP DSL suspects that the suspected vulnerability may have an angle requiring further investigation under the Prevent duty, he/she will contact the School's Prevent lead (details in Section 14). They will assess the situation and as necessary take any action to inform the individual's school, college or local authority of the concerns.
- II. The Prevent duty only applies before a crime has been committed. If an employee or volunteer suspects that an individual has actually committed a crime of any sort (including a terrorist crime), or is about to do so, they should **call the police**, then report the matter to the WP DSL, who will if appropriate report further including to the LSE Security team.

Definitions and references relevant to prevent extremism, terrorism and radicalisation are included in the glossary at Appendix 1.

12. Information Sharing/Consent

This section has been updated to recognise the new General Data Protection Regulations (GDPR) and the Data Protection Act (2018). Superseding the Data Protection Act 1998 GDPR and the DPA 2018 bring in new and additional requirements in data protection. The Widening Participation Team has put in place updated procedures and data privacy statements in response to these. These can be viewed online: <http://www.lse.ac.uk/study-at-lse/Undergraduate/Widening-Participation/About/data-protection>.

As outlined in the Government's 'Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents and carers': "GDPR and the Data Protection Act 2018 do not prevent or limit the sharing of information for the purpose of keeping children and young people safe." (p5).

However, all practitioners who have access to information about children, young people and adults at risk or who are vulnerable have a duty to preserve confidence. Each individual's right to confidentiality must be respected. All personal information must be treated with care and kept securely; this means not disclosing it to people who do not need to know.

In normal circumstances the adult or young person who is the subject of the information will be required to give consent before information about them can be shared. The consent of the person who provided the information may also be required.

Irrespective of the age, abilities or level of maturity of the adult, if information is disclosed which indicates that the child/adult at risk (or another person) is at serious risk of harm, then confidentiality cannot be preserved as safeguarding procedures must take precedence. The term '**lawful basis**' within GDPR and the DPA 2018 permit the sharing of information such as where a failure to do so would cause the safety or well-being of a child to be compromised.

Information sharing should take place on the basis of the 'Seven golden rules to sharing information' see Appendix 11 for these. In all cases the information sharing will be: Necessary and proportionate; Relevant; Adequate; Accurate; Timely; Secure; and Recorded.

13. References

Please note this list is not exhaustive:

- The Children Act (1989) <http://www.legislation.gov.uk/ukpga/1989/41/contents>
- The Children Act (2004) www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf
- [The United Nations Convention on the Rights of The Child \(1989\)](http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf)
www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf
- [Education Act \(2002\)](http://www.legislation.gov.uk/ukpga/2002/32/contents) <http://www.legislation.gov.uk/ukpga/2002/32/contents>
- [Protection of Freedoms Act 2012](http://www.legislation.gov.uk/ukpga/2012/9/contents) <http://www.legislation.gov.uk/ukpga/2012/9/contents>
- [Violence Against Women Domestic Abuse and Sexual Violence \(Wales\) Act 2015](http://www.legislation.gov.uk/ukpga/2015/9/contents)
<http://www.legislation.gov.uk/ukpga/2015/9/contents>
<http://senedd.assembly.wales/mglIssueHistoryHome.aspx?lId=10028>
- [The Serious Crimes Act 2015](http://www.legislation.gov.uk/ukpga/2015/9/contents) <http://www.legislation.gov.uk/ukpga/2015/9/contents>
- [Modern Slavery Act 2015](http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted)
<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted> [Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children', Department of Health \(2015\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf
- LSE Safeguarding Policy:
<https://info.lse.ac.uk/staff/services/Policies-and-procedures/Assets/Documents/safPol.pdf>
- Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

14. Important contact details

Kirsty Wadsley

0207 852 3642

k.wadsley@lse.ac.uk

Head of Widening Participation and Designated Safeguarding Lead

Rosie Pethica (on maternity leave until March 2019)

020 7852 3662

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Deputy Head of Widening Participation and Designated Safeguarding Lead

Dimple Bhimji

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Acting Designated Safeguarding Lead (Maternity Cover until March 2019)

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Deputy Designated Safeguarding Lead

Rebecca Saxby

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Deputy Designated Safeguarding Lead

Prevent Duty

Robin

Hoggard 020

7955 7061

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Head of Risk and Compliance Unit (Prevent lead for LSE)

Veronique Mizgailo

020 7107 5415

v.mizgailo@lse.ac.uk

Business Continuity Manager (deputises for Robin Hoggard on Prevent Duty)

Widening Participation Team

London School of Economics and Political Sciences

5th Floor Pankhurst House, (formerly Tower 1)

Houghton Street London

WC2A 2AE

Phone: 020 7849 4907

Widening Participation mobile phones are in use for specific activities and contact details will be shared with relevant staff as required.

Widening Participation Email: widening.participation@lse.ac.uk

Security

Security Number – internal phone – 666

Security Number – external phone – 0207 955 6555

Medical Assistance

St Philips Medical Centre London School of Economics, Pethick-Lawrence House, (formerly Tower 3), 2nd Floor, Clement's Inn, London, WC2A 2AZ

NHS Walk-In Centre is located at 1 Frith Street, W1D 3HZ.

An A&E Department can be found within St Thomas' Hospital, Westminster Bridge Road, SE1 7EH

Social Services

If you are concerned about the immediate safety of a child, call 666 from an LSE campus phone or 999 from an outside phone and ask for the police.

If you are concerned that a child or young person is being harmed through abuse or neglect or for advice and guidance on all child protection issues please telephone:

Children's Services Team: 0207 641 4000

For advice and guidance and to report an issue about an adult who is working with children and young people please contact:

Local Authority Designated Officer (LADO)

Kembra Healy, Safer Organisations Manager and LADO; Tel: 07522 217

314; Email: kembra.healy@rbkc.gov.uk

City of Westminster Local Safeguarding Children Board

The LSCB Team can be contacted on: accesstochildreancesservices@westminster.gov.uk or tel: 020 7641 4000

Local Safeguarding Board Dedicated Website: <https://www.rbkc.gov.uk/subsites/lscb/aboutus.aspx>

The Tri-borough (Hammersmith and Fulham, Kensington and Chelsea and Westminster) Local Safeguarding Children Board can be contacted on 07739 315388

In an emergency call the police on 999

15. Appendices

Appendix 1: Glossary and Definitions

Child	<p>I. Children Acts 1989 & 2004 and the Children (Northern Ireland) Order, 1995 define a child as anyone who has not yet reached their 18th birthday.</p> <p>II. The Children and Young People (Scotland) Act 2014 defines a child in relation to the powers & duties of the local authority. Young people between the age of 16 & 18 who are still subject to a compulsory supervision requirement by the Children’s Hearing can be viewed as a child.</p> <p>III. The United Nations Convention on the Rights of the Child (UNCRC) applies to “all human beings under the age of 18 years unless, under the law applicable to the child, majority is attained earlier.”</p>
Safeguarding	<p>In England, safeguarding children and promoting their welfare means</p> <ol style="list-style-type: none"> 10 protecting them from maltreatment, 11 preventing impairment of their health and development, and 12 ensuring that they grow up in circumstances consistent with the provision of safe and effective care. <p>In Wales the Social Services & Well Being Act imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support.</p> <p>In Scotland, the term Safeguarding refers to the collective principles and responsibilities of the GIRFEC (Getting It Right For Every Child) approach to identify and address needs and risks within a framework of the child’s whole world and wellbeing at the earliest opportunity.</p>
Child Protection	<p>Child protection is part of safeguarding and promoting welfare. This action refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm. Alongside physical, sexual and emotional abuse and neglect this includes children affected by: domestic abuse, female genital mutilation, forced marriage, honour-based violence, ‘missing’ children, young runaways, children exploited by gangs, child sexual exploitation and trafficking.</p>
Abuse	<p>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 (e.g. via the internet). An adult or adults, or another child or children may abuse them.</p>
Physical Abuse	<p>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.</p>

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
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	<p>may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing 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 also occur alone.</p>
Sexual Abuse	<p>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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>
Neglect	<p>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:</p> <ul style="list-style-type: none"> . provide adequate food, clothing and shelter (including exclusion from home abandonment); . protect a child from physical and emotional harm or danger; l. ensure adequate supervision (including the use of inadequate care-givers); or l. ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Domestic Abuse and Violence	<p>The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: emotional, financial, physical, psychological, or sexual behaviours. From December 2015, coercive or controlling domestic abuse is a crime punishable by up to 5 years in prison, under section 76 of the Serious Crimes Act 2015. This relates to a purposeful pattern of behaviour, which takes place over time, in order for one individual to exert power, control, or coercion over another.</p>
Child Sexual Exploitation (CSE)	<p>Sexual exploitation of children and young people (CSE) under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.</p>

Female Genital Mutilation (FGM)	<p>Female Genital Mutilation (FGM) is a safeguarding issue, illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women and girls. There is a mandatory duty for regulated professionals to report cases of FGM in England and Wales. This applies where the victim is under 18 years old and has disclosed FGM directly and should be reported to the Police and social care department.</p> <p>This is a personal duty, which requires the employee who becomes aware of the case to make a report; the responsibility cannot be transferred to anyone else.</p> <p>The only exception is if you know that another employee has already made a</p>
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	report. Therefore, there is no requirement to make a second referral.
Regulated Profession	A regulated profession is one, which is governed by a professional organisation or regulatory body to ensure that professionals meet the required standards of practice and competence for that occupation.
Prevent Duty	Prevent is one of the four strands of the government's CONTEST counter-terrorism strategy. Prevent is designed to prevent people from being drawn into terrorism. Under the Counter Terrorism and Security Act 2015, it has become a legal obligation for certain bodies such as schools, colleges, prisons, the NHS, local authorities and universities to take certain measures to enable them to spot signs of vulnerability to terrorist ideas or actions in individuals in the communities they deal with, and to put in place systems to ensure that those individuals can be offered help, in a safeguarding context, to avoid them being drawn into terrorism. The Prevent duty applies to universities in specific ways that differ from the way it applies to other bodies. Full details of the implementation of the duty at LSE and links to the statutory guidance are at https://info.lse.ac.uk/staff/divisions/Risk-and-Compliance-Unit/Prevent . A key point is that Prevent is aimed only at the sort of violent extremism that can lead to terrorism, not at "extremism" more widely: see following entry. Also, Prevent is aimed at preventing terrorism of any sort, including right-wing terrorism, Islamist terrorism and terrorism deriving from any other motive.
Extremism	Extremism is defined in the government's 2011 Prevent Strategy as "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas." This is a government definition but, unlike the definition of terrorism, it does not have the force of law . This is because it has proven highly contentious, above all in universities, and to date the government has been unable to refine it into a definition that would stand scrutiny in the courts. Arguably, universities – especially social science universities such as LSE – are positively obliged to debate ideas and theories that, by the government's definition, would constitute extremism. Despite beliefs to the contrary, recent legislation such as the Counter Terrorism and Security Act 2015 and the accompanying Prevent duty statutory guidance has not changed the definition of what is regarded as free speech within the law, even if some of that speech might be regarded by some as "extremism".
Terrorism	Unlike extremism, terrorism is defined in English law, in the Terrorism Act 2000. As amended by later legislation, that Act states that it means the use or threat of action where "the use or threat is designed to influence the government or an international governmental organisation or to intimidate the public or a section of the public, and... the use or threat is made for the purpose of advancing a political, religious, racial or ideological cause." Action is included "if it (a) involves serious violence against a person, (b) involves serious damage to property, (c) endangers a person's life, other than that of the person committing the action, (d) creates a serious risk to the health or safety of the public or a section of the public, or (e) is designed seriously to interfere with or seriously to disrupt an electronic system."

Radicalisation	Radicalisation is defined under the Prevent duty as “the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.”
Trafficking and Modern Slavery	The United Nations defines trafficking in children and adults as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, or abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability, or the giving or receiving of payments to achieve the consent of a person having control over another person, for the purposes of exploitation.

	Modern slavery is a complex crime that takes a number of different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking.
Gang Exploitation	There are a number of areas in which young people are put at risk by gang activity both through participation in and as victims of gang violence. Safeguarding procedures can provide a key tool for all agencies working with young people to assist them when working together to prevent young people from being drawn into gangs, to support those who have been drawn into the margins of gangs; and to protect those who are at immediate risk of harm either as members or victims of gangs. Gang activity can also be used as the means through which children and young people are sexually exploited and/or trafficked.
Young Carer	A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).
Private Fostering	Private fostering falls within safeguarding as it relates to the legal status, wellbeing and protection of children under 16 years, or under 18 years if disabled, who reside for more than 28 days in the care of someone who is not a parent, close relative, or someone with parental responsibility. The duty here is to ensure reporting of these children to the relevant local authorities. In Scotland, private fostering is the term used when a parent/guardian places a child who is under school leaving age (16 years) in the care of someone else, who is not a close relative or officially approved Foster Carer, for a period of more than 28 days
Allegation	An allegation is information, which comes to light from any source which suggests that an employee or volunteer has behaved in a way that has harmed, or may have harmed, or had the potential to harm a child or adult at risk. Although there are some differences in how allegations are handled across the four nations, the process for responding to allegations remains the same.

<p>Well Being under the Social Services and Well Being Act</p>	<p>Wellbeing under the SS&WB Act means well-being in relation to any of the following:</p> <ul style="list-style-type: none"> (a) physical and mental health and emotional well-being; (b) protection from abuse and neglect; (c) education, training and recreation; (d) domestic, family and personal relationships; (e) contribution made to society; (f) securing rights and entitlements; (g) social and economic well-being; (h) suitability of living accommodation. <p>In relation to a child, “well-being” also includes—</p> <ul style="list-style-type: none"> (a) physical, intellectual, emotional, social and behavioural development; (b) “welfare” as that word is interpreted for the purposes of the Children Act 1989. <p>In relation to an adult, “well-being” also includes—</p> <ul style="list-style-type: none"> (a) control over day to day life; (b) participation in work.
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Serious Safeguarding Incident	<p>A Serious Safeguarding Incident occurs under the following circumstances:</p> <ul style="list-style-type: none"> III. Unexpected or avoidable death of child/young person/adult at risk in receipt of services from LSE WP X. Serious harm to child/young person/adult at risk where a life-threatening outcome required intervention, X. Actions of a participant user which caused death or serious injury to a child or adult XI. A 'Near Miss' where an unplanned event or incident did not result in serious injury, harm or illness, but had the potential to do so and only a fortunate/timely break in the chain of events prevented a serious outcome for the child/vulnerable adult. II. An incident likely to result in adverse media attention and/or potential reputational damage for LSE WP III. An incident that is serious enough that it may lead to a Serious Case Review, and/or any case which indicates organised crime or large scale abuse, V. An incident likely to raise concern about professional practice or implications for LSE WP policy; V. An incident which raises concern about possible radicalisation of any member of staff/volunteer/adult/child/vulnerable adult VI. Where a registered provider (residential or early years) is required to close by an external body. <p>If the incident also relates to Health and Safety, the LSE Safeguarding Incident Report Form should be completed.</p>
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Appendix 2: Definitions and physical signs for the four main types of abuse

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context².

Physical Abuse

Definition:

It is 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 child¹.

Physical Signs:

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body. Important indicators of abuse are injuries that are unexplained or

inconsistent with the explanation given or visible of the soft parts of the body where accidental injuries are uncommon. Changes in behaviour may include fear of

parents being approached for an explanation, withdrawn behaviour, flinching when approached or touched, aggressive behaviour or severe temper outbursts².

Bruises:

- commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body
- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object.

Burns and scalds:

- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds.

Bite marks:

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.

Fractures or broken bones:

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

Other injuries and health problems:

- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning

Sexual Abuse

Definition:

It 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children¹.

Physical signs:

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously². Children who are sexually abused may:

Stay away from certain people:

- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them.

Show sexual behaviour that is inappropriate for their age:

- a child might become sexually active at a young age
- they might be promiscuous
- they could use sexual language or know information that you would not expect them to.

Have physical symptoms:

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy.

Emotional Abuse

Definition:

The persistent emotional maltreatment of a child such as to cause severe and 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 cyberbullying), 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, although it may occur alone¹.

Physical Signs:

Emotional abuse can be difficult to measure as there often aren't any obvious physical symptoms of emotional abuse or neglect but you may spot signs in a child's actions or emotions.

Changes in behaviour which can indicate emotional abuse include neurotic behaviour e.g. sulking, hair twisting, rocking, fear of making mistakes, self-harm, or fear of parent being approached regarding their behaviour².

Changes in emotions are a normal part of growing up, so it can be really difficult to tell if a child is being emotionally abused.

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

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

□

Older children may:

- use language, act in a way or know about things that you wouldn't expect them to know

- for their age
- struggle to control strong emotions or have extreme outbursts
 - seem isolated from their parents

- lack social skills or have few, if any, friends

Neglect

Definition:

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: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs¹.

Neglect can have serious and long-lasting effects. It can be anything from leaving a child home alone to the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities.

Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child.

Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there's a serious problem.

Children who are neglected may have²:

Poor appearance and hygiene:

- be smelly or dirty
- have unwashed clothes
- have inadequate clothing, e.g. not having a winter coat
- seem hungry or turn up to school without having breakfast or any lunch money
- have frequent and untreated nappy rash in infants.

Health and development problems:

- untreated injuries, medical and dental issues
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations
- poor muscle tone or prominent joints
- skin sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- anaemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills.

Housing and family issues:

- living in an unsuitable home environment for example dog mess being left or not having any heating
- left alone for a long time

- taking on the role of carer for other family members.

The Safeguarding Wall



Keeping Children Safe in Education, September 2016

Appendix 3: Code of Conduct

1. Staff must maintain a professional distance from children and young people attending the activities.
2. Staff should be conscious of their actions at all times. Words or actions, no matter how well intentioned, can be open to misinterpretation.
3. Staff should not make suggestive remarks or gesture, or culturally insensitive comments.
4. Staff must not permit abusive peer activities (e.g. ridiculing, bullying).
5. Staff must not, under any circumstances, give personal details, e.g. home address, telephone or mobile numbers, email address, to any of the young people or communicate with participants and young people using social media during or post programme
6. Staff must consider their own safety and the safety of others at all times
7. Staff must not administer medicines to participants.
8. All accidents, no matter how minor, must be recorded.
9. Staff should be aware of who contact in an emergency for the project they are working on.
10. All incidents which occur must be reported to a member of the Widening Participation Team in line with LSE's Child Protection and safeguarding reporting procedure.
11. Alcohol must not be brought into the sessions or consumed during the activities.
12. The purchase or use of illegal substances is strictly forbidden and may result in Police action.
13. Smoking is not allowed in those areas where young people will be present.
14. Staff are expected to be punctual and present throughout each day.
15. Sexist, racist or homophobic language or behaviour will not be tolerated, nor will other anti-social language or behaviour.
16. Communication with parents, carers, or participants must only happen via designated LSE equipment e.g. WP Team mobile phones.
17. No record of any participant including their picture or contact details should be taken or kept on any personal devices belonging to an individual.
18. Staff must ensure they act in line with LSE's guidance on issues related to [equity, diversity and inclusion \(EDI\)](#) and also [LSE's Ethics Code](#).
19. LSE does not accept responsibility for any loss or damage of any property at any time. Therefore take care of any valuables and respect others' property, including LSE property.
20. Staff should be professional in the use of social media about their role and/or WP activity they are involved with. Staff should not post pictures of participants unless

explicit permission has been sought and granted.

21. Male staff should not enter female toilets or changing rooms unless there is an emergency. Female staff should not enter male toilets or changing rooms unless there is an emergency.

Appendix 4: Operational Guidance

Being approached by a participant in person or electronically

- If a participant is overly familiar in a way that raises a concern to you, you should remove yourself from the situation and report the matter to the named coordinator/DSL as soon as possible.
- If a participant tries to make connection with you via personal social media, email or other electronic means, you should where possible reject any request to associate on social media. You should not in any circumstances initiate a social media or email connection with a participant.

WP Team Supervision of activity and the responsibility of staff during on-campus activity including associated offsite visits

- Before the start of an activity the responsibilities of different staff should be clarified.
- In classroom based activity there will usually be a member of the WP Team responsible for supervision alongside associate staff such as student ambassadors.
- At all other times on campus e.g. during campus tours student ambassadors or equivalent are responsible for supervision and safety of the group unless accompanied by another responsible adult - such as a member of their school/college staff, or a parent/carer - who remains overall responsible for participants.
- All staff working on Widening Participation activities should wear a lanyard with their official identity card clearly displayed, and where provided activity specific ID. Participants should be told that it is safe to approach those wearing this form of identification around the School.
- All staff should have the relevant Widening Participation staff mobile phone number(s) (if operational), the WP Office number.
- In case of a lost child whilst on campus – a safe and public meeting place should be identified where participants can present themselves and be directed back to the group.
- If activities take place off campus, participants should be given the relevant Widening Participation mobile number and the procedure in case of separation from the group. A designated staff member should have a copy of all participant contact and emergency details. All staff members should have the mobile phone number of the designated staff member in charge of group safety and student information.
- If a young person becomes separated for a prolonged period of time (30 minutes) the police may be summoned and in this event, the parents/guardians will be informed.

Emergency contact details

Emergency contact details should be available to the DSL, named coordinators and lead LSE staff (e.g. course directors) at all times, and should be accessible in cases of fire. As all such details are kept electronically, where appropriate paper copies of these details should be given to lead staff, the named coordinator and the DSL, and kept to hand at all times for the duration

of the activity. Care should be taken with these documents, however, as the information contained within is confidential. The documents must be kept securely locked, password protected, and unless completely unavoidable should not be taken off-site or home at any point.

Exceptions

Due to the nature of the above programmes, where contact details and supervision is overseen by school teachers within individual schools the Widening Participation Team do not possess contact/medical or emergency details for the participants. In such situations it is up to the accompanying school staff to gather, retain and organise appropriate access to this data.

Given this, school staff should remain with their school-group for the duration of the session and should not leave the safety of the group solely to LSE staff, except when students are on a campus tour where they will be accompanied by a Student Ambassador.

Appendix 5: Specific Safeguarding Issues

- Bullying including cyberbullying

When there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm' a bullying incident should be addressed as a child protection concern under the Children Act 1989. Where this is the case, the school staff should discuss with the school's designated safeguarding lead and report their concerns to their local authority children's social care and work with them to take appropriate action.

However, external support can be given to pupils whether or not it is deemed a child protection concern. Even where safeguarding is not considered to be an issue, schools may need to draw on a range of external services to support the pupil who is experiencing bullying, or to tackle any underlying issue which has contributed to a child engaging in bullying.

- Children missing education

All children, regardless of their circumstances, are entitled to an efficient, full time education which is suitable to their age, ability, aptitude and any special educational needs they may have.

Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

Effective information sharing between parents, schools and local authorities is critical to ensuring that all children of compulsory school age are safe and receiving suitable education. Local authorities should focus their resources effectively in intervening early in the lives of vulnerable children to help prevent poor outcomes.

- Child missing from home or care

Safeguarding and promoting the welfare of children is a key duty on local authorities and requires effective joint working between agencies and professionals. When a child goes missing or runs away they are at risk. Safeguarding children therefore includes protecting them from this risk. Local authorities are responsible for protecting children whether they go missing from their family home or from local authority care.

Looked after children missing from their placements are particularly vulnerable. In 2012, two reports highlighted that many of these children were not being effectively safeguarded: the Joint All Party Parliamentary Group (APPG) Inquiry on Children Who Go Missing from Care and the accelerated report of the Office of the Children's Commissioner's on-going inquiry into Child Sexual Exploitation in Gangs and Groups

- Child sexual exploitation (CSE)

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In

some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual

exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.
- Domestic violence

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional
- Controlling behaviour

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.

- Coercive behaviour

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.

- Drugs

Pupils affected by their own or other's drug misuse should have early access to support through the school and other local services; Schools are strongly advised to have a written drugs policy to act as a central reference point for all school staff; It is helpful for a senior member of staff to have responsibility for this policy and for liaising with the local police and support services.

- Fabricated or induced illness

The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy (Meadow, 1977), Factitious Illness by Proxy (Bools, 1996; Jones and Bools, 1999) or Illness Induction syndrome (Gray et al, 1995). This terminology is also used by some as if it were a psychiatric diagnosis.

The use of terminology to describe the fabrication or induction of illness in a child has been the subject of considerable debate between professionals. These differences in the use of terminology may result in a loss of focus on the welfare of the child. In order to keep the child's safety and welfare as the primary focus of all professional activity, this guidance refers to the Safeguarding children in whom illness is fabricated or induced 'fabrication or induction

of illness in a child' rather than using a particular term. If, as a result of a carer's behaviour, there is concern that the child is or is likely to suffer significant harm, this guidance should be followed. The key issue is not what term to use to describe this type of abuse, but the impact of fabricated or induced illness on the child's health and development, and

consideration of how best to safeguard and promote the child's welfare.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.
- Faith abuse

This aim is address certain kinds of child abuse linked to faith or belief. This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

- Female genital mutilation (FGM)

FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding. There are, however, particular characteristics of FGM that front-line professionals should be aware of to ensure that they can provide appropriate protection and support to those affected.

FGM has been classified by the World Health Organisation (WHO) into four types:

Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);

Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);

Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and

Type 4 – Other: all other harmful procedures to the female genitalia for non- medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

- Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

- Gangs and youth violence

The vast majority of young people and education establishments will not be affected by serious violence or gangs. However, where these problems do occur there will almost certainly be a significant impact.

While pupils and students generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any educational establishment. Schools and colleges are places where important interventions can take place to prevent negative behaviour, such as young people carrying a knife.

Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done at this stage to prevent negative behaviour from escalating and becoming entrenched. Programmes such as Families and Schools Together, Positive Action or the Good Behaviour Game are aimed to improve social and emotional skills, understanding risk, exploring how to stay safe and make safe choices.

Whilst schools and colleges may face different specific challenges and operate in different contexts, many of the issues they face will be similar.

- Gender-based violence/violence against women and girls (VAWG)

Violence against women and girls (VAWG) are serious crimes. These crimes have a huge impact on our economy, health services, and the criminal justice system. Protecting women and girls from violence, and supporting victims and survivors of sexual violence, remains a priority of this government.

- Mental health

In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that schools can do, for all their pupils and for those with particular problems, to offer that support in an effective way.

Where severe problems occur schools should expect the child to get support elsewhere as well, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs.

Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support. The views, wishes and feelings of the pupil and their parents/carers should always be considered.

Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem and involve their parents/carers and the pupil in considering why they behave in certain ways.

There are resources available to help school staff support good mental health and emotional

wellbeing. The PSHE Association has produced guidance and lesson plans to support the delivery of effective teaching on mental health issues. In addition, MindEd, a free online training tool, provides information and advice for staff on children and young people's mental health and can help to sign post staff to targeted resources when mental health problems have been identified.

Schools should consider if their pupils would benefit from the offer of school counselling services. The

Department for Education has published advice on how to set up and improve schools counselling services. Additionally, Counselling MindEd, which is part of MindEd, is also available to support the training and supervision of counselling work with children and young people.

There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience, before serious mental health problems occur.

Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board – Directors of Children’s Services and local Healthwatch are statutory members.

There are national organisations offering materials, help and advice. Schools should look at what provision is available locally to help them promote mental health and intervene early to support pupils experiencing difficulties.

- Missing children and adults

Research has shown that children are more likely than adults to go missing, placing them in risky situations and increasing their vulnerability to a whole range of issues, including homelessness, becoming a victim or perpetrator of crime and, as we are increasingly aware, placing many of these vulnerable young people at greater risk of child sexual exploitation.

Although children and young people account for the majority of missing cases, a large number of vulnerable adults go missing each year. Approximately 12,000 individuals are reported missing from NHS care every year and a very high proportion of these will have a mental health problem or learning disability, will misuse substances or have dementia. It is estimated that four out of every five adults who go missing are experiencing a mental health problem at the time they disappear and separate research has previously found that the primary reason for adults going missing was due to relationship breakdown within their family, followed by drifting away (losing touch with their families), mental health issues, or escaping a negative situation.

- Private fostering

The measures in section 44 of the Children Act 2004 and the Children (Private Arrangements for Fostering) Regulations 2005 are intended to strengthen and enhance the Children Act 1989 private fostering notification scheme. Along with the National Minimum Standards, they are intended to focus local authorities’ attention on private fostering by requiring them to take a more proactive approach to identifying arrangements in their area. The new measures are expected to improve notification rates and compliance with the existing legislative framework for private fostering – and, therefore, to address the key problems identified with the scheme: low notification rates, late notification and a perceived lack of consistent local authority commitment to meeting the needs of privately fostered children.

- Radicalisation

Radicalisation is defined by the government as the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. A key element of the government’s strategy to address this issue is the Prevent duty, which is a safeguarding duty. The Prevent duty imposes legal obligations on a number of bodies such as schools,

colleges, the NHS, local authorities and universities. However, the way that the duty applies in universities differs from the way it applies to other bodies.

- Relationship abuse

Abuse in relationships can happen to anyone. It's not normal, it's never OK and definitely not part of a healthy relationship. It isn't always physical, it can be emotional and sexual abuse too. If your

relationship leaves you feeling scared, intimidated or controlled, it's possible you're in an abusive relationship. If you're experiencing abuse, or have done in the past, please remember that you're not to blame and there are people who can help you.

Is there ever an excuse for relationship abuse?

No. There's never an excuse for relationship abuse. Anger, jealousy, alcohol or wanting to protect the other person – none of these are excuses.

- Sexting

New technologies inspire children to be creative, communicate and learn. However, while the internet is a great resource, it is important that children and young people are protected from the risks they may encounter. The UK Council for Child Internet Safety (UKCCIS) is a group of more than 200 organisations drawn from across government, industry, law, academia and charity sectors that work in partnership to help keep children safe online. The Council was established in 2008 following a review by Professor Tanya Byron discussing, and taking action, on topical issues concerning children's use of the internet.

- Trafficking

Child trafficking is a very serious issue which can have a devastating and lasting impact on its victims. Children can be trafficked into, within and out of the UK. The Government is absolutely committed to tackling this issue and in July 2011 published a new Human Trafficking Strategy for the UK which sets out the steps it will take together with the action needed and responsibilities of a whole range of partners who also have roles to play

"Trafficking of 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 the 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 over 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 the removal of organs.

Appendix 6: Medical Treatment

If a child becomes unwell, and the parent has consented to allow us to provide medical treatment staff should take the student to:

St Philips Medical Centre London School of Economics and Political Science, Pethick-Lawrence House, (formerly Tower 3), 2nd Floor, Clement's Inn, London, WC2A 2AZ.

If this service is unavailable the nearest NHS Walk-In Centre is located at 1 Frith Street, W1D 3HZ.

The nearest A&E Departments are St Thomas' Hospital, Westminster Bridge Road, SE1 7EH and UCH 235 Euston Rd, Bloomsbury, London NW1 2BU.

Medical consent details will be held by lead LSE staff, named coordinators and the DSL. Where possible, before seeking medical assistance for a child whose parents have provided consent to medical treatment, staff should inform the named coordinator/DSL who will direct the most appropriate member(s) of staff to accompany the child to seek medical attention and will provide any necessary medical information we hold on the child. Where medical treatment is sought, parents should be informed at the earliest opportunity, even where consent is provided. Should it prove impossible to notify the named coordinator before seeking treatment staff should ensure that the named coordinator is informed at the earliest possible opportunity post treatment.

If the parent has not consented, the named coordinator/DSL should phone and inform the parent that the child is unwell and ask the parent to collect the child, or if not possible, inform the parent that appropriately trained members of staff will take the child home/to the parent in a taxi (at the expense of the WP Team).

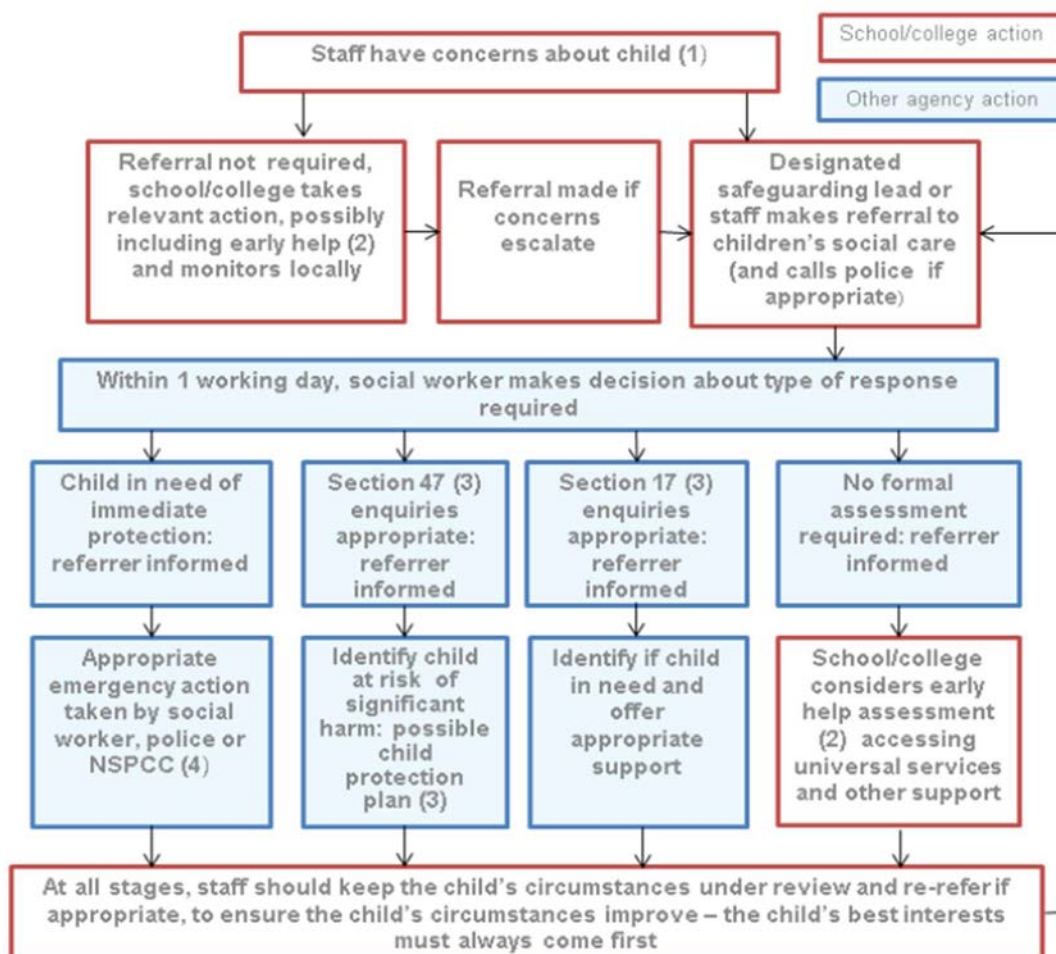
If a situation requires immediate action qualified staff member(s) should administer first aid and request a member of staff call security on 666 should an ambulance or further assistance be required. If security are to be reached via a phone not connected to the LSE network the emergency number is 0207 9556 555. Staff should not contact the emergency services themselves as porters/security staff will be required to direct the ambulance appropriately. If there is no qualified First Aider available then a member of staff should call security on 666 and request a First Aider immediately.

Inform the named WP DSL at the earliest possible opportunity who will provide any further necessary information to the accompanying staff member. If parental consent has not been provided for emergency medical treatment or circumstances prevent permission being obtained the medical practitioner may

1. regard the child to be of an age and level of understanding to give their own consent or
2. decide to proceed without consent.

Appendix 7: What to do with a disclosure and next steps

Actions where there are concerns about a child



Keeping Children safe in Education, 2016

In cases which also involve an allegation of abuse against a staff member, see Part four of this guidance.

Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of Working together to safeguard children provides detailed guidance on the early help process.

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of Working together to safeguard children

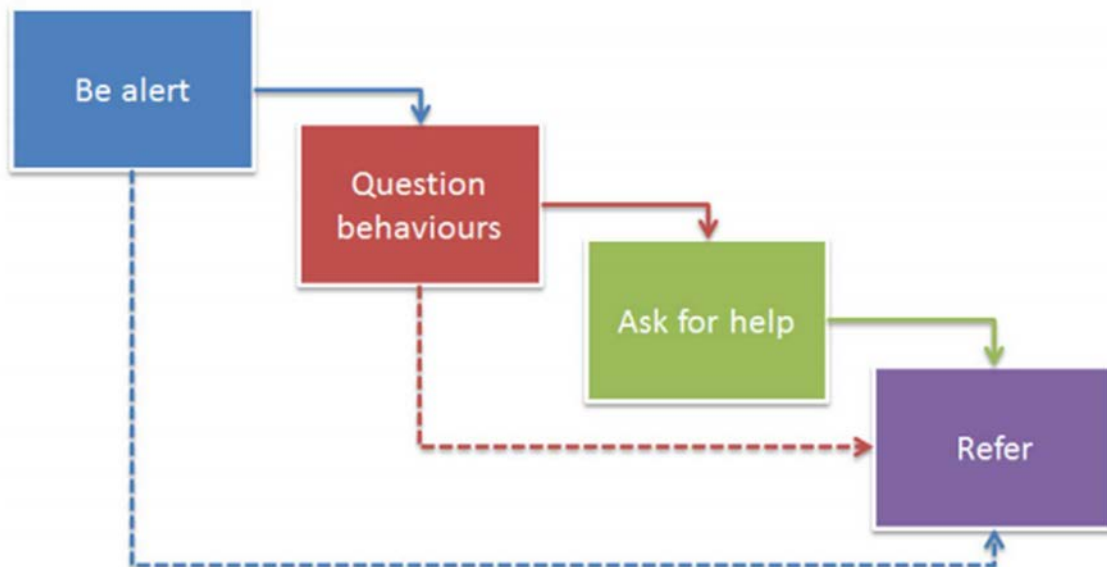
This could include applying for an Emergency Protection Order (EPO).

Appendix 8: Safeguarding Reporting guidelines and forms

Safeguarding good practice.

What to do if you are worried about a child being abused (2015) has the following helpful flowchart to support thinking about safeguarding issues and what to do when concerned.

24. There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



If a participant tells you something that raises concern you should make a note of exactly what they said, as soon as possible after they have spoken to you. Try to take down what they say as they have said it as words such as “laying into her” can be interpreted in different ways. You can take note of the child’s demeanour but you must state that it is exactly this – distinguish between fact and opinion.

- **Be specific** – what is the exact nature of the concern and what category of abuse does it suggest
- **Show the evidence** – what did you see, hear, were told? Who said what, when, how? Was anyone else present? Include all dates and timings including the time lag between the disclosure and the writing of the report
- **Be precise** – with time words – what does always, frequently, never, mean?
- **If there are physical signs** – body map the visible injuries by drawing a representation of the body with injuries marked, but do not ask the child to remove any clothing
- **Sign and present it immediately** to the named coordinator or DSL.

Details of concern – please continue on additional sheets if required

1. Are you reporting your own concerns or passing on those of somebody else? (Give details)

2. Brief description of what has prompted these concerns

Include dates, times, venue, what was said etc. of any specific incidents and description of any alleged or suspected abuse - e.g. neglect, emotional abuse, sexual abuse, physical abuse, discrimination or financial/ material abuse – include descriptions of any injuries or marks which are observed.

Present only information which is immediately available to you. DO NOT attempt to question the subject of the concern or investigate the matter yourself. Any attempt to do so may further jeopardise the welfare of the child/young person involved.

Your signature:

Print your

name: Date

Action taken (including any agencies/people contacted)

Action:



Date:

Follow up

Action:

Date:

1 Signed:

2 Signed (DSL):

Name (print):

Name (print):

Position:

Position:

Date:

Date:

This form must be completed if there are any concerns or incidents which relate to the protection of a child participating in a Widening Participation activity at LSE. It must be completed immediately after the incident/concern is raised, and certainly within 24 hours. Please complete in block capitals taking care to ensure that your writing is legible. Please ensure that this form is handed to the named co-ordinator as soon as possible.

Appendix 10: LSE WP Team Statement on Criminal Records and Disclosure and Barring Service (DBS) Checks

The LSE Widening Participation Team are committed to safeguarding children, young people and vulnerable adults in line with LSE's Safeguarding policy. This includes during the recruitment process of staff and volunteers who will be working on widening participation activities.

All staff that come into regular contact with young people (i.e. Student Ambassadors, Tutors, Mentors, Course Leaders/Directors, Administrators, Officers, and Co-Ordinators working in schools or children on a regular basis) will be required to undertake an enhanced Disclosure and Barring Service (DBS) check which will include a check as to whether the applicant is barred from working with children.

Any conditional offer of employment to roles within the Widening Participation Team is subject to the return of the enhanced DBS clearance. We have the right to refuse or withdraw an offer of employment on the grounds of a conviction shown within the DBS check process. Any convictions present on the DBS check will be reviewed on a case by case basis by a senior member of the widening participation Team – usually the Head and/or Deputy Head. The decision as to whether this would exclude the person from taking on the role will take into consideration the conviction and the requirements and responsibilities placed on the role. This review will include reference to LSE HR as appropriate.

Appendix 11: Seven Golden Rules of Information Sharing (Information Sharing: Advice for Practitioners)

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 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 other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, 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. Consider safety and well-being: 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. Necessary, proportionate, relevant, adequate, accurate, timely and secure: 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 (see principles).
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.

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2.0	31/08/2018	K Wadsley	Revised version following annual review and new Working together to safeguard children 2018 guidance

Links

Reference	Link
Working together to safeguard children 2018	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

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