

Active learning Centres

Safeguarding Policy

2024

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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

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 tell; children should be assured that no matter what happens that staff will not be angry with them, and they should report any incident that frightens or confuses them or makes them unhappy.

Every member of staff must....

- accept that the well-being of children is of paramount importance
- be aware that we have statutory and moral duties to safeguard and promote the welfare of children and young people engaged in our activities
- 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 we may share information with relevant professionals
- complete safeguarding induction and training, read and understand updates, and be able to recognise signs and indicators of potential abuse and neglect
- 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 to statutory agencies which is a duty according to government guidance
- be vigilant and act on any suspicions about the treatment of a child by their parents/carers, raising their concerns according to process, and immediately with their Designated Safeguarding Lead for appropriate action to be taken, even if there is no clear disclosure.
- be vigilant and act on any suspicions about the treatment of a child by their staff or 3rd party contractors, raising their Allegations/Low level Concerns according to process, and immediately with their Designated Safeguarding Lead/Head of Safeguarding for appropriate action to be taken, even if there is no clear disclosure



- be aware of procedures for confidentiality and for sharing and receiving information, including the need for reporting and recording, on the company's chosen recording system which is currently CPOMS (Child Protection Online Monitoring System)

Leadership and management of Safeguarding

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 practice, clear 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.
- Carefully following the procedures for safer recruitment and selection of staff.
- Providing effective management for the staff through supervision, support, and training.
- Sharing organisational information about safeguarding and good practice with children, visit leadership, schools (or other youth organisations), visitors, staff, and any relevant third parties.
- Sharing information about safeguarding concerns with the agencies who need to know, in line with statutory duties, and involving children and visit leadership appropriately
- Reviewing our policy and best practice at regular intervals to ensure operationally effective

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 organisational practice.
- maintaining oversight of safeguarding issues through mid-year check in sessions, and our annual assurance report and completion of any SIRC 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, who is the Head of Safeguarding for the Active Learning Group, of which 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.



Designated Safeguarding Lead (DSL)

There must be a member of the Active Learning Centres Senior Leadership Team who is the Designated Safeguarding Lead.

Each centre must have their own DSL who is a member of the Centre Management Team. They will take responsibility for safeguarding and child protection in their respective centre. This should be reflected in their job description.

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

The DSL, with support from the Deputies, ensures that all staff in the centre are aware of safeguarding procedures.

Please see the appendix for the Role Profile

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.

Safeguarding on site

Any safeguarding concerns are to be reported to the Centre DSL or the Centre DDSL. A DSL or DDSL will be contactable at all times either in the office or via their work mobile phone. There must be no delay in reporting concerns.

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, Group MD and Head of Safeguarding should also be aware of their obligations under the Human Rights Act 1998 and the Equality Act 2010.

Staff knowledge and understanding

Training

Designated Safeguarding Lead Training

- Designated Safeguarding Lead training every 2 years
- Prevent awareness training every 3 years
- Online safety training on an annual ongoing basis
- Safer Recruitment training every 2 years
- FGM training every 5 years

Full-time staff must

- Have a safeguarding induction by their DSL
- Complete safeguarding training and knowledge test achieving at least 80%. This must be renewed at least every three 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 and illnesses sustained by any child in Active Learning Centres care
- Know who concerns about children should be referred to
- Basic Safeguarding training every 3 years or less
- Prevent training every 3 years
- Receive annual safeguarding refresher training

Seasonal / Fixed Term / Freelance staff must

- Complete the online safeguarding training and 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 and illnesses sustained by any child in Active Learning Centres care.
- Be aware of the safeguarding reporting lines within Active Learning Centres
- Have an understanding of our safeguarding reporting tool CPOMS.

SAFEGUARDING PROCEDURES

What to do if you have a concern about a child



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.
- Listen carefully and actively – if any notes are taken these need to be securely disposed of.
- 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".
- Not ask any leading questions such as "how hard were you hit".
- 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.
- 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 them.
- 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 them 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 made to external agencies by the DSL/DDSL and actions via a telephone call and CPOMS.

Reporting

All safeguarding concerns are to be recorded on CPOMS within 24 hours.

Records should include:

- a clear and comprehensive summary of the concern;
- details of how the concern was followed up and resolved;
- a note of any action taken, decisions reached and the outcome.
- staff should never take photos of a child's injuries unless directed to by social care. If you are directed to do so, you must record the name and role of the person giving that instruction. All photos must be taken on work devices with a witness, and then sent to a named person. Once the latter has received the image, then the photo should be deleted immediately from the work device. Photos must not ever be taken of intimate areas.

Staff recording disclosures should use the specific words that the child used (e.g. if referring to parts of their body), indicating these by using "speech marks/inverted commas".

If a disclosure of abuse has been made by the child, staff should immediately discuss the concerns verbally with the DSL, or Deputy DSL, prior to writing up the record so that immediate action can be considered.

If there is a serious allegation of abuse the Head of Safeguarding is to be informed verbally within that working day.

Should there be a concern about a child

1. Staff member to verbally notify the Centre DSL of their concern. *This should happen as soon as is practicably possible.* If the Centre DSL is not available, the assigned deputy.
2. Centre DSL to 'Add Student' on CPOMS.
3. Staff member to input their concern directly onto CPOMS/upload their hard copy Concern form onto CPOMS (hard copy form to be destroyed once uploaded, or stored in a confidential waste bag until able to do so).
4. Centre DSL to add any required actions to the CPOMS record and assign to staff as required.
5. The Head of Safeguarding and Brand Head of Operations and Managing Director are informed of the concern automatically through the CPOMS submission. Any further actions they deem required will be added to the CPOMS record. If more immediate assistance is required, the Centre DSL can contact the Head of Safeguarding directly.
6. Centre DSL to ensure the Visit Leader is informed (or School DSL if appropriate) of the concern and agree any actions required at that stage.
7. Centre DSL is to make any referrals to Social Care/Police as they are responsible for hearing the concern. Visit Leader and CPOMS record to be updated as required.
8. If no referral is deemed necessary, a copy of the CPOMS record can be confidentially sent to the Visit Leader or School DSL for their follow-up.
9. Centre DSL to ensure actions are completed in a timely manner.
10. When actions are completed, or no further actions are deemed necessary, Head of Safeguarding to review and close record on CPOMS.

If there is a doubt that a concern will be passed onto the school DSL at any point, the Head of Safeguarding will write a letter with concerns to the school DSL, sent confidentially via Egress. This action is to be recorded on CPOMS by Head of Safeguarding.

What to expect from the local authority

- Children's Services should respond to any referral within 24 hours of receiving the referral and acknowledge receipt. At the time of the referral, the DSL should request the name of the staff member they have spoken to and record this
- If no response is received by the DSL following their referral, 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 Designated Safeguarding Lead and/or Head Office Safeguarding Team (ALG) and /or Consultant Safeguarding Adviser (ALG), a decision should be made about whether to escalate the matter the Social Care Team Manager. Where there are significant concerns about the child leaving the site, and Children's Services still have not responded, there is a rationale for delaying the child's collection.

Low Level concerns and self-reports

The notification and prompt handling of all concerns about adults, including those raised by individuals about themselves, is fundamental to safeguarding children. It helps to identify and prevent abuse and to protect adults against misunderstandings or misinterpretations. It also encourages openness, trust, and transparency and it clarifies expected behaviours. Those raising concerns or reporting allegations in good faith will always be supported, and adults in respect of whom concerns, or allegations have been raised will not suffer any detriment unless the concern or allegation is found to be substantiated.

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 ALG 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. Concern to be logged on CPOMS
6. If required, the Centre DSL, Head of Operations, Head of Safeguarding and Managing Director will convene a meeting within an hour of the concern initially arising. The Active Learning Group Consultant Advisor should be invited. This meeting will be to discuss the concerns that have been raised and decide whether the concern amounts to an Allegation.

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

The Head of Safeguarding will contact the Local Authority Designated Officer (LADO) and inform the Head of Operations and Managing Director of the LADO's 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. Please see further information about Allegations below.

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.

Self-reporting

From time to time an individual may find him/herself in a situation which might appear compromising to others, or which could be misconstrued. Equally, an individual may for whatever reason have behaved in a manner which on reflection he/she considers falls below the standard set out in the Code of Conduct, falls below the expected professional standards, or breaches this policy.

Self-reporting in these circumstances is encouraged as it demonstrates both awareness of the expected behavioural standards and self-awareness as to the individual's own actions or how they could be perceived. As such, the school sees self-reporting as an important means of maintaining a culture where everyone aspires to the highest standards of conduct and behaviour.

Low level concerns about an adult

From time to time an individual may notice behaviour, statements, or actions in others which leave them concerned. These are behaviour or actions which fall short of a formal allegation of abuse. These tend to be behaviours which indicate that our Code of Conduct has not been met. Any such concerns can be dealt with as a low-level concern.

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.

What happens with a LLC or self-report?

Having established that the concern is a Low Level Concern as opposed to an Allegation, the DSL or Head of Safeguarding as appropriate will discuss it with the individual who has raised it in order to gather further information if required, 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 far 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 management

Allegations represent situations that might indicate a person may 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) where they have:

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)

Allegations against third party/freelance staff

In some circumstances we will have to consider an allegation against an individual not directly employed by Active Learning Centres, where its disciplinary procedures do not fully apply, for example, agency staff provided by an employment agency or business. Whilst Active Learning Centres are not the employer of staff, they should ensure allegations are dealt with properly (LATEST VERSION; KEEPING CHILDREN SAFE IN EDUCATION). Decisions will need to be made within the Leadership Team as to whether it is appropriate to suspend the member of staff, or redeploy whilst the agency carry out their investigation, with the support of the Head of Safeguarding/DSL as needed.

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 Centre's Managing Director will usually be the Case Manager. 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 allocated Case 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. This can be a trade union representative or colleague only.
- 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.

Outcome of an allegation

The following definitions will be used when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient evidence to prove the allegation;
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- **False:** there is sufficient evidence to disprove the allegation;
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
- **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made

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 Designated Safeguarding Lead and/or Head Office Safeguarding Team 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.

There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child or if a person poses a risk of harm to a child.

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, and/ 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 children 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?

Active Learning Centres strongly encourage schools to not allow children to bring their mobile phones or use their mobile phones whilst on centre. However, some schools will allow their students to bring and use their mobile phones, in which case the school are responsible for their use.

If staff become aware of an online safety issue this must be reported on CPOMS and to the visit leader.

If there is a safeguarding concern we will adhere to our Safeguarding Policy.



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 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 LATEST VERSION; KEEPING CHILDREN SAFE IN EDUCATION (2023)

Staff use of mobile phones:

Each Centre has a Duty phone, and there is a rota for emergency contact.

All members of the centre management team have a work phone.

Instructors may also use their personal mobile phones to check communications from the centre management and other work related information as required and appropriate. There will be no stored information details about any children on personal devices including name, date of birth and photos. Any communication on a personal device will be away from the children, and the lead teacher will be notified before doing so.

Whistleblowing

Active Learning Centres is committed to the highest standard of openness, inclusiveness and accountability. Once you have passed on any concerns to the Centre 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 and if you are still unhappy you should contact, the Whistleblowing Officer, Jayne Pinchbeck via whistleblowingofficer@cognita.com
You do not have to carry worries on your own.

Please see our Whistleblowing Policy for more information.

APPENDICES

Definitions and 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.

Latest version; Working Together To Safeguard Children

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 (Latest version; Working Together To Safeguard Children) 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 (Latest version; Working Together To Safeguard Children)

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 (Latest version; Keeping Children Safe In Education)

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 safeguarding provision.
- Ensure that the sites 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 our care.

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.



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 2023)

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 2023)

- 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 2023)

- 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 2023)

- 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.

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://www.equalityhumanrights.com).

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 LATEST VERSION; KEEPING CHILDREN SAFE IN EDUCATION 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.

When does behaviour become abuse?

- Repeated over time
- Intended to cause serious harm
- Element of coercion or preplanning
- Imbalance of power (e.g. size, social status)

Child on child abuse is often motivated by prejudice against particular groups, for example, on grounds of race, religion, gender, sexual orientation, gender identity, special educational needs and/or disability, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences. All incidents of child-on-child abuse, both physical and emotional, on the basis of **protected characteristics** is taken extremely seriously.

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 the school DSL and seek confirmation they have informed 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. (LATEST VERSION; KEEPING CHILDREN SAFE IN EDUCATION). 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 work collaboratively with the school to 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.

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 susceptible 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 LATEST VERSION; KEEPING CHILDREN SAFE IN EDUCATION. **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 3 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
- Contribute to inter-agency safeguarding and child protection arrangements
- Promote healthy and safe relationships
- Discuss concerns with the Centre 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

- 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.
- 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 five 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 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.
- The school should provide a Risk Assessment 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)
- The school should provide 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)
- Our instructors will continue to do dynamic risk assessments, and follow our activity specific risk assessments

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.

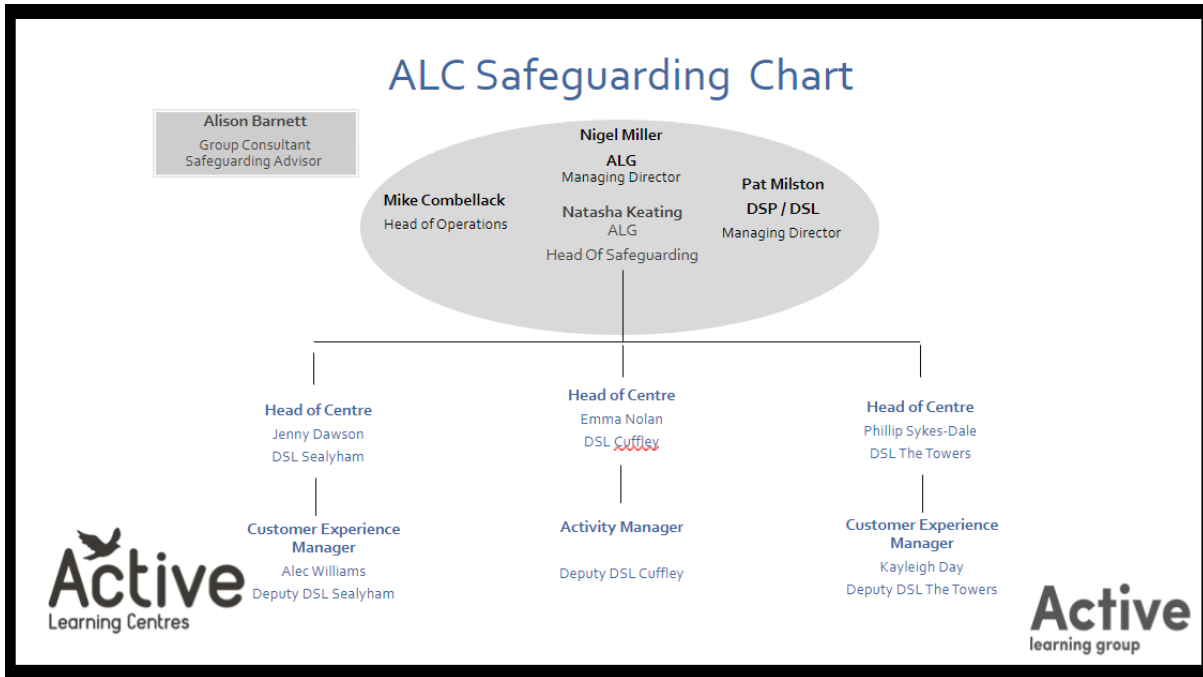
The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right. Under the statutory definition, both the person who is carrying out the 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.

Active Learning Centres Contacts		
Title	Name	Contact details
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	Natasha.keating@activelearninggroup.co.uk 07912 291197
Head of Operations (DSL trained)	Mike Combellack	07599 668862
Designated Safeguarding Lead- Cuffley	Emma Nolan	07912 210693
Deputy Designated Safeguarding Lead – Cuffley	Alicia Taylor	07912210196
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

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





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

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

Brief summary of information
.....
.....
.....
.....
.....

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

Concern about a child

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

Is the child in immediate danger?

Yes

No

Contact the Centre DSL immediately

Respond

Verbally notify the Centre DSL of concern *as soon as is practicably possible*

Centre DSL to carry out any actions required to ensure the immediate safety of the child, e.g., contact police / social services

Record

Centre DSL will create the child on CPOMS

Input concern directly onto CPOMS / upload hard copy Concern form onto CPOMS

Record On CPOMS and inform the original referrer and note on CPOMS

Centre DSL will add any required actions to the CPOMS record and assign to staff as required

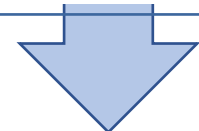
Brand MD, Head of Ops and ALG Head of Safeguarding will be notified of concern and assign additional actions on CPOMS if deemed necessary

Inform Head of Safeguarding on 07912291197

Report

Centre DSL will make the decision, with the information available, whether the concern reaches threshold
 If Yes – Centre DSL will make appropriate referrals to outside agencies.
 If No – Concern to be passed to school DSL

Centre DSL will ensure actions are carried out in a timely manner and CPOMS record is updated



When actions are completed, or no further actions are deemed necessary, Head of Safeguarding to review and close record on 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

If there is a **clear disclosure of harm**, a telephone call must be made by the person raising the concern to the MD, HOp or HoS. **There should be no delay.** After a group discussion, including the Consultant SA where required the HOp will contact the LADO as needed and inform the HoS, MD of the initial steer i.e. referral, investigation. If a referral is requested, the HOp will complete.

No

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

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

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

If required, the HoS, MD and HOp will convene a meeting within an hour of the concern initially arising.

Respond

Record

Report

HC 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 Head of Safeguarding



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, parents, guardians and schools 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 DSL should undertake Prevent awareness training every three years
- 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 our venues

Awareness

- ensure safeguarding policies are accessible, 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
- Lead responsibility for web filtering and monitoring
- 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