



Child Safeguarding Procedures

Part of the BYO Safeguarding and Protection Policy Suite

Britannia Youth Organisation CIC is a Community Interest Company registered in England and Wales.
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CONTENTS

1. Purpose & Application	2
2. What is Abuse	2
3. Who Perpetrates Abuse	3
4. Recognising Signs of Abuse	3
5. Responding to Safeguarding Concerns	4
6. Managing Allegations About Staff or Volunteers	6
7. Recording Guidance	7
8. Logging concerns and action	10
9. Making a Referral to Children's Social Care	10
10. Form Management	11
11. Staff Training Requirements	13
12. Appendix 1: Signs and Types of Child Abuse	16
13. Appendix 2 - Child Protection Reporting Flowchart	29
14. Related Policies	31

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Introduction

Safeguarding children and promoting their welfare is of paramount importance at BYO. These procedures should be read in conjunction with our **Safeguarding Policy Framework**. When planning and delivering any activities with children and young people, staff and volunteers must follow the BYO Safeguarding Policy Framework and our **Standing Operating Procedure for CYP Events**.

BYO delivers services for young people which includes both children (under 18) and young adults (18-24). We strive to have appropriate safeguards in place for young people and adults at all times. Where there is a safeguarding concern, staff and volunteers will follow the appropriate safeguarding procedures (child protection or adult safeguarding), as needed.

See Also: For guidance on planning and delivering activities, refer to our **Standing Operating Procedure for CYP Events**, **Health and Safety Policy**, and **Offsite Visits Policy**.

1. Purpose & Application

These procedures are for staff and volunteers of BYO and set out what you are expected to do when you have a safeguarding concern about a child or young person under 18 years of age. This includes where:

- A child or young person tells you they are being abused or are at risk of abuse
- Someone tells you about a child or young person who is being abused or is at risk of abuse
- You see or hear something that indicates a child may be at risk of or experiencing abuse

Different Procedures Apply For:

Concerns about staff or volunteer behaviour: Report to DSL/DDSL immediately - **Managing Allegations about Staff and Volunteers Policy** applies

Concerns about harmful behaviour by children/young people: Report to DSL/DDSL - **Managing Allegations of Peer-to-Peer Abuse Policy** applies

Safeguarding concerns about adults (18+): Follow **Adult Safeguarding Procedures**

Whistleblowing Route: If you feel unable to report concerns directly through these channels, see our **Whistleblowing Policy** for alternative reporting options.

2. What is Abuse

There are many kinds of abuse and ways in which children and young people can experience harm, some of which are listed below:

- Physical
- Emotional
- Neglect
- Child Sexual Abuse
- Child Sexual Exploitation
- Child Trafficking and Slavery
- Domestic Violence
- Female Genital Mutilation
- Grooming
- Bullying and Cyber Bullying
- Sextortion
- Radicalisation
- County Lines
- Harmful Sexual Behaviour

(See Appendix 1 for detailed descriptions)

Abuse may be deliberate. It can also be the result of ignorance or lack of training, knowledge or understanding but this does not make it any less harmful and it must be acted on in line with BYO Safeguarding Policy and Procedures.

Often more than one type of abuse is experienced, for example a child may be emotionally abused through threats not to tell someone about the physical or sexual abuse they are experiencing. Staff and volunteers are encouraged to be mindful of this.

Digital Safety: Abuse can be perpetrated face to face, over the phone, in writing and online. For guidance on online safety, see our [Digital Safeguarding Policy](#) and [Social Media Policy](#).

3. Who Perpetrates Abuse

Anyone may be an abuser. They may be a stranger to the child but most commonly, they are known to the child. It could be:

- A parent, step-parent or carer
- Another family member or family friend
- Neighbour
- Paid care worker
- Staff or volunteers of an organisation
- Another child such as a friend, school peer or service user

Staff Conduct: All BYO staff and volunteers undergo vetting as outlined in our [Recruitment, Selection and Onboarding Policy](#) and [Vetting and DBS Policy](#), and are expected to maintain standards outlined in our [Code of Conduct Policy](#).

4. Recognising Signs of Abuse

Children who are being abused may not understand what they are experiencing is abuse. They may also be too afraid to tell someone or not feel that there is anyone they can trust. They may feel shame or confusion and be wary of what people think. It is therefore important that as adults, we notice things that may be a sign of abuse. Below are some common signs. Depending on the child and how well you know them, there may be other signs you will notice. Be vigilant and always talk to the DSL or DDSL if you have concerns.

Common Signs Include:

- Flinching in response to sudden but harmless actions, for example someone raising a hand quickly
- Showing fear of particular places or making excuses to avoid particular people
- Knowledge of 'adult issues' for example alcohol, drugs and/or sexual behaviour which is inappropriate for their age or stage of development
- Angry outbursts or behaving aggressively towards other children, adults, animals or toys

- Becoming withdrawn or appearing anxious, clingy or depressed
- Self-harming or thoughts about suicide
- Changes in eating habits or developing eating disorders
- Regularly experiencing nightmares or sleep problems
- Regularly wetting the bed or soiling their clothes
- Behaviour that may place them at risk such as substance misuse or criminal activity
- Running away or regularly going missing from home or care
- Not receiving adequate medical attention after injuries

Bullying Note: Some signs may indicate bullying - refer to our [Anti-Bullying Policy](#) for specific guidance on recognising and responding to bullying.

5. Responding to Safeguarding Concerns

When a child or young person wants to tell you about what is happening to them, it is important that you create a safe, open and listening space where they know they have your attention and that you are going to take them seriously. Below are some good pointers to follow:

Do:

- Stay calm and listen carefully
- Reassure them in words and in your body language
- Tell them they have done the right thing telling you
- Encourage them to talk and do not interrupt whilst they are recalling events
- Ask questions only to clarify your understanding of what you are being told. This is to make sure you understand what they are telling you. You should not try to investigate or confront the alleged abuser
- Never promise to keep the information secret. Explain that you have to pass the information on to those who can help but that it will be treated confidentially (i.e. on a need to know basis)
- Explain to the child what you will do next
- As soon as you can, write down the key points, using the child's words where possible
- Contact the DSL or DDSL and share the information with them as soon as possible. It is your responsibility to do so in order for BYO to carry out its responsibilities to keep children safe

Helpful Things to Say:

- "You are doing the right thing to tell me"
- "It's not your fault"
- "I'm concerned about you. It's important you are safe"
- "Thank you for telling me about this. It must have been difficult but I'm really proud of you"

Do NOT Say:

- "Why didn't you tell anyone before?"
- "I can't believe it!"
- "Are you sure about this?"
- "You could get someone into a lot of trouble"

(See Flowchart at Appendix 2)

Supporting Ongoing Disclosure

Sometimes children may tell us pieces of information at different times, they may not disclose everything. Make sure that you always reassure them and follow the above points. Share the information with the DSL or DDSL and never push the child to tell you more.

If a child talks to you and you suspect they may be about to tell you about abuse but they do not say anymore, let them know that you or other staff or volunteers at BYO are always ready to listen to them. Tell them about how they can contact Childline on 0800 1111 at any time if they are worried about something.

Creating Safe Environments

Do your best to remove any barriers to the child telling you. Follow the BYO **Code of Conduct Policy** so that you are a role model, approachable and treat the children with respect at all times. Some children may need additional support with speech or language such as being mindful if they prefer to sign or making sure there is someone who understands their mother tongue.

Inclusion Note: For guidance on supporting children with additional needs, see our **Equality, Diversity and Inclusion Policy** and **Organisational Values and Inclusion Framework**.

What You Must NEVER Do:

Keeping children safe is BYO's priority. To help us do that, you should never:

- Trivialise or dismiss your concerns
- Normalise it
- Think it will sort itself out or go away

6. Managing Allegations About Staff or Volunteers

If an allegation is made against a member of staff or volunteer it should **immediately be reported** to the DSL.

The DSL should contact the Local Authority Designated Officer (LADO) within **1 working day of an incident arising** where an allegation or concern appears that a person who works with children, has:

- Behaved in a way that has harmed a child or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved in a way that indicates they may pose a risk to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

The LADO Administration Team can be contacted on **0121 675 1669** email: lado.secure@birmingham.gcsx.gov.uk.

See Also: Full procedures are detailed in our **Managing Allegations about Staff and Volunteers Policy**.

7. Recording Guidance

Whenever concerns are raised about a child or young person, however they arise, it is crucial to make and keep an accurate record using the appropriate documentation:

When to Use the Safeguarding Case Report Form

The BYO Safeguarding Case Report Form must be used for all:

- **Formal safeguarding concerns** requiring DSL involvement and potential external referral
- **Allegations of abuse** (physical, sexual, emotional, neglect)
- **Serious incidents** involving harm or risk of harm to children
- **Disclosures** of abuse made by children or young people
- **Concerns about child exploitation** or trafficking
- **Incidents requiring** police or local authority involvement
- **Safeguarding allegations** against staff or volunteers involving children
- **Peer-to-peer abuse** incidents requiring formal investigation
- **Any incident** where external agencies may need to be contacted

When to Use Simple Incident Logs

Simple incident logs (as outlined in our Standing Operating Procedure) are appropriate for:

- Minor accidents or injuries requiring first aid only
- Minor behavioural incidents managed through normal procedures
- Equipment issues or facility problems
- General operational incidents without safeguarding implications

Important: If you are unsure which form to use, **always err on the side of caution and use the Safeguarding Case Report Form**. The DSL can determine if the level of documentation was appropriate.

Completing the Safeguarding Case Report Form

The form must be completed:

- **As soon as possible** after the incident or disclosure (within 24 hours maximum)
- **By the person** who witnessed the incident or received the disclosure
- **Using the child's own words** where a disclosure has been made
- **With all sections** completed as fully as possible
- **In clear, factual language** avoiding opinions or assumptions

Essential information to include:

- **Date, time, and location** of incident or disclosure
- **Who was present** during the incident or disclosure
- **Exact details** of what happened or what was said
- **Observable facts** including injuries, behaviour, or demeanour
- **Actions taken** immediately following the incident
- **Who has been informed** and when

Form Distribution and Storage**Once completed, the Safeguarding Case Report Form must:**

1. **Be submitted to the DSL** immediately (within 24 hours of completion)
2. **Original copy** given to DSL for secure safeguarding filing
3. **No copies retained** by the person completing the form
4. **Electronic copies** deleted securely after DSL confirmation of receipt
5. **Stored in accordance** with Data Protection Policy requirements

The DSL will:

- **Review the form** and determine appropriate action
- **Store securely** in confidential safeguarding files
- **Share appropriately** with external agencies if required
- **Maintain confidentiality** in accordance with data protection requirements
- **Use the information** to inform risk assessments and safety planning

Training on Form Use**All staff and volunteers will receive training on:**

- **When to use** the Safeguarding Case Report Form vs. simple incident logs
- **How to complete** the form accurately and comprehensively
- **Submission procedures** and time-scales
- **Confidentiality requirements** and secure handling
- **Follow-up procedures** after form submission

Regular refresher training will be provided to ensure consistent and appropriate use of safeguarding documentation.

DSL Section

9. Logging concerns and action

When we have concerns that a child, young person or adult may be at risk of harm or not safe or abused these concerns must be reported without delay to BYO DSL/DDSL.

All safeguarding concerns must be recorded and held securely and confidentially.

Once the staff member or volunteer has shared their concerns with the DSL/DDSL a record of the details of the referral must be logged by the DSL/DDSL.

The DSL will review the information received, including any other information already known about the child in order to decide the appropriate course of action. Where unsure, the DSL will contact Birmingham Children's Advice Services for advice. It is possible to seek advice from Children's Services without disclosing details of the child concerned. The DSL can also contact NSPCC on 0800 800 5000 for advice.

If the decision at this time is not to refer to the local authority a record should be made as to why this was the decision and who agreed this. This must be agreed by a designated senior person or Director.

10. Making a Referral to Children's Social Care

It is the responsibility of the DSL to make a referral to Children's Services where they have concerns about a child who may be experiencing or at risk of abuse.

All referrals must be supported by:

- **Completed Safeguarding Case Report Form** providing comprehensive incident details
- **Additional supporting documentation** where available (witness statements, photographs of injuries if appropriate)
- **Previous safeguarding case report forms** relating to the same child where relevant
- **Risk assessment information** based on documented concerns

The Safeguarding Case Report Form provides:

- **Structured information** in the format required by Children's Services
- **Comprehensive evidence base** for referral decisions
- **Professional documentation** suitable for potential legal proceedings
- **Clear timeline** of events and actions taken
- **Contact details** and consent information required for investigation

Where the incident/disclosure occurs out of hours and the child or young person is at immediate risk:

1. **Contact emergency services (999)** if immediate danger
2. **Contact Children's Services** out of hours team
3. **Complete Safeguarding Case Report Form** as soon as safely possible
4. **Submit to DSL** immediately upon their availability
5. **Follow up** with formal referral using case report form information

Birmingham Children's Services Contact:

- **Multi-Agency Safeguarding Hub (MASH):** 0121 303 1888
- **Out of Hours:** 0121 675 4806
- **Online referral:** Available through Birmingham City Council website

Referral Follow-up Using Case Report Forms:

Once a referral has been made, the DSL will:

- **Track referral progress** using case reference numbers
- **Provide additional information** from case report forms as requested
- **Update case report forms** with external agency actions and outcomes
- **Maintain comprehensive records** of all referral communications
- **Use case report data** to monitor effectiveness of referral processes

11. Form Management

Safeguarding Case Report Form Management

The DSL is responsible for:

Form Receipt and Review

- Receiving all completed Safeguarding Case Report Forms within 24 hours of incident
- Reviewing forms for completeness and clarity
- Following up with form submitters if additional information needed
- Determining appropriate action based on form content and risk assessment

Form Processing

- Logging all forms in the secure safeguarding register
- Assigning case reference numbers for tracking and monitoring
- Initiating external referrals where required based on form content
- Coordinating investigations using form information as evidence base
- Updating risk assessments based on incidents recorded

Information Sharing

- Sharing form information with relevant external agencies (police, local authority, LADO)
- Providing copies to investigators while maintaining confidentiality
- Redacting information where necessary to protect third parties
- Maintaining audit trail of all form sharing and distribution

Storage and Retention

- Secure storage in locked filing systems with restricted access
- Electronic copies stored on password-protected systems only
- Retention in accordance with safeguarding record retention schedules
- Secure destruction when retention period expires

Quality Assurance

- Regular review of form completion quality and consistency
- Feedback to staff on form completion where improvements needed
- Training updates based on form analysis and learning
- Annual audit of safeguarding case report form processes

12. Staff Training Requirements

Safeguarding Case Report Form Training

All staff and volunteers must receive training on:

Form Recognition and Usage

- **Identifying situations** requiring Safeguarding Case Report Form completion
- **Distinguishing between** safeguarding incidents and general operational incidents
- **Understanding the legal importance** of accurate safeguarding documentation
- **Recognising time-sensitive** nature of form completion

Form Completion Skills

- **Accurate recording** of facts without opinion or assumption
- **Using appropriate language** including child's own words in disclosures
- **Completing all sections** thoroughly and legibly
- **Understanding confidentiality** requirements during completion

Submission and Follow-up

- **Secure submission procedures** to DSL within required time-scales
- **Understanding next steps** after form submission
- **Confidentiality maintenance** during and after form completion
- **Recognition that form completion** does not end safeguarding responsibilities

Ongoing Competence

- **Annual refresher training** on form use and safeguarding documentation
- **Scenario-based practice** in completing forms for different incident types
- **Quality feedback** on completed forms to improve accuracy
- **Updates on legal requirements** and best practice in safeguarding recording

Training records will be maintained showing all staff and volunteer completion of safeguarding case report form training and regular refresher sessions.

Radicalisation Concerns

For concerns regarding radicalisation, the DSL will contact the local Prevent team for support and advice: https://www.birmingham.gov.uk/the_prevent_duty

Appendix 1: Signs and Types of Child Abuse

1. Physical abuse

Definition

Physical abuse occurs when a child is deliberately harmed, resulting in injuries such as bruises, cuts, burns, or broken bones. It may involve hitting, kicking, shaking, throwing, poisoning, burning, or suffocating. It also includes fabricated or induced illness (FII), where a parent or carer deliberately causes or pretends a child is unwell.

Signs that may indicate physical abuse:



- Bruises on babies not yet crawling or walking
- Bruising on cheeks, ears, palms, arms, or feet
- Bruises on back, buttocks, hips, thighs, or backs of legs
- Multiple bruises in clusters or patterned shapes (e.g. finger marks)
- Large oval-shaped bite marks
- Burns with clear shapes of objects (e.g. cigarette burns)
- Burns to backs of hands, feet, genitals, or buttocks
- Injuries at different stages of healing
- Injuries inconsistent with explanation given
- Delay in seeking medical help for visible injuries

Safeguarding Note

Physical abuse may be hidden, minimised, or excused by the child or adult. Patterns, timing, or injury location are often key clues. Use professional curiosity and look beyond surface explanations.

Action Prompt

If physical abuse is suspected, record your observations using the Safeguarding Case Report Form and alert the DSL or DDSL immediately. Do not attempt to investigate or challenge the suspected abuser yourself.

2. Domestic violence or abuse

Domestic violence is abusive, controlling, bullying, or violent behaviour between people in intimate or familial relationships. **When children are exposed to domestic violence, it is a form of child abuse.**

Children who witness domestic abuse may:



- Become aggressive
- Display anti-social behaviour
- Suffer depression or anxiety
- Not do well at school
- Experience disruption from moving to refuges

Domestic violence includes repeated patterns of controlling, coercive, or threatening behaviour, often between partners or family members, regardless of gender or sexuality. It can include forms such as honour-based abuse, female genital mutilation (FGM), and forced marriage.

Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour

Possible indicators of domestic abuse in children:

- Low self-esteem
- Belief that abuse is their fault
- Unexplained injuries or damage to property
- Emotional outbursts or persistent fear
- Avoiding friends or social situations
- Overhearing or witnessing abusive behaviour
- Verbal abuse in front of the child
- Limited access to food, clothing, or finances

Safeguarding Note

Coercion and control are often **hidden and gradual**. Look at the **broader context** of a child's home life and relationships – not just isolated events. Children may normalise what they experience.

Action Prompt

If you suspect domestic abuse, act immediately. Follow BYO safeguarding procedures and record concerns in the **Safeguarding Case Report Form**. Escalate to the **DSL or DDSL** for appropriate support and intervention.

3. Child Sexual Abuse

Definition

Sexual abuse involves forcing, coercing, or manipulating a child into taking part in sexual activities. It does not always involve physical contact and may happen in person or online. The child may not understand what is happening or that it is abusive.

Contact abuse includes:



- Sexual touching of any part of the body
- Rape or attempted penetration
- Forcing or coercing sexual acts
- Making a child touch someone else's genitals

Non-contact abuse includes:

- Encouraging or forcing a child to watch or listen to sexual activity
- Showing pornography to a child
- Making, viewing, or sharing child sexual abuse images
- Online sexual abuse and grooming

Physical signs may include:

- Anal or genital soreness, itching, or bleeding
- Bruising in intimate areas
- Pain or discomfort when walking or sitting
- Unusual discharge or infections
- Sexually transmitted infections (STIs)
- Pregnancy

Behavioural signs may include:

- Inappropriate sexual knowledge for their age
- Sexualised behaviour or language
- Becoming withdrawn, anxious, or aggressive
- Avoiding specific individuals or places
- Sudden changes in mood or school performance

Safeguarding Note

Sexual abuse is rarely disclosed directly. Children may feel ashamed, confused, or fearful. Look for patterns and indicators — a trauma-informed, consent-sensitive approach is essential. Treat all suspicions seriously.

Action Prompt

If sexual abuse is suspected or disclosed, **act immediately**. Follow BYO safeguarding procedures and document all concerns using the **Safeguarding Case Report Form**. Report directly to the **DSL or DDSL** for appropriate referral and support.

4. Psychological or Emotional Abuse

Definition

Emotional abuse is a persistent pattern of behaviour that severely impairs a child's emotional development, sense of self-worth, and overall mental well-being. It may not leave visible signs but can cause deep and lasting harm.

Types of Psychological Abuse



- Humiliating, putting down, or constantly criticising
- Shouting, threatening, or name-calling
- Mocking or forcing a child to perform degrading tasks
- Scapegoating or blaming the child unfairly
- Attempting to control a child's thoughts, choices, or behaviours
- Preventing friendships or social interaction
- Regularly exposing a child to distressing events or hostility
- Being emotionally unavailable or cold

Possible Indicators of Emotional Abuse

- Being overly affectionate or clingy with strangers
- Difficulty forming secure attachments with caregivers
- Low self-esteem, anxious behaviour, or fearfulness
- Struggling to play or interact socially with other children
- Sudden outbursts or aggressive behaviour
- Over-sensitivity to correction or feedback
- Fear of making mistakes
- Signs of self-harm or emotional withdrawal

Safeguarding Note

Emotional abuse often takes place over time and may not be immediately obvious. It may coexist with other types of abuse, particularly neglect or physical abuse. Patterns of behaviour are key – trust your instincts and look for cumulative concerns.

Action Prompt

If you suspect emotional abuse, record your observations clearly using the **Safeguarding Case Report Form**. Do not delay reporting – escalate your concerns to the **DSL or DDSL** for assessment and support planning.

5. Female Genital Mutilation (FGM)

Definition

FGM refers to the partial or total removal of external female genitalia for non-medical reasons. It is considered a form of child abuse and is illegal in the UK. FGM is a severe violation of human rights and has long-term consequences for health and well-being.

A child at immediate risk may talk about:

- A long trip abroad or visiting extended family
- A special ceremony to “become a woman”
- A female relative being cut
- A visitor (e.g. elder or ‘cutter’) coming from abroad
- Missing school repeatedly for unexplained reasons

A girl who has had FGM may:

- Have difficulty walking, sitting, or standing
- Spend longer than usual in the bathroom/toilet
- Show signs of emotional distress: withdrawn, anxious, or low mood
- Avoid physical activity or PE
- Display reluctance to undergo medical examinations
- Show a change in behaviour following absence

Legal Requirement: All professionals (including teachers, social workers, and health staff) have a legal duty to report known cases of FGM in girls under 18 to the police, under the Serious Crime Act 2015.

Safeguarding Note

FGM is often carried out in secret and may involve strong cultural or familial pressure. It may be accompanied by shame, fear, or misinformation. Children may not fully understand what has happened or may be afraid to speak. A calm, supportive, and non-judgemental response is essential.

Action Prompt

If you suspect that a child is at risk of FGM, or has already undergone FGM, do not delay. Record your concerns using the **Safeguarding Case Report Form** and report directly to the **DSL or DDSL**. Known cases must also be reported to the **police** without delay.

6. Discriminatory Abuse

Definition

Discriminatory abuse involves harmful or unfair treatment based on a person's protected characteristics, such as age, disability, race, religion or belief, gender identity, or sexual orientation. It can take the form of harassment, slurs, exclusion, or unequal access to services, and is a safeguarding issue under the Equality Act 2010.

Types of Discriminatory Abuse



- Unequal treatment based on protected characteristics
- Use of derogatory, demeaning, or offensive language
- Denial of access to communication aids or interpretation services
- Harassment, name-calling, or deliberate exclusion
- Denial of access to education, healthcare, or justice
- Poor or substandard care based on cultural, racial, or identity-based prejudice

Possible Indicators of Discriminatory Abuse

- Avoidance of services or certain environments
- Distress or withdrawal when specific topics or people are mentioned
- Expressions of fear, anger, or frustration linked to identity
- Unexplained decline in mood or well-being
- Reported use of slurs or discriminatory language
- Isolation from peers or staff
- Lack of cultural, religious, or identity-based support needs being met
- Services or care failing to reflect personal values or protected characteristics

Safeguarding Note

Discriminatory abuse can be both individual and systemic. It may be overt or subtle, but its impact on dignity, trust, and safety is significant. This form of abuse is often under-reported due to fear of not being believed or of retaliation. A proactive safeguarding response is essential.

Action Prompt

If you witness or suspect discriminatory abuse, report it immediately to the DSL or DDSL. Clearly record what you have seen or heard using the Safeguarding Case Report Form. All incidents must be treated as safeguarding concerns and addressed with urgency, dignity, and respect.

7. Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of sexual abuse where children are manipulated or coerced into sexual activity in exchange for things like attention, gifts, money, alcohol, or affection. Exploitation can take place online or in person and often involves grooming and control, where the child may not recognise the abuse.

Signs may include:

- Going missing from home, care, or school
- Unexplained possessions, money, or clothing
- Older partners or friendships with risky adults
- Frequenting places of concern (e.g. known exploitative environments)
- Evidence of drug or alcohol misuse
- Involvement in petty crime or gang association
- Disclosure of abuse or sexually inappropriate relationships
- Unexplained injuries or changes in emotional state

8. Harmful Sexual Behaviour (HSB)

Harmful Sexual Behaviour (HSB) refers to sexual actions by children or young people that are developmentally inappropriate, coercive, abusive, or violent. This includes peer-on-peer abuse, and may harm both the child displaying the behaviour and others around them.

HSB can include:

- Use of sexually explicit language or jokes that are aggressive or persistent
- Inappropriate sexual touching or exposure
- Sexual violence, threats, or coercive behaviours
- Seeking sexual contact with much younger children or adults
- Behaviour that is persistent, secretive, or involves manipulation

Note: Sexual behaviour is considered harmful if it involves force, coercion, secrecy, or a power imbalance (including a significant age gap of 2+ years).

Safeguarding Note

CSE and HSB both carry serious risk and emotional trauma. Victims of CSE may not see themselves as abused, while children displaying HSB may be imitating abuse they've experienced. Responses must be child-centred, trauma-informed, and never dismissive or punitive. Multi-agency working is essential for safety and support.

Action Prompt

If you suspect CSE or HSB, report the concern immediately to the DSL or DDSL. Record what has been said, observed, or disclosed using the Safeguarding Case Report Form. Ensure supervision and safety for all involved, and avoid confrontation. The DSL may refer to children's social care, the police, and where appropriate, CAMHS or sexual trauma services.

9. Neglect and Acts of Omission

Definition

Neglect is the ongoing failure to meet a child's basic physical or emotional needs. It can occur at any age and may severely affect a child's health, development, or emotional well-being. Neglect includes failing to provide adequate food, clothing, shelter, supervision, medical care, or emotional warmth.

Types of Neglect and Acts of Omission



- Failing to provide nutritious food or appropriate clothing
- Leaving the child unsupervised or exposed to dangerous situations
- Not seeking medical attention when a child is ill or injured
- Ignoring emotional needs, comfort, or distress
- Failing to support the child's education or attendance
- Not ensuring the child has clean, safe living conditions
- Withholding affection or stimulation vital to development

Possible Indicators of Neglect in Children

- Constant hunger, tiredness, or complaints of being cold
- Poor hygiene, dirty clothing, or untreated medical issues
- Frequent absences or lateness to school
- Developmental delays or learning difficulties
- Being withdrawn, anxious, or showing low self-esteem
- Inappropriate clothing for weather conditions
- Taking on caring responsibilities inappropriate for their age
- Clinginess or indiscriminate affection toward unfamiliar adults

Safeguarding Note

Neglect can be difficult to detect because it often happens over time. Consistent observation, curiosity, and professional challenge are essential. Children may not always realise they are being neglected.

Action Prompt

If you have concerns that a child is being neglected, report it immediately to the Designated Safeguarding Lead (DSL). Use the Safeguarding Concern Form and record what you have seen, heard, or observed in clear, factual language.

10. Self-Neglect

Definition

While self-neglect is more common in adults, in children and young people — particularly older adolescents — it may present as a persistent inability or refusal to care for personal health, hygiene, or safety. It can be a sign of deeper emotional distress, trauma, or unmet care needs.

Types of Self-Neglect in Young People



- Persistent refusal to wash or change clothing
- Refusing food or avoiding eating, leading to weight loss or malnutrition
- Living in unsafe or unsanitary environments (e.g. hoarding, squalor)
- Avoiding medical care despite illness or injury
- Withdrawal from all support networks or services
- Repeated self-harming behaviour without seeking help
- Failing to manage daily tasks or personal responsibilities in older adolescents

Possible Indicators of Self-Neglect

- Extremely poor hygiene or strong body odour
- Clothing that is consistently dirty, damaged, or inappropriate for the weather
- Signs of hunger, malnutrition, or dehydration
- Health needs left untreated (e.g. infections, injuries, or chronic illness)
- Avoiding school or health appointments
- Signs of hoarding or animal neglect in the home
- Repeated expressions of hopelessness, shame, or worthlessness
- Refusing all support from professionals or carers

Safeguarding Note

In children, what appears as “self-neglect” is often a response to wider safeguarding risks such as neglect, abuse, trauma, or mental health needs. Always explore the underlying causes, not just the presenting behaviour.

Action Prompt

If you suspect a child is displaying signs of self-neglect, refer the concern to the Designated Safeguarding Lead (DSL). A multi-agency approach may be necessary, and support should focus on understanding the child’s emotional and environmental context.

11. Child Trafficking and Modern Slavery

Definition

Child trafficking involves the recruitment, transportation, transfer, harbouring, or receipt of a child for the purpose of exploitation. Children can be trafficked across borders or within the UK, often without recognising they are victims. Trafficking is a criminal offence and a serious safeguarding concern.

Children are trafficked for:



- Sexual exploitation
- Benefit fraud
- Forced marriage
- Domestic servitude (e.g. cleaning, childcare, cooking)
- Forced labour (e.g. agriculture, car washes, nail bars)
- Criminal exploitation (e.g. drug running, theft, begging)

Possible Indicators of Child Trafficking / Modern Slavery

- Rarely allowed out alone or not attending school
- Appears to live or sleep in the place of work
- Unaware of address or uncertain about where they are
- Has no access to parents or trusted adults
- Under control of another person when speaking to professionals
- Evidence of poor physical health or untreated medical issues
- In possession of false documents or none at all
- Lives in overcrowded or unsuitable accommodation
- Signs of emotional trauma, fear, or distrust of adults
- Works long hours, often for little or no pay
- Seen in locations known for exploitation or criminal activity

Safeguarding Note

Children who are trafficked may not disclose their situation. They may appear compliant, distrustful, or confused. Prioritise building trust, maintaining safety, and working closely with partner agencies.

Action Prompt

If you suspect a child may be a victim of trafficking or modern slavery, follow BYO safeguarding procedures and refer immediately to the DSL or DDSL. Record concerns clearly using the Safeguarding Case Report Form. A multi-agency response may include police, the local authority, and the Home Office via the National Referral Mechanism (NRM).

12. Hate Crime

Definition

Hate crime is any criminal offence that is perceived by the child or others to be motivated by prejudice or hostility towards their race, religion, disability, gender identity, or sexual orientation. For children, this may occur in schools, neighbourhoods, public spaces, or online. It can be emotional, verbal, physical, or psychological – and must always be taken seriously as a safeguarding concern.

Types of Hate Crime Abuse



- Verbal bullying, insults, or racist/homophobic language
- Physical assault or intimidation
- Threats or gestures based on identity
- Online abuse, memes, or targeted harassment
- Social exclusion or peer-group targeting
- Vandalism or graffiti related to the child's background or beliefs

Possible Indicators of Hate Crime

- Withdrawal from peers or reluctance to attend school or activities
- Anxiety, fear, or changes in mood without clear reason
- Becoming tearful or distressed when certain topics are discussed
- Disclosures about being bullied or called names due to their background
- Signs of injuries or belongings being damaged or stolen
- Unexplained drop in confidence, performance, or attendance

Safeguarding Note

Hate incidents involving children may be dismissed by peers or adults as “just teasing,” but persistent targeting based on identity is abusive. Early intervention is vital to protect the child's well-being and to challenge discrimination.

Action Prompt

If a hate-related incident is disclosed or suspected, report it to the Designated Safeguarding Lead (DSL) without delay. Record what the child says in their own words and monitor for escalation. The DSL will consider appropriate support, family engagement, and whether external referrals (e.g. police, social care, PREVENT) are required.

13. Radicalisation

Definition

Radicalisation is the process by which a child or young person is influenced to adopt extreme ideologies, potentially leading them to support violence, terrorism, or hatred toward others. It may happen online or in person and often involves grooming, manipulation, or exposure to harmful content. Schools and youth organisations have a duty to prevent this under the Prevent strategy.

Types of Radicalisation Risk in Children



- Being targeted online by extremist individuals or groups
- Viewing or sharing extremist materials, memes, or videos
- Feeling isolated or alienated from peers or wider society
- Expressing admiration for groups promoting hate or violence
- Dramatic changes in appearance, language, or behaviour
- Using language that shows intolerance or justification of violence

Possible Indicators of Radicalisation

- Becoming withdrawn or unusually quiet
- Talking as if repeating scripted or rehearsed opinions
- Showing signs of anger or intolerance toward specific groups
- Sudden disrespect for authority or rules
- Obsession with conspiracy theories or world events
- Spending large amounts of time on closed forums or secretive online activity
- Expressing feelings of persecution or injustice

Safeguarding Note

Radicalisation in children is often subtle and may stem from feelings of loneliness, bullying, or frustration. It is not a child protection issue because of their beliefs – but because they may be vulnerable to manipulation and exploitation.

Action Prompt

If you are concerned that a child may be at risk of radicalisation, report it to the Designated Safeguarding Lead (DSL) immediately. Do not confront the child – instead, record your observations and allow the DSL to assess risk and, where needed, make a referral under the Prevent duty.

14. Fabricated or Induced Illness

Definition

Fabricated or Induced Illness (FII) is a form of child abuse where a parent or carer deliberately exaggerates, fabricates, or causes symptoms of illness in a child. This is done to gain attention, control, or access to medical treatment. FII can cause serious physical and emotional harm and may go undetected without careful observation and professional curiosity.

Types of FII



- Claiming the child has symptoms that are not observed by others
- Withholding food, medication, or sleep to induce illness
- Giving the child substances to make them ill (e.g. laxatives, sedatives)
- Interfering with medical care (e.g. test results, medication doses)
- Repeatedly seeking unnecessary treatments or procedures
- Moving from professional to professional, dismissing previous advice

Possible Indicators of FII

- Frequent unexplained illnesses or hospital visits
- Discrepancies between medical findings and reported symptoms
- Symptoms only appearing in the presence of the parent or carer
- Carer appears unusually knowledgeable, controlling, or insistent
- Child shows anxiety about medical procedures or being examined
- Carer resists professionals speaking to the child alone

Safeguarding Note

FII can be complex and difficult to recognise. Concerns may emerge gradually, and professionals should trust their instincts, record concerns diligently, and discuss patterns with the Designated Safeguarding Lead.

Action Prompt

If FII is suspected, speak with the DSL immediately. Do not confront the parent. Maintain accurate, factual records, and refer for multi-agency involvement. Health services and social care must work together to assess risk and protect the child.

15. Bullying and Cyberbullying

Definition

Bullying is repeated, intentional behaviour that hurts, intimidates, or humiliates a child. It often involves a real or perceived power imbalance. Bullying can happen in person or online (cyberbullying), and both forms can have serious emotional and mental health impacts.

Types of Bullying (including Cyberbullying)



- **Verbal:** Name-calling, taunting, mocking, or threats
- **Physical:** Hitting, pushing, spitting, or damaging property
- **Emotional:** Excluding, isolating, spreading rumours, or manipulation
- **Non-verbal:** Staring, glaring, gestures meant to intimidate
- **Cyberbullying:** Use of phones, messaging apps, or social media to harm

Examples of Cyberbullying:

- Sending abusive or threatening texts or DMs
- Sharing embarrassing photos or videos
- Posting false or harmful content online
- Creating fake profiles to impersonate or target a child
- Excluding someone from group chats or online activities
- Encouraging harmful behaviours, such as self-harm
- Trolling or harassment on gaming or social platforms

Possible Indicators of Bullying or Cyberbullying

- Becoming withdrawn, anxious, or unusually quiet
- Avoiding school, clubs, or online activity
- Sudden drop in confidence or academic performance
- Changes in eating or sleeping patterns
- Visible injuries or damage to belongings
- Secrecy around phone or internet use

Safeguarding Note

Bullying can be dismissed as “just banter” or “falling out,” but persistent or targeted behaviour must always be taken seriously. Online abuse may be hidden, escalate quickly, and coexist with other safeguarding concerns.

Action Prompt

If you are concerned that a child is being bullied or cyberbullied, report it to the DSL or DDSL immediately. Record what you have seen, heard, or been told. Where online content is involved, preserve screenshots or messages where possible, and refer to the Anti-Bullying Policy for additional guidance.

See Also: Our [Anti-Bullying Policy](#) provides detailed guidance on preventing and responding to bullying.

16. County Lines / Criminal Exploitation

Definition

County Lines is a form of criminal exploitation where children are groomed and manipulated by gangs to carry drugs, money, or weapons from urban areas to suburban or rural locations. This often involves coercion, threats, violence, and emotional manipulation. Children may be moved away from home and placed in dangerous environments.

Types of Exploitation



- Being sent to different areas to distribute drugs ("running")
- Staying in unsafe or unknown accommodation (hotels, Airbnbs, trap houses)
- Involvement in weapons or drug production
- Using rail, bus, or taxi routes for gang-related movement
- Having their home or a vulnerable adult's home taken over for drug activity ('cuckooing')

Possible Indicators of Criminal Exploitation

- Going missing for periods of time or being found far from home
- Sudden possession of expensive items or unexplained money
- Associating with older peers or adults without clear reason
- Carrying multiple phones or using burner phones
- Truancy, disengagement from education, or drop in performance
- High levels of secrecy, anxiety, or fearfulness
- Injuries that are unexplained or inconsistent with the story
- Being picked up or dropped off at unusual hours

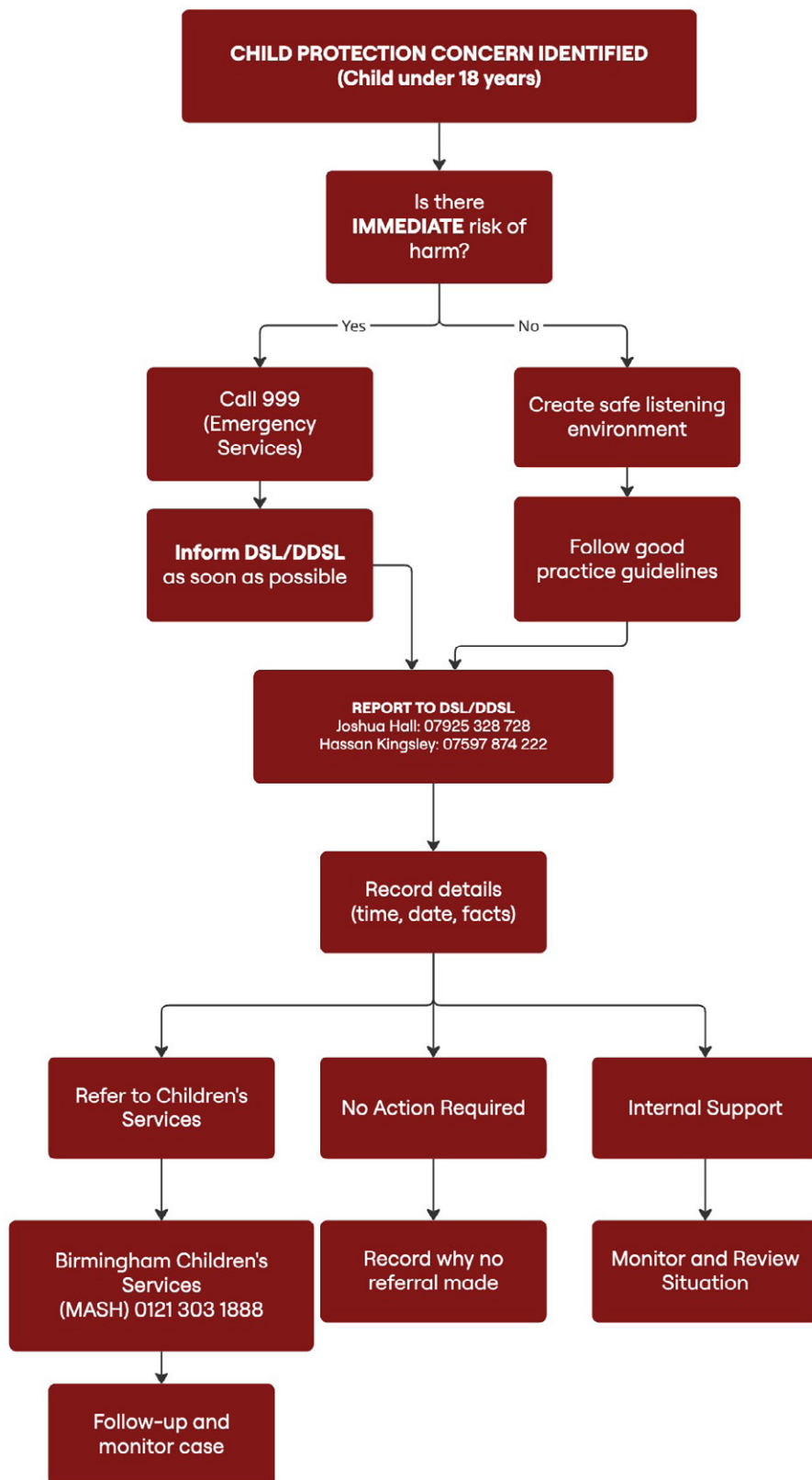
Safeguarding Note

Children caught up in County Lines may not see themselves as victims. They may appear to be making choices, but are often groomed, threatened, or emotionally dependent on exploiters. A non-judgemental, safeguarding-first approach is essential.

Action Prompt

If you suspect a child is being criminally exploited, report your concern immediately to the DSL or DDSL. This is both a safeguarding and serious criminal matter. Detailed documentation and swift multi-agency referral are critical to protect the child and disrupt exploitation.

Appendix 2 - Child Protection Reporting Flowchart



SPECIAL CASES:

- Staff/Volunteer allegation → LADO (0121 675 1669)
- Peer-to-peer abuse → Managing Allegations of Peer-to-Peer Abuse Policy
- Adult concern (18+) → Adult Safeguarding Procedures
- Bullying → Anti-Bullying Policy
- Online safety → Digital Safeguarding Policy
- Radicalisation → DSL contacts Prevent team

ALTERNATIVE REPORTING:

- If unable to report through normal channels, see **WHISTLEBLOWING POLICY**

EMERGENCY CONTACTS:

Police: 999

Children's Services Out of Hours: 0121 675 4806

Childline: 0800 1111

NSPCC: 0800 800 5000

Related Policies

This policy should be read alongside:

- Safeguarding Policy Framework
- Adult Safeguarding Procedures
- Managing Allegations about Staff and Volunteers
- Managing Allegations of Peer-to-Peer Abuse
- Anti-Bullying Policy
- Digital Safeguarding Policy
- Social Media Policy
- Code of Conduct Policy
- Code of Behaviour Policy
- Recruitment, Selection and Onboarding Policy
- Vetting and DBS Policy
- Standing Operating Procedure for CYP Events
- Health and Safety Policy
- Whistleblowing Policy
- Data Protection Policy

Document Control:

- This policy should be read in conjunction with our Safeguarding Policy Framework
- For concerns about children under 18, refer to Child Protection Procedures
- For allegations about staff conduct, refer to Managing Allegations about Staff and Volunteers Policy
- If unable to report through normal channels, see Whistleblowing Policy

This policy has been approved by Hassan Kingsley, the Governor, and will be reviewed annually or following any significant incident or change in legislation.

Reviewed by:



Hassan Kingsley
Governor

Date: 28/06/27

Next Review Date: 01/07/2027

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