

BE ALERT

**QUESTION
BEHAVIOURS**

ASK FOR HELP

REFER



I HAVE A VOICE

SAFEGUARDING

HANDBOOK

KEY CONTACTS

DESIGNATED SAFEGUARDING OFFICER

REBECCA DEEGAN
rebecca@ihaveavoice.org.uk
07976 971814

AMBASSADOR WELLBEING CHAMPION

BEN MAHER
Contactable via the
IHAV Slack Workspace.

NSPCC

HELPLINE

0808 800 5000

WHISTLEBLOWING

0808 028 0285

FGM

0808 028 3550

EMAIL ADDRESS

help@nspcc.org.uk
fgm-help@nspcc.org.uk

WEBSITE

nspcc.org.uk

NATIONAL AUTHORITIES

EMERGENCY SERVICES

999 (Emergency Services)
101 (Non-emergency Police)
111 (Non-emergency NHS)

CEOP COMMAND

ceop.police.uk

SUPPORT

CHILDLINE

0800 1111
childline.org.uk

THE MIX

0808 808 4994
themix.org.uk

KOOTH

kooth.com

SAMARITANS

116 123

CRISIS TEXT LINE

Text **Shout** to 85258

OTHER IMPORTANT CONTACTS

IHAV PROGRAMME DELIVERY IN AN EDUCATIONAL SETTING

School's Designated Safeguarding Lead

Deputy(s)

Name

Email

Phone

Have you obtained and reviewed a copy of the organisation's safeguarding policy? **Y/N** **Local Authority:**

Have you obtained and reviewed a copy of the organisation's first aid policy? **Y/N**

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Supporting documentation	
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SECTION ONE

PRINCIPLES OF SAFEGUARDING

Our Policy Statement & Commitment

I have a voice CIC is a registered social enterprise (company number 12371546) that strives to empower people to engage with politics. I have a voice is committed to the safety and protection of all young people, adults at risk of harm and others involved in our work or projects.

I have a voice works with schools, colleges and youth groups throughout the UK. Much of our delivery to these organisations does not involve us being directly responsible for any young people or adults at risk as there is a supervisor from the partnering organisation in the session. In these instances we always adhere to the guidelines set by our partner.

I have a voice also has a group of Youth Ambassadors, currently the Ambassadors are all aged 16+. I have a voice has responsibility for these young people in their ambassadorial role. Given our Ambassadors are based up and down the country, all of our interactions with these young people is online. This enables us to keep a record of each interaction.

The welfare of everyone involved in I have a voice is paramount, however this especially applies to children and adults at risk of harm. Everyone, regardless of their age, disability, gender reassignment, race, religion or belief sex or sexual orientation has the right to protection from abuse. Therefore, all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

As a social enterprise who's mission is founded on the importance of diversity, we recognise that some people may require additional support, for example with communication or the impact of discrimination. To protect even the most vulnerable people we have a safeguarding culture where employees, volunteers and ambassadors know how they are expected to behave and are supported to feel comfortable about sharing concerns.

All employees and volunteers will be given details of the safeguarding policy and procedures as part of their induction and encouraged to report any concerns to the designated safeguarding officer. This document will also be made available to all employees and volunteers, and for the scrutiny of teachers, learning provid-

ers, parents/guardians and all of I have a voice's audiences.

This policy applies and relates to all employees, volunteers, young people and adults at risk we work with. We have developed this policy to ensure that I have a voice is well-equipped to understand and deal with any potential safeguarding issues, and to keep the vulnerable people we work with safe.

We uphold our policy statement & commitment by:

1. Recognising that everyone has the right to freedom from abuse and harm.
2. Promoting joint working with parents and carers in the interest of children's welfare.
3. Following safe recruitment procedures which ensure that staff and volunteers are carefully selected, vetted and have the relevant qualifications, experience and training.
4. Designating a safeguarding lead who takes specific responsibility for vulnerable people's protection, safety and well-being.
5. Supporting all staff and volunteers in bringing concerns to the Designated Safeguarding Officer.
6. Responding quickly and appropriately to all suspicions or allegations of abuse.
7. Providing parents, carers, children and adults at risk with the opportunity to voice any concerns they may have. This includes having knowledge of, and ensuring children have access to their preferred methods of communication and that staff are trained in a variety of communication tools.
8. Reviewing the effectiveness of I have a voice's Safeguarding Policy and Procedures.
9. Working in partnership with external organisations and professionals to ensure that children and adults at risk are protected.

Child-centred approach to safeguarding

Children are clear about what they want from an effective safeguarding system. These asks from children should guide the behaviour of our staff and volunteers:

- Vigilance: to have adults notice when things are struggling them.

- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon.
- **Stability:** to be able to develop an ongoing stable relationship of trust with those helping them.
- **Respect:** to be treated with the expectation that they are competent rather than not.
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans.
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- **Support:** to be provided with support in their own right as well as a member of their family.
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views.
- **Protection:** to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.

Definitions

Child or young person: Anyone who has not yet reached their 18th birthday.

Children in need: A child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Employees: Anyone employed by I have a voice, including those on work experience or placement.

Volunteers: Anyone volunteering for I have a voice, including ambassadors and trustees.

SECTION TWO RECOGNISING ABUSE

Indicators of abuse and neglect

The signs of child abuse aren't always obvious, and a child might not feel able to tell anyone what's happening to them. Sometimes, children don't even realise that what's happening to them is abuse.

There are different types of child abuse and the signs that a child is being abused may depend on the type. Abuse is 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. Abuse can take place wholly online, or technology maybe used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Physical

Physical abuse 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 feigns the symptoms of, or deliberately causes ill health to, a child whom they are looking after. Physical abuse, as well as being a result of an act of omission can also be caused through omission or the failure to act to protect. **Signs of physical abuse include:**

- * Any injuries not consistent with the explanation given for them.
- * Injuries which occur to the body in places which are not normally exposed to falls or games.
- * Unexplained bruising, marks or injuries on any part of the body or bruises which reflect hand marks or fingertips (from slapping or pinching).
- * Cigarette burns, bite marks, broken bones, scalds.
- * Injuries which have not received medical attention.

Changes in behaviour which can also indicate physical abuse:

- * Fear of parents being approached for an explanation.
- * Aggressive behaviour or severe temper outbursts.
- * Flinching when approached or touched.
- * Reluctance to get changed, for example, wearing long sleeves in hot weather.
- * Depression, withdrawn behaviour, running away from home.

Sexual

Sexual abuse involves forcing or enticing a young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts.

They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. **Signs of sexual abuse may include:**

- * Pain, bruising or itching in the genital/anal area.
- * Sexually transmitted disease.
- * Vaginal discharge or infection.
- * Stomach pains.
- * Discomfort when walking or sitting down.
- * Pregnancy.

Changes in behaviour which may also indicate sexual abuse include:

- * Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive.
- * Fear of being left with a specific person or group of people.
- * Having nightmares.
- * Running away from home.
- * Sexual knowledge which is beyond their age or developmental level, sexual drawings or language, acting in a sexually explicit way with adults.
- * Bedwetting.
- * Eating problems such as over-eating or anorexia.
- * Self-harm or mutilation, sometimes leading to suicide attempts.
- * Saying they have secrets they can not tell anyone about.
- * Substance or drug abuse.
- * Suddenly having unexplained sources of money.
- * Not allowed to have friends (particularly in adolescence).

Emotional

Emotional abuse is persistent emotional maltreatment that causes severe and persistent adverse effects on a young person's emotional development. It may involve making someone feel that they are worthless or unloved, inadequate, or valued only insofar as they meet

the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. **Signs of emotional abuse may include:**

- * A failure to thrive or grow, or development delay, either in terms of physical or emotional progress, particularly if a child appears to thrive in circumstances away from their parents / caregivers / guardians.
- * Sudden speech disorders.
- * Persistent tiredness.

Changes in behaviour which can also indicate emotional abuse include:

- * Obsessions or phobias.
- * Sudden under-achievement or lack of concentration.
- * Inappropriate relationships with peers and/or adults.
- * Being unable to play and attention seeking behaviour.
- * Fear of making mistakes.
- * Self-harm.
- * Fear of guardian being approached regarding their behaviour.

Neglect

Neglect is 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 can occur as early as in pregnancy, for example as a result of maternal substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision or the failure to ensure access to appropriate medical care or

treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. **The signs of neglect may include:**

- * Constant hunger, sometimes stealing food from other children, loss of weight or being constantly underweight.
- * Inappropriate dress for the conditions, or unclean clothes.
- * Poor hygiene.

Changes in behaviour which can also indicate neglect include:

- * Complaining of being tired all the time.
- * Not requesting medical assistance and/or failing to attend appointments.
- * Having few friends.
- * Mentioning being left alone or unsupervised.

Safeguarding issues

All volunteers and employees should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

CSE and CCE

Both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic and other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place

online. **Some of the following can be indicators of CCE:**

- * Children who appear with unexplained gifts or new possessions.
- * Children who associate with other young people involved in exploitation.
- * 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.
- * Children who regularly miss school or education or do not take part in education.

The above CCE indicators can also be indicators of CSE, as can:

- * Children who have older boyfriends or girlfriends.
- * Children who suffer from sexually transmitted infections or become pregnant.

Peer-on-peer abuse

Children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying).
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- Sexual violence, such as rape, assault by penetration and sexual assault.
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- Upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- Sexting (also known as youth produced sexual imagery).
- Initiation/hazing type violence and rituals.

Abuse is abuse and should never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up".

Radicalisation and extremism

Extremism is defined as the vocal or active opposition to the United Kingdom's fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Extremism goes beyond terrorism and includes people who target the vulnerable— including the young— by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family. Getting early help to those at risk is vital. **Signs of radicalisation include:**

- * Isolating themselves from family and friends.
- * Unwillingness or inability to discuss their views.
- * Increased levels of anger.
- * Talking as if from a scripted speech.
- * A sudden disrespectful attitude towards others.
- * Increased secretiveness, especially around internet use.

You can build a young person's resilience to radicalisation and extremism by:

- * Helping improve their self-esteem and self-confidence.
- * Promoting inclusivity and community cohesion.
- * Providing a safe environment for debating a range of issues such as British values, recognising and managing risk, making safer choices and the impact of pressure from others.
- * Helping young people understand how they can influence and participate in decision making.

Female genital mutilation (FGM)

The WHO defines FGM as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons."

FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom

FGM is planned is at risk of significant harm through physical and emotional abuse.

Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

Bullying or harassment

Bullying can also be a type of abuse. Bullying is the abuse and/or intimidation by a person, people or an organisation against another or others. It may be a specific act or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children. Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, e-bullying, through texting, filming on mobiles and posting on social networks. Whatever its form is it unacceptable. It must be challenged and appropriately addressed. Some possible signs of bullying:

- * Reluctance to attend activities previously enjoyed.
- * Tearfulness, depression, erratic emotions, loss of concentration.
- * Stomach aches, headaches, difficulty in sleeping, bed-wetting, bruising, cuts, scratches, damaged clothing, bingeing on food, alcohol or cigarettes.
- * Shortage of money, frequent loss of possessions.
- * Asks for money or starts stealing (to pay bully/ies)
- * Drop in performance.

Domestic abuse

Domestic abuse is defined as "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:

- Physical;
- Psychological;
- Sexual;
- Financial
- Emotional."

Controlling behaviour is: a range of acts designated 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 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.

It has been widely understood for some time that coercive control is a core part of domestic violence and it is important to recognise coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship. Seeing or overhearing violence to another person in the home has adverse effects on a child's development and welfare. Unborn children are also at increased risk' domestic violence is a prime cause of miscarriage, still birth, premature birth, foetal psychological damage, foetal physical injury and foetal death.

Children of all ages living with a parent, most often the mother, who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect.

The legal definition of significant harm includes "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home."

Forced marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspicious that a child may be forced into marriage include:

- * A family history of older siblings leaving education early and marrying early.
- * Depressive behaviour including self-harming and attempted suicide.
- * Being kept at home by their parents.
- * Being unable to complete their education.
- * A child always being accompanied including to school and doctors' appointments.

- * A child talking about an upcoming family holiday that they are worried about.
- * A child directly disclosing that they are worried they will be forced to marry.

Mental health

I have a voice is committed to supporting the mental health and wellbeing of young people who we engage with. Our culture is supportive, caring, respectful and understanding. We encourage young people to be open and we want each individual's voice to be heard. The Designated Safeguarding Officer takes the lead role for mental health and pastoral related concerns, and is assisted by the Ambassador Wellbeing Champion who is a volunteer that supports the ambassadors through check-ins, raising awareness, promoting positive mental wellbeing, and advocating on behalf of our Ambassadors.

If anyone is concerned about the mental health and wellbeing of themselves or a peer, then in the first instance they should speak to the designated safeguarding officer.

We will ensure that all employees, volunteers and ambassadors are aware of the support that's available for mental health.

SECTION THREE

RESPONDING TO A CONCERN

You should make sure that you are **alert** to the signs of abuse and neglect, that you **question the behaviour** of children and parents/carers and don't necessarily take what you are told at face value. You should make sure you know where to turn to if you need to **ask for help**, and that you **refer** to children's social care or to the police, if you suspect that a child is at risk of harm or is in immediate danger.

Be Alert

The first step is to be alert to the signs of abuse and neglect, and to understand the procedures set out at I have a voice. You should speak to the safeguarding team if you have any questions, and to ensure you fully understand.

Question Behaviours

The signs of child abuse might not always be obvious and a child might not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the child, alone, if appropriate, to seek further information.

If a child reports, following a conversation you have initiated or otherwise, that they are being abused or neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe. You will need to decide the most appropriate action to take, depending on the circumstances of the case, the seriousness of the child's allegation and the safeguarding arrangements in place. You might refer directly to children's social care and/or the police, or discuss your concerns with others and ask for help. At all times, you should explain to the child the action that you are taking. It is important to maintain confidentiality, but you should not promise that you won't tell anyone, as you may need to do so in order to protect the child.

Asking For Help

Concerns about a child's welfare can vary greatly in terms of their nature and seriousness, how they have been identified and over what duration they have arisen. If you have concerns about a child, you should ask for help.

You should discuss your concerns with the designated safeguarding officer, Rebecca Deegan.

You can also seek advice at any time from the NSPCC helpline—help@nspcc.org.uk or 0808 800 50000.

If you have concerns about the safety or welfare of a child and feel they are not being acted upon by the designated safeguarding lead, it is your responsibility to take action, likely by following our Whistleblowing Policy.

Referring to children's social care

If, at any time, you believe that a child may be a child in need, or that a child is being harmed or is likely to be, you should refer immediately to local authority children's social care. This referral will usually be made by our designated safeguarding officer, but any volunteer or employee is able to do so.

When referring a child to children's social care, you should consider and include any information you have on the child's development needs and their parents/carers ability to respond to these needs within the context of their wider family and the environment.

What to do if somebody shares a concern with you

All employees and volunteers should familiarise themselves with the following advice on how to respond to someone disclosing abuse or neglect.

What you must do

- ◆ DO stay calm and listen to the child
- ◆ DO treat any allegations extremely seriously. Remember, it is not your responsibility to decide if a child has been abused—you must report any disclosures to the DSO.
- ◆ DO be honest about your own position, who you have to tell and why.
- ◆ DO tell them what you are doing and when, and keep them up to date with that is happening.
- ◆ DO take further action—you may be the only person in a position to prevent future abuse—tell the designated safeguarding officer immediately.
- ◆ DO use the child's language or vocabulary.
- ◆ DO offer comfort bearing in mind the age and needs of the child.
- ◆ DO tell them they were right to tell you and it was not their fault and they are not bad.
- ◆ DO take care to record in writing what was said using the child's own words. Include any subsequent actions or events.

What you must not do

- ◆ DO NOT make promises you can't keep.
- ◆ DO NOT interrogate the child—it is not your job to carry out an investigation—this will be up to the police and social services, who have experience in this.
- ◆ DO NOT ask questions that suggest a particular answer.
- ◆ DO NOT do nothing—make sure you tell the designated safeguarding officer immediately—they will know how to follow this up and where to go for further advice.
- ◆ DO NOT express emotions of panic or shock in front of the child—the safeguarding team will be more than happy to support you with any difficult emotions that arise from a safeguarding concern or disclosure.
- ◆ DO NOT be tempted to give false reassurances to the child, but tell them you will do your best to protect or help them.

Reporting a safeguarding concern

Any disclosure made in confidence, or any safeguarding concern or observation, is recorded factually as soon as possible; this is whether or not the matter is taken to another authority. An accurate account is made of:

- Date and time of what has occurred and the time the disclosure was made.
- Names of people who are involved.
- What was said or done by whom.
- Any further action e.g. suspension of an employee or volunteer.
- Reasons why there was/was not a referral to a statutory agency.
- Names of persons reporting and to whom reported.

A report is made using the [reporting a safeguarding concern form](#), which is accessible for all employees, volunteers and participants involved with I have a voice. Completed forms and any written information regarding safeguarding children are treated as confidential.

I have a voice utilises google drive and impero back:drop for recording and managing safeguarding concerns.

After reporting your concern to the designated safeguarding officer, the safeguarding team will then take the appropriate action to safeguard children and young people. This may be reporting the matter to local authorities children's social care, the police or ambulance service, or it may include carrying out an Early Help Assessment or managing the concern internally within I have a voice.

If the designated safeguarding officer is unavailable, or a situation arises where you could prefer not to speak to with the designated safeguarding officer in the first instance, you should contact the deputy designated safeguarding officer or NSPCC Child Protection Helpline to seek advice.

I have a voice maintains confidentiality on a need to know basis—only if it will protect the child. We will never discuss a safeguarding concern with anyone other than those who need to know.

SECTION FOUR SAFEGUARDING RESPONSIBILITIES

Your responsibilities

- Understand and be familiar with the safeguarding policy and procedures.
- To recognise safeguarding team members, and understand how to contact them.
- Undertake training to the appropriate level to support your role and ensure that this is updated regularly.
- Follow safe working practice.
- Act appropriately and be able to challenge inappropriate behaviour in others.
- Be able to recognise the signs of abuse.

Supporting you in your responsibilities

Designated safeguarding officer

First point of contact for advice and support if a safeguarding children issue is to arise. The designated safeguarding officer is accountable, and has lead responsibility, for safeguarding children and young people who come into contact with I have a voice.

Ambassador wellbeing champion

Second point of contact for advice and support if a safeguarding children issue is to arise. The ambassador wellbeing champion is trained to the same standard as the DSO, and supports and assists them by encouraging a culture of safeguarding and speaking up.

The school's safeguarding team

The school's safeguarding team takes responsibility for all young people who you deliver I have a voice's programmes to within an educational setting. All concerns about those young people should be reported to the school's designated safeguarding lead. When visiting an educational facility representing I have a voice, you have a duty to familiarise yourself with their first aid and safeguarding policies.

Your training

As an I have a voice employee or volunteer, you will receive a safeguarding training session annually, delivered in-house by the safeguarding team.

At regular intervals, the safeguarding team will provide briefings and regularly raise awareness for relevant issues, which all contribute towards your understanding of safeguarding children and young people.

Safer working practices

Communication and contact

Where possible, we ask that all one-to-one communication with young people takes place in a pre-approved written messaging format. Below is an exhaustive list of pre-approved written communication methods with a young person:

Emails

All emails must be sent from your work address provided by I have a voice. I.e. name@ihaveavoice.org.uk

Slack

I have a voice operates a slack workspace that allows communication to take place either in group channels, or via direct message channels.

Twitter, Instagram, Facebook & LinkedIn

Communication with young people can take place on these social media networks, as long as it's a social media account you have previously disclosed. Please be mindful that if you intend on communicating with young people on these social media networks, your content/posts must be appropriate and professional with minimal PII (personally identifiable information).

Voice and video chats can take place with young people in groups, with the consent and knowledge of the safeguarding team.

Messages with a young person must NEVER be deleted. Instead, they should be kept for record-keeping.

Photography and Videos

Photos, videos and audio recordings of young persons must not be made without their written fully informed consent.

Risk assessments

I have a voice adopts a culture of regular risk assessment and evaluation, especially when it comes to activities involving children and young people. The employee or volunteer leading the activity is responsible

for completing a thorough risk assessment, giving significant thought to minimising risks and maintaining positive wellbeing and effective safeguarding.

Safer recruitment

All I have a voice employees and volunteers who have interaction with any young people either via the educational institutes and youth groups that we work with, or with our ambassadors, without supervision by our designated safeguarding officer must first have a DBS check. In some instances we may require an Enhanced DBS check, this will be determined on a case-by-case basis.

In addition to DBS checks, all employees and volunteers, over the age of 18, who are entrusted with the care of young people will undergo a pre-employment check. When we take on new employees or volunteers that have contact with children, we ask them to fill in a form which asks them about any past convictions, cautions, reprimands and final warnings as well as any pending cases. We also ask if they have ever had complaints of abuse against them. We also check their suitability for the role by:

- Interviewing applicants
- Requiring two references
- Proof of identification

Supervision

Employees and volunteers who do not possess a DBS check must be supervised at all times in situations where an adult has face-to-face or video contact with a child.

Whistleblowing

All staff and volunteers have a duty to share any concerns that they might have, and for them to report this immediately. I have a voice treats all reports of abuse confidentially and allegations against employees or volunteers will be shared in confidence with the designated safeguarding officer to take appropriate action.

All steps will be taken to fully support anyone who in good faith reports their concerns that a colleague is or may be abusing a child. The whistle-blower is considered to be a witness, not a complainant. This helps all persons separate the message from the messenger.

Every effort is made to maintain confidentiality for all concerned, and consideration is given to what support may be appropriate to children, parents, employees and volunteers.

If uncertainty about how to proceed with a whistleblowing situation arise, immediate advice from the NSPCC's whistleblowing helpline should be sought.

SECTION FIVE

SUPPORTING DOCUMENTATION

Safeguarding Concern Form

The Safeguarding Concern Form for I have voice can be found at: ihaveavoice.org.uk/safeguarding



I HAVE A VOICE



BE ALERT

QUESTION

BEHAVIOURS

ASK FOR HELP

REFER