Child Protection and Safeguarding Policy

The Musical Youth Company of Oxford (MYCO) recognises its responsibility for safeguarding and child protection.

MYCO recognises that abuse can take many forms, whether it be physical abuse, emotional abuse, sexual abuse or neglect. MYCO is committed to practice which protects members from harm. All MYCO Committee members accept and recognise their responsibilities to develop awareness of the issues which can cause members' harm.

1. INTRODUCTION

1.2. The welfare of MYCO members is our paramount concern. MYCO Committee will ensure that we will safeguard and promote the welfare of members and work together with agencies to ensure that we have adequate arrangements to identify, assess and support those members who are suffering or where significant harm is suggested.

1.3. This policy provides the basis for good practice within MYCO. It should be read in conjunction with the Oxfordshire Safeguarding Children's Board Safeguarding Policies and Procedures Contents (proceduresonline.com), plus the Safeguarding Appendix documents.

1.4. This policy applies to all MYCO Committee members, including all volunteers and helpers.

2. THE LEGAL FRAMEWORK

2.1. This policy has been developed and adapted in accordance with the following statutory guidance and local safeguarding procedures:

Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children, July 2018:
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, September 2022
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1080047/KCSIE_2022_revised.pdf

3. ROLES AND RESPONSIBILITIES

3.1. MYCO's Safeguarding Lead Nicky Dobson. In Nicky Dobson's absence, Trish Amesbury, Chaperone Coordinator, will take the lead.

3.2. The MYCO Committee is collectively responsible for ensuring that safeguarding arrangements are fully embedded within MYCO's ethos and reflected within day-to-day practice.

3.3. All Committee members must know how to recognise signs and symptoms of abuse, how to respond to members who disclose abuse and what to do if they are concerned about a member.

3.4. MYCO acknowledges the need to treat everyone equally, with fairness, dignity, and respect. Any discriminatory behaviours will be challenged, and members are supported to understand how to treat others with respect. We also have a statutory duty to report and record any of the above incidents.

3.5 In addition to regular rehearsals, at the outset of any production / event MYCO will:

- Undertake a risk assessment and monitor risk throughout.
- Identify at the outset the person with responsibility for safeguarding – likely to be the Safeguarding Lead.
- Engage in effective recruitment of chaperones and other individuals with responsibility for members, including appropriate licensing via Oxfordshire County Council.
- Ensure that members are supervised at all times.
- Know how to report a concern
- Know how to contact Local Community Support Service (LCSS) for advice or a no names consultation - Simon.mathers@oxfordshire.gov.uk / 07827 947313
- In matters of serious concern, contact the MASH team immediately on 0345 050 7666 (office hours) or 0800 833 408 (outside of office hours).

3.6 MYCO believes it to be important that there is a partnership with parents and carers. Parents and carers are encouraged to be involved in MYCO's activities. All parents and carers will be directed to MYCO's Safeguarding Policy.

3.7 All parents and carers have the responsibility to collect (or arrange collection of) their children after rehearsals or performances. It is not MYCO's responsibility to take members home.

3.8 MYCO will ensure that no non DBS registered adult has unsupervised contact with members.

3.9 If possible, there will always be two adults in the room when working with members.

3.10 Adults will only touch members when it is absolutely necessary in relation to the particular activity (for example, helping attach radio microphones / costumes changes / teaching specific dance moves).

3.11 Adults will seek the consent of the child prior to any physical contact and the purpose of the contact shall be made clear.

4. SUPPORTING MEMBERS

4.1. MYCO will support all members by:

- Supporting members to feel safe, develop confidence and independence and increase the development of self-esteem and self-assertiveness while not condoning aggression or bullying. (MYCO's Anti-Bullying Policy can be found on the MYCO website).

- Liaising and working together with other support services and those agencies involved in safeguarding children, including domestic abuse including Early Help and preventative services

  https://www.gov.uk/government/consultations/domestic-abuse-act-statutory-guidance

  https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

- Having clear procedures are in place for addressing and minimising the risk of child-on-child abuse, including harmful sexual behaviours, sexual violence and sexual harassment.

- Acknowledging the importance of 'contextual safeguarding', https://contextualsafeguarding.org.uk/ which considers wider environmental factors in a pupil's life that may be a threat to their safety and/or welfare. (Working together to safeguard children July 2018 and KCSIE September 2022).

- Acknowledging that a member that is looked after or has been previously looked after by the Local Authority potentially remains vulnerable.

4.2 MYCO believes that:

- The welfare of the child is paramount.

- All children, whatever their age, culture, disability, gender, gender identity, language, racial origin, religious beliefs and or sexual identity have the right to protection from abuse.

- All suspicions and allegations of abuse should be taken seriously and responded to swiftly and appropriately.

- All Committee members and helpers should be clear on how to respond appropriately.

4.3 MYCO will ensure that:

- All members will be treated equally and with respect and dignity.
- The duty of care to members will always be put first.
- A balanced relationship based on mutual trust will be built which empowers the members to share in the decision-making process.
- Bullying will not be accepted or condoned (see MYCO's Anti-Bullying Policy).
- Action will be taken to stop any inappropriate verbal or physical behaviour.
- It will hold a register of every member involved with MYCO and will retain a contact name and number close at hand in case of emergencies.

4.4 This policy should also be read in conjunction with MYCO's Equal Opportunities Policy and Health & Safety Policy.

4.5 MYCO has a Safeguarding Lead, who has responsibility for ensuring that the Safeguarding Policy is adhered to. That person's name is Nicky Dobson. She can be contacted on: safeguarding@myco.org.uk or 07719381174.

4.6 This policy is fully supported by the committee.

4.7 The successful implementation of this policy depends on the awareness and commitment of all members / Committee members and helpers. All will be made aware of its existence on joining the company and reminded they must conform to it on a regular basis.

5. DEALING WITH A DISCLOSURE AND RECORD KEEPING

5.1. If a committee member of helper has a concern about a member or if a member makes a disclosure, the committee member will appropriately respond by listening and offering reassurance. Committee members should:

1. Make an accurate factual record as soon as possible including details of:
    - Dates and times of their observations
    - Dates and times of any discussions in which they were involved
    - Any injuries
    - Explanations given by the member
    - What action was taken
    - Any actual words or phrases used by the member
    - Any questions the committee member asked (remembering not to ask any leading questions)
2. Listen to wishes and feelings of the child, but not to promise any confidentiality
3. Report it to MYCO's Safeguarding Lead, Nicky Dobson or in her absence, Trish Amesbury.

4. Nicky Dobson will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if Nicky Dobson is not immediately available.

5. In the absence of either Nicky Dobson or Trish Amesbury, Committee members will refer directly to MASH or the child's social worker (if applicable) and the police (if appropriate) if there is a significant concern or to contact LCSS for advice and guidance.

5.2. MYCO's Safeguarding Lead will ensure any decisions and justifications for those decisions will be recorded in writing with clear outcomes documented following any action taken.

5.3. Safeguarding records are kept for individual members and are maintained separately from all other records relating to MYCO members. Safeguarding records are kept in accordance with General Data Protection Regulations (GDPR).

5.4. MYCO's Chair will be kept informed of any significant concerns by the Safeguarding Lead and all other Committee members will be informed on a need-to-know basis.

5.5. All concerns must be recorded within the Safeguarding Spreadsheet. This can be accessed by Nicky Dobson and Trish Amesbury ONLY.

6. INFORMATION SHARING

6.1. We recognise that all matters relating to Safeguarding are confidential.

6.2. The Safeguarding Lead has a responsibility to share information with other agencies to safeguard members.

6.3. Committee members should not assume another Committee member, or another professional will take action and share information that might be critical in keeping members safe.

6.4. MYCO's policy and procedures for the taking, using and storage of photographs or images of members is included as an addendum to this procedure.

6.5. Permission will be sought from the parents / carers for use of photographic material featuring members for promotional or other purposes.

7. MANAGING SENSITIVE INFORMATION

7.1. MYCO has a policy for the taking, using and storage of photographs or images of members which is included as an addendum to this procedure

7.2. Permission will be sought from parents / carers for use of photographic material featuring members for promotional or other purposes.

7.3. MYCO's web-based materials and activities will be carefully monitored for inappropriate use.

7.4. MYCO will ensure confidentiality in order to protect the rights of its members, including the safe handling, storage and disposal of any sensitive information such as criminal record disclosures.

8. TRAINING

8.1. All MYCO Committee members must have an Enhanced DBS Certificate – valid within three years of issues.

8.2. All MYCO Committee members must have a valid Chaperone Certificate. An online generalist safeguarding training course is a pre-requisite of obtaining a Chaperone Certificate via Oxfordshire County Council. This ensures all Committee members have up-to-date safeguarding training.

8.3. The Safeguarding Lead will maintain accurate and up to date records of Committee member and helper DBS and Chaperone Licence records

9. CHAPERONES

9.1. OCC licenced chaperones will be appointed by MYCO for the care of members during the show week.

9.2. By law the chaperone is acting *in loco parentis* and should exercise the care which a good parent might be reasonably expected to give to a child. *The maximum number of members in the chaperone's care shall not exceed 12.*

9.3. Potential chaperones will be required to obtain a licence via OCC. They will be required to supply photographic proof of identity and any references or other details as requested by OCC.

9.4. Chaperones will be made aware of MYCO's Safeguarding Policy.

9.5. Where chaperones are not satisfied with the conditions for members, they should bring this to the attention of the Chaperone Coordinator (Trish Amesbury). If changes cannot be made satisfactorily the chaperone should consider not allowing the member to continue.

9.6. If a chaperone considers that a member is unwell or too tired to continue, the chaperone must inform the Chaperone Coordinator and not allow the member to continue.

9.7. Under the Dangerous Performances Act no child of compulsory school age is permitted to do anything which may endanger life or limb. This could include working on wires or heavy lifting. Chaperones should tell the Chaperone Coordinator to cease using members in this way and should contact the local authority.

9.8. During performances, chaperones will be responsible for meeting members at the stage door and signing them into the building.

9.10. Members will be kept together at all times except when using separate dressing rooms.

9.11. Chaperones will be aware of where the members are at all times.

9.12. Members are not to leave the theatre unsupervised by chaperones unless in the company of their parents / carers or authorised other.

9.13. Members will not be allowed to enter adult dressing rooms.
Chaperones should be aware of the safety arrangements and first aid procedures in the venue, and will ensure that members in their care do not place themselves and others in danger.

9.14. Chaperones should ensure that any accidents are reported to and recorded by the Chaperone Coordinator.

9.15. Chaperones should examine accident records each day. If a notifiable accident has occurred, the Chaperone Coordinator is not allowed to use that member until a medically qualified opinion has been obtained (not just the word of the parent / carer or member).

9.16. The Chaperone Coordinator should have written arrangements for members after performances. If someone different is to collect the member a, telephone call should be made to the parent / carer to confirm the arrangements.

9.17. Members should be signed out when leaving and a record made of the person collecting.

9.18. If a parent / carer has not collected their child, it is the duty of the Chaperone Coordinator to stay with that member until arrangements to take them home have been made.

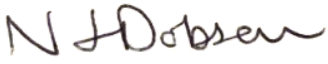
10. POLICY REVIEW

10.1. This policy and the procedures will be reviewed every September.

10.2. The Safeguarding Lead will ensure that Committee members and helpers are made aware of any amendments to the policy.

Written: September 2022

Trish Amesbury
Vice Chair / Chaperone Coordinator



Reviewed by: Date: 12-2-23

Nicky Dobson
Safeguarding Lead

APPENDIX A:

The role of the Safeguarding Lead

Managing referrals:

- Refer cases to MASH, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk

Record keeping:

- Keep records of safeguarding and welfare concerns and ensure a stand-alone file is created as necessary for members with safeguarding concerns
- MYCO should have at least two emergency contacts for every member in case of emergencies.
- Maintain a chronology of significant incidents for each member with safeguarding concerns, including a record of decisions made.
- Ensure such records are kept confidentially and securely.

Multi-agency working and information sharing:

- The Safeguarding Lead recognises and is committed to its responsibility to work with other professionals and agencies in line with statutory guidance.
- MYCO is not the investigating agency when there are child protection concerns. We will, however, contribute to the investigation and assessment processes as required.

Awareness raising:

- Ensure MYCO's safeguarding policy is known, understood, and used appropriately.
- Ensure MYCO's safeguarding policy is reviewed annually.
- Ensure MYCO's safeguarding policy is available publicly via MYCO's website.

APPENDIX B:

Safeguarding Procedures

Definitions:

- **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet). They may be abused by an adult or adults or another child or children**.**

- **Children** are any people who have not yet reached their 18th birthday; a 16-year-old, whether living independently, in further education, in the armed forces or in hospital, is a child and is entitled to the same protection and services as anyone younger. KCSIE now applies to providers of post 16 education as set out Education and Training (Welfare of Children) Act 2021.

- **Child protection** is part of safeguarding and promoting the welfare of children and refers to activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm, or significant harm is suggested.

- **Early help** means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years to teenage years.

- **Harm** is ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.

- **Safeguarding children** is the action we take to promote the welfare of children and protect them from harm.

- **Safeguarding and promoting the welfare of children** is defined as:

    - protecting children from maltreatment
    - preventing the impairment of children's mental health, physical health or development
    - ensuring the children grow up in circumstances consistent with the provision of safe and effective care
    - taking action to enable all children to have the best outcomes

- **Significant harm** is the threshold that justifies compulsory intervention in the family in the best interests of the child. Section 47 of the Children Act 1989 states 'where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.'

- **Vulnerable children:** Any child may benefit from early help, but all MYCO Committee Members should be particularly alert to the potential need for early help for a child who:

    - is disabled and has specific additional needs.
    - has special educational needs (whether they have a statutory Education, Health and Care Plan).

- is a young carer.
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- is frequently missing/goes missing from care or from home.
- is at risk of modern slavery, trafficking, or exploitation.
- is at risk of being radicalised or exploited.
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse; https://www.gov.uk/government/collections/domestic-abuse-bill
- is misusing drugs or alcohol themselves.
- has returned home to their family from care; and
- is a privately fostered child.

CATEGORIES OF ABUSE:

- **Emotional abuse** is the persistent emotional maltreatment of a child such that it causes severe and persistent adverse effects on the child's emotional development and conveying 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
  - interactions that are beyond a child's developmental capability
  - overprotection and limitation of exploration and learning,
  - preventing the child from participating in normal social interaction.
  - seeing or hearing the ill-treatment of another
  - 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 alone.

- **Neglect** is the persistent failure to meet a child's basic physical 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 misuse. Once a child is born, it may involve a parent 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
  - ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Educational neglect is also considered: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning, 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.

- **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (KCSIE 2022).

MENTAL HEALTH:

- All MYCO Committee Members should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation
- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. MYCO Committee Members, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one
- Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that MYCO Committee Members are aware of how these children's experiences, can impact on their mental health, behaviour, and education
- If MYCO Committee Members have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking to the designated safeguarding lead or a deputy.

https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

The Department for Education has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools (which may also be useful for MYCO). In addition, Public Health England has produced a range of resources to support the promotion of positive health, wellbeing and resilience among young people including its guidance Promoting children and young people's emotional health and wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol. See Every Mind Matters for links to all materials and lesson plans.

There are three thresholds for and types of referral that need to be considered:

- is this a child with additional needs; where their health, development or achievement may be adversely affected?
- age-appropriate progress is not being made and the causes are unclear
- the support of more than one agency is needed to meet the child or young person's needs

APPENDIX C:

Further information

Female Genital Mutilation
Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. Harmful Practices - Oxfordshire Safeguarding Children Board (oscb.org.uk)

- **Indicators -** There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines.

- **Actions -** If MYCO Committee Members have a concern, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Mandatory reporting commenced in October 2015. These procedures remain when dealing with concerns regarding the potential for FGM to take place. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

- **Mandatory Reporting Duty** -From October 2015, Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) placed a statutory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining members, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Unless the teacher has a good reason not to, they should still consider and discuss any such case with MYCO's designated safeguarding lead and involve the Integrated Front Door as appropriate.

Fabricated or Induced Illness / Perplexing Presentation
MYCO Committee Members must be aware of the risk of members being abused through fabricated or induced illness (FII). 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.

Where this is identified and considered a risk a referral will be made to the MASH for support and guidance. MYCO may involve other agencies in making their assessments. That could

include school nurse, community paediatrician, occupational therapists for example.

Gang and Youth / Serious Violence
Children and Young People who become involved in gangs are at risk of violent crime and as a result of this involvement are deemed vulnerable. Agencies and professionals have a responsibility to safeguard these children and young people and to prevent further harm both to the young person and their potential victims. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs, knife crime, sexual violence, and substance misuse
https://www.gov.uk/government/publications/serious-violence-strategy

Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home.
- have been the victim or perpetrator of serious violence (e.g., knife crime).

Faith Based Abuse
Our policy recognises the 'National Action Plan to Tackle Abuse linked to faith or belief' which describes this abuse as:

'*not about challenging people's beliefs, but where beliefs lead to abuse that must not be tolerated. This includes belief in witchcraft, spirit possession, demons or the devil, the evil eye, or djinns, dakini, kindoki, ritual or muti murders and use of fear of the supernatural to make children comply with being trafficked for domestic slavery or sexual exploitation. The beliefs which are not confined to one faith, nationality or ethnic community*.'

When this type of abuse is suspected MYCO will make a referral to the MASH Team for support and guidance.

https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief

Risk of Trafficking
Article 3 of the Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organised Crime to the UN Convention (2000) (ratified by the UK on 6 February 2006) defines trafficking as:

- "Trafficking of persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat of 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.
- The consent of a victim of trafficking in persons to the intended exploitation set forth in sub-paragraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used.
- The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in sub-paragraph (a) of this article
- "Child" shall mean any person under eighteen years of age.

Children trafficked into the country may be registered at a school for a term or longer, before being moved to another part of the UK or abroad. This pattern of registration and de-registration may be an indicator that a child has been trafficked. It has been identified as a particular concern in schools which are situated near ports of entry, but practitioners should be alert to this possibility in all schools. However, practitioners should always bear in mind that not all children who go missing from education have been victims of trafficking. For example, there may be instances of children from communities that move around – Gypsy, Roma, traveller, or migrant families – who collectively go missing from school.

If a member of the MYCO Committee suspects that a child may have been trafficked, they should act immediately to inform the Safeguarding Lead and ensure that police or local authority children's social care are contacted immediately.

Risks Associated with Parent/Carer Mental Health
The majority of Parents who suffer mental ill-health can care for and safeguard their children and/or unborn child. Some parents, however, will be unable to meet the needs and ensure the safety of their children. MYCO will follow the guidance outlined in 'working with parents with mental health problems and their children (Think child, think parent, think family: a guide to parental mental health and child welfare).

Our approach is to recognise; seek support; instil preventive factors and monitor. Designated Safeguarding Lead should seek support through the Early Help team but escalate to the MASH Team if they are concerned that the child involved is being placed at immediate risk of harm. The link below details the Early Help services available to children, young people, and their families.

Early Help and the Locality Community Support Service (LCSS) - Oxfordshire Safeguarding Children Board (oscb.org.uk)

Drugs and Alcohol
Children can be at risk of drugs and alcohol directly and indirectly. They may be at direct risk of having access to these substances (see guidance on gangs) or indirectly because they affect family life at home through use by parents/carers, siblings, child-minders etc. Risks associated with drugs and alcohol and built into the year 5-6 curriculum.

More details can be found at: Substance Misuse - Oxfordshire Safeguarding Children Board (oscb.org.uk)

Honour Based Violence and Forced Marriages
Honour Based Violence and Forced Marriage refers to a collection of practices used to control behaviour within families to protect perceived cultural or religious beliefs and honour. Violence

can occur when offenders perceive that a relative has shamed the family or community by breaking their 'code of honour'. Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South, and Eastern European for example. This is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

'A forced marriage is a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.' For more information see: http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/

http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/case-studies/safer-schools-partnership

http://www.karmanirvana.org.uk/

Managing Allegations against MYCO Committee Members
The Local Authority Designated Officer for Allegations (LADO) must be told of allegations against adults working with children and young people within 24 hours. MYCO's Committee should refer to this guidance if there is an allegation against the Chair. This includes all cases that meet the harms threshold where a person is alleged to have:

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a member / members in a way that indicates they may pose a risk of harm to members
- behaved or may have behaved in a way that indicates they may not be suitable to work with children. This includes behaviour that may have happened outside of MYCO, that might make an individual unsuitable to work with children, and is known as transferable risk.

There are two levels of allegation/concern:

- allegations that may meet the harms threshold (see definition above)
- allegation/concerns that do not meet the harms threshold – referred to in 2022 guidance as 'low level concerns'

Concerns may arise in several ways and from a number of sources. For example: suspicion; complaint; or disclosure made by a child, parent, or other adult within or outside of MYCO; or as a result of vetting checks undertaken.

It is important that MYCO has appropriate policies and processes in place to manage and record any such concerns and take appropriate action to safeguard members.

'Low Level Concerns' - Creating a culture in which all concerns about adults (including allegations that do not meet the harms threshold are shared responsibly and with the right person, recorded and dealt with appropriately, is critical.

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of MYCO may have acted in any inappropriate way; and does not meet the allegations threshold or is otherwise not

considered serious enough to consider a referral to the LADO. Examples of such behaviour could include, but are not limited to:

- being over friendly with members.
- having favourites.
- taking photographs of members on their mobile phone.
- engaging with a member on a one-to-one basis in a secluded area or behind a closed door
- 'humiliating members'

Such concerns such always be recorded and reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified

The Local Authority Designated Officer is **Jo Lloyd,** contactable by phone on 01865 810603 or by email at lado.safeguardingchildren@oxfordshire.gov.uk

An Allegations and Consultation Referral Form must be completed by the Headteacher or manager in full and forwarded to the LADO via email within 24 hours**.**

Child Sexual Exploitation & Child Criminal Exploitation
Both CSE and 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 or 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.

Child Sexual Exploitation (CSE)
CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g., through others copying videos or images they have created and posted on social media).

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

- children who have older boyfriends or girlfriends; and
- children who suffer from sexually transmitted infections or become pregnant.

The department provide: Child sexual exploitation: guide for practitioners
A full list of indicators can be found here: Child Sexual Exploitation - Oxfordshire Safeguarding Children Board (oscb.org.uk)

Child Criminal Exploitation (CCE)
While there is still no legal definition of 'Child Criminal Exploitation' or CCE, it is increasingly being recognised as a major factor behind crime in communities across Merseyside and the UK, while also simultaneously victimising vulnerable young people and leaving them at risk of harm. A simple definition of CCE is: CCE often occurs without the victim being aware that they are being exploited and involves young people being encouraged, cajoled, or threatened to carry out crime for the benefit of others. In return they are offered friendship or peer acceptance, but also cigarettes, drugs (especially cannabis), alcohol or even food and accommodation.

County Lines
This is a term used to describe gangs, groups or drug networks that supply drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines or 'deal lines'. They exploit children and vulnerable adults to move the drugs and money to and from the urban area, and to store the drugs in local markets. They will often use intimidation, violence, and weapons, including knives, corrosives, and firearms. County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and voluntary and community sector organisations. County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults, and local communities. Further information can be found here: Child Criminal Exploitation - Oxfordshire Safeguarding Children Board (oscb.org.uk)

Sexual harassment, violence, harmful sexual behaviours (inc. child on child abuse and 'upskirting')
Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence refers to sexual offences under the Sexual Offences Act 2003, including rape, assault by penetration and sexual assault.

It is important that MYCO is aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of MYCO. When we reference sexual harassment, we do so in the context of child on child, sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded, or humiliated and/or create a hostile, offensive or sexualised environment.

MYCO Committee Members must challenge any form of derogatory and sexualised language or behaviour. MYCO Committee Members should be vigilant to sexualised/aggressive touching/grabbing. Advice about tackling and reporting sexual harassment is here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999239/SVSH_2021.pdf)

It should be recognised that these issues are likely to occur, and so MYCO should have procedures in place to deal with them. Groups at particular risk include girls, students who identify as Lesbian, Gay, Bisexual, Transgender+ (LGBT+), or are perceived by peers to be

LGBT+, and members with SEND. We recognise that these children can be targeted by other children, so it is vital MYCO provide a safe space for these children to speak out and share their concerns with members of MYCO's Committee. Members are protected from 'upskirting', bullying, homophobic, biphobic and transphobic behaviour, racism, sexism, and other forms of discrimination MYCO Committee Members have familiarity with the Equality Act 2010 and the Public Sector Equality Duty (PSED), the Human Rights Act 1998 and recent reforms to the Act and how they apply to safeguarding

https://www.gov.uk/government/consultations/human-rights-act-reform-a-modern-bill-of-rights/outcome/human-rights-act-reform-a-modern-bill-of-rights-consultation-response ,

MYCO acknowledges the need to treat everyone equally, with fairness, dignity, and respect. Any discriminatory behaviours are challenged, and members are supported to understand how to treat others with respect. We also have a statutory duty to report and record any of the above incidents. MYCO must record incidents across the whole spectrum of sexual violence, sexual harassment, and harmful sexualised behaviours so that they can understand the scale of the problem and make appropriate plans to reduce it. For more guidance go to: Sexual violence and sexual harassment between children in schools and colleges (publishing.service.gov.uk)

All such incidents should be immediately reported to the Safeguarding Lead and managed in line with MYCO's Safeguarding policy.

The appropriate safeguarding lead person should be familiar with the full guidance from the UK Council for Internet Safety (UKCIS), Sharing nudes and semi-nudes: advice for education settings working with children and young people
https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people

Upskirting
'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress, or alarm. It is a criminal offence. Anyone of any gender, can be a victim. The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019.

Consent
Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal, or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice. Further information about consent can be found here: Rape Crisis England & Wales -

Sexual consent
• a child under the age of 13 can never consent to any sexual activity.
• the age of consent is 16.

Digital Safety & Remote Learning

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation- technology often provides the platform that facilitates harm.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate, or harmful material
- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm

The taking, use and storage of photographs of MYCO members.

Many activities involve recording images. These may be undertaken as publicity, as a learning aid or to celebrate achievement.

MYCO Committee members need to be aware of the potential for these aspects of publicity to be misused.

Careful consideration should be given as to how these activities are organised and undertaken. Particular regard needs to be given when they involve young or vulnerable members who may be unable to question why or how the activities are taking place.

MYCO Committee members should remain sensitive to any children who appear uncomfortable and should recognise the potential for misinterpretation.

Consent for use of images is included in the MYCO membership form and acceptance paperwork that is signed by the parent / carer,

It is recommended that when using a photograph, the following guidance should be followed:

- MYCO will establish whether the image will be retained for further use.
- Images should be securely stored and used only by those authorised to do so.
- MYCO will ensure that when an external photographer is used then they are aware of this policy and that the retention of images is not allowed and all copies must be destroyed once used.
- Any time when a photographer is present a MYCO Committee member must also be present.
- All images remain the property of MYCO.