

## Active learning Centres

# Safeguarding Policy 2023

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## Contents

<b>Introduction</b> .....	<b>3</b>
<b>Principles</b> .....	<b>4</b>
<b>Responsibilities of staff</b> .....	<b>5</b>
<b>Training</b> .....	<b>8</b>
<b>Safeguarding Procedures</b> .....	<b>8</b>
<b>Low Level Concerns</b> .....	<b>11</b>
<b>Allegations</b> .....	<b>12</b>
<b>Grooming</b> .....	<b>15</b>
<b>Contextual Safeguarding</b> .....	<b>16</b>
<b>Child On Child Abuse</b> .....	<b>16</b>
<b>Sexual Violence and Sexual Harassment Between Children</b> .....	<b>17</b>
<b>Up Skirting</b> .....	<b>18</b>
<b>Online Safety</b> .....	<b>18</b>
<b>Tackling Extremism and Radicalisation</b> .....	<b>19</b>
<b>Child Sexual Exploitation</b> .....	<b>20</b>
<b>Child Criminal Exploitation and Serious Youth Violence</b> .....	<b>21</b>
<b>Sexually Active Youth</b> .....	<b>21</b>
<b>Female Genital Mutilation</b> .....	<b>22</b>
<b>Emotional Wellbeing and Mental Health</b> .....	<b>23</b>
<b>Self-harm</b> .....	<b>23</b>
<b>Domestic Abuse</b> .....	<b>24</b>
<b>Private Fostering</b> .....	<b>25</b>
<b>Whistle Blowing</b> .....	<b>26</b>
<b>Appendices</b> .....	<b>27</b>



## Introduction

Active Learning Centres provides residential school trips with a difference. We believe that active outdoor learning is a key component in supporting the development of positive character attributes as well as fostering healthy, enquiring minds. We also recognise the benefits of the natural environment on promoting wellbeing and encouraging a wider awareness of local and global issues in students, aged 6-18 years.

## Aim

- Active Learning Centres aims to enhance children's creativity, socialisation, confidence and resilience through extra-curricular experiences.
- It aims to support students to academic excellence, developing their characters and a global mindset through day and residential school trips in woodland, coastal and mountainous environments.

## Commitment

Active Learning Centres

- has statutory and moral duties to safeguard and promote the welfare of children and young people engaged in its activities.
- believes that all children have the right to be protected from abuse, exploitation, extremism and radicalisation.
- aims to ensure that proprietors, employees and volunteers comply with legal, contractual and professional standards and responsibilities in their work with children. This includes high quality record keeping and record management.
- strives to build and embed a culture of openness that recognises and accepts that abuse can happen in this organisation.
- believes that pro-active safeguarding and promoting the welfare of children is everyone's responsibility.

All children have the right

- To be safe; no one should take this right away from them.
- To protect their own bodies; their body belongs to them.
- To say no; it is alright to say no to someone if that person tries to do something to them that they feel is wrong.
- To get help against bullies; tell children to enlist the help of friends, to say no without fighting and to tell an adult.
- To tell; assure children that no matter what happens staff will not be angry with them should report any incident that frightens or confuses them or makes them unhappy.
- To be believed; when children are told to go to an adult for help, they need to know they will be believed and supported.
- Not to keep secrets; teach children that some secrets should never be kept, even if they promised the abuser not to tell.

**Active Learning Centres endeavors to safeguard children and staff by:**

- Promoting and prioritising the safety and wellbeing of children.
- Adopting child protection guidelines through effective procedures and a staff code of conduct.



- Ensuring appropriate action is taken in the event of incidents/concerns of abuse and that support is provided to all parties.
- Following carefully the procedures for safer recruitment and selection of staff.
- Providing effective management for the staff through supervision, support and training.
- Sharing information about child protection and good practice with children, visit leadership, schools (or other youth organisations), visitors, staff and any relevant third parties.
- Sharing information about concerns with the agencies who need to know and involving children and visit leadership appropriately.
- Reviewing our policy and best practice at regular intervals.

## Terminology

**A child:** The legal definition of a child in the UK is a person under the age of 18.

**Safeguarding** and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment e.g. abuse and neglect
- Preventing impairment of children's physical health and/or mental 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.

Working Together to Safeguard Children, Updated 1<sup>st</sup> July 2022

### **Safeguarding is what is done to prevent harm**

**Child protection** is an integral part of the safeguarding process. It focuses on protecting individual children identified as suffering from or likely to be at risk of significant harm (Working Together to Safeguard Children, Updated 1<sup>st</sup> July 2022) is the response to harm.

**Abuse:** A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm (commission), or by failing to act to prevent harm (omission). Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by one adult, or adults, or another child or group of children (Working Together to Safeguard Children, Updated 1<sup>st</sup> July 2022)

**Local Safeguarding Partners.** Previously known as Local Safeguarding Children Boards, they are made up of the local authority, a clinical commissioning group for an area within the local authority, and the chief officer of police for a police area in the local authority area. They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs (Keeping Children Safe in Education, 2022)

## Principles

Every member of staff must:

- accept that the well-being of children is of paramount importance
- have a child-centred approach and always consider what is in the best interests for the safety of the child
- read and understand this policy and the procedures being aware of their responsibilities and duty of care



- understand that one person, or organisation, cannot have a complete picture of a child's needs, therefore Local Safeguarding Partners like the local authority, health and the police, have a role in identifying concerns, sharing information and taking prompt action
- complete the safeguarding induction and training, read and understand updates and be able to recognise signs of potential abuse and neglect
- undertake training and professional development to ensure that they offer quality learning and development opportunities for children
- undertake first aid training for the specific to the age range of their children and activities
- all allegations of serious abuse or harm by any person living with, working with or looking after children, as well as serious accidents, illnesses and injuries will be reported which is a legal requirement
- be vigilant and act on any suspicions about the treatment of a child (this is a legal responsibility)
- be aware of the procedure to follow if a child discloses information to them
- raise concerns or suspicions (including low level concerns) immediately with their Designated Safeguarding Lead for appropriate action to be taken even if there is no clear disclosure
- staff member should make a written record of the incident as soon as possible
- be fully compliant with the ratio and qualification requirements applicable to each age range of children for the British Activity Providers' Association (BAPA)
- be suitable people to work with children and any significant event likely to affect their suitability will be reported to the British Activity Providers' Association and the Designated Officer (previously known as the Local Authority Designated Officer)
- behave appropriately, inappropriate behaviour should be reported to the Designated Safeguarding Lead
- be aware of procedures for confidentiality and for sharing and receiving information, including the need for reporting and recording, on CPOMS (Child Protection Online Monitoring System)
- have access to the safeguarding procedures and essential contact telephone numbers
- stay calm, think logically, use their professional judgment, and seek advice.

## Responsibilities

The Proprietors and all staff of Active Learning Centres know that safeguarding is *everyone's responsibility*.

Each individual in their role will:

- Proactively teach students about safeguarding
- Ensure that systems and procedures are in place to protect students
- Always act in the best interests for the safety of the child.

Active Learning Centres ensures that

- it is compliant with health and safety legislation including fire safety and food hygiene.
- the premises, including tented indoor and outdoor spaces, are fit for purpose and suitable for the age of children being cared for and the specific activities provided on camp.
- Staff smoking takes place in designated smoking areas.
- reasonable steps are taken to prevent children and staff from being exposed to unacceptable risks and to demonstrate how risks are managed.

### **Proprietors & Board**

They must be accountable for safeguarding by:

- ensuring that Active Learning Centres has appropriate structures, processes and resources so that safeguarding is central to the organisation's practice.
- maintaining oversight of safeguarding issues through regular reports.
- appointing a lead safeguarding board member who will receive meeting papers and other relevant documents that will enable them to report on their assessment of safeguarding.
- receiving an annual report, commissioning specific audits into areas causing concern.

### **Group Managing Director**

The Group Managing Director is the most senior accountable person for all aspects of safeguarding in the Active Learning Group of organisations. The group also has a Safeguarding Adviser (Natasha Keating, who is the Head of Safeguarding for the Active Learning Group which the Active Learning Centres sits within). Active Learning Centres has a Managing Director that also acts as the Designated Senior Person (DSP). Collectively they must ensure that:

- There is a strong culture of safeguarding across the organisation
- There are clear structures, processes, line management and resources to safeguard children at risk
- Senior leaders/directors are held to account for safeguarding
- They receive regular updates about safeguarding matters.

**Each centre within the Active Learning Centres portfolio has a Designated Safeguarding Team. The onsite teams comprise of a Designated Safeguarding Lead (DSL), supported by Deputies.**

The Team ensures that staff are aware of safeguarding procedures.

### **Designated Safeguarding Lead (DSL)**

The DSL must be a member of the Active Learning Centres senior leadership team who will take responsibility for safeguarding and child protection in their respective centre. This should be reflected in their job description. In each Active Learning Centre, the Head of Centre will be the Designated Safeguarding Lead (DSL) supported by the Head of Safeguarding for the Active Learning Group.

The Designated Safeguarding Lead must make arrangements for out-of-hours and out-of-term contact e.g. via phone or other.

The key functions are to:

- ensure that the safeguarding and child protection policy is in place and accessible to staff, visit leadership, schools (or other youth organisations) and visitors.
- ensure that staff, children, schools and visitors are familiar with and understand all aspects of safeguarding provision.
- ensure that the centre operates in line with safeguarding legislation.
- be the point of contact for staff, children, visit leadership, schools (or other youth organisations) and visitors about concerns related to children's welfare.
- manage referrals by referring cases, supporting staff to refer cases to external agencies where the child is in need or deemed to be at risk of significant harm
- work with others by liaising with the most senior person, the Group Managing Director, the "case manager" and staff. Liaise with safeguarding partners and other agencies.
- receive formal training for safeguarding including Prevent, FGM and online safety, keep updated with relevant developments.



- ensure all staff take responsibility for and follow safeguarding procedures for the children at the centre.
- Develop and encourage a culture of listening and reducing barriers to disclosure

### **Deputy Designated Safeguarding Leads (DDSL)**

They support their Designated Safeguarding Lead and are trained to the same level. Their responsibilities should be reflected in their job description.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's Social Care (and, if appropriate, the Police) is made immediately by the DSL, who should follow the local authority's referral process. If the DSL is not available then there should be no delay in another safeguarding staff member in the business making a referral.

Those with governance oversight e.g. The Board member, European Director of Education and GMs should also be aware of their obligations under the Human Rights Act 1998 and the Equality Act 2010.

### **Human Rights Act 1998**

The Human Rights Act 1998 (HRA) sets out the fundamental rights and freedoms that everyone in the UK is entitled to and contains the Articles and protocols of the European Convention on Human Rights (ECHR) (the Convention) that are deemed to apply in the UK. It compels public organisations to respect and protect an individual's human rights when they make individual decisions about them. Under the HRA, it is unlawful to act in a way that is incompatible with the Convention.

At Active Learning Centre's we

- Must not unlawfully discriminate against attendees because of their protected characteristics.
- Must consider how they are supporting attendees with protected characteristics.
- Must take positive action, where proportionate, to deal with the disadvantages these attendees face. For example, by making reasonable adjustments for disabled children and supporting girls if there is evidence that they are being disproportionately subjected to sexual violence or harassment.

Further information (including on absolute and qualified rights) can be found at [Human Rights | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com).

### **Equality Act 2010**

According to the Equality Act, we do not unlawfully discriminate against attendees because of their sex, race, disability, religion or belief, gender reassignment, pregnancy and maternity, or sexual orientation (protected characteristics).

Provisions within the Equality Act requires us to take positive action, where it can be shown that it is proportionate, to deal with particular disadvantages affecting pupils with a particular protected characteristic in order to meet their specific need, this includes a duty to make reasonable adjustments for disabled children and young people, including those with long



term conditions. For example, consider taking positive action to support girl if there was evidence they were being disproportionately subjected to sexual violence or sexual harassment.

For further information [Equality Act guidance | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com).

## Training

### Full-time staff must

- Complete safeguarding training and refresh it at least every two years enabling them to recognise signs of abuse
- Report all allegations of serious abuse or harm by anyone living with or looking after children as well as serious accidents, illnesses and injuries sustained by any child in Active Learning Centre's care
- Know who concerns or suspicions should be referred to
- Be aware of the procedure to follow if a child discloses information to them regarding abuse, neglect, extremism or radicalisation.

### Seasonal staff must

- Complete the online safeguarding training and the knowledge test achieving at least 80%. This is renewed annually.
- Report all allegations of serious abuse or harm by anyone living with or looking after children as well as serious accidents, illnesses and injuries sustained by any child in Active Learning Centres care.
- Be aware of the reporting lines within Active Learning Centres
- Have an understanding of our safeguarding reporting tool CPOMS.

This policy has been developed in accordance with the following documents:

- Working Together to Safeguard Children, Updated 1st July 2022
- Cognita Safeguarding and Child Protection Policy And Procedure, 2021
- British Activity Providers' Association
- Keeping Children Safe in Education, 2022

This policy is updated annually. Staff are encouraged to comment on the contents based on their use of it and the effectiveness.

## SAFEGUARDING PROCEDURES

**If a child tells a member of staff that they have been abused or neglected**, or if the member of staff is concerned about unmet need, they should:

- Make the child's welfare the focus.
- Be child-centred, use language appropriate for their age and stage of development.
- Listen carefully and actively, allowing the child to speak at their own pace. Take account of their age, culture, language, communication skills and any disabilities.
- Do not interrupt or be afraid of silences.
- Not show any signs of shock as it may discourage the child from talking. Avoid comments like "I wish you had told me this earlier", "I cannot believe what I am hearing".
- Do not ask any leading questions such as "how hard were you hit"
- Remain calm.



- Encourage with reassuring nods and comments like “I am so sorry that this has happened”, “you are doing the right thing talking to me”.
- Gather as much detail as they can around the context whilst not fully investigating (this is the role of the partner agencies – Social Care and the Police). If clarification is required ask open questions like “tell me”, “describe”, “explain”, “what”, “when”, “where”, “who”, or “how”. However, a context around what the child has said should always be sought prior to any referral being made to partner agencies. This should be done by the DSL or the staff member who obtained the initial disclosure. Limit questioning to the minimum necessary for clarification using What, When, How and Where.
- Not ask “why” as it can suggest guilt. Do not ask if it has happened to siblings but do ask if there are any siblings, their ages and gender.
- Ask if there is anything else that the child would like to tell you.
- If abuse is disclosed, ask whether other adults observed the abuse and whether it has happened before.
- Never promise to keep it a secret, explain that it will be referred in confidence, e.g., “I am really concerned about what you have told me and I have a responsibility to make sure that you are safe”.
- Explain what will happen next. The child may wish to accompany you to see the Centres’ Designated Safeguarding Lead, or their deputy. If not, let them know that someone will see them before the end of the day. Check that this happens and check to see how the child is.
- Active Learning Centres Managing Director and Active Learning Group’s Head of Safeguarding are to be kept informed of all referrals and actions via CPOMS.

**Should there be a concern about a child;**

1. the Outdoor Instructors verbally notifies the Centre DSL of their concern (by telephone if offsite). If you are unable to contact them, contact The Active Learning Group’s Head of Safeguarding directly (07912291197). *There should be no delay.*
2. the Centre DSL (or DDSL) creates the child on CPOMS
3. the Senior Instructors or Outdoor Instructors input their concern directly onto CPOMS/uploads their hard copy Concern form onto CPOMS (the hard copy form is destroyed once uploaded, if this is unable to happen it is stored in a confidential waste bag). As far as possible try to note the child’s language.
4. the Head Of Safeguarding and Brand Managing Director are informed of the concern automatically through the CPOMS submission and any further actions must be added to the CPOMS record. If more immediate assistance is require, the Centre DSL can contact the Head of Safeguarding directly.
5. the Centre DSL informs the Visit Leader (or School DSL if appropriate) of the concern, if not already informed, and agrees any actions required at that stage and updates them of any further actions deemed necessary by the Head of Safeguarding.
6. the Centre DSL and Senior Instructors complete any actions assigned to them
7. if required, the Centre DSL makes any necessary referrals to Social Care/Police and feeds backs to the Visit Leader, Head Of Operations, Managing Director and Head Of Safeguarding throughout.
8. If no referral is deemed necessary, a copy of the CPOMS record is confidentially sent to the Visit Leader or School DSL for their follow-up.

**Should there be a concern about staff conduct**

1. the staff member who has the concern should write a Low Level Concern (LLC) form and pass it to their Centre DSL who will inform the ALG Head Of Safeguarding



2. if the concern is about the Centre DSL or DDSL, the concern should be passed to the Head of Operations who will pass it onto the ALG Head Of Safeguarding
3. if the concern is about the Head Of Operations the concern must be passed to the Brand Managing Director and the Head Of Safeguarding
4. if the concern is about the Brand Managing Director then the concern must be passed to the Active Learning Group Managing Director
5. in most cases the Centre DSL, Head Of Operations, Head Of Safeguarding, Managing Director and HR will convene a meeting within an hour of the concern initially arising. The Active Learning Group Consultant Advisory should be invited.

In situations where there is a concern raised about a staff member where there **is a clear disclosure of harm**, prior to the staff member completing the LLC form, a telephone call must be made by the person raising the concern/Centre DSL – this call should be to the Head Of Operations and/or the Head Of Safeguarding. **There should be no delay.**

The Head Of Safeguarding will contact the LADO and inform the Head Of Operations, Managing Director and HR of the initial steer i.e. whether or not the concern reaches threshold for a referral or whether an internal investigation can commence. If a referral is requested, the Head Of Safeguarding will complete this.

**In all situations, should the Centre DSL/DDSL, Head Of Safeguarding and/or Head Of Operations be unavailable, all staff members with concerns must contact the Managing Director or the Active Learning Group Consultant Advisor. There should be no delay.**

Please see appendices for flow chart.

#### **If a child is thought to be at risk of harm or likely to be**

- A referral should be made immediately to Children’s Social Care or the Police if a criminal act has occurred or there is imminent danger to a child/other
- The Designated Safeguarding Lead would usually do this, under the guidance and support of the Head of Safeguarding for the Active Learning Group, but any member of staff can make contact. It is important not to delay. *Parental consent is not required to make referrals to statutory agencies where harm is alleged. Do not inform the parents/carers/alleged perpetrator of the harm unless told to do so by Social Care/Police. To do this too early could heighten the risk of further harm to the child.*
- A record must be made of the decision that was reached and the reason, what action was taken by whom including dates and times.

#### **Reporting a concern**

- Make a note of your concern as soon as possible.
- Inform the Centre DSL of your concern.
- DSL to discuss concern with Visit Leader (or School DSL if appropriate)
- DSL to inform the Active Learning Group’s Head of Safeguarding.
- DSL to contact local Children’s Social Care Team.
- Referrals being made out-of-hours should be made in the same way via the out-of-hours service.
- DSL to follow social care guidance on referral.
- CPOMS to be updated, and the Brand’s Managing Director to be informed a referral has taken place.



- If this has been done without parental consent a note should be made of this with the reasons and the date.

#### **What to expect from the local authority's Children's Social Care**

- Social Care should respond within 24 hours of receiving the referral and acknowledge receipt, the reporting person should request the name of the staff member they have spoken to and record this initially prior to sending a written referral
- If no response is received, contact them again (ensuring you also log a record of your attempts to contact them on CPOMS).
- If the response is not adequate, and/or not achieved in a timely manner i.e. the child is due to go home and you consider there to be a risk of harm, in discussion with the Centres' Designated Safeguarding Team and/or Head of Safeguarding for the Active Learning Group, a decision should be made about whether to escalate the matter to the Social Care Team Manager.

#### **If the child has unmet needs**

- If the child is not at risk of harm, they could be a **Child In Need** (see appendix) and have unmet needs. A referral should be made to Children's Social Care who will make the decisions about whether to conduct an assessment of the child's needs.
- Ideally parental consent should be sought although it is not a requirement for referrals to statutory agencies. Parents/carers are to be informed of the referral in line with current UK GDPR legislation for Children in Need.

#### **If there is a concern or allegation against a member of staff (by a child/other member or staff or parent)**

### **Low Level concerns**

The term 'low-level' concern does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold for an allegation (see below). A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' – that an adult working in or on behalf of the organisation may have acted in a way that:

- is inconsistent with the staff Code of Conduct, including inappropriate conduct outside of work, and
- does not meet the allegations threshold (LADO) or is otherwise not considered serious enough to consider a referral to the Designated Officer.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children;
- having favourites;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating or offensive language.

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse.

These are called Low Level Concerns and should be reported verbally to the Centre's Designated Safeguarding Lead and/or Head of Safeguarding for the Active Learning Group, the same day. A low-level concerns form should be completed and emailed to the above (see appendices) which will be



stored on CPOMS and the hard copy disposed of securely once uploaded. A decision should be made with the DSL and the Head of Safeguarding that it is a low-level concern and should not be reclassified as an *allegation* and dealt with under the appropriate 'allegations' procedure (outlined below).

If there are concerns about a DSL, these should be reported to the Active Learning Group's Head of Safeguarding or Active Learning Centres Managing Director. The DSL or deputy should record all low-level concerns. Records should include the details of the concern, how the concern arose, and the actions taken.

Having established that the concern is low level, the DSL or Head of Safeguarding as appropriate will discuss it with the individual who has raised it and will take any other steps to investigate it as necessary. Most low-level concerns by their very nature are likely to be minor and will be dealt with by means of management guidance, training, etc. The person to which the low-level concern relates must be informed of any concern raised about them once all risk has been identified and assessed. The person who has raised the low-level concern about their colleague will remain anonymous as much as possible.

No record will be made of the concern on the individual's personnel file unless either:

- a) the concern (or group of concerns) has been reclassified as an allegation; or
- b) the concern (or group of concerns) is sufficiently serious to result in formal action under Active Learning Centre's grievance, capability or disciplinary procedure.

Active Learning Centres want to create an environment where staff are encouraged and feel confident to self-refer if they have found themselves in a situation which might be misinterpreted, or they have behaved in a way that falls below professional standards. They do this by completing a self-referral form and passing this on to the DSL/Head of Safeguarding for Active Learning Group.

## Allegations

Allegations represent situations that might indicate a person would pose a risk of harm to children if they continue to work in regular or close contact with children in their present position, or in any capacity. This policy now refers to agency staff on site (including freelancing instructors). Concerns may meet what is known as the four 'harm tests' (KCSIE 2022);

1. behaved in a way that has harmed a child, or may have harmed a child;
2. possibly committed a criminal offence against or related to a child; or
3. behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.
4. behaved or may have behaved in a way that indicates they may not be suitable to work with children (potential transfer of risk)

### What to do

- Report your concerns immediately and verbally to the centre Designated Safeguarding Lead, the Active Leader Group's Head of Safeguarding and the Head of Human Resource Services. They will discuss together what needs to be done immediately to protect children and young people, and whether the concerns are sufficient to contact the Designated Officer (LADO) in order to have an 'initial discussion' (see below). The Active Learning Group's Head of Safeguarding **must** inform both the Active Learning Centres Managing Director and Group Managing Director of any allegations made against staff, and decisions must be made in regards to whether the staff member should be formally suspended whilst investigations are ongoing (on the advice of the Designated Officer - LADO).

- The adult about whom the allegation has been made should **not** be informed until initial decisions have been made to reduce or eliminate any risk of harm.
- If the allegation is about the Company or its Managing Director, it should be referred to the Group Managing Director immediately who will contact the Local Authority Designated Officer, the Human Resources Manager, and the Head of Safeguarding for the Active Learning. This should be done without informing the Company or its Managing Director.
- This process is the same regardless of where or when the alleged abuse occurred.
- In the case of historic abuse, the Police should be informed.
- Support should be provided for the child who had made the disclosure.
- The staff member, including volunteers, will be given a named contact for the period of their suspension, if that is the decision, and should be supported during that time.
- Such allegations of abuse should be dealt with as quickly as possible whilst ensuring that the child is well protected.

In some circumstances we will have to consider an allegation against an individual not directly employed by Active Learn Centres', where its disciplinary procedures do not fully apply, for example, an instructor provided by an employment agency or business. Whilst Active Learning Centres are not the employer of the instructor, they should ensure allegations are dealt with properly (KCSIE 2022). Decisions will need to be made in discussion with the agency as to whether it is appropriate to suspend the instructor or redeploy whilst they carry out their investigation. Agencies should be fully involved and co-operate in any enquiries from the Designated Officer (LADO), Police and/or children's Social Care. The company will usually take the lead because agencies do not have direct access to children or other staff, so they will not be able to collect the facts when an allegation is made, nor do they have all the relevant information required by the Designated Officer (LADO), as part of the referral process. Agency Instructors, whilst not employed by the company are under the supervision, direction and control of the company when working for them. They should be advised to contact their trade union representative if they have one, or a colleague for support. The allegations management meeting which is often arranged by the Designated Officer (LADO), should address issues such as information sharing, to ensure that any previous concerns or allegations known to the agency are taken into account by the company during the investigation. When using an agency, the company should inform the agency of its process for managing allegations. This should include inviting the agency's human resource manager or equivalent to meetings and keeping them up to date with information about its policies.

Allegations against a teacher/staff member who is no longer working for the company should be referred to the Police/ Designated Officer (LADO). Historical allegations of abuse should also be referred to the Police.

It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and, at the same time, supports the person who is the subject of the allegation.

## **Dealing with the allegation**

### **Initial discussion**

- If the allegation is against the Designated Senior Person or a senior member of staff, the Group Managing Director or the Head of Safeguarding for the Active Learning Group will usually be the Case Manager (see above).
- If the allegation is against another staff member, The Active Learning Centres Managing Director will usually be the Case Managers. The Group Managing Director and Head of Safeguarding for the Active Learning Group will be kept informed throughout.



- The Case Manager and Designated Officer (LADO) will discuss the nature, content and context of the allegation and agree what action will be taken. The Designated Officer (LADO) might want more information.
- If the initial sharing of information leads to a conclusion that there should be no further action, both the Case Manager and the Designated Officer (LADO) should record it in their respective files and agree what to write, and who will do it, to the person against whom the allegation was made.
- There should be an agreement about if any action should be taken against the person who made the allegation.

### **Strategy discussion**

- If there is a suspicion that a child has been harmed or is at risk of being significantly harmed, a 'Strategy Discussion' will be convened by the Designated Officer (LADO) and/or the Police. Children's Social Care will be involved. The Case Manager may or may not be invited to this meeting. They must not inform the alleged perpetrator until the Strategy Discussion has taken place and there is an agreement about what can be disclosed.
- If it is decided that the concerns do not reach threshold for a statutory investigation, the Designated Officer (LADO) will determine what should happen next e.g. no further action, internal investigation by ALG

### **Internal investigation**

- If further enquires are needed, the Designated Officer (LADO) will agree with the Case Manager who is best placed to be the Internal Investigator (usually a senior member of staff) to undertake the investigation and how.
- The HR manager should arrange for the member of staff to whom the allegation has been made to be interviewed about the matter. This should take place in a neutral setting, and a minute taker should be provided. The investigation which may potentially also involve taking statements from children and other staff, again using a minute taker for the latter. Parents **must** be asked for consent, prior to their child being interviewed. The Case Manager will keep the Group Managing Director informed at all times. All staff to be interviewed must be given reasonable notice of any pending interview and allowed to have a representative attend with them.
- A safeguarding investigation takes precedence over a grievance or disciplinary matter and should be completed first.

### **Suspension of an employee**

- All options to avoid suspension will be considered before taking this step.
- Consideration should be given to the risk of harm and well-being of the child concerned. If the Case Manager is concerned about the welfare of other children in the community or the member of staff's family, the Designated Officer (LADO) should be notified.
- Suspension has to be agreed with the Group Managing Director. A member of staff should not be automatically suspended and all other options should be considered.
- The Case Manager should check the views of the Designated Officer (LADO), Social Care and the Police, as appropriate but ultimately it is the Group MD's decision
- Other considerations could include redeployment to supervised work with children, moving to a different organisation in the Active Learning Group.
- If the staff member is suspended, written confirmation should be sent within a working day setting out the reasons for the suspension. A named contact with their details should be given to provide support.
- The accused person will be advised to contact a colleague or friend for support.



- They will also be given information about the employee support service.
- The accused will be kept informed about the progress of their case.
- Social contact should not be prevented.
- The Case Manager should use their professional judgment and seek advice from the Designated Officer (LADO) about whether it is appropriate to inform parents and carers of the allegation, the progress of the case, or the outcome. If the decision is to share any information, parents must be made aware of the need for confidentiality.

**For all of the areas listed below if there is a child causing concern because they have been harmed or are at risk of significant harm, the matter should be discussed with the Centres' Designated Safeguarding Lead to agree an appropriate course of action. A record of the concern should be made on CPOMS with a note of the discussion and outcome with the Designated Safeguarding Lead; note times and dates.**

## Grooming

Grooming is the process by which an individual prepares a child, significant adults and the environment for abuse of this child. Children and young people can be groomed online or in the real world, by a stranger or by someone they know. Groomers may be of any gender identity or sexual orientation. They could be of any age, including another young person. Many children and young people do not understand that they have been groomed, or that what has happened is abuse. The signs that a child is being groomed are not always obvious. Groomers will also go to great lengths not to be identified.

Children may:

- have older boyfriends or girlfriends;
- have access to drugs and alcohol;
- display behavioural changes;
- present as suicidal, self/harming, feeling depressed, unworthy.

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age. See the [NSPCC website](#) for further information about grooming.

### Modus operandi of grooming

In order for staff to be aware of potential grooming, they should be aware of the typical behaviours displayed by abusers:

- Target vulnerable victim: Perpetrators target victims who are vulnerable, isolated, insecure and/or have greater emotional needs.
- Gain victim's trust: Offenders may allow a child to do something (e.g. eat ice cream, stay up late, view pornography) which is not normally permitted by the child's parents or the school in order to foster secrecy.
- Gain the trust of others: Institutional offenders are often popular with children and parents, successfully grooming not only the victim but also other members of the victim's family and the community at large.
- Filling a need/becoming more important to the child: This can involve giving gifts, rewards, additional help or advice, favouritism, special attention and/or opportunities for special trips or outings.
- Isolating the child: The perpetrator may encourage dependency and subtly undermine the victim's other relationships with friends or family members.

- Sexualising the relationship: This can involve playful touches, tickling and hugs. It may involve adult jokes and innuendo or talking as if adults, for example about marital problems or conflicts.
- Maintaining control and secrecy: Offenders may use their professional position to make a child believe that they have no choice but to submit to the offender.

## Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Staff should consider the importance of understanding intra familial harms and any necessary support for siblings following incidents of child-on-child abuse, including sexual harassment and/or violence.

The contextual safeguarding approach says that children's social care practitioners, child protection systems and wider safeguarding partnerships need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse beyond their front doors.

See Annex B of KCSIE 2022 for more information.

## Child On Child Abuse

Staff should be aware that children are capable of abusing other children.

It is any form of physical, sexual, emotional, financial abuse or coercive control exercised between children in their relationships (intimate and non-intimate), friendships and wider peer groups. Different forms include but are not limited to serious bullying, cyberbullying, relationship abuse, domestic violence and abuse, child sexual exploitation, youth violence, harmful sexual behaviour, prejudice-based violence including, gender-based violence. Online child on child abuse e.g. sexting, online abuse, coercion, exploitation, child on child grooming, threatening language, distribution of sexualised content, and harassment. To protect children a "contextual safeguarding" approach (see below) is often taken which means safeguarding takes account of a child's experience of harm **outside** of their home e.g. with other children, in schools, in neighbourhoods or on-line which can affect their behaviour. We can adopt a contextual safeguarding approach by:

- Being aware of and seeking to understand the impact that these wider social contexts may be having on the children in our care.
- Creating a safe culture in the activity settings by, for example, discussing the implementation of policies and procedures that address child on child abuse and harmful attitudes.
- Promoting healthy relationships and attitudes to gender/ sexuality.
- Hotspot mapping to identify risky geographic areas on our properties and sites
- Training on potential bias and stereotyped assumptions
- Being alert to and monitoring changes in students' behaviour and/or attendance.

Recent research suggests that child on child abuse is one of the most common forms of abuse affecting children in the UK. For example, more than four in ten teenage schoolgirls aged between 13 and 17 in England have experienced sexual coercion (Barter et al 2015). Two thirds of contact sexual abuse experienced by children aged 17 or under was perpetrated by someone who was also aged 17 or under (Radford et al 2011) and over a third of young boys in England admitted to





watching porn and having negative attitudes towards women (University of Bristol and University of Central Lancashire, 2015). All staff should understand, that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported. Staff should therefore assume that child on child abuse is occurring and act accordingly.

#### **If child on child abuse is suspected**

- Report concerns verbally to the Centre's Designated Safeguarding Lead *without delay*
- A child is in immediate danger or at risk of harm a referral should be made by the DSL to Children's Social Care and /or the police immediately.
- A record should be made using CPOMS (Child Protection Online Monitoring System).

The Centre's Designated Safeguarding Lead, in collaboration with the Active Learning Group's Head of Safeguarding will make a decision about whether the behaviour might indicate abuse and whether there is the need to contact/make a referral to Social Care. Their discussion will agree the action e.g. first ensuring the safety and well-being of any child affected including the completion of a risk assessment, whether an investigation is needed, referral to other agencies e.g. the Police, where a crime might have been committed, or Children and Adolescent Mental Health Service (CAMHS) or a specialist team dealing with harmful sexual behaviour.

Be aware that:

- The abuse may indicate wider safeguarding concerns for the children.
- The victim and perpetrator are both at risk -although the perpetrator may pose a risk to other children, they may also be at risk themselves and have unmet needs.
- Power, consent and choices play a role, dependent on the child and the situation they could appear to be making choices whilst not consenting.
- Support the visit leadership in providing on-going support for the victim for their safety and address any unmet needs, monitor the child's well-being within the organisation.

## **Sexual Violence and Sexual Harassment between Children**

Child on child abuse can *include* two specific forms, known as Sexual Violence and Sexual Harassment. Any response to these should fall within and be consistent with our safeguarding procedures.

Sexual Violence includes sexual offences which fall under the Sexual Offences Act 2003.

Sexual Harassment refers to 'unwanted conduct of a sexual nature'. This can occur online (including, but not limited to non-consensual sharing of images, making sexual comments on social media) and offline (including but not limited to making sexual comments, sexual taunting or 'jokes', and physical contact, for example, brushing against someone deliberately or interfering with their clothes).

Sexual Violence and Sexual Harassment can:

- occur between any two children, or a group of children against one individual or group;
- be perpetrated by a child of any age against a child of any age;
- be perpetrated by a child of any sexual orientation against a child of any sexual orientation;
- include behaviours that exist on an often-progressive continuum and may overlap; and/or
- be online and offline (physical or verbal).

Sexual violence and sexual harassment are not acceptable, will never be tolerated, and are not an inevitable part of growing up.

### **Responding to incidents involving sexual violence and/or sexual harassment**

At this stage, staff will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk. (KCSIE 2022). If the victim does not give consent to share information, staff may still lawfully share it. The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care and the police if a crime has been committed. Ultimately, the designated safeguarding lead (or a deputy) will have to balance the victim's wishes against their duty to protect the victim and other children. At Active Learning Centre's we do not accept or tolerate sexual violence and sexual harassment and we have clear systems on how to respond and report abuse. Based on having all of the information, the DSL/safeguarding team will take the appropriate action, taking into consideration consent, power, victims wishes, frequency, risk to others and risk of exploitation.

When there has been a report of sexual violence, the designated safeguarding lead (or a deputy) should make an immediate risk and needs assessment this should be considered on a case-by-case basis.

The risk and needs assessment for a report of sexual violence should consider:

- the victim, especially their protection and support
- whether there may have been other victims
- the alleged perpetrator(s)
- all the other children, (and, if appropriate, adult students and staff)
- the time and location of the incident, and any action required to make the location safer.

Risk assessments should be recorded (paper or electronic) and should be kept under review

1. Consider the wishes of the victim and how they wish to proceed
2. Internally through pastoral support and 'teachable moments' – all evidence of our response should be recorded on CPOMS.
3. Early Help referral to be considered by DSL
4. Where a child has been harmed, is at risk of harm, or is in immediate danger, the centre DSL should make a referral to local children's Social Care.
5. Where a criminal offence is likely to have occurred a Police report will be needed

### **Up skirting**

The Voyeurism Act 2019 states that "up skirting" is a criminal offence and typically refers to the taking of a photograph under someone's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification or to cause the victim humiliation, distress or alarm."

Children with special educational needs and those who are or are perceived to be lesbian, gay, bisexual or transgender are particularly vulnerable to this act.

### **Online Safety**

Technology often provides the platform that may facilitate harm. All staff should be aware of the unique risks associated with online safety, and that technology is a significant component in many safeguarding and wellbeing issues. DSLs are responsible for overseeing online safety and should raise awareness in the staff group accordingly, including but not limited to, cyber-bullying, child sexual exploitation, radicalisation and sexual predation.

There are four main areas of risk:

**Content:** being exposed to illegal, inappropriate or harmful material.

**Contact:** being subjected to harmful online interaction with other users.

**Conduct:** personal online behaviour that increases the likelihood of (or causes) harm; for example, the making, sending and receiving of explicit images, or online bullying.

**Commercial:** risks such as online gambling, inappropriate advertising, phishing and or financial scams. If pupils, students or staff are at risk, please report it to the Anti-Phishing Working Group (<https://apwg.org/>).

How do we manage online safety in our sites?

Children are not allowed to have their mobile phones on them during their time at Active Learning Centre sites. If staff become aware of an online safety issue this must be reported on CPOMS and to the visit leadership.

All incidents involving the sharing of nudes/semi-nude imagery/videos should be responded to in line with this policy. When an incident involving these comes to a member of staff's attention:

- The incident should be referred to the DSL as soon as possible.
- The DSL must report the incident to the School DSL and Visit Lead.
- The School DSL should inform the parents of each child at an early stage and involve them in the process unless there is good reason to believe that involving parents would put the child at greater risk of harm and jeopardise any police/social care investigation.
- The Centre DSL must seek confirmation the School DSL has had communication with the parents.
- At any point in the process, if there is a concern that a child has been harmed or is at risk of harm, the Centre DSL should make a referral to Children's Social Care and/or the Police immediately.

Additional information to support is provided in Annex D of KCSIE (2022).

## Tackling extremism and radicalisation

### Definitions

**Radicalisation:** A process by which someone adopts increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo, contemporary ideas and expressions of freedom of choice.

**Extremism:** Holding extreme political and religious views, the vocal or active opposition to the values of democracy, the rule of law (obeying the law), mutual respect and tolerance of different faiths, beliefs and those with no faith.

**Terrorism** is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Children are vulnerable to extremist ideology and radicalisation. Education providers, including but not exhaustive of schools and colleges, are subject to a duty under section 26 of the Counter Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. For



more information, please see the Preventing Extremism and Radicalisation Policy and Annex A of KCSIE 2022. **All** children and young people are vulnerable to extremist ideology and radicalisation.

### Indicators of radicalisation or extremism

- Behaviour becoming more centred on extreme ideologies
- Loss of interest in friends and activities not associated with the extreme ideology, group or cause
- Changing their personal appearance to align with the extreme ideology, group or cause
- Possession of materials or symbols associated with the extreme ideology, group or cause
- Attempts to recruit others to the extreme ideology, group or cause
- Communication with others that suggest an affiliation with an extreme ideology, group or cause
- Using insulting or derogatory language about another extreme ideology, group or cause
- An increase in prejudice-related incidents committed by the individual, for example:
  - physical or verbal assault
  - provocative behaviour
  - damage to property
  - derogatory name calling
  - possession of prejudice-related material
  - refusal to cooperate
  - supporting violence towards others

To safeguard against this all staff will

- Have an understanding of radicalisation and extremism.
- Complete the free government Prevent Awareness Training every two years.
- Be constantly vigilant to signs of radicalisation
- Be informed about issues affecting the local area and society by their Prevent Officer.
- Respond quickly when issues arise.
- Help children to understand the dangers of radicalisation and exposure to extremist views including knowing how to be resilient against them and what to do if they are experiencing them.
- Suspend “professional disbelief” that radicalisation “could not happen here” and adopt a “professional inquisitive” approach.
- Be confident to challenge views and intervene as early as possible to safeguard children.

### Procedure

- Discuss any concerns about a child with the Centres’ Designated Safeguarding Lead who, with the member of staff, visit leadership and child’s school, will agree a course of action which could include referral to the Local Prevent Referral Team.
- A member of staff who does not agree with the decision and does not feel comfortable talking with their line manager can contact the Local Prevent Referral Team directly (see contact list) or use the whistleblowing policy.

## Child sexual exploitation (CSE)

### Definition

**Child sexual exploitation** is a form of child sexual abuse where an individual or group takes advantage of an imbalance in power to exploit the child

- Children may be exploited by an individual, several individuals working as an organised group, or by a gang.
- Grooming is the process of 'preparing' a child or young person for a sexual purpose.
- Grooming is often slow and subtle, continuing for several weeks or months and lulling the child or young person into a false sense of security. It always involves manipulation and deceit.
- Two types of grooming are recognised: street grooming which occurs in the community, and online grooming using technology including the internet and mobile telephones.
- By the time a child or young person realises that they are not having a 'real' relationship they have probably been seriously abused sexually, physically and psychologically. They will probably have withdrawn from family and friends and there will be a threat of distribution of indecent images of them to their family. Some children may have developed substance addictions as a coping strategy or because they have been given substances during their exploitation.

## Child Criminal Exploitation (CCE) and Serious Youth Violence

### Definition

- where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.
- The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. CCE can include children being forced to work in cannabis factories, forced to shoplift or pickpocket, or to threaten other young people. CCE also involves children and young people being coerced into moving drugs or money across the country; this is commonly referred to as County Lines.
- County Lines usually occurs through engaging children into gangs and using them to carry money or drugs from urban areas to suburban and rural areas, market and seaside towns. Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office

### Procedure for CSE, CCE and Serious Violence

#### Staff will:

- All staff have had safeguarding training including information on sexual exploitation and grooming
- Help parents to understand any issues raised
- Contribute to inter-agency safeguarding and child protection arrangements
- Promote healthy and safe relationships
- Discuss concerns with the Estate Designated Safeguarding Lead and agree a course of action
- Record all concerns on CPOMS

## Sexually active youth

In law, a child is a person under the age of 18. Not all sexual activity involving a child is criminal, nor is it always abusive. Sexual activity involving a child **under** 13 is *always* a criminal offence and Active Learning Centres will always refer such concerns to the Police.

**Procedure:** Report your concerns to your Centres' Designated Safeguarding Lead who will use their professional judgement, and seek advice from the Active Learning Group's Head of Safeguarding to determine whether a concern about sexual activity involving a child **over** the age of 13 is exploitative or abusive, and whether the matter should be referred to Social Care or the Police.

## Female Genital mutilation (FGM)

A child who has undergone FGM should **always** be seen as a child protection issue.

**Definition:** "Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons."

The UK Government has written advice and guidance on FGM that states:

"FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."

"Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM."

*It is the law that any 'teacher' in the UK reports known acts of FGM (or has evidence to suggest that FGM is likely to occur) to the Police via 101.*

### Indications that FGM has taken place

- Prolonged absence from camp with noticeable change in behaviour, especially after a return from holiday.
- Spending long periods of time away from the sessions during the day e.g. extended toilet breaks.
- Discomfort on return from toilets, sitting, or changing clothes
- Not visiting the toilet
- Talk of a significant family event, often involving only the female members of the family

### Indications that a child is at risk of FGM

- The family comes from a community that is known to practice FGM, especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety (or excitement) about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parents or guardians may comment on overseas travel.
- If a girl has already undergone FGM and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral should be made to the Designated Safeguarding Lead who will decide on the most appropriate course of action.

### Procedure

- All staff to undertake free government/other FGM training every two years.
- Take proactive action to protect and prevent girls from being forced to undertake FGM.
- Staff should report any concerns to the Centres' Designated Safeguarding Lead who will seek advice from Children's Social Care and the Police via 101
- Record all intervention accurately on CPOMS (Child Protection Online Monitoring System).

## Emotional Wellbeing and Mental Health

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

All staff should also be aware that deteriorating emotional wellbeing and escalation of mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Please note, however, only appropriately trained health professionals should attempt to make a diagnosis of a mental health problem.

Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their this policy and speaking to the Centre's Designated Safeguarding Lead.

The Department of Education has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools. In addition, UK Health Security Agency has produced a range of resources to support staff to promote positive health, wellbeing and resilience among young people including its guidance, Promoting Children and Young People's Emotional Health and Wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol.

Whilst all children should be protected, it is important that staff recognise that some groups of children are potentially at greater risk of harm (including online harm). For example, this vulnerable group includes, but is not limited to: those children with Special Educational Needs, young carers, those with a parent in prison, those identifying as LGBTQ+, and those living in homes characterised by domestic abuse and/or parental acrimony.

## Self-harm

### Definition

- It is behaviour in which deliberate harm is caused to one's own body. There is a higher incidence amongst children with special educational needs.
- It can happen when a child is dealing with difficult experiences and emotions e.g. being bullied, difficult relationships with family or friends, experiencing depression or anxiety, having low self-esteem, experiencing some form of abuse. They harm themselves as a way of coping and relieving tension. Examples include cutting, picking skin, swallowing inedible objects or hazardous substances, taking an overdose of drugs, burning or scolding, hair-pulling, hitting parts of the body. It can also include eating disorders and excessive physical activity.



- Factors relating to the individual (depression, low self-esteem, substance abuse), their family (unreasonable expectations, abuse, parental relationships), their social situation (difficulty socialising, loneliness, being bullied), can contribute to making a child self-harming.

**Indications that self-harm has taken place** should be taken seriously and could include:

- Becoming withdrawn
- Wearing long sleeves during warm weather
- Avoiding friends and family
- Lower academic attainment
- Unexplained cuts, bruises, burns
- Changes in clothing
- Abuse of substances
- Changes in eating or sleeping habits
- Changes in behaviour and mood
- Expressing feelings of failure
- Talking about self-harm and suicide

### **Procedure**

Maintain a supportive and open attitude, regardless of how you might feel about what you are hearing or seeing. Be non-judgmental. The fact that the child is talking to you shows that they are courageous and trust you.

Do not promise to keep what you are being told confidential.

Report the incident to the Centres' Designated Safeguarding Lead who will decide the best course of action which may include:

- the immediate safety of the child is of paramount importance; if they are acutely distressed, ensure that they are safe and that an adult remains with them at all times.
- if a child has self-harmed whilst on an activity, a first aider should be called immediately.
- arranging professional assistance if needed e.g. nurse, doctor, social care
- informing the visit leader of what has occurred unless to do so will heighten the risk of harm to the child, or the child escalating their self-harm (always seek advice)
- removing the child from activities if remaining on site would cause them more distress.
- recording on CPOMS noting what the child said, any concerns, dates and times, details of who was informed and what action was taken alerting the Managing Director and Active Learning Group Head Of Safeguarding.
- offering emotional support to the peer group, if they have been affected, as appropriate.
- A Risk Assessment should be put in place for any child attending who is currently self-harming or has a recent history of self-harming (seek advice from the Head of Safeguarding for Active Learning Group)
- A Risk Assessment should be put in place for any child attending who is currently communicating suicidal ideation or has a recent history of suicidal ideation (seek advice from the Head of Safeguarding for Active Learning Group)

### **Domestic Abuse**

Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). The cross-government definition of domestic violence and abuse is that it may be a single 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, detrimental and long term impact on a child's health, wellbeing, development and ability to learn. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the 2021 Act).

### National Domestic Abuse Helpline

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked.

## **Private fostering**

A private fostering arrangement is one where a child (under 16 years or under 18 years if they have a disability) is privately (without involvement of the local authority) cared for by someone other than a parent or close relative (grandparent, sister/brother, aunt/uncle, step-parents, half siblings) expected to last for more than 28 days. Close relatives do not include great grandparents, great aunts/uncles or cousins. There is a duty on the parent of the child to inform the local authority if they are entering into a private fostering arrangement. However, if you become aware of a family situation that appears to be a private fostering arrangement, then have a discussion with the parents/carers/child and seek information. Notify them of their duty.

Active Learning Centres adheres to the Private Fostering Act. Children in such settings may be particularly vulnerable, and so care and attention must be taken. Where there is reasonable cause to believe they have suffered or likely to suffer significant harm a referral must be made to Children's Social Care.

### *Why does your Local Authority Children's Services need to know?*

By law, the Local Authority must be informed about all private fostering situations. The child's parents, private foster carers and anyone else involved in the arrangement or who becomes aware of the arrangement, e.g. guardianship agencies, schools or health professionals are legally required to inform Children's Services. Children's Services have a legal duty to make sure all private fostering arrangements are safe for the child. Once informed of the arrangement, they will check the suitability of private foster carers, make regular visits to the child and ensure advice, help and support is available when needed.

### Timescales for informing the Local Authority?

The child is not yet living with the private foster carers Within 6 weeks - beforehand

The child will move in with the private foster carers within 6 weeks - immediately

The child is already living with the private foster carers – immediately.



## **Whistleblowing**

Active Learning Centres is committed to the highest standard of openness, inclusiveness and accountability. Once you have passed on any concerns to the Centres Designated Safeguarding Lead, and if you are unhappy with how it is being dealt with please speak with your line manager in the first instance so that your concerns can be addressed.

If you are still unhappy you should contact the Active Learning Group's Head of Safeguarding via [natasha.keating@activelearninggroup.co.uk](mailto:natasha.keating@activelearninggroup.co.uk) and if you are still unhappy you should contact, the Consultant Safeguarding Adviser for ALG – Alison Barnett via [alison.barnett@cognita.com](mailto:alison.barnett@cognita.com). You do not have to carry worries on your own.

Please see our Whistleblowing Policy for more information.

## APPENDICES

### Designated Safeguarding Lead

#### Purpose of role

- Ensure that child protection and safeguarding policies are in place, clearly laid out and accessible to staff, parents and guardians.
- Ensure that all staff, children, parents and guardians are familiar with and understand all aspects of the Bushcraft safeguarding provision.
- Ensure that the camps operate in line with, and staff are updated with, all safeguarding legislation and that information, support and resources on the topic of child protection and safeguarding are accessible to staff, parents and guardian.
- Be a personal advisor to all staff, children, parents and guardians and promote their role to ensure that everyone knows who they are and how to contact them.
- Be the first point of contact for any staff, children, parents and guardians who have concerns about a child's welfare.
- Attend and/or contribute to child protection conferences.
- Refer concerns to the relevant agencies, as required, and dependent on the specific circumstances.
- Use their specialist skills and training in child protection to support the identification of possible abuse/neglect/extremism/terrorism and decide on the most appropriate action".
- Ensure that all staff are taking responsibility and follow the correct procedure for safeguarding the children in the care of Bushcraft.

#### Definitions

##### Types of abuse and possible indicators

The term 'abuse' is often used as an umbrella term. All staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Abuse and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

##### Abuse

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others.

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



##### Neglect

The persistent failure to meet a child's basic physical and psychological needs which is likely to result in serious impairments to their health and development. This may involve a parent or carer failing to

provide food, shelter, clothing or a failure to protect from physical harm or danger or allow access to medical treatment. (Keeping Children Safe in Education 2022)

Obvious signs of lack of care including:

- Problems with personal hygiene
- Constant hunger
- Inadequate clothing
- Poor relationship with peers
- Emaciation
- Untreated medical problems
- Repetitive discipline issues, lateness, compulsive stealing

### **Physical Abuse**

Actual or likely physical injury or failure to prevent physical injury or suffering to a child including 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. (Keeping Children Safe in Education 2022)

- Physical signs do not tally with the given account of the occurrence
- Conflicting /unrealistic explanations of the cause
- Repeated injuries
- Bruising in unusual places
- Symmetry in injuries
- Delay in reporting or seeking medical advice.
- Unexpected covering up (e.g. long sleeves when previously short –sleeves were worn)
- Reluctance to take part in activities requiring exposing body, e.g. swimming or some sports

### **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 or non-penetrative acts. 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. (Keeping Children Safe in Education 2022)

- Sudden changes in behaviour
- Displays of affection which are sexual and age inappropriate
- Tendency to cling or need constant reassurance
- Tendency to cry easily
- Regression to younger behaviour (thumb sucking, acting like a baby etc)
- Unexplained gifts or money
- Wetting/soiling day or night

### **Emotional Abuse**

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 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 capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. For the first time children are legally defined as victims of domestic abuse if related to the people involved, or witness/hear, or if they experience effects of the abuse.

(Keeping Children Safe in Education 2022)

- Rejection
- Low self-esteem
- Being withdrawn/ isolation
- Rocking, hair twisting, thumb sucking
- Child being blamed for actions of adults
- Child being used as a carer for younger siblings
- Affection and basic emotional care giving/warmth persistently absent or withheld
- Being angry and aggressive
- Swinging between withdrawn and angry/aggressive in short space of time
- Self-harm (in extreme cases)

#### Term

##### **Children In Need (CIN) (section 17 of the Children Act 1989;2004)**

- They are unlikely to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the local authority.
- Their health or development is likely to be significantly impaired without the provision of services from the local authority.
- They have a disability. They may be blind, deaf or dumb, have a mental health disorder, permanent illness or injury or a congenital deformity.
- Children in Need may have special educational needs and disabilities, be asylum seekers, be young carers, have committed a crime, have parents in prison.
- If a child is subject to a CIN plan by Social Care, a copy of this plan and the name of the allocated Social Worker should be obtained, prior to the child attending sessions

##### **Child Protection (CP) (section 47 of the Children Act 1989; 2004)**

Where a child has been or are likely to be significantly harmed, a child protection investigation will usually take place under s47; this will be led by Social Care, the Police or both. The case will then either move forwards for an Initial Child Protection Case Conference (ICPCC) or the child will be assessed CIN (above). The DSL may be asked to attend the ICPCC if the disclosure occurred on one of the company's sites/made to an ALG employee.

At the ICPCC a decision will then be made as to whether the child is still at risk of harm, and if so, they will be made subject to a CP plan. On occasion, the decision is that the child will be made subject to a CIN plan at the conference, usually when change has already occurred or where the alleged perpetrator of the abuse is no longer in the home.

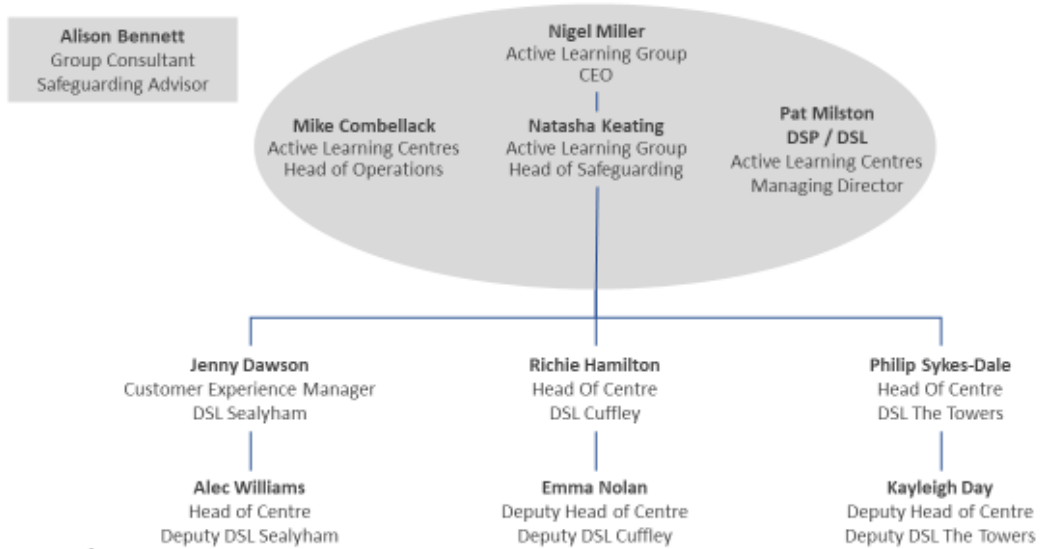
All children who are defined as needing CP because they at risk of harm **will** have an allocated Social Worker and will be subject to a CP plan; this plan is reviewed with the parents, other professionals and Social Worker every 4-6 at a meeting called a Core Group. The DSL may be provided a copy of this plan prior to the child attending any sessions and choose to attend Core Groups if requested (please note that if the child is not coming to any further ALG events, camps etc then you should

notify the Social Worker as you will have no further information). Please notify the allocated Social Worker if the child was due to attend a session but fails to attend.

<b>Active Learning Centres Contacts</b>		
<b>Title</b>	<b>Name</b>	<b>Contact details</b>
Group Managing Director	Nigel Miller	07703124999
Designated Senior Person (Managing Director – Active Learning Centres)	Pat Milston	07771 881 953
Group Head Of Safeguarding	Natasha Keating	<a href="mailto:Natasha.keating@activelearninggroup.co.uk">Natasha.keating@activelearninggroup.co.uk</a> 07912291197
Designated Safeguarding Lead- Cuffley	Richie Hamilton	07912 210196
Deputy Designated Safeguarding Lead – Cuffley	Emma Nolan	07912 210693
Designated Safeguarding Lead – Sealyham	Jenny Dawson	01348 840307
Deputy Designated Safeguarding Lead – Sealyham	Alec Williams	07912 210066
Designated Safeguarding Lead – The Towers	Philip Sykes - Dale	07795 680435
Deputy Designated Safeguarding Lead – The Towers	Kayleigh Day	07895 080006

<b>OTHER CONTACTS</b>			
<b>Title</b>	<b>Cuffley</b>	<b>Sealyham</b>	<b>The Towers</b>
<b>Authority</b>	Hertfordshire Safeguarding Children Partnership	Mid and West Wales Regional Safeguarding Children Board. (Pembrokeshire Council)	North Wales Safeguarding Board (Conwy Council)
<b>Local Authority Designated Officer</b>	0300 123 4042	01437 764551	0300 456 1111
<b>Local Authority Designated Officer, out-of-hours</b>	0300 123 4042	0300 333 2222	01492 515777
<b>Local Authority Children’s Social Care</b>	0300 123 4043	01437 776444	0300 456 1111
<b>Local Authority Children’s Social Care out-of-hours</b>	0300 123 4043	0300 333 2222	01492 515777

## Active Learning Centres Safeguarding Org Chart





*Confidential*

**Appendix: Low Level Concern (LLC) Form OR Self-Report**

Please delete/circle clearly as appropriate

See *Safeguarding Policy* for more information about low level concerns and self-reporting

<b>Organisation</b>	
<b>Name of adult making the report and signature</b>	
<b>Role of adult making the report</b>	
<b>For Low Level Concerns (LLC) ONLY Adult referred to in LLC and their role</b>	
<b>For Low Level Concerns ONLY Child referred to in LLC and their Class/Year</b>	<b>If a child was involved</b>
<b>Names of any witnesses</b>	
<b>Date</b>	

<b>Brief summary of information</b>
.....
.....
.....
.....
.....

<b><u>Date of receipt of LLC or Self-Report</u></b>			
<b>Name:</b>			
<b>Role:</b>			
<b>Signature:</b>			
<b>Follow up Actions Required by Safeguarding Lead /Managing Director/Proprietor</b>			
<b>What</b>	<b>Who by</b>	<b>By when</b>	<b>Completed</b>



### Concern about a child

Do you have a suspicion, concern or disclosure about a child

Is the child in immediate danger, left alone or missing?

**Yes**

**No**

Contact the Head of Centre straight away

**Respond**

SI or OI verbally notifies the Centre DSL of their concern (by telephone if offsite)

Centre DSL (or DDSL) creates the child on

Discuss your concerns with your Designated Safeguarding Lead (DSL) And Record On CPOMS and inform the original referrer and note on CPOMS

**Record**

SI or OI inputs their concern directly onto CPOMS/uploads their hard copy Concern form onto CPOMS

Does the concern meet threshold? Centre DSL makes decision with information available  
 Yes – Centre DSL makes appropriate referrals to outside agencies. SI or OI reports to school representative on site  
 No – SI or OI reports to school representative on site who signs that they have received the information and will pass concern to school DSL

**Inform Natasha Keating on 07912291197**

**Report**

Centre DSL notifies the HOp and HOS of the concern and inputs actions needed on CPOMS

Centre DSL and SI complete any actions assigned to them

Centre DSL makes any necessary referrals to Social Care/Police and feeds backs to the HOp, MD and HOS

If there is a doubt that a concern will be passed onto the school DSL at any point Head of Safeguarding to write a letter with concerns to the school DSL sent confidentially via Egress

Centre DSL team inform the child's school DSL/Head of concerns raised and actions taken and update CPOMS

\*Parent(s)/Carer(s) should be informed that a referral is being made unless this will put the child at more risk

### Concern about an adult

Do you have a suspicion, concern or disclosure about the behavior of a member of staff or volunteer

Is there a clear disclosure of harm?

**Yes**

**No**

If there is a **clear disclosure of harm**, a telephone call must be made by the person raising the concern to the MO or HOS. **There should be no delay.** The MO team will contact the LADO and inform the HOS, MD and HRBP of the initial steer i.e. referral, investigation. If a referral is requested, the MO team will complete this.

Respond

The staff member who has the concern should write a Low Level Concern form and pass it to their Centre DSL within 1 hour

Record

If the concern is about the Centre DSL or DDSL, the concern should be passed to the HOP

Report

If the concern is about the HOP, the concern must be passed to the MD

In most cases the MO team, HOS, MD and HR will convene a meeting within an hour of the concern initially arising. The CA should be invited

MO team inform the child's school DSL/Head of concerns raised and actions taken and update CPOMS

Record on CPOMS on every step until closed by Natasha Keating



**Structure:**

CEO for ALG

Managing Director (MD) *Trained to DSL level- access to CPOMS*

Head of Ops (HOps) *Trained to DSL level- access to CPOMS*

Centre Office

Head of Centre (HC) – **Centre DSL** – *access to CPOMS*

Customer Experience – **DDSL** – *access to CPOMS*

Activity Manager – **DDSL** – *access to CPOMS*

Senior Instructors (SI) – *access to CPOMS*

Outdoor Instructors (OI) – *access to CPOMS*

Head Of Safeguarding (HOS) *Trained to DSL level – access to CPOMS*

Consultant Advisor (CA) *Trained to DSL level – access to CPOMS*

### **Designated Safeguarding Lead Role Profile**

The Designated Safeguarding Lead (DSL) must be a member of the senior leadership team who will take responsibility for safeguarding and child protection in the organisation. The Designated Safeguarding Lead (DSL) must decide on out-of-hours and out-of-term contact e.g., via telephone or other.

The designated safeguarding lead is expected to:

#### **Manage referrals**

- refer cases of suspected abuse to the local authority children's social care as required
- refer cases to the Channel programme where there is a radicalisation concern as required
- refer cases where a crime may have been committed to the Police as required
- keep detailed, accurate, secure written records of concerns and referrals

#### **Work with others**

- act as a point of contact with other agencies and safeguarding partners
- liaise with the ALG Head Of Safeguarding and business Managing Director to inform them issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- work closely with the Recruitment Team to ensure all processes and procedures with regard to safeguarding and safer recruitment are in place and adhered to
- as required, liaise with the Head Of Safeguarding regarding concerns referred to the LADO
- act as a source of support, advice and expertise for all staff
- be the point of contact for staff, children, visit leadership, schools (or other youth organisations) and visitors about concerns related to children's welfare
- ensure each member of staff has access to, and understands, the safeguarding policy
- ensure staff are alerted to specific needs of children
- provide advice and support to staff on protecting children from the risk of radicalisation

#### **Training**

- The DSL should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.
- The designated safeguarding lead should undertake Prevent awareness training
- In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role.
- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulations
- understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at any Active Learning Centre venue

#### **Awareness**

- ensure Active Learning Centre's safeguarding policies are known, understood and used appropriately



- ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff to reduce barriers to disclosures
- Be aware that under the Police and Criminal Evidence Act (PACE) (1984) – Code C, the DSL is aware of the requirement for children to have an ‘Appropriate Adult’ when in contact with Police officers who suspect them of an offence. For more information please see NCPP When To Call The Police