SPENSOL
Safeguarding Policy

Child Protection and Safeguarding Policy for Surrey Special Needs, Ski and Outdoor Learning Charity (SENSOL)

Nominated Lead Trustee: Vicky Oliver-Catt

Status & Review Cycle: Annual

Next Review Date: September 2025

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2015, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2015. Keeping children safe in education, Sept 20.

The trustees take seriously their responsibility to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements to identify, assess, and support those children who are suffering harm.

We recognise that all adults involved with the works and purposes of the charity have a full and active part to play in protecting the young people we work with from harm, and that the child's welfare is our paramount concern.

RESPONSIBILITIES OF THE CHARITY

For any residential or day visit activity that involves direct contact with young people we will:

- Undertake a risk assessment prior to the event and continue active/ongoing risk assessment during it.
- Identify at the outset the people with designated responsibilities for child protection and welfare. In most cases, this will be the lead member of staff from each charity taking part.
- Engage in effective recruitment of volunteers working with the charity – this will include DBS checks.

• Ensure that children are supervised at all times.

• Know how to get in touch with the local authority social services, in case it needs to report a concern.

Child Protection Statement

Our charity takes its responsibility to safeguard children extremely seriously and this charity will empower all staff to recognise and respond effectively to protect a child who may be at risk of significant harm.

It could happen here

We will ensure all volunteers in our charity maintain an attitude of 'it could happen here' and feel able to raise concerns either about a child at risk or a member of staff whose behaviour may present a risk to a child.

Our charity will:

1. Have safeguarding at the heart of everything we do.
2. Support the child's development in ways that will foster security, confidence and independence;
3. Provide an environment in which children and young people feel safe, secure, valued, respected, feel confident.
4. Ensure that **ALL of our children/young people know a member of staff they can communicate with if they are worried about something.**
5. Ensure that all adults within our charity who have access to children have been recruited and checked as to their suitability in accordance with Part 3 of Keeping Children Safe in Education 2024.
6. Have in place, other, up to date policies which support safeguarding.
7. Make sure all staff are aware of the systems within charity which support safeguarding, and the role of the Designated Safeguarding Lead.

Voice of the Child – Working Together to Safeguard Children 2024

Our charity recognises the findings in Working Together to Safeguard Children 2024, where children expressed that they wanted an effective safeguarding system to be:

- vigilant: to have adults notice when things are troubling them
- understanding and actioned: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- stable: to be able to develop an ongoing stable relationship of trust with those helping them
- respectful: to be treated with the expectation that they are competent rather than not
- informed and engaged: to be informed about and involved in procedures, decisions, concerns and plans
- explained: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

- supported: to be provided with support in their own right as well as a member of their family
- advocated: to be provided with advocacy to assist them in putting forward their views
- protective: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.

CONFIDENTIALITY

Our charity will;

1. As a general principle, all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis.

2. The Designated Safeguarding Lead will disclose any child protection related information about a child to other members of staff on a need to know basis only, where the receiving member of staff can play an active role in safeguarding that child.

3. All staff must be aware that they have a professional responsibility to share information with others in order to safeguard children.

4. All staff must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.

5. The intention to refer a child to Children's Social Care will be shared with parents/carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, advice should be sought from the MASH.

RESPONSIBILITIES

As a charity we recognise school staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns escalating. We also recognise ALL staff have a responsibility to provide a safe environment for all children and young people.

Therefore we will

1. Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.

2. Be aware of the signs of abuse and maintain an attitude of "it could happen here" with regards to child protection.

3. Ensure that children know that there are adults whom they can approach if they are worried about any anything.

4. Know what to do if a child tells them they are being abused or neglected.

5. Know how and where to record their concerns and report these to the Designated Safeguarding Lead, as soon as possible.

6. If a child is in immediate danger, know how to refer the matter to Children's Social Care and/or the police immediately.

7. Have ***read and understand Part 1 of Keeping Children Safe in Education September 2024*** and be alert to signs of abuse and know to whom they should report any concerns or suspicions.

8. Ensure all staff have received safeguarding and child protection updates in line with their own school policies, to provide them with relevant skills and knowledge to safeguard children.

9. Ensure that they know who the Designated Safeguarding Lead is and how to contact them.

10. Refer to the DSL or Party Leader if they have concerns about another member of staff.

11. Refer to the Deputy Party Leader where the concerns are about the Party Leader.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

If a member of staff has concerns about another staff member.

1. This applies to any member of staff/volunteer whom the staff member has contact with in their personal, professional or community life.
2. An allegation is any information which indicates that a member of staff/volunteer may have:
   i. Behaved in a way that has, or may have harmed a child
   ii. Possibly committed a criminal offence against/related to a child
   iii. Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children.

- If staff have concerns about another staff member, then this should be referred to the DSL/Party Leader. If the allegation is against the Party Leader, then the referral should be made to the Deputy Party Leader. If for any reason this causes a delay, then the Local Authority Designated Officer (LADO) should be approached directly.

- The person to whom an allegation against another member of staff is first reported, should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Allegations against member of staff, including volunteers

1. Making an immediate written record of the allegation using the informant's words including: time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present

2. This record should be signed, dated and immediately passed on to the DSL/Party Leader

3. The recipient of an allegation must not unilaterally determine its validity and failure to report it in accordance with procedures is a potential disciplinary matter. The DSL or Party Leader will not investigate the allegation themselves, or take written or detailed statements, but will assess and decide whether to refer the concern to the LADO. If there is any doubt as to whether to refer, advice should be taken from the LADO.

4. If there are concerns that a child is at risk, the matter must be immediately reported to MASH.

5. Any records generated in the course of such matters must be retained securely, away from other child protection and personnel records and only be accessed by those who need to for investigation /review purposes.

Whistleblowing/Confidential reporting

We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the actions or attitudes of colleagues. If necessary the member of staff can speak with the DSL/Party Leader or with the LADO.

THE USE OF REASONABLE FORCE

Keeping Children Safe in Education 2024 recognises that there are circumstances when it is appropriate for staff to use reasonable force to safeguard children and young people. The term ‘reasonable force’ covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. ‘Reasonable’ in these circumstances means ‘using no more force than is needed’. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm out of the classroom.
A ‘no contact’ policy can leave staff unable to fully support and protect their pupils and students.
Please refer to KCSIE 2024 and guidance offered at 103 – 105
Each school has considered this issue and will have their own policies in place to be followed if needed.

WHEN TO BE CONCERNED A CHILD IS AT RISK OF ABUSE

Overview

All staff and volunteers should be aware of the main categories of abuse:

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. They may be abused by an adult or adults or another child or children.

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

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

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

Neglect
The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment), protect a child from physical

and emotional harm or danger, ensure adequate supervision (including the use of inadequate care-givers), or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

PHYSICAL ABUSE

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

Indicators in the child

Bruising
It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- bruising in or around the mouth
- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- variation in colour possibly indicating injuries caused at different times
- the outline of an object used e.g. belt marks, hand prints or a hair brush
- linear bruising at any site particularly on the buttocks, back or face
- bruising or tears around or behind, the earlobe/s indicating injury by pulling or twisting
- bruising around the face
- grasp marks to the upper arms, forearms or leg
- petechial haemorrhages (pinpoint blood spots under the skin) commonly associated with slapping, smothering/suffocation, strangling and squeezing.

Fractures
Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries
Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning
Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer but it may be self-harm even in young children.

Bite Marks
Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds
It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds, which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:
- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars
A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional / behavioural presentation:
- refusal to discuss injuries
- admission of punishment which appears excessive
- fear of parents being contacted and fear of returning home
- withdrawal from physical contact
- arms and legs kept covered in hot weather
- fear of medical help

- aggression towards others
- frequently absent from school
- an explanation which is inconsistent with an injury
- several different explanations provided for an injury.

Indicators in the parent:

- may have injuries themselves that suggest domestic violence
- not seeking medical help/unexplained delay in seeking treatment reluctant to give information or mention previous injuries
- absent without good reason when their child is presented for treatment
- disinterested or undisturbed by accident or injury
- aggressive towards child or others
- unauthorised attempts to administer medication
- tries to draw the child into their own illness
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- may appear unusually concerned about the results of investigations which may indicate physical illness in the child
- wider parenting difficulties may (or may not) be associated with this form of abuse
- parent/carer has convictions for violent crimes.

Indicators in the family/environment:

- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Perplexing cases which may indicate a possibility of fabricated or Induced Illness (FFI)

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- discrepancies between reported and observed medical conditions, such as the incidence of fits
- attendance at various hospitals, in different geographical areas
- development of feeding/eating disorders, as a result of unpleasant feeding interactions
- the child developing abnormal attitudes to their own health
- non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- speech, language or motor developmental delays
- dislike of close physical contact

- attachment disorders
- low self esteem
- poor quality or no relationships with peers because social interactions are restricted
- poor attendance at school and under-achievement.

These cases are very complex and for a case to be considered as FFI is after careful and detailed review by a consultant paediatrician.

Where any school or college has concerns in this area they must speak with their school nurse in the first instance.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.
It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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 though it may occur alone.

Indicators in the child:

- developmental delay
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- aggressive behaviour towards others
- child scapegoated within the family
- frozen watchfulness, particularly in pre-school children
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' - difficulty relating to others
- over-reaction to mistakes
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- self-harm
- fear of parents being contacted
- extremes of passivity or aggression
- drug/solvent abuse
- chronic running away

- compulsive stealing
- low self-esteem
- air of detachment – 'don't care' attitude
- social isolation – does not join in and has few friends
- depression, withdrawal
- behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- low self-esteem, lack of confidence, fearful, distressed, anxious
- poor peer relationships including withdrawn or isolated behaviour.

Indicators in the parent:

- domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
- abnormal attachment to child e.g. overly anxious or disinterest in the child
- scapegoats one child in the family
- imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection
- wider parenting difficulties may, or may not, be associated with this form of abuse.

Indicators of in the family/environment:

- lack of support from family or social network
- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Indicators in the child
Physical presentation:

- failure to thrive or, in older children, short stature
- underweight
- frequent hunger
- dirty, unkempt condition
- inadequately clothed, clothing in a poor state of repair
- red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- swollen limbs with sores that are slow to heal, usually associated with cold injury
- abnormal voracious appetite
- dry, sparse hair
- recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema

or persistent head lice/scabies/diarrhoea
- unmanaged / untreated health/medical conditions including poor dental health
- frequent accidents or injuries.

Development:
- general delay, especially speech and language delay
- inadequate social skills and poor socialisation.

Emotional/behavioural presentation:
- attachment disorders
- absence of normal social responsiveness
- indiscriminate behaviour in relationships with adults
- emotionally needy
- compulsive stealing
- constant tiredness
- frequently absent or late at school
- poor self esteem
- destructive tendencies
- thrives away from home environment
- aggressive and impulsive behaviour
- disturbed peer relationships
- self-harming behaviour.

Indicators in the parent:
- dirty, unkempt presentation
- inadequately clothed
- inadequate social skills and poor socialisation
- abnormal attachment to the child e.g. anxious
- low self- esteem and lack of confidence
- failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods
- wider parenting difficulties, may or may not be associated with this form of abuse.

Indicators in the family/environment
- history of neglect in the family
- family marginalised or isolated by the community
- family has history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

- poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- lack of opportunities for child to play and learn.

SEXUAL ABUSE

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

Indicators in the child
Physical presentation:

- urinary infections, bleeding or soreness in the genital or anal areas
- recurrent pain on passing urine or faeces
- blood on underclothes
- sexually transmitted infections
- vaginal soreness or bleeding
- pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional / behavioural presentation:

- makes a disclosure
- demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- self-harm - eating disorders, self-mutilation and suicide attempts
- poor self-image, self-harm, self-hatred
- reluctant to undress for PE
- running away from home
- poor attention / concentration (world of their own)
- sudden changes in school work habits, become truant
- withdrawal, isolation or excessive worrying
- inappropriate sexualised conduct

- sexually exploited or indiscriminate choice of sexual partners
- wetting or other regressive behaviours e.g. thumb sucking
- draws sexually explicit pictures
- Depression.

Indicators in the parents:

- comments made by the parent/carer about the child
- lack of sexual boundaries
- wider parenting difficulties or vulnerabilities
- grooming behaviour
- parent is a sex offender

Indicators in the family/environment:

- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, or a culture of physical chastisement
- family member is a sex offender.

SPECIFIC SAFEGUARDING CONCERNS

Child Sexual Exploitation

- Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.

- The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

- Where there are concerns a child may be at risk of CSE, advice MUST be taken from MASH and school will normally complete Part A of the CSE 'screening tool' Part A.
- Completion of this should not delay you making a referral, however it may assist you in being clear about the key areas of concern and the level of risk.

Schools play a vital role in keeping children safe from CSE and often have more information than any other agency. Where schools have concerns they must be persistent in referring those concerns, and escalate using the professional difference protocol if necessary.

Serious Violence

1. All staff will be aware of the indicators which may signal that children are at risk from, or involved with, serious violent crime. We will be aware that indicators such as increased absence, a change of friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or injuries. In addition, unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

2. We understand that such cases are often difficult to identify. As a school we will do all we can to hear the voice of the child, enabling all our children to share concerns, worries or feel enabled to ask for help.

3. If there are any concerns a child is at risk of serious violence we will contact MASH for advice.

Domestic Abuse

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

- psychological;
- physical;
- sexual;
- financial; and
- emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Any concerns regarding domestic abuse will be considered by the DSL and advice and guidance obtained from MASH.

Homelessness

Our charity recognises that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of

homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into Children's Social Care where a child has been harmed or is at risk of harm.

- The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live.

So Called Honour Based Violence – including Female Genital Mutilation and Forced Marriage

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of these dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be managed and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Actions

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead who will advise of next steps.

Female Genital Mutilation (FGM)

- All schools have a legal obligation to report acts of 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.

- From 31st October 2015, regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18's which they identify in the course of their professional work to the police.

- The Home Office has published procedural information on the duty to help health and social care professionals, teachers and the police understand: the legal requirements placed upon them, a suggested process to follow, and an overview of the action which may be taken if they fail to comply with the duty. It also aims to give the police an understanding of the duty and the next steps upon receiving a report.

- Guidance can be obtained by following these links;

    i. **Home Office: Mandatory Reporting of FGM – procedure information**
    https://assets.publishing.service.gov.uk/media/5a8086f2ed915d74e33faefc/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

    ii. **FGM Mandatory Reporting Fact Sheet**
    https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf

    iii. **FGM Reporting Flowchart for under 18's**
    https://assets.publishing.service.gov.uk/media/5a8197a940f0b62305b8fc87/FGM_Flowchart.pdf

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example).

Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. We recognise our school / college can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of schools and colleges.

Preventing Radicalisation

- Protecting children from the risk of radicalisation should be seen as part of our wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

- Radicalisation refers to the process by which a person comes to support any form of violent extremism, including terrorism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

- As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Prevent

- From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), in the exercise of their functions, to have "due regard[1] to the need prevent people being drawn into terrorism[2]" must have regard to statutory guidance issued under section 29 of the CTSA 2015 ("the Prevent guidance"). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare). It is anticipated that the duty will come into force for sixth form colleges and FE colleges early in the autumn.

- The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing

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safeguarding policies. It is not necessary for schools to have distinct policies on implementing the Prevent duty.

- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Partnerships
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, the charity should ensure that the Designated Safeguarding Lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.
- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet.

Peer on Peer Abuse

- We believe that all children have a right to be in a safe environment. Children should be free from harm by adults and other students.
- We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the individual school's behaviour policy or anti -bullying policy in the first instance.
- However, we recognise that some allegations may be of such a serious nature that they may raise safeguarding concerns.
- **All staff** should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This may include physical abuse, emotional abuse, sexual abuse and sexual exploitation and may manifest as (though not limited to): bullying (including cyber-bullying), gender based violence/sexual assaults and sexting. Such peer on peer abuse may take many different forms and present in many different ways – see below. **All school staff** must be aware that children can be abusers and any concerns should be discussed with the Designated Safeguarding Lead.

Preventing Peer on Peer Abuse

We will minimise the risk of allegations against other pupils by:

- having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued;
- Having clear processes as to how victims, perpetrators and any other child affected by peer on peer abuse will be supported;

- Providing a clear statement that abuse is abuse and should never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”;
- Recognising the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously;

Allegations against other pupils which are safeguarding issues

Occasionally, allegations may be made against a student by other student in the school which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. For sexual violence and sexual harassment matters see below.

Professionals must decide in the circumstances of each case whether or not behaviour directed at another child should be categorised as abusive or not.

It will be helpful to consider the following factors:

- relative chronological and developmental age of the two children (the greater the difference, the more likely the behaviour should be defined as abusive),
- a differential in power or authority (e.g. related to race or physical or intellectual vulnerability of the victim),
- actual behaviour (both physical and verbal factors must be considered)
- whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation,
- physical aggression, bullying or bribery,
- the victim's experience and perception of the behaviour
- the possibility the abuser is, or was, also a victim
- attempts to ensure secrecy,
- an assessment of the change in the behaviour over time (whether it has become more severe or more frequent)
- duration and frequency of behaviour.

Examples of safeguarding issues against a student could include:

Physical abuse:
- violence, particularly pre-planned
- forcing others to use drugs or alcohol.

Emotional abuse:
- blackmail or extortion
- threats and intimidation (including racist or homophobic/religious remarks, cyber-bullying)
- isolating an individual from social activities
- sexting.

Sexual abuse:
- indecent exposure, indecent touching or serious sexual assault
- forcing others to watch pornography or taking part in sexting.

Sexual Exploitation:

- encouraging other children to engage in inappropriate sexual behaviour
- photographing or videoing other children performing indecent acts

Procedure

If there is a safeguarding concern, the Designated Safeguarding Lead (DSL) should be informed.

1. If the matter relates to sexual violence or sexual harassment see below.
2. A factual record should be made of the allegation, but no attempt at that stage should be made to investigate the circumstances (though further discussion with the alleged victim/perpetrator may be required by the school is further assessment required prior to safeguarding decision).
3. The Designated Safeguarding Lead should contact the MASH to discuss the case if necessary.
4. The Designated Safeguarding Lead will follow through the outcomes of the discussion and make a referral when appropriate.
5. If the allegation indicates that a potential criminal offence has taken place, the MASH will consult with the police.
6. Parents of both the student being complained about and the alleged victim should be informed and kept updated on the progress of the referral, unless to do so would place the alleged victim at risk, and/or jeopardise a police investigation. If unsure, advice should be sought.
7. The Designated Safeguarding Lead will make a record of the concern and a copy will be given to individual schools on return.
8. It may be appropriate to exclude the pupil being complained about for a period of time according to the individual schools' behaviour policy and procedures.
9. Where neither Children's Social Care nor the police accept the complaint, a thorough school investigation should take place in the matter using the school's usual disciplinary procedures.

Youth Produced Sexual Imagery or 'Sexting'

1. The charity recognises that 'Sexting' is a safeguarding risk to children and young people. Any incident of youth produced sexual imagery which comes to the attention of any staff will be referred to the Designated Safeguarding Lead straightaway.

2. It is recognised that responding to such cases can be complex and as such we have adopted the UK Council for Child Internet Safety (UKCCIS) guidance, in responding to and managing such instances.

3. For further advice in respect of managing cases of sexting or where there is any doubt about whether to refer a case, the advice of MASH should be obtained as soon as possible.

Upskirting

1. The charity recognises that upskirting is a criminal offence and we will take any allegations of such behaviour very seriously.

2. Upskirting typically involves taking a picture up or under a person's clothing without them knowing. The picture is taken with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

3. When an allegation of upskirting is brought to our attention we will respond as we would for any other disclosure of potential abuse.

4. We will follow the principles as set out in responding to reports of sexual violence and harassment above and will take advice from MASH on how to progress any allegation of upskirting.

DEALING WITH A DISCLOSURE

We are determined that a residential will be a safe place where children feel able to talk to a trusted adult if they are concerned.

We are also determined that all staff, including volunteers, will know how to respond appropriately should a child disclose to them.

If a child discloses – we will:

1. Accept what the child says
2. Stay calm, the pace should be dictated by the child without them being pressed for detail. DO NOT ASK LEADING QUESTIONS such as "did x touch you there?" It is our role to listen - not to investigate
3. If more information is needed to establish if there has been abuse use open questions such as "describe what happened?" "tell me what happened?"
4. Use age appropriate words; avoid jargon or terms the child may well not understand.
5. Be careful not to burden the child with guilt by asking questions like "Why didn't you tell me before?" but you could ask 'Have you spoken to anyone else about this?'
6. Acknowledge how hard it was for the child to tell us
7. Not criticise the perpetrator, the child might have a relationship with them
8. Not promise confidentiality, but reassure the child that they have done the right thing, explain whom we will have to tell (the Designated Safeguarding Lead) and why and, depending on the child's age, what the next stage will be. It is important that we avoid making promises that we cannot keep such as "I'll stay with you all the time" or "it will be all right now."

9. If we are in any doubt as to whether to refer the matter we will speak and discuss with MASH.

When recording information we will:

- Be aware that any records made may well be used
- Make detailed notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what was said but not your assumption or interpretation.
- If it is observation of bruising or an injury record the detail, e.g. “right arm above elbow”.
- Use skin/body maps if necessary.
- Not take photographs
- Note the non-verbal behaviour and the key words in the language used by the child but try not to translate into ‘proper terms’).
- Record the date, time and location where the notes were made and if anyone else was present.
- Pass the notes as soon as possible to the Designated Safeguarding Lead.

Reporting Forms

1. Reporting forms will be readily available to all staff who may require them.

2. Reporting forms will be available from the DSL/Party Leader

Support for staff.

It is recognised that staff working with a school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. The charity will support such staff by providing an opportunity to talk through their anxieties with the designated safeguarding lead and to seek further support as appropriate.

ADULT SAFEGUARDING CONCERNS

1. All of the fundamental principles of safeguarding apply equally to adults as well as children. For example, recognising and responding to signs of abuse, referring when there are concerns and accurate record keeping, amongst many others, are all central to effective safeguarding practice.

2. However the referral route for concerns for those aged 18 and over is different.

3. Schools will need to follow their own Safeguarding policy in the reporting of concerns of those over 18

The trustees believe that:

- The welfare of the child is paramount.
- All children, whatever their age, culture, disability, gender, 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 members and employees of the society should be clear on how to respond appropriately.

The charity will ensure that:

- All children will be treated equally and with respect and dignity.
- The duty of care to children will always be put first.
- A balanced relationship based on mutual trust will be built which empowers the children to share in the decision making process.
- Enthusiastic and constructive feedback will be given rather than negative criticism.
- Bullying will not be accepted or condoned.
- All adult members of the society provide a positive role model for dealing with other people.
- Action will be taken to stop any inappropriate verbal or physical behaviour.
- It will keep up-to-date with health & safety legislation.
- It will keep informed of changes in legislation and policies for the protection of children.
- It will undertake relevant development and training.

The Charity has a Designated Safeguarding Lead (DSL), who is in charge of ensuring that the child protection policy and procedures are adhered to.
That person's name is Vicky Oliver-Catt and she can be contacted on 07917432791.
This policy will be regularly monitored by the trustees of the society and will be subject to annual review.

Date: July 2024