The Hollow Lane Club



Child Protection and Safeguarding Policy

Last Update: September 2019

Safeguarding Statement

The Hollow Lane Club recognise our moral and statutory responsibility to safeguard and promote the welfare of all users. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. Child protection forms part of the Club’s safeguarding responsibilities.

**Contents**

Summary of changes Page 4

Safeguarding Statement Page 5

Key personnel Page 5

Terminology Page 6

1. Introduction Page 6

2. Policy Principles Page 6

3. Policy Aims Page 7

4. Values Page 7

5. Safe Club, Safe Staff Page 8

6. Roles and Responsibilities Page 9

7. Confidentiality Page 11

8. Child Protection Procedures Page 12

9. Children who are particularly vulnerable Page 14

10. Anti-Bullying / Cyberbullying Page 15

11. Racist Incidents Page 15

12. Radicalisation and Extremism Page 15

13. Domestic Abuse Page 16

14. Child Sexual Exploitation (CSE) Page 17

15. Female Genital Mutilation (FGM) Page 17

16. Forced Marriage Page 18

17. Honour based Violence Page 18

18. One Chance Rule Page 18

19. Private Fostering Arrangements Page 19

20. Looked After Children Page 19

21. Children Missing from the Hollow Lane Club Page 19

22. Online Safety Page 19

23. Child on child sexual violence & sexual harrassment Page 20

24. Youth Produced Sexual Imagery (Sexting) Page 21

25. Allegations against Staff Page 22

26. Whistle-blowing Page 23

27. Physical Intervention Page 23

28. Confidentiality and Information Sharing Page 24

29. Linked Policies Page 25

Appendix 1 – Recognising signs of child abuse Page 26

Appendix 2 – Sexual Abuse & Sexual Harassment Page 30

Appendix 3 – Child Sexual Exploitation Page 32

Appendix 4 – Female Genital Mutilation Page 32

Appendix 5 – Domestic Abuse Page 35

Appendix 6 – Radicalisation and Extremism Page 36

Appendix 7 – What to do if you have an online safety concern Page 38

Appendix 8 – Resources Page 39

Appendix 9 – MASH contacts Page 40

Summary of changes since September 2018

|  |  |
| --- | --- |
| Key Personnel | Footnote added ‘Out of hours contact details will be made available to staff’ |
| Para. 1 Introduction | 7th bullet point updated to read Keeping Children Safe in Education 2019 |
| Para. 5 Safe school, safe staff | 2nd bullet point ‘and will abide by’ added to ‘staff….sign to say they have read it’8th bullet point ‘for example, by having evidence of DBS checks having been undertaken’ added to end of sentenceFinal bullet point updated to read Keeping Children Safe in Education 2019 |
| Para. 6 Roles and ResponsibilitiesThe Designated Safeguarding LeadAll club staff | Updated 4th bullet point to read Keeping Children Safe in Education 201910th bullet point added ‘DSL of the’….new school or college10th bullet point added ‘All transfers of information should be made securely’ to the final sentenceBullet point added: ‘Will be aware of the Case Resolution protocol or the duty to report concerns if the DSL fails to do so without reasonable cause’ |
| Para. 8 Child Protection ProceduresNotifying parentsSupporting staff | Added two bullet points – Upskirting and Serious Violence to reflect additions in KCSiE 2019Added ‘e.g. familial sexual abuse’ at end of second paragraphAdded ‘In some circumstances it would be appropriate to contact the police’ to end of third paragraphHeading title changed to ‘Supporting our Staff’ |
| Para. 9 Children who are particularly vulnerable | Added ‘Has an imprisoned parent’ as final bullet point |
| Para. 14 Child Sexual Exploitation (CSE) | 4th bullet point: changed MACSE to MACE (Missing & Child Exploitation) |
| Para. 23 Child on Child sexual violence and sexual harassment | 1st sentence updated to read KCSiE 2019Added bullet point on upskirting: ‘Upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm’.Added sentence: ‘All staff will receive training so that they are aware of indicators which may signal that children are at risk from, or involved with serious violent crime’.Link added to ‘Preventing Youth violence and gang involvement’ |
| Para.24 Youth produced sexual imagery (sexting) | Added ‘Such decisions will be recorded’ after the sentence ‘If none of the above apply then the DSL will use their professional judgement…….to respond to the incident without escalation to MASH or the police. |
| Para. 28 Confidentiality and sharing information | 4th paragraph updated to read Keeping Children Safe in Education (2018) |
| Para. 29 Links to policies | Bullet point added: ‘Data Protection/GDPR Guidance’ |
| Appendix 1 Recognising signs of child abuse | Two bullet points added to ‘signs of abuse in children’: Criminality and Substance abuse |
| Appendix 2 Sexual Abuse & Sexual Harassment | Added bullet point: Upskirting |

Model Child Protection and Safeguarding Policy

Safeguarding Trustee: Jacqui Warne

Designated Safeguarding Lead: Mary Roche

Status & Review Cycle: Statutory/Annual

Next Review Date: September 2020

Key Personnel

**The Designated Safeguarding Lead (DSL) is: Mary Roche**

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**The deputy DSL(s) is/are: Marie Quinn/Deb Ward/Louise Phillips/Becky Seviour**

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**The nominated child protection trustee is: Jacqui Warne**

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**The Manager is: Mary Roche**

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**The Chair of Trustees is: Gary Woolfries**

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Terminology

Safeguarding and promoting the welfare of children is defined as:

* protecting children from maltreatment;
* preventing impairment of children's health or development;
* ensuring that 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.

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Staff refers to all those working for or on behalf of The Hollow Lane Club, full or part time, temporary or permanent, in either a paid or voluntary capacity.

Child includes everyone under the age of 18.

Parents refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

1. Introduction

Safeguarding legislation and guidance

The following safeguarding legislation and guidance has been considered when drafting this policy:

* The Safeguarding Vulnerable Groups Act 2006
* Working Together to Safeguarding Children 2018
* Keeping Children Safe in Education 2019
* Information Sharing 2018
* What to do if you’re worried a child is being abused 2015

2. Policy Principles

The welfare of the child is paramount

* All children regardless of age, gender, culture, language, race, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities.
* We recognise that all adults, including temporary staff[[1]](#footnote-1) , volunteers and trustees, have a full and active part to play in protecting our pupils from harm and have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm;
* All staff believe that our club should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.
* Children and staff involved in child protection issues will receive appropriate support and supervision.

3. Policy Aims

* Safeguarding incidents and/or behaviours can be associated with factors outside the club and can occur between children outside the club. All staff, but especially the designated safeguarding lead (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare.
* To demonstrate the club’s commitment with regard to safeguarding and child protection to children, parents and other partners.
* To support the child’s development in ways that will foster security, confidence and independence.
* To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident to, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
* To raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
* To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, The Hollow Lane Club, contribute to assessments of need and support packages for those children.
* To emphasise the need for good levels of communication between all members of staff.
* To develop a structured procedure within the club which will be followed by all members of the club community in cases of suspected abuse.
* To develop and promote effective working relationships with other agencies, especially the Police and MASH.
* To ensure that all staff working within our club who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance)[[2]](#footnote-2) , and a single central record is kept for audit.

4. Values

Supporting Children

* We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
* We recognise that during the summer holidays the club may provide the only stability in the lives of children who have been abused or who are at risk of harm.
* We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

The Hollow Lane Club will support all children by:

* Encouraging self-esteem and self-assertiveness, through the activities as well as our relationships, whilst not condoning aggression or bullying.
* Promoting a caring, safe and positive environment within the club.
* Responding sympathetically to any requests for time out to deal with distress and anxiety.
* Offering details of helplines, counselling or other avenues of external support.
* Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
* Notifying MASH as soon as there is a significant concern.
* Providing continuing support to a child about whom there have been concerns who leaves the club by ensuring that appropriate information is copied under confidential cover to the child’s new setting and ensuring the club medical records are forwarded as a matter of priority (if appropriate).

Prevention / Protection

* We recognise that the club plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The Hollow Lane Club will therefore:

* Work to establish and maintain an ethos where children feel secure, are encouraged to talk and are always listened to.
* Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad sessions/days/activities.
* Ensure that all children know there is an adult in the club whom they can approach if they are worried or in difficulty.
* Ensure all staff are aware of club guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

5. Safe Club, Safe Staff

We will ensure that;

* All staff and volunteers read KCSiE Part 1 annually and sign to say they read and understood it.
* All staff receive information about the club’s safeguarding arrangements, the club’s safeguarding statement and other relevant policies, the role and names of the Designated Safeguarding Lead and their deputy(ies) at least annually.
* All staff receive safeguarding and child protection training, including online safety, at induction in line with advice from Devon Children and Families Partnership which is regularly updated (for example, via email, e-bulletins and staff meetings), as required, but at least annually;
* All members of staff are trained in and receive regular updates in online safety and reporting concerns;
* All staff and trustees have regular Level 2 child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse;
* This policy is made available via the club website or other means and that parents/carers are made aware of this policy and their entitlement to have a copy via the club website. All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through the publication of the Child Protection Policy and reference to it on the website.
* the club provides a coordinated offer of Early Help when additional needs of children are identified and contributes to early help arrangements and inter-agency working and plans;
* Community users organising activities for children are aware of the club’s Child Protection Policy, guidelines and procedures; for example, by having evidence of DBS checks having been undertaken’
* The name of the designated members of staff for child protection, the Designated Safeguarding Lead and deputy(ies), are clearly advertised at club sites with a statement explaining the club’s role in referring and monitoring cases of suspected abuse;
* All Trustees will be given a copy of Part 2 and Annex A of Keeping Children Safe in Education 2019.

6. Roles and Responsibilities

* All members of the Board of Trustees understand and fulfil their responsibilities, namely to ensure that there is a Child Protection and Safeguarding policy together with a staff behaviour policy (code of conduct);
* child protection, safeguarding, recruitment and managing allegations policies and procedures, including the staff behaviour policy (code of conduct), are consistent with Devon Children and Families Partnership and statutory requirements, are reviewed annually and that the Child Protection policy is publically available on the school website or by other means;
* ensures that all staff including temporary staff and volunteers are provided with the club’s child protection policy and staff Code of Conduct;
* all staff have read Keeping Children Safe in Education (2019) Part 1 and Annex A and that mechanisms are in place to assist staff in understanding and discharging their roles and responsibilities as set out in the guidance.
* the club operates a safer recruitment procedure that includes statutory checks on staff suitability to work with children and disqualification by association regulations and by ensuring that there is at least one person on every recruitment panel who has completed safer recruitment training;
* the club has procedures for dealing with allegations of abuse against staff (including the manager), volunteers and against other children and that a referral is made to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
* The DSL/a member of the Board of Trustees, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Manager
* A Designated Safeguarding Lead (DSL) has been appointed by the Trustees who will take lead responsibility for safeguarding and child protection and that the role is explicit in the role holder’s job description;
* on appointment, the DSL and deputy(ies) undertake appropriate identified training offered by DCFP or other provider every two years;
* all other staff have safeguarding training updated as appropriate;
* at least one trustee has completed safer recruitment training to be repeated every five years.
* appropriate safeguarding responses are in place for children who go missing from the club, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future;
* appropriate online filtering and monitoring systems are in place;
* enhanced DBS checks are in place for all Trustees;
* any weaknesses in Child Protection are remedied immediately;
* they liaise with the Local Authority Designated Officer (LADO), before taking any action and on an ongoing basis, where an allegation is made against a member of staff or volunteer;
* anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring Service.

The Manager/Designated Safeguarding Lead;

* holds ultimate responsibility for safeguarding and child protection in the clubs;
* acts as a source of support and expertise in carrying out safeguarding duties at all Hollow Lane Club sites;
* encourages a culture of listening to children and taking account of their wishes and feelings;
* is appropriately trained with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually;
* will refer a child if there are concerns about possible abuse, to the MASH[[3]](#footnote-3), and act as a focal point for staff to discuss concerns. Enquiries[[4]](#footnote-4) must be followed up in writing, if referred by telephone;
* will keep detailed, accurate records, either written or using appropriate online software, of all concerns about a child even if there is no need to make an immediate referral;
* will ensure that all such records are kept confidential, stored securely and are kept separately;
* will ensure that an indication of the existence of the additional file is marked on other records;
* will ensure that when a child leaves the club, relevant child protection information is passed to the new setting (separately from the main file), if appropriate, as soon as possible, ensuring secure transit and that confirmation of receipt is obtained;
* in addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the DSL of the new setting in advance of a child leaving. For example, information that would allow the new setting to continue supporting victims of abuse and have that support in place for when the child arrives. All transfers should be made securely;
* will liaise with the Local Authority and work with other agencies and professionals in line with Working Together to Safeguard Children;
* has a working knowledge of DCFP procedures;
* will ensure that either they, or another staff member, attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report where required which has been shared with the parents;
* will ensure that any child currently with a child protection plan who is absent from the setting without explanation for two sessions is referred to their social worker;
* will ensure that all staff sign to say they have read, understood and agree to work within the Club’s child protection policy, behaviour policy, staff Code of conduct and Keeping Children Safe in Education Part 1 and Annex A and ensure that the policies are used appropriately;
* will organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all club staff, keep a record of attendance and address any absences;
* has an understanding of locally agreed processes for providing early help and intervention and will support members of staff where Early Help is appropriate;
* will ensure that the name of the designated members of staff for Child Protection, the Designated Safeguarding Lead and deputies, are clearly advertised in the club, with a statement explaining the club’s role in referring and monitoring cases of suspected abuse.

The Deputy Designated Safeguarding Lead(s)

* Is/are trained to the same standard as the Designated Safeguarding Lead and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of pupils. In the event of the long-term absence of the DSL the deputy will assume all of the functions above.

All Club Staff

* Understand that it is everyone’s responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information and taking prompt action;
* Consider, at all times, what is in the best interests of the child;
* Know how to respond to a child who discloses abuse through delivery of ‘Working together to Safeguard Children’, and ‘What to do if you’re worried a child is being abused’;
* Will refer any safeguarding or child protection concerns to the DSL or if necessary where the child is at immediate risk to the police or MASH;
* Will be aware of the Case Resolution protocol or the duty to report concerns if the DSL fails to do so without reasonable cause;
* Are aware of the Early Help[[5]](#footnote-5) process and understand their role within it including identifying emerging problems for children who may benefit from an offer of Early Help, liaising with the DSL in the first instance and supporting other agencies and professionals in an early help assessment through information sharing. In some cases staff may act as the Lead Professional in Early Help Cases.
* Will provide a safe environment in which children can participate in the club;

7. Confidentiality

* The Hollow Lane Club recognises that in order to effectively meet a child’s needs, safeguard their welfare and protect them from harm, the club must contribute to inter-agency working in line with Working Together to Safeguard Children (2018) and share information between professionals and agencies where there are concerns.
* All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 2018[[6]](#footnote-6) is not a barrier to sharing information where the failure to do so would place a child at risk of harm.
* All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or wellbeing.
* However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential and Manager or DSLs will only disclose information about a child to other members of staff on a need to know basis.
* We will always undertake to share our intention to refer a child to MASH with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will contact the MASH consultation line.

8. Child Protection Procedures

* Abuse and neglect are forms 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 the 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 by another child or children.
* Further information about the four categories of abuse; physical, emotional, sexual and neglect, and indicators that a child may be being abused can be found in appendices 1 and 2.
* Any child in any family in any club could become a victim of abuse. Staff should always maintain an attitude of “It could happen here”.
* There are also a number of specific safeguarding concerns that we recognise our children may experience;
	+ child missing from education
	+ child missing from home or care
	+ child sexual exploitation (CSE)
	+ bullying including cyberbullying
	+ domestic abuse
	+ drugs
	+ fabricated or induced illness
	+ faith abuse
	+ female genital mutilation (FGM)
	+ forced marriage
	+ gangs and youth violence
	+ gender-based violence/violence against women and girls (VAWG)
	+ mental health
	+ private fostering
	+ radicalisation
	+ youth produced sexual imagery (sexting)
	+ teenage relationship abuse
	+ trafficking
	+ peer on peer abuse
	+ upskirting
	+ serious violence

Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via peer on peer abuse.

We also recognise that abuse, neglect and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another.

If staff are concerned about a child’s welfare

* If staff notice any indicators of abuse/neglect or signs that a child may be experiencing a safeguarding issue they should record these concerns and pass it to the DSL. They may also discuss their concerns in person with the DSL but the details of the concern should be recorded in writing.
* There will be occasions when staff may suspect that a pupil may be at risk, but have no ‘real’ evidence. The pupil’s behaviour may have changed, their artwork could be bizarre, they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.
* The Hollow Lane Club recognise that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. However, they may also indicate a child is being abused or is in need of safeguarding.
* In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the pupil if they are OK or if they can help in any way.
* Following an initial conversation with the pupil, if the member of staff remains concerned they should discuss their concerns with the DSL and put them in writing.
* If the pupil does begin to reveal that they are being harmed, staff should follow the advice below regarding a pupil making a disclosure.

If a child discloses to a member of staff

* We recognise that it takes a lot of courage for a child to disclose they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that was has happened is their fault. Sometimes they may not be aware that what is happening is abuse.
* A child who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During their conversation with the child staff will;

* Listen to what the child has to say and allow them to speak freely
* Remain calm and not overact or act shocked or disgusted – the child may stop talking if they feel they are upsetting the listener
* Reassure the child that it is not their fault and that they have done the right thing in telling someone
* Not be afraid of silences – staff must remember how difficult it is for the child and allow them time to talk
* Take what the child is disclosing seriously
* Ask open questions and avoid asking leading questions
* Avoid jumping to conclusions, speculation or make accusations
* Not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
* Avoid admonishing the child for not disclosing sooner. Saying things such as ‘I do wish you had told me about it when it started’ may be the staff member’s way of being supportive but may be interpreted by the child to mean they have done something wrong.
* Tell the child what will happen next.

If a child talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – staff are not allowed to keep secrets.

The member of staff should write up their conversation as soon as possible in the child’s own words. Staff should make this a matter of priority. The record should be signed and dated, the member of staff’s name should be printed and it should also detail where the disclosure was made and who else was present. The record should be handed to the DSL.

Notifying Parents

The Club will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and normally the DSL/DDSL will make contact with the parent in the event of a concern, suspicion or disclosure.

However, if the club believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children’s MASH eg familial sexual abuse.

Where there are concerns about forced marriage or honour based violence parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police.

Making a referral

* Concerns about a child or a disclosure should be immediately raised with the DSL who will help decide whether a referral to children’s MASH or other support is appropriate in accordance with Devon Children and Families Partnership Threshold Tool
* If a referral is needed then the DSL should make this rapidly and systems in place to enable this to happen. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn’t been made they can and should consider making a referral themselves.
* The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.
* If after a referral the child’s situation does not appear to be improving the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child’s situation improves.
* If a child is in immediate danger or is at risk of harm a referral should be made to children’s MASH and/or the police immediately. Anybody can make a referral.
* Where referrals are not made by the DSL, the DDSL should be informed as soon as possible.

Supporting our Staff

* We recognise that staff working in the club 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.
* We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

9. Children who are particularly vulnerable

The Hollow Lane Club recognises that some children are more vulnerable to abuse and neglect and that additional barriers exist when recognising abuse for some children.

We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children’s diverse circumstances, rather than the individual child’s personality, impairment or circumstances.

In some cases possible indicators of abuse such as a child’s mood, behaviour or injury might be assumed to relate to the child’s impairment or disability rather than giving a cause for concern. Or a focus may be on the child’s disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

Any child may benefit from early help, but all club staff 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 or not 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 misusing drugs or alcohol themselves;
* Is at risk of modern slavery, trafficking or exploitation;
* is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
* has returned home to their family from care;
* is showing early signs of abuse and/or neglect;
* is at risk of being radicalised or exploited;
* is a privately fostered child;
* has an imprisoned parent.

10. Anti-Bullying/Cyberbullying

Our club policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents which is shared with and analysed by the Trustees . All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse.

If the bullying is particularly serious, or the anti-bullying procedures are seen to be ineffective, the Manager/DSL will consider implementing child protection procedures.

11. Racist Incidents

Our policy on racist incidents is set out separately, and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents and report them to the Local Authority.

12. Radicalisation and Extremism

The Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children’s services to have due regard to the need to prevent people from being drawn into terrorism.

Extremism is defined as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs’. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Some children are at risk of being radicalised; adopting beliefs and engaging in activities which are harmful, criminal or dangerous.

The Hollow Lane Club is clear that exploitation of vulnerable children and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for schools and childcare providers on preventing children and young people from being drawn into terrorism[[7]](#footnote-7).

The Hollow Lane Club seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Club staff receive training to help identify early signs of radicalisation and extremism. Indicators of vulnerability to radicalisation are in detailed in Appendix 6.

The Trustees, the Manager/Designated Safeguarding Lead (DSL) will assess the level of risk within the club and put actions in place to reduce that risk. Risk assessment may include, the use of club premises by external agencies, anti-bullying policy and other issues specific to the club’s profile, community and philosophy.

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then Devon & Cornwall Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and trustees to raise concerns around Prevent (020 7340 7264).

13. Domestic Abuse

Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.

Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.

Living in a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of healthy, positive relationships. Children who witness domestic abuse are at risk of significant harm and staff are alert to the signs and symptoms of a child suffering or witnessing domestic abuse (See Appendix 5).

14. Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology. More information and the indicators of CSE is set out in appendix 3. CSE can happen online and offline and all staff should be aware of the link between online safety and vulnerability to CSE.

Any concerns that a child is being or is at risk of being sexually exploited should be passed without delay to the DSL. The Hollow Lane Club is aware there is a clear link between regular absence and CSE. Staff should consider a child to be at potential CSE risk in the case of regular absence and make reasonable enquiries with the child and parents to assess this risk.

The DSL will use the Devon Children and Families Partnership CSE Screening Tool[[8]](#footnote-8) on all occasions when there is a concern that a child is being or is at risk of being sexually exploited or where indicators have been observed that are consistent with a child who is being or who is at risk of being sexually exploited.

In all cases if the tool identified any level of concern the DSL should contact their local MACE and email the completed CSE Screening Tool along with a MASH enquiry form. If a child is in immediate danger the police should be called on 999.

The Hollow Lane Club is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. As a consequence the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse.

15. Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. A mandatory reporting duty requires staff to report ‘known’ cases of FGM in under 18s, which are identified in the course of their professional work, to the police[[9]](#footnote-9) .

The duty applies to all persons in The Hollow Lane Club who is employed or engaged to carry out ‘teaching work’ in the club. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead, however the DSL should be informed.

If a member of staff is informed by a girl under 18 that an act of FGM has been carried out on her or a member of staff observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth, the member of staff should personally make a report to the police force in which the girl resides by calling 101. The report should be made by the close of the next working day.

Staff are trained to be aware of risk indicators of FGM which are set out in Appendix 4. Concerns about FGM outside of the mandatory reporting duty should be reported as per The Hollow Lane Club’s child protection procedures. Staff should be particularly alert to suspicions or concerns expressed by female pupils about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practicing community.

Where there is a risk to life or likelihood of serious immediate harm the member of staff should report the case immediately to the police, including dialling 999 if appropriate.

There are no circumstances in which a member of staff should examine a girl.

16. Forced Marriage

A forced marriage is a marriage in which one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse.

Forced marriage is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

A forced marriage is not the same as an arranged marriage which is common in several cultures. The families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Staff should never attempt to intervene directly as a club or through a third party. Contact should be made with MASH

17. Honour-based Violence

Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Honour based violence might be committed against people who;

* become involved with a boyfriend or girlfriend from a different culture or religion;
* want to get out of an arranged marriage;
* want to get out of a forced marriage;
* wear clothes or take part in activities that might not be considered traditional within a particular culture.

It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no, and cannot be, honour or justification for abusing the human rights of others.

18. One Chance Rule

All staff are aware of the ‘One Chance’ Rule’ in relation to forced marriage, FGM and HBV. Staff recognise they may only have one chance’ to speak to a pupil who is a potential victim and have just one chance to save a life.

The Hollow Lane Club are aware that if the victim is not offered support following disclosure that the ‘One Chance’ opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBV cases.

19. Private Fostering Arrangements

A private fostering arrangement occurs when someone other than a parent or close relative cares for a child for a period of 28 days or more, with the agreement of the child’s parents. It applies to children under the age of 16 or 18 if the child is disabled. Children looked after by the local authority or who are place in residential schools, children’s homes or hospitals are not considered to be privately fostered.

Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

The Hollow Lane Club recognise that most privately fostered children remain safe and well but are aware that safeguarding concerns have been raised in some cases. Therefore, all staff are alert to possible safeguarding issues, including the possibility that the child has been trafficked into the country.

By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children’s services as soon as possible. However, where a member of staff becomes aware that a pupil may be in a private fostering arrangement they will raise this will the DSL and the DSL will notify MASH of the circumstances.

20. Looked after children and previously looked after children

The most common reason for children becoming looked after is as a result of abuse and neglect. The Hollow Lane Club ensures that staff have the necessary skills and understanding to keep looked after/previously looked after children safe. Appropriate staff have information about a child’s looked after legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child and contact arrangements with birth parents or those with parental responsibility.

The Manager/DSL have details of the child’s social worker and the name and contact details of the Devon County Council’s virtual school head for children in care.

21. Children Missing from The Club

Attendance, absence and exclusions are closely monitored. The club will hold more than one emergency contact number for pupils and students where reasonably possible. A child going missing from the club is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation.

The DSL will monitor absences and take appropriate action including notifying the local authority particularly where children go missing on repeat occasions.

Staff must be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage.

22. Online Safety

Our children increasingly use electronic equipment on a daily basis to access the internet and share content and images via social media sites such as Facebook, twitter, Instagram, Snapchat and ooVoo.

Unfortunately, some adults and other children use these technologies to harm children. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing children to engage in sexual behaviour such as webcam photography or face-to-face meetings. Children may also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders

The Hollow Lane Club has an online safety policy which explains how we try to keep children safe at the club and how we respond to online safety incidents (See flowchart, Appendix 7).

23. Child on Child Sexual violence and sexual harassment

The DSL, Trustees and Manager will take due regard to Section 5, KCSiE 2019

In most instances, the conduct of children towards each other will be covered by our behaviour policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns. The Hollow Lane Club recognise that children are capable of abusing their peers. It will not be passed off as ‘banter’ or ‘part of growing up’. The forms of peer on peer abuse are outlined below.

* Domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality.
* Child Sexual Exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.
* Harmful Sexual Behaviour – Children and young people presenting with sexual behaviours that are outside of developmentally ‘normative’ parameters and harmful to themselves and others (For more information, please see Appendix 2).
* Upskirting – which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
* Serious Youth Violence – Any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19’ i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. ‘Youth violence’ is defined in the same way, but also includes assault with injury offences. All staff will receive training so that they are aware of indicators which may signal that children are at risk from, or involved with serious and violent crime.

The term peer-on-peer abuse can refer to all of these definitions and a child may experience one or multiple facets of abuse at any one time. Therefore, our response will cut across these definitions and capture the complex web of their experiences.

There are also different gender issues that can be prevalent when dealing with peer on peer abuse (i.e. girls being sexually touched/assaulted or boys being subjected to initiation/hazing type violence).

The Hollow Lane Club aims to reduce the likelihood of peer on peer abuse through;

* the established ethos of respect, friendship, courtesy and kindness;
* high expectations of behaviour;
* clear consequences for unacceptable behaviour;
* systems for any child to raise concerns with staff, knowing that they will be listened to, valued and believed;

Research indicates that young people rarely disclose peer on peer abuse and that if they do, it is likely to be to their friends. Therefore, The Hollow Lane Club will encourage children to support their friends if they are concerned about them, that they should talk to a trusted adult in the club and what services they can contact for further advice.

Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the DSL using The Hollow Lane Club’s child protection procedures as set out in this policy. Where a concern regarding peer on peer abuse has been disclosed to the DSL(s), advice and guidance will be sought from MASH and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

Working with external agencies the club will respond to the unacceptable behaviour. If a child’s behaviour negatively impacts on the safety and welfare of other children then safeguards will be put in place to promote the well-being of the children affected and the victim and perpetrator will be provided with support.

24. Youth produced sexual imagery (sexting)[[10]](#footnote-10)

The practice of children sharing images and videos via text message, email, social media or mobile messaging apps has become commonplace. However, this online technology has also given children the opportunity to produce and distribute sexual imagery in the form of photos and videos. Such imagery involving anyone under the age of 18 is illegal.

Youth produced sexual imagery refers to both images and videos where;

* A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18.
* A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult.
* A person under the age if 18 is in possession of sexual imagery created by another person under the age of 18.

All incidents of this nature should be treated as a safeguarding concern.

Cases where sexual imagery of people under 18 has been shared by adults and where sexual imagery of a person of any age has been shared by an adult to a child is child sexual abuse and should be responded to accordingly.

If a member of staff becomes aware of an incident involving youth produced sexual imagery they should follow the child protection procedures and refer to the DSL as soon as possible. The member of staff should confiscate the device involved and set it to flight mode or, if this is not possible, turn it off. Staff should not view, copy or print the youth produced sexual imagery.

The DSL should hold an initial review meeting with appropriate club staff and subsequent interviews with the children involved (if appropriate). Parents should be informed at an early stage and involved in the process unless there is reason to believe that involving parents would put the child at risk of harm. At any point in the process if there is concern a young person has been harmed or is at risk of harm a referral should be made to MASH or the Police as appropriate.

Immediate referral at the initial review stage should be made to MASH/Police if;

* The incident involves an adult;
* There is good reason to believe that a young person has been coerced, blackmailed or groomed or if there are concerns about their capacity to consent (for example, owing to special education needs);
* What you know about the imagery suggests the content depicts sexual acts which are unusual for the child’s development stage or are violent;
* The imagery involves sexual acts;
* The imagery involves anyone aged 12 or under;
* There is reason to believe a child is at immediate risk of harm owing to the sharing of the imagery, for example the child is presenting as suicidal or self-harming.

If none of the above apply then the DSL will use their professional judgement to assess the risk to pupils involved and may decide to respond to the incident without escalation to MASH or the police. Such decisions will be recorded.

In applying judgement the DSL will consider if;

* there is a significant age difference between the sender/receiver;
* there is any coercion or encouragement beyond the sender/receiver;
* the imagery was shared and received with the knowledge of the child in the imagery;
* the child is more vulnerable than usual i.e. at risk;
* there is a significant impact on the children involved;
* the image is of a severe or extreme nature;
* the child involved understands consent;
* the situation is isolated or if the image been more widely distributed;
* there other circumstances relating to either the sender or recipient that may add cause for concern i.e. difficult home circumstances;
* the children have been involved in incidents relating to youth produced imagery before.

If any of these circumstances are present the situation will be escalated according to our child protection procedures, including reporting to the police or MASH. Otherwise, the situation will be managed within the club.

The DSL will record all incidents of youth produced sexual imagery, including both the actions taken, actions not taken, reasons for doing so and the resolution in line with safeguarding recording procedures.

25. Allegations against staff

All club staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction[[11]](#footnote-11).

We understand that a child may make an allegation against a member of staff or staff may have concerns about another staff member.

If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Manager[[12]](#footnote-12) .

The Manager on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)[[13]](#footnote-13) at the earliest opportunity and before taking any further action.

If the allegation made to a member of staff concerns the Manager, the person receiving the allegation will immediately inform the Chair of Trustees who will consult the LADO as above, without notifying the Manager first.

Suspension of the member of staff, excluding the Manager, against whom an allegation has been made, needs careful consideration, and the Manager will seek the advice of the LADO and the HR/Admin Manager and/or trustees in making this decision.

In the event of an allegation against the Manager, the decision to suspend will be made by the Chair of Trustees with advice as above.

We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context. Any allegation should be immediately reported to the DSL who will in turn notify the Chair of Trustees. Suspension of a member of a community user group/contractor against who an allegation had been made requires careful consideration, and the Manager will seek the advice of the HR/Admin Manager and Chair/trustees in making this decision.

Staff, parents and trustees are reminded that publication of material that may lead to the identification of a staff member who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing including content placed on social media sites.

26. Whistle-blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the club’s safeguarding arrangements. If it becomes necessary to consult outside the club, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk

Whistle-blowing re the Manager should be made to the Chair of Trustees whose contact details are readily available to staff (as pertinent to setting).

27. Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Such events should be recorded and signed by a witness.

Staff who are likely to need to use physical intervention will be appropriately trained.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

We recognise that touch is appropriate in the context or working with children, and all staff have been given ‘Safe Practice’ guidance to ensure they are clear about their professional boundary.

28. Confidentiality, sharing information and GDPR

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the DSL, Manager or chair of trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a ‘need-to-know’ basis.

However, following a number of cases where senior professionals had failed to act upon concerns raised by staff, Keeping Children Safe in Education (2019) emphasises that any member of staff can contact children’s social care if they are concerned about a child.

Child protection information will be stored and handled in line with the Data Protection Act 2018 and HM Government Information Sharing and Advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018

Information sharing is guided by the following principles:

* necessary and proportionate
* relevant
* adequate
* accurate
* timely
* secure

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

29. This policy also links to our policies on:

* Behaviour
* Staff Behaviour Policy / Code of Conduct
* Whistleblowing
* Anti-bullying
* Health & Safety
* Allegations against staff
* Parental concerns
* Administration of medicines
* Physical intervention
* E-Safety, including staff use of mobile phones
* Risk Assessment
* Recruitment and Selection
* Child Sexual Exploitation
* Intimate Care
* Radicalisation and Extremism
* Data Protection/GDPR Guidance

**Appendix 1**

Recognising signs of child abuse

Categories of Abuse:

* Physical Abuse
* Emotional Abuse (including Domestic Abuse)
* Sexual Abuse (including child sexual exploitation)
* Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

* Significant change in behaviour
* Extreme anger or sadness
* Aggressive and attention-seeking behaviour
* Suspicious bruises with unsatisfactory explanations
* Lack of self-esteem
* Self-injury
* Depression
* Age inappropriate sexual behaviour
* Child Sexual Exploitation
* Criminality
* Substance abuse.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

* Must be regarded as indicators of the possibility of significant harm
* Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
* May require consultation with and / or referral to Children’s Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

* Appear frightened of the parent/s
* Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

* Persistently avoid child health promotion services and treatment of the child’s episodic illnesses
* Have unrealistic expectations of the child
* Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
* Be absent or misusing substances
* Persistently refuse to allow access on home visits
* Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

* An explanation which is inconsistent with an injury
* Several different explanations provided for an injury
* Unexplained delay in seeking treatment
* The parents/carers are uninterested or undisturbed by an accident or injury
* Parents are absent without good reason when their child is presented for treatment
* Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
* Family use of different doctors and A&E departments
* Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

* Any bruising to a pre-crawling or pre-walking baby
* Bruising in or around the mouth, particularly in small babies which may indicate force feeding
* 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
* 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
* Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
* Bruising around the face
* Grasp marks on small children
* Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are 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 opinion 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

* Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
* 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 (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
* Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

* The history provided is vague, non-existent or inconsistent with the fracture type
* 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
* There is an unexplained fracture in the first year of life

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

* Developmental delay
* Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
* Indiscriminate attachment or failure to attach
* Aggressive behaviour towards others
* Scape-goated 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

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

* Inappropriate sexualised conduct
* Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
* Continual and inappropriate or excessive masturbation
* Self-harm (including eating disorder), self-mutilation and suicide attempts
* Involvement in prostitution or indiscriminate choice of sexual partners
* An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

* Pain or itching of genital area
* Blood on underclothes
* Pregnancy in a younger girl where the identity of the father is not disclosed
* 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

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

* Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
* A child seen to be listless, apathetic and irresponsive with no apparent medical cause
* Failure of child to grow within normal expected pattern, with accompanying weight loss
* Child thrives away from home environment
* Child frequently absent from school
* Child left with adults who are intoxicated or violent
* Child abandoned or left alone for excessive periods

**Appendix 2**

**Sexual Abuse & Sexual Harassment**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children. Staff should be vigilant to:

* bullying (including cyberbullying)
* physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
* sexual violence and sexual harassment
* sexting (also known as youth produced sexual imagery)
* initiation/hazing type violence and rituals
* upskirting

Developmental Sexual Activity

Encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour

Can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies

Consent – agreement including all the following:

* Understanding that is proposed based on age, maturity, development level, functioning and experience
* Knowledge of society’s standards for what is being proposed
* Awareness of potential consequences and alternatives
* Assumption that agreements or disagreements will be respected equally
* Voluntary decision
* Mental competence

Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Devon multi-agency protocol “Working with Sexually Active Young People” available at [www.devon.gov.uk/safeguarding](http://www.devon.gov.uk/safeguarding) by choosing Safeguarding Children – Protocols and Guidance for Professionals.

**Appendix 3**

**Child Sexual Exploitation**

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

* going missing from home, school or the club
* regular school absence/truanting
* underage sexual activity
* inappropriate sexual or sexualised behaviour
* sexually risky behaviour, 'swapping' sex
* repeat sexually transmitted infections
* in girls, repeat pregnancy, abortions, miscarriage
* receiving unexplained gifts or gifts from unknown sources
* having multiple mobile phones and worrying about losing contact via mobile
* online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
* having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
* changes in the way they dress
* going to hotels or other unusual locations to meet friends
* seen at known places of concern
* moving around the country, appearing in new towns or cities, not knowing where they are
* getting in/out of different cars driven by unknown adults
* having older boyfriends or girlfriends
* contact with known perpetrators
* involved in abusive relationships, intimidated and fearful of certain people or situations
* hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
* associating with other young people involved in sexual exploitation
* recruiting other young people to exploitative situations
* truancy, exclusion, disengagement with school, opting out of education altogether
* unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* mood swings, volatile behaviour, emotional distress
* self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
* drug or alcohol misuse
* getting involved in crime
* police involvement, police records
* involved in gangs, gang fights, gang membership
* injuries from physical assault, physical restraint, sexual assault.

**Appendix 4**

**Female Genital Mutilation (FGM)**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. If a member of staff, in the course of their work, discovers that an act of FGM appears to have been carried out, the member of staff must report this to the Police.

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

* FGM brings status/respect to the girl – social acceptance for marriage
* Preserves a girl’s virginity
* Part of being a woman / rite of passage
* Upholds family honour
* Cleanses and purifies the girl
* Gives a sense of belonging to the community
* Fulfils a religious requirement
* Perpetuates a custom/tradition
* Helps girls be clean / hygienic
* Is cosmetically desirable
* Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

* Child talking about getting ready for a special ceremony
* Family taking a long trip abroad
* Child’s family being from one of the ‘at risk’ communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
* Knowledge that the child’s sibling has undergone FGM
* Child talks about going abroad to be ‘cut’ or to prepare for marriage

Signs that may indicate a child has undergone FGM:

* Prolonged absence from school and other activities
* Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
* Bladder or menstrual problems
* Finding it difficult to sit still and looking uncomfortable
* Complaining about pain between the legs
* Mentioning something somebody did to them that they are not allowed to talk about
* Secretive behaviour, including isolating themselves from the group
* Reluctance to take part in physical activity
* Repeated urinal tract infection
* Disclosure

The ‘One Chance’ rule

As with Forced Marriage there is the ‘One Chance’ rule. It is essential that settings /schools/colleges take action **without delay** and make a referral to children’s services.

**Appendix 5**

Domestic Abuse

How does it affect children?

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self-harm and anxiety.

What are the signs to look out for?

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

What should I do if I suspect a family is affected by domestic abuse?

Contact: <https://new.devon.gov.uk/dsva/>

**Appendix 6**

INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

*Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.*

1. Extremism is defined by the Crown Prosecution Service as:
The demonstration of unacceptable behaviour by using any means or medium to express views which:
* Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
* Seek to provoke others to terrorist acts;
* Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
* Foster hatred which might lead to inter-community violence in the UK.
1. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
2. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that club staff are able to recognise those vulnerabilities.
3. Indicators of vulnerability include:
* Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
* Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
* Personal Circumstances – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
* Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
* Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
* Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

8. More critical risk factors could include:

* Being in contact with extremist recruiters;
* Accessing violent extremist websites, especially those with a social networking element;
* Possessing or accessing violent extremist literature;
* Using extremist narratives and a global ideology to explain personal disadvantage;
* Justifying the use of violence to solve societal issues;
* Joining or seeking to join extremist organisations; and
* Significant changes to appearance and / or behaviour;
* Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

[The Prevent Duty can be accessed via this link](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf).

**Appendix 7**

If concerns are about staff or manager refer to LADO before taking any further action

**A concern is raised**

Refer to the DSL if concerns are about a child

Refer to Manager if concerns are about staff

Refer to Chair of Trustees if concerns are about the Manager

**What to do if you have an online safety concern:**

What type of
activity is involved? (Use screening tool/e-safety legal framework)

**Incident closed**(Is counselling or advice required?)

**Yes**

**Staff as instigator**

**Staff as victim**

**Child as
victim**

**Child as
instigator**

Establish level of
concern.
(Screening tool)

Establish level of
concern.
(Screening tool)

Establish level of
concern.
(Screening tool)

Establish level of
concern.
(Screening tool)

Potential
illegal or child protection
 issues?

Other
children
involved?

**No**

Who is involved?

DSL to consider need for CP referral

**Yes**

If appropriate, disconnect computer, seal and store.

In-club action:
DSL,
other managers.

SW Child Protection Procedures refer to LADO

**Possible
legal action**

**Possible
legal action**

Counselling
Risk assessment

**Club disciplinary and child protection procedures
(possible parental involvement)**

**Duty LADO: telephone 01392 384964 or email ladosecure-mailbox@devon.gcsx.gov.uk for a notification form**

**Appendix 8**

Further advice on child protection is available from:

NSPCC: <http://www.nspcc.org.uk/>

Childline: <http://www.childline.org.uk/pages/home.aspx>

Anti-Bullying Alliance: <http://anti-bullyingalliance.org.uk/>

Beat Bullying: <http://www.beatbullying.org/>

Childnet International –making the internet a great and safe place for children. Includes resources for professionals and parents <http://www.childnet.com/>

Thinkuknow (includes resources for professionals and parents) <https://www.thinkuknow.co.uk/>

Safer Internet Centre <http://www.saferinternet.org.uk/>

Transgender <http://www.mermaidsuk.org.uk/>

[Schools transgender toolkit](http://www.mermaidsuk.org.uk/assets/media/East%20Sussex%20schools%20transgender%20toolkit.pdf)

[Intercom trust transgender guidance](https://www.intercomtrust.org.uk/item/55-schools-transgender-guidance-july-2015)

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**For Early Help, Consultation and Enquiries please contact:**

Telephone:  **0345 155 1071**

Email: mashsecure@devon.gcsx.gov.uk

Fax: 01392 448951

Enquiry Form available at:

[https://new.devon.gov.uk/making-a-mash-enquiry](https://new.devon.gov.uk/educationandfamilies/child-protection/making-a-mash-enquiry)

Post: **Multi-Agency Safeguarding Hub, P.O. Box 723, Exeter EX1 9QS**

**Emergency Duty Team** out of hours **0845 6000 388**

**Police** non-emergency 101

**For all LADO enquiries** Exeter (01392) 384964

[https://new.devon.gov.uk](https://new.devon.gov.uk/educationandfamilies/child-protection/managing-allegations-against-adults-working-with-children)

**Early Help Team**

Senior Manager: TBC

Manager Exeter and South: TBC

Manager Mid & East: Ian Flett 07815 562 370

Manager South & West: Karen Hayes 07854 253424

Manager Northern: Sarah Simpson 07854 304 512

Locality Early Help Mailbox

North: earlyhelpnorthsecuremailbox@devon.gcsx.gov.uk

Mid & East: earlyhelpmideastsecuremailbox@devon.gcsx.gov.uk

South & West: earlyhelpsouthsecuremailbox@devon.gcsx.gov.uk

Exeter: earlyhelpexetersecuremailbox@devon.gcsx.gov.uk

For emergencies outside of office hours please call:

0345 600 0388 or 0845 600 0388

1. Wherever the word “staff” is used, it covers ALL staff on site, including ancillary supply and self-employed staff, contractors, volunteers working with children etc and trustees. [↑](#footnote-ref-1)
2. Guidance regarding DBS checks recently updated by the Protection of Freedoms Act 2012 [↑](#footnote-ref-2)
3. 4 All new enquiries go to the MASH, DSLs can consult on 0345 155 1071. In an emergency out of hours referrals can be made to the Emergency Duty Team on 0845 6000 388 or Police. [↑](#footnote-ref-3)
4. 5 Online forms are available via [Devon County Council](https://new.devon.gov.uk/educationandfamilies/child-protection/making-a-mash-enquiry) or [DCFP](https://www.devonchildrenandfamiliespartnership.org.uk/). [↑](#footnote-ref-4)
5. 6 Detailed information on early help can be found in Chapter 1 of [Working Together to safeguard children](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf) [↑](#footnote-ref-5)
6. 7The UK Data Protection Act 2018 (DPA 2018) is supplementary to the General Data Protection Regulation 2016 (the GDPR) and replaces DPA 1998. [↑](#footnote-ref-6)
7. 8 [The Prevent duty](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf) [↑](#footnote-ref-7)
8. 10 [DCFP screening tool](https://www.devonchildrenandfamiliespartnership.org.uk/workers-volunteers/child-sexual-exploitation/) [↑](#footnote-ref-8)
9. 11 [FGM procedural information](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf) [↑](#footnote-ref-9)
10. 14 Youth refers to anyone under the age of 18 [↑](#footnote-ref-10)
11. 16 Refer to “Guidance for Safe Working Practice” [↑](#footnote-ref-11)
12. 17 hair of Trustees in the event of an allegation against the Manager [↑](#footnote-ref-12)
13. 18 Duty LADO 01392 384964 or email ladosecure-mailbox@devon.gcsx.gov.uk [↑](#footnote-ref-13)