

## Safeguarding and child protection policy and procedures

**Status: current**

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Updated by: Kirsty Chown Date: 26.03.2026	Reviewed and approved by: Dene Terry Date: 26.03.26	Reviewed and approved by: Siobhan Bunce Date: 26.03.26
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## 1. Safeguarding statement

At SPaCE we recognise our moral and statutory responsibility to safeguard and promote the welfare of all children and we expect all staff, trustees, and volunteers to share this commitment. We recognise that all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation or SEND have an equal right to protection from all types of harm or abuse. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse, neglect and exploitation and follow our procedures to ensure that children receive effective support, protection, and justice. We listen to the children in our care and take seriously what they tell us. When there are concerns for a child's welfare, we will share information and work in partnership with other agencies. We will ensure concerns are discussed with parents/carers first unless we have reason to believe that by doing so would be contrary to the child's welfare. The children we work with are among some of the most vulnerable, we hold ourselves to the highest standards and endeavour where possible to replicate the standards expected of education and care establishments. This Child Protection and Safeguarding policy underpins and guides our safeguarding procedures and protocols.

## 2. Terminology

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

- providing help and support to meet the needs of children as soon as problems emerge.
- protecting children from maltreatment, whether that is within or outside the home, including online.
- preventing impairment of children's mental and physical health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children.
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

*(Working Together to Safeguard Children)*

**Child Protection** is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.



**Staff** refers to all those working for or on behalf of the setting, full or part time, temporary or permanent, in either a paid or voluntary capacity.

**Child** includes everyone under the age of 18

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

### 3. Legislation and guidance informing policy

The following legislation and guidance has been considered when writing this policy

- [The Safeguarding Vulnerable Groups Act 2006](#)
- [Teachers' Standards \(Guidance for school leaders, school staff and governing bodies\)](#)
- [Working Together to Safeguarding Children](#)
- <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- [Information Sharing 2018](#)
- [What to do if you're worried a child is being abused](#)
- [Care Act 2014 - Legislation.gov.uk](#)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- [The Prevent Duty Guidance 2023](#)
- [Working Together to Safeguard Children 2023](#)
- [Filtering and Monitoring Standards for Schools and Colleges](#)
- [Children's Social Care National Framework](#)

### 4. Policy Aims

The aims of this policy are as follows:



- Make clear the need for ensuring that safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development
- Raise the awareness of all staff of the need to safeguard children.
  
- Alert staff to the signs and indicators that all may not be well and to be aware of the risks and vulnerabilities our children face.
- Provide all staff with guidance on the procedures they should adopt in the event that they suspect a child, young person may be experiencing, or be at risk of experiencing, harm. Including (by DSL/DDSL) consideration of the use of appropriate assessments, resources, and agency support.
- Contribute to the establishment of a safe, resilient and robust ethos, built on mutual respect and shared values where children feel safe, secure, valued, and respected, and that they will be listened to should they make a disclosure.
- Raise awareness that abuse can be both familial and/or contextual; and abusers can be both adult/s to child/ren or child/ren to child/ren.
- Demonstrate SPaCE's commitment to safeguarding and child protection of children and young people, parents, and other partners.
- Provide a systematic means of monitoring children known or thought to be at risk of harm.
- To emphasise the need for high levels of communication between staff and the designated safeguarding leads internally, and with external agencies and partners, including our contribution to assessments, referrals, and support plans.
- To develop and promote effective working relationships with other partnership agencies, particularly Children's Social Care, Police and Health.
- Recognising risk and supporting online safety for children in setting and in the home.

## 5. Supporting and protecting children

We recognise that a child who is abused or witnesses' violence may feel neglected, helpless and humiliated and could experience barriers to making a disclosure and may feel unsafe to do so due to uncertainties about the consequences of disclosing. We understand that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn, there may be issues with sensory processing as well as the child exhibiting signs of emotional distress. We understand the impact on a child's mental health, behaviour, and education from familial and/or contextual abuse. SPaCE may not only provide stability in the lives of children who have been abused or who are at risk of harm, but it plays a significant part in the prevention of harm to our children. Building trusting relationships with school staff is critical in this.

Space will support children by

- Encouraging and building self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst always challenging aggression or bullying (incl. Cyber bullying and other negative behaviours and attitudes).
- Promoting a caring, safe, and positive environment and providing children with good lines of communication with trusted adults.
- Signposting and referring into specialist support serviced where possible.
- Liaising and working together with all other settings, support services and those agencies involved in the safeguarding of children.
- Notifying children's social care as soon as there is a significant concern.
- Ensuring appropriate information is shared confidentially at key transition points in a child's journey to ensure continued support.
- Children are taught to understand and manage risk at an appropriate developmental level. This includes online safety, healthy relationships, consent, sexual harassment and violence, equality and diversity, road safety and injury prevention, public transport safety and water safety.
- By accessing and utilising the necessary resources, guidance, and toolkits to support the identification of children requiring mental health support, support services and assessments.

## 6. Roles and responsibilities

Who	Overview	Roles and responsibilities
<b>Trustees</b>	Trustees receive appropriate safeguarding and child protection (including online) training at induction. This training will equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place are effective and support the delivery of a robust approach to safeguarding.	Child protection, safeguarding, recruitment and managing allegations policies and procedures, including the staff behaviour policy (code of conduct), are consistent with the Local Authority and statutory requirements, are reviewed annually and that the Child Protection and Safeguarding policy is publicly available on the SPaCE website or by other means.

	<p>Their training should be regularly updated</p>	<p>Ensures that all staff including temporary staff and volunteers are provided with the SPaCE's Child Protection and Safeguarding policy and staff Code of Conduct.</p> <p>All education staff have read Keeping Children Safe in Education Part 1* and Annex B and mechanisms are in place to assist staff in understanding and discharging their roles and responsibilities as set in the guidance. (* or Annex A if not working directly with children)</p> <p>That SPaCE operates a safer recruitment procedure that includes statutory checks on staff, disqualification by association regulations (and ongoing post-employment monitoring) and by ensuring that there is at least one person on every recruitment panel who has completed safer recruitment training.</p> <p>That there are procedures for dealing with allegations of abuse against staff (including the CEOs), agency staff, volunteers and against other children and that a referral is made to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have had they not resigned.</p> <p>On appointment, the DSL and deputy(ies) undertake appropriate Level 3 identified training offered by the Local Authority or other provider every two years.</p> <p>All other staff have safeguarding training updated as appropriate; but at least annually.</p> <p>Any weaknesses in Child Protection are remedied immediately.</p> <p><b>Safeguarding Monitoring and Quality Assurance</b></p> <p>Trustees and leadership will undertake termly safeguarding audits to evaluate:</p> <ul style="list-style-type: none"> <li>• safeguarding practice;</li> <li>• staff training compliance;</li> <li>• safeguarding records;</li> <li>• low-level concerns;</li> <li>• online safety filtering and monitoring;</li> <li>• referrals and outcomes;</li> <li>• patterns and trends;</li> <li>• attendance and safeguarding vulnerabilities.</li> </ul> <p>Findings will:</p> <ul style="list-style-type: none"> <li>• inform safeguarding improvements;</li> <li>• identify emerging risks;</li> <li>• strengthen safeguarding culture;</li> <li>• support continuous improvement planning.</li> </ul>
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		Safeguarding will remain a standing agenda item within leadership and trustee meetings.
<b>CEOs (DDSLs)</b>	<p>The CEOs will support the trustees, designated safeguarding lead, staff and volunteers to fulfil their roles and responsibilities.</p> <p>Is/are trained to the same standard as the Designated Safeguarding Lead and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the DSL the deputy will assume all of the functions above.</p> <p>Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead, this lead responsibility should not be delegated.</p>	<p>Ensuring the Child Protection and Safeguarding policy and procedures are implemented and followed by all staff.</p> <p>Enabling sufficient time, training, support, resources, including cover arrangements where necessary, is allocated to the DSL to carry out their roles effectively.</p> <p>Supporting and promoting an open and positive safeguarding culture and ethos so that children's wishes and feelings are taken into account when determining what action to take and what services to provide.</p> <p>Ensuring systems are in place for children to express their views and give feedback.</p> <p>Following the whistleblowing policy and procedures if an allegation is made against a member of staff supply staff or volunteer all staff, including liaising with the Local Authority Designated Officer (LADO) and referring anyone who has harmed or may pose a risk to a child to the Disclosure and Barring Service.</p> <p>In education packages that children are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves safe online, where appropriate.</p>
<b>DSL</b>	The designated safeguarding lead should take lead responsibility for safeguarding and child protection (including online safety).	<p>Manage referrals – to e.g. Children's Social Care, Channel programme, Disclosure and Barring service, the Police.</p> <p>Working with others – e.g. A point of contact with safeguarding partners, a source of support and advice for staff, to promote supportive engagement with parents and/or carers and the SLT/Governing body.</p> <p>Information sharing and managing the child protection files.</p> <p>Raising Safeguarding and Child Protection Awareness.</p> <p>Updating training, knowledge and skills required to carry out the role of DSL.</p> <p>Providing support to staff.</p> <p>Holding and sharing information.</p> <p>Overseeing and acting upon filtering and monitoring reports and checks to these systems.</p>
<b>Staff</b>		<p>Maintaining an attitude of 'it could happen here' where safeguarding is concerned.</p> <p>Identifying concerns early, provide help for children, promote children's welfare and prevent concerns from escalating.</p>

	<p>To provide a safe environment in which children can learn/take part in activities.</p> <p>Knowing what to do if a child tells them they are being abused, exploited, or neglected.</p> <p>Being able to reassure victims that they are being taken seriously and that they will be supported and kept safe.</p> <p>Recognising the barriers for children when wanting to make a disclosure (verbal or non-verbal).</p> <p>Identifying children who may benefit from early help, (providing support as soon as a problem emerges) and the part they play in these support plans.</p> <p>Raising any concerns for a child following the safeguarding policies and procedures</p> <p>Being aware of Local Authority referral processes and supporting social workers and other agencies following any referral.</p> <p>Being aware of systems within SPaCE which support safeguarding e.g. Safeguarding policy, behaviour policy, code of conduct, CME.</p> <p>Attending regular safeguarding and child protection training.</p> <p>Those who work in education - recognising that children missing, or absent education can act as a vital warning sign to a range of safeguarding issues including neglect, sexual abuse and child sexual and criminal exploitation.</p>
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## LADO Referrals

Where an allegation is made against a member of staff, volunteer, contractor, supply staff member, trustee or anyone working on behalf of SPaCE that indicates they may:

- have harmed a child;
- committed a criminal offence against a child;
- behaved in a way that indicates they may pose a risk to children;
- behaved in a way inconsistent with the staff code of conduct,

the DSL/CEO must contact the Local Authority Designated Officer (LADO) within 1 working day.

No internal investigation should commence prior to LADO consultation unless advised otherwise.

### 6.1. Low Level Concerns

SPaCE recognises the importance of creating and embedding a culture of openness, trust and transparency in which concerns about adults working with children are identified and addressed at an early stage.



A low-level concern is any concern, no matter how small, that an adult working in or on behalf of SPaCE may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and/or
- does not meet the harm threshold or allegation threshold.

Examples may include, but are not limited to:

- being over friendly with children;
- having favourites;
- engaging with children on personal devices or social media;
- using inappropriate language;
- breaching professional boundaries.

All low-level concerns must:

- be recorded in writing;
- be reported to the DSL or CEOs;
- be reviewed to identify patterns or trends;
- be monitored by leadership and trustees as part of safeguarding oversight arrangements.

Leadership oversight will include regular review of:

- safeguarding culture;
- patterns of low-level concerns;
- staff conduct trends;
- lessons learned;
- actions taken to improve safeguarding practice.

Low-level concerns will be retained securely and handled in accordance with data protection and employment legislation.

## 7. Confidentiality

- SPaCE recognises that in order to effectively meet a child's needs, safeguard their welfare and protect them from harm they must contribute to inter-agency working in line with Working Together to Safeguard Children and share information between professionals and agencies where there are concerns.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 2018 is not a barrier to sharing information where the failure to do so would place a child at risk of harm.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.



- However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential and the CEOs or DSLs will only disclose information about a child to other members of staff on a need-to-know basis.
- We will always undertake to share our intention to refer a child to the Local Authority Safeguarding Hub with their parents/carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will contact the Local Authority Safeguarding Hub consultation line.
- In line with KCSiE and other statutory requirements all children's safeguarding files will be kept confidential and stored securely. Safeguarding files will be kept separate from children's general files.

## **8. Procedures**

At SPaCE we understand that we work with children who are among the most at risk of abuse. We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment, or circumstances.

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

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse. We therefore act with an abundance of caution with regards to reporting and recording incidents.

### **Prevent Duty and Channel Referrals**



SPaCE recognises that protecting children from radicalisation and extremism forms part of its wider safeguarding responsibilities.

Where concerns exist that a child may be vulnerable to radicalisation:

- staff must report concerns immediately to the DSL; the DSL will assess risk and seek advice from Prevent professionals where
- the DSL will assess risk and seek advice from Prevent professionals where appropriate;
- referrals may be made to the Channel Programme, which provides early intervention and multi-agency support for individuals vulnerable to being drawn into terrorism.

Channel is:

- voluntary;
- confidential;
- supportive rather than punitive.

The DSL will:

- maintain records of Prevent concerns;
- liaise with external agencies;
- monitor outcomes and support plans;
- ensure staff receive regular Prevent awareness training.

In urgent situations where there is immediate risk of harm or criminal activity:

- Police must be contacted via 999.

Non-urgent Prevent advice can be sought via:

- Prevent Police Advice Line: 0800 011 3764

## **8.1 Recognising**



Any child, in any family, in any provision, could become a victim of abuse. Staff should always maintain an attitude of **“It could happen here”**. We also recognise that abuse, neglect, exploitation and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another.

- Abuse, neglect, and exploitation are forms of maltreatment of a child. Somebody may abuse, neglect or exploit a child by inflicting harm or by failing to act to prevent harm. Children may be abused in the family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.
- Abuse, neglect and exploitation may also take place outside of the home, contextual safeguarding, and this may include (but not limited to), sexual exploitation criminal exploitation, serious youth violence, radicalisation.
- Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger and that safeguarding issues can manifest themselves via child-on-child abuse.

Further information about the four categories of abuse; physical, emotional, sexual and neglect, (familial and contextual) and indicators that a child may be being abused can be found in appendices 1 - 17 and in Keeping Children Safe in Education Part 1/Annex A/Annex B. There are also a number of specific safeguarding concerns that we recognise our children may experience.

### **Child-Specific Safeguarding Risks**

Staff must remain vigilant to safeguarding risks including:

- child-on-child abuse;
- online abuse and exploitation;
- contextual safeguarding risks outside the home;
- child criminal exploitation (CCE);
- child sexual exploitation (CSE);
- serious violence;
- upskirting;
- harmful sexual behaviour;

- domestic abuse;
- female genital mutilation (FGM);
- forced marriage;
- honour-based abuse;
- radicalisation;
- mental health concerns linked to safeguarding;
- missing education.

Staff must understand that abuse can occur:

- online;
- outside the home;
- between peers;
- through technology;
- within family, community, or social contexts.

<ul style="list-style-type: none"> <li>• Child missing or absent from education</li> <li>• Child sexual exploitation (CSE), child criminal exploitation (CCE)</li> <li>• Bullying including cyberbullying</li> <li>• Domestic abuse</li> <li>• Drugs</li> <li>• Fabricated or induced illness</li> <li>• Faith abuse</li> <li>• Female genital mutilation (FGM)</li> <li>• Forced marriage</li> <li>• Gangs and youth violence</li> </ul>	<ul style="list-style-type: none"> <li>• Gender-based violence/violence against women and girls (VAWG)</li> <li>• Mental health difficulties</li> <li>• Private fostering</li> <li>• Radicalisation</li> <li>• Youth produced sexual imagery (sexting)</li> <li>• Teenage relationship abuse</li> <li>• Trafficking</li> <li>• Child on child abuse</li> <li>• Upskirting</li> <li>• Serious violence</li> <li>• Sexual harassment</li> </ul>
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- There will be occasions when staff may suspect that a child may be at risk but have no 'real' evidence. The child's behaviour may have changed, their artwork could be bizarre, and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.



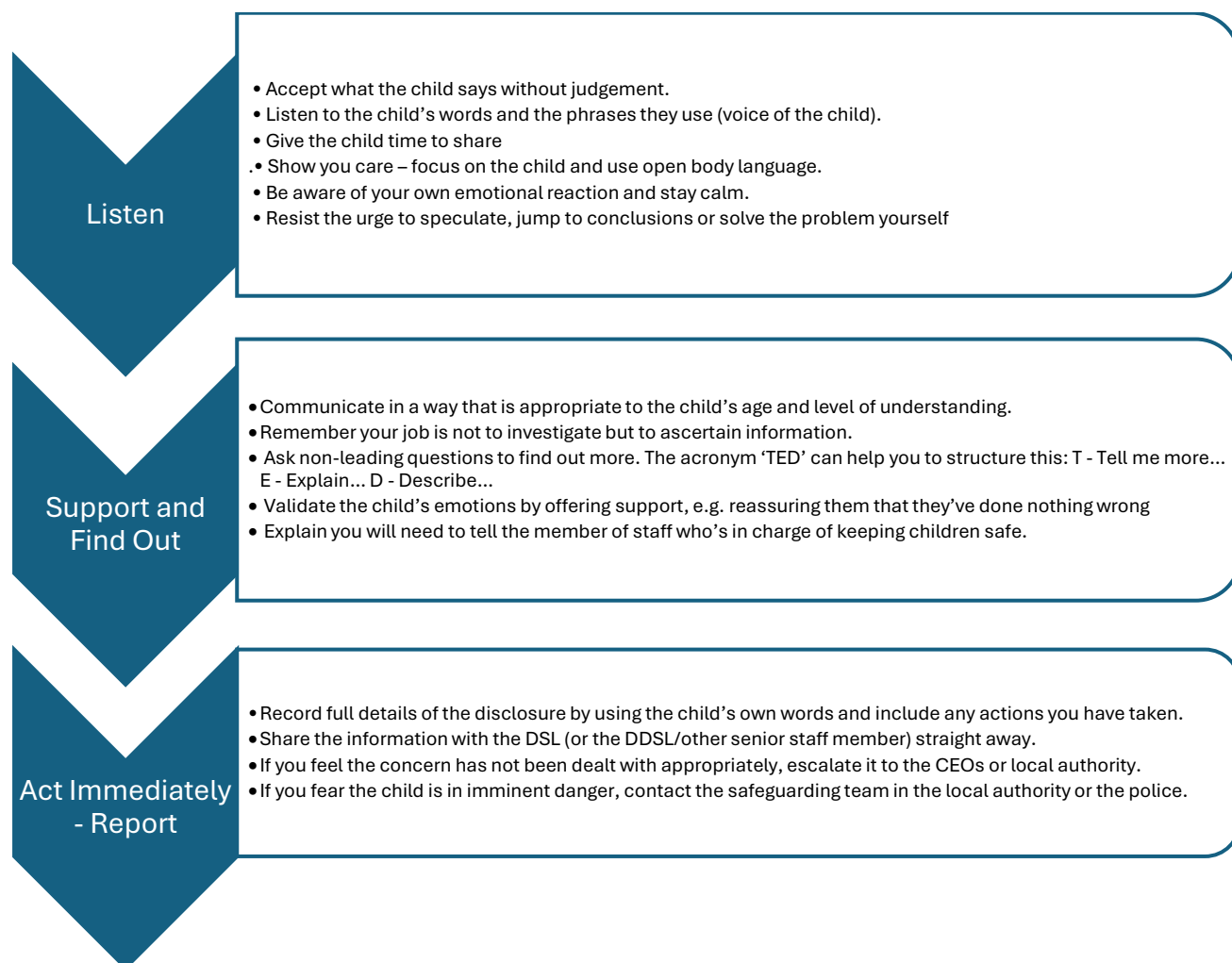
- We recognise that the signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill, or an accident has occurred. However, they may also indicate a child is being abused or is in need of safeguarding.
- In these circumstances staff will try to give the child the opportunity to talk. It is fine for staff to ask the child if they are OK or if they can help in any way. Due to the fact that most of the children we work with have communication difficulties all of these concerns will be reported to the D/DSLs and noted in a running record.

Further information on the different types of safeguarding concerns and SPaCE's response can be found in the Appendices section.

### **8.2 Responding:**

- Following an initial conversation with the child, if the member of staff is concerned, they should discuss their concerns with the DSL who will decide whether a notice of concern form is required or a note will be added to the safeguarding chronology. Notice of concern forms will 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.
- If the child does begin to reveal that they are being harmed, staff should follow the steps in the flow chart A. More detailed information is provided below.
- All concerns however small must be recorded and shared with the DSL as this information could provide the 'missing' piece of the bigger picture of the lived experience for the child.

### Flow chart A



#### 8.2.1 If a child discloses to a member of staff

- We recognise that it takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.



- A child who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

### **8.2.2 During their conversation with the child staff will;**

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

### **8.2.3 Notifying Parents**

- We will normally seek to discuss any concerns about a child with their parents/carers. This must be handled sensitively and usually the DSL/DDSL will make contact with the parent in the event of a concern, suspicion or disclosure of abuse of that the child has been harmed in some way.
- However, if we believe that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children’s Local Authority Safeguarding Hub e.g. familial sexual abuse.
- Where there are concerns about forced marriage or honour-based abuse, parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police.

### **8.2.4 Making a referral**



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

#### **Local Authority Front Door and Escalation**

- SPaCE staff must understand local safeguarding referral pathways and thresholds for intervention.
- The Local Authority Front Door/MASH provides:
  - safeguarding advice;
  - consultation;
  - Early Help support access;
  - statutory child protection referrals.
- Referrals should be considered where:
  - a child is suffering significant harm;
  - likely to suffer significant harm;
  - there are escalating safeguarding concerns;
  - Early Help interventions have not improved outcomes.



- Where professional disagreement exists regarding thresholds, outcomes, or responses:
- concerns should first be discussed with the DSL;
- escalation procedures within the Local Safeguarding Partnership should be followed;
- unresolved concerns must be formally escalated in line with local safeguarding escalation policy.
- Staff should maintain professional curiosity and challenge decisions respectfully where they believe a child remains at risk.

### **8.2.5 Supporting staff**

- We recognise that staff who have become involved with a child who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

### **8.2.6 Early Help**

SPaCE recognises the importance of providing Early Help as soon as problems emerge to improve outcomes for children and families.

Early Help means providing support at the earliest opportunity to prevent concerns escalating to statutory intervention.

Staff should identify emerging concerns including:

- attendance issues;
- emotional wellbeing concerns;
- family difficulties;
- neglect indicators;
- behavioural changes;
- mental health concerns;
- risk-taking behaviour;
- contextual safeguarding concerns.

The DSL will:

- coordinate Early Help interventions;
- liaise with families and external agencies;



- support referrals through the Local Authority;
- contribute to Team Around the Family (TAF) processes;
- monitor the effectiveness of support plans.

Where appropriate, children and families may be referred to:

- Early Help services;
- family support services;
- health professionals;
- youth support;
- CAMHS;
- community safeguarding services.

### 8.3 Reporting details

Due to the nature of our organisation, it is not possible to handwrite and give physical copies of notice of concern forms to D/DSLs directly. All staff will have been sent a digital copy of the form during induction and can request to be re-sent as needed.

All staff will adhere to the following to ensure records are securely sent and comply with our personal device policy:

- Form to be completed using initials only – this includes children and staff – this is added protection as the form is sent digitally. The D/DSLs will complete full names when needed. They will call if there is any doubt who the initials stand for
- Complete all other details using the information provided in the previous section
- Copies of the form will need to be emailed to [safeguarding@spacealg.co.uk](mailto:safeguarding@spacealg.co.uk)
- 
- A follow up text should be sent to D/DSLs stating check safeguarding email – see quick contacts at the beginning of the policy
- Once received, a member of the safeguarding team will respond and ask for the email to be deleted from sent folders. No copies of the form are to be stored locally on a personal device.

### 9. Whistleblowing

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

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in SPaCE's safeguarding arrangements. If it

becomes necessary to consult outside the setting, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

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

Whistleblowing re the CEOs should be made to the DSL.

## **10. Physical intervention**

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

Such events should be recorded

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

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

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

## **11. Confidentiality, Sharing Information and GDPR**

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

Staff should be proactive in sharing as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to Local Authority Children's Social Care.

Staff should only discuss concerns with the DSL or CEOs (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis. Staff are aware that if there is a failure to act upon concerns raised, they can contact children's social care.

Child protection information will be stored and handled in line with the Data Protection Act 2018, the HM Government Information Sharing and Advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018 and DfE Data Protection in Schools. We will consider where appropriate information sharing prior to the child's formal transfer to their new setting, this could also include key staff from their new setting to be invited to meetings e.g. Child Protection, Core Group or Team Around a Family (with consent of parents and professionals).

At the point a child formally transfers to their new setting, their safeguarding file will be transferred securely in line with GDPR expectations as soon as possible but within 5 working days.

## **12. Supporting and related policies**

- Behaviour
- Code of Conduct
- Whistleblowing
- Health & Safety
- Allegations against staff
- Parental concerns
- Administration of medicines
- Physical intervention
- Mobile phones and other personal devices
- E-safety
- Risk Assessment
- Safer recruitment
- Intimate Care
- Data Protection/GDPR Guidance

## Appendices

### Appendix 1

#### Definitions and indicators of abuse

##### Signs of Abuse in Children:

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

- Significant change in behaviour
- Extreme anger or sadness
  
- Aggressive and attention-needing behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression and/or anxiousness
- Age-inappropriate sexual behaviour
- Child Sexual Exploitation
- Criminality
- Substance abuse
- Mental health problems
- Poor attendance
- Unexplainable and/or persistent absences from education

##### Risk Indicators

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

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

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



In an abusive relationship the child may:

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

The parent or carer may:

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

- Be involved in domestic abuse

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

## Types of Abuse

### 1. Neglect

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger
- Stealing, scavenging and/or hoarding food
- Frequent tiredness or listlessness



- Frequently dirty or unkempt
- Often poorly or inappropriately clad for the weather
- Poor attendance or frequently late
- Poor concentration
- Affection or attention seeking behaviour
- Illnesses or injuries that are left untreated
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- The child is regularly not collected or received from the provision
- The child is left at home alone or with inappropriate carers

## 2. Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also

be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, such as a hand or a belt
- Bite marks
- Round burn marks
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given
- Changing or different accounts of how an injury occurred
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers



### 3. Sexual abuse

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
  
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate
- Thrush, persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusual compliance
- Regressive behaviour, enuresis, soiling
- Frequent or openly masturbating, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises or scratches in the genital area

### 4. Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child/young person's emotional development. It may involve conveying to children/young people 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/young person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or



preventing the child/young person participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children/young people frequently to feel frightened or in danger, or the exploitation or corruption of children/young people. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
  - Over-reaction to mistakes
  - Delayed physical, mental or emotional development
  - Sudden speech or sensory disorders
  - Inappropriate emotional responses, fantasies
  - Neurotic behaviour: rocking, banging head, regression, tics and twitches
  - Self-harming, drug or solvent abuse
- 
- Fear of parents being contacted
  - Running away
  - Compulsive stealing
  - Appetite disorders - anorexia nervosa, bulimia; or
  - Soiling, smearing faeces, enuresis.

## 2. Domestic abuse

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

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

How does it affect children?

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. 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). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability



to learn. In some cases children may blame themselves for the abuse or may have had to leave the family home as a result. Children who witness domestic abuse are at risk of significant harm.

What are the signs to look out for?

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

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

Contact: <https://new.devon.gov.uk/dsva/> The Domestic and Sexual Violence DCC website 0345 155 1074

**If you are concerned about a child or young person** in Devon please contact the [DCC - Request for support \(outsystemsenterprise.com\)](#) on 0345 155 1071

**If you are concerned about an adult (aged 16+)** in Devon please complete the [Risk Identification Checklist](#) (Safelives DASH RIC) to identify the level of risk which support service to refer them too, and follow the advice on the [MARAC page](#) for all levels of risk.

**If you are concerned about a vulnerable adult** please contact [Adult Social Care](#) on 03451551007 (9am – 5pm Monday to Thursday, Friday 9am – 4.30pm and 9am – 5pm on Saturdays), alternatively, you can [download a Word version of the report a safeguarding concern form](#) and email it to [adultsc.safeguardingadultservices-mailbox@devon.gov.uk](mailto:adultsc.safeguardingadultservices-mailbox@devon.gov.uk) (Devon Safeguarding Adults Service). In an emergency, please contact the Emergency Duty Service 0345 6000388.

**FearFree Support Service** is a charity delivering support services to women and young people experiencing the trauma of domestic abuse and sexual violence. Telephone 0345 155 1074 or email [admin.devon@fearfree.org.uk](mailto:admin.devon@fearfree.org.uk)

**SAFE (Stop Abuse For Everyone)** is a charity based in Exeter providing help and support to children and families who have experienced domestic abuse and violence. Telephone 030 30 30 0112 or visit the website [SAFE Foundation \(wearesafe.org.uk\)](http://wearesafe.org.uk)



**National Domestic Abuse Helpline** Refuge runs the National Domestic Abuse Helpline, available 24hour a day 0808 2000 247 and its website offers guidance and support for potential victims.

**Refuge:** <https://www.refuge.org.uk/>

### **Operation Encompass**

Operation Encompass helps police and settings work together to provide emotional and practical help for children. Police will inform the 'key adult' within the setting if they have been called to an incident of domestic abuse, where there are children in the household before registration the next day.

### **3. Exploitation -including child sex exploitation, child criminal exploitation and county lines**

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. This power imbalance could be due to age, gender, sexual identity,

cognitive ability, physical strength, status, and /or access to economic or other resources. The abuse could be linked to an exchange for something the victim perceives that they need or want and/or will be to the financial benefit or other advantage (such as increase status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, and adults or children (who themselves may be experiencing exploitation). The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It may involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

Victims can be exploited even when the activity appears consensual, and it should be noted exploitation as well as being physical can be facilitated and/or take place online. The experience of girls who are criminally exploited can be very different from boys, the indicators may not be the same and both boys and girls that are being criminally exploited may be at higher risk of sexual exploitation.

Any concerns that a child is being or is at risk of being sexually or criminally exploited should be passed without delay to the DSL. We aware there is a clear link between regular setting absence/truanting, CSE and CCE. Staff should consider a child to be at potential CSE/CCE risk



in the case of regular setting absence/truancing and make reasonable enquiries with the child and parents to assess this risk.

The DSL will use the appropriate Local Authority Assessment tool e.g. the Exploitation Toolkit, the Devon Children's Safeguarding Partnership Adolescent Safety Framework Safer Me Assessment on all occasions when there is a concern that a child is being or is at risk of being sexually or criminally exploited or where indicators have been observed that are consistent with a child who is being or who is at risk of being sexually or criminally exploited. These assessments will indicate to the DSL whether e.g. a Safer Me Early Help approach or referral to the Exploitation Hub/Local Authority Safeguarding Hub is required. If the DSL is in any doubt, they will contact the Safeguarding Hub consultation.

In all cases if the assessment identified any level of concern the DSL should contact their local MACE (Missing and Child Exploitation) and email the completed (e.g. Safer Me) assessment along with a Safeguarding Hub enquiry form. If a child is in immediate danger the police should be called on 999.

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

Where SPaCE is the main education provider, they will include the risks of sexual and criminal exploitation in the PHSE and RSE curriculum. Children will be informed of the grooming process and how to protect themselves from people who may potentially be intent on causing harm. They will be supported in terms of recognising and assessing risk in relation to CSE/CCE, including online, and knowing how and where to get help.

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

Signs include:

- Going missing from home or education
- Regular absence/truancing
- Underage sexual activity
- Inappropriate sexual or sexualised behaviour
- Sexually risky behaviour, 'swapping' sex
- Repeat sexually transmitted infections
- In girls, repeat pregnancy, abortions, miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile

- Online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
  - Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
  - Changes in the way they dress
  - Going to hotels or other unusual locations to meet friends
  - Seen at known places of concern
  - Moving around the country, appearing in new towns or cities, not knowing where they are
  - Getting in/out of different cars driven by unknown adults
  - Having older boyfriends or girlfriends
  - Contact with known perpetrators
  - Involved in abusive relationships, intimidated and fearful of certain people or situations
  - Hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
  - Associating with other young people involved in sexual exploitation
  - Recruiting other young people to exploitative situations
  - Truancy, exclusion, disengagement with education, opting out of education altogether
  - Unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- 
- Mood swings, volatile behaviour, emotional distress
  - Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
  - Drug or alcohol misuse
  - Getting involved in crime
  - Police involvement, police records
  - Involved in gangs, gang fights, gang membership
  - Injuries from physical assault, physical restraint, sexual assault.

Child Criminal Exploitation can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

County lines is a term used to describe gangs and organised criminal networks involved in the exporting of illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of 'deal line.'

Exploitation is an integral part of the county lines offending model with children and vulnerable adults being exploited to move (and store) drugs and money. The same



grooming models used to coerce, intimidate, and abuse individuals for sexual and criminal exploitation are also used for grooming vulnerable individuals for county lines.

CSE is a form of child sexual abuse. CSE can occur over time or be a one-off occurrence. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17-year-olds who can legally consent to have sex.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

For further information on signs of a child's involvement in sexual exploitation: [Child sexual exploitation: guide for practitioners](#)

For further information on County Lines: [Criminal exploitation of children and vulnerable adults: county lines guidance](#)

#### **4. FGM**

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

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

Section 5B of the 2003 Act<sup>1</sup> introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

##### **What is FGM?**

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



4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

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

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

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

Why is it carried out?

Belief that:

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

### **Is FGM legal?**

FGM is internationally recognised as a violation of human rights of girls and women. Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. A mandatory reporting duty requires teachers to report 'known' cases of FGM in under 18s, which are identified in the course of their professional work, to the police

The duty applies to all persons in SPaCE who are employed or engaged to carry out 'teaching work' in the setting, whether or not they have qualified teacher status. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Lead; however, the DSL should be informed.

If a teacher is informed by a girl under 18 that an act of FGM has been carried out on her, or a teacher observes physical signs which appear to show that an act of FGM has

been carried out on a girl under 18, and they have no reason to believe the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth, the teacher should personally make a report to the police force in which the girl resides by calling 101. The report should be made by the close of the next working day.

SPaCE staff are trained to be aware of risk indicators of FGM identified in this section of the Appendix. Concerns about FGM outside of the mandatory reporting duty should be reported as per SPaCE's child protection procedures. Staff should be particularly alert to suspicions or concerns expressed by female children about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practicing community.

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

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

#### **Circumstances and occurrences that may point to FGM happening are:**

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

#### **Signs that may indicate a child has undergone FGM:**

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



## The 'One Chance' rule

As with Forced Marriage (outlined below) there is the 'One Chance' rule. It is essential that settings take action without delay and make a referral to children's services.

## 5. Forced Marriage

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

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

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

## 6. Honour based abuse

Honour based abuse (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and

religious beliefs and/or honour. Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Honour based abuse might be committed against people who.

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

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

## 7. One chance rule

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

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

## **8. Radicalisation and extremism**

The Prevent Duty for England and Wales (2023) under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services to have due regard to the need to prevent people from being drawn into terrorism.

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

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

SPaCE is clear that exploitation of vulnerable children and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for schools and childcare providers on preventing children and young people from being drawn into terrorism.

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

SPaCE staff receive training to help identify early signs of radicalisation and extremism. Indicators of vulnerability to radicalisation are in detailed in the Appendix section.

When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL. They should then follow normal safeguarding procedures. If the matter is urgent then the Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101 or the national police Prevent advice line on 0800 011 3764.



## Indicators Of Vulnerability to Radicalisation

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

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

3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs.
  - Seek to provoke others to terrorist acts.
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that SPaCE staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the student / child is distanced from their cultural / religious heritage and experiences discomfort about their place in society.
- Personal Crisis – the student / child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends;



they may be searching for answers to questions about identity, faith and belonging.

- Personal Circumstances – migration; local community tensions; and events affecting the student / child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
- Unmet Aspirations – the student / child may have perceptions of injustice; a feeling of failure; rejection of civic life.
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration.
- Special Educational Need – students / children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

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

More critical risk factors could include:

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

The Prevent duty ensures schools and colleges have ‘due regard’ to the need to prevent people from being drawn into terrorism.

Channel is the voluntary, confidential support programme which focuses on providing support at an early stage to individuals that have been identified as being vulnerable to radicalisation. Prevent referrals may be passed to the multi-agency Channel panel to determine whether individuals require support.

[The Prevent Duty can be accessed via this link.](#) (School specific para’s 57-76)

[The Prevent duty: safeguarding learners vulnerable to radicalisation.](#)



The Prevent Duty in higher education (HE): training and guidance for practitioners.

Guidance on Channel <https://www.gov.uk/government/publications/channel-guidance>

Further information can be obtained from the Home Office website.

## **9. Child on child abuse (including sexual violence, sexual harassment and HSB)**

The DSL, CEOs and trustees will take due regard to Part 5, KCSiE

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

- Domestic abuse – an incident or pattern of actual or threatened acts of physical, sexual, financial and/or emotional abuse, perpetrated by an adolescent against a current or former dating partner regardless of gender or sexuality.
  - Bullying (including cyberbullying, prejudice-based and discriminatory bullying).
  - Child sexual exploitation – children under the age of 18 may be sexually abused in the context of exploitative relationships, contexts and situations by peers who are also under 18.
  - Harmful sexual behaviour – children and young people presenting with sexual behaviours that are outside of developmentally 'normative' parameters and harmful to themselves and others
- 
- Upskirting – which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
  - Serious youth violence – any offence of most serious violence or weapon enabled crime, where the victim is aged 0-19' i.e. Murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'youth violence' is defined in the same way, but also includes assault with injury offences. All staff will receive training so that they are aware of indicators which may signal that children are at risk from or involved with serious violence and crime.
  - Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element); and



- Consensual and non-consensual sharing of nudes and semi nudes' images and or videos (also known as sexting or youth produced sexual imagery).

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

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

SPaCE aims to reduce the likelihood of child-on-child abuse through:

- The established ethos of respect, friendship, courtesy, and kindness.
- High expectations of behaviour.
- Clear consequences for unacceptable behaviour.
- Providing a developmentally appropriate PSHE curriculum which develops children's understanding of healthy relationships, acceptable behaviour, consent and keeping themselves safe.
- Systems for any child to raise concerns with staff, knowing that they will be listened to, valued and believed.
- Robust risk assessments and providing targeted work for children identified as being a potential risk to other children and those identified as being at risk.

Research indicates that young people rarely disclose child-on-child abuse and that if they do, it is likely to be to their friends. Therefore, SPaCE will also educate children in how to support their friends if they are concerned about them, that they should talk to a trusted adult at SPaCE and what services they can contact for further advice.

Any concerns, disclosures, or allegations of child-on-child abuse in any form should be referred to the DSL using SPaCE's child protection procedures as set out in this policy. Where a concern regarding child-on-child abuse has been disclosed to the DSL(s), advice and guidance will be sought from the Local Authority Safeguarding Hub and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.

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



## **Sexual Harassment, Sexual Violence and Harmful Sexual Behaviour**

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

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

### **Developmental Sexual Activity**

Encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional, and behavioural relationships with each other. Such sexual activity is essentially information

gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

### **Inappropriate Sexual Behaviour**

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



still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

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

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

**Consent** – agreement including all the following:

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

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

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Devon multi-

agency protocol “Working with Sexually Active Young People” available at [South West Child Protection Procedures](#).

## 10. Mental Health

Staff will be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Whilst SPaCEalg recognise that only appropriately trained professionals can diagnose mental health problems; staff are able to make day to day observations of children and identify such behaviour that may suggest they are experiencing a mental health problem or be at risk of developing one.



How traumatic Adverse Childhood Experiences and experiences of abuse, neglect and exploitation can impact on a child's mental health, behaviour and education through to adolescence and adulthood will be covered in safeguarding awareness training and updates. If staff have a concern about a child's mental health that is also a safeguarding concern, they will share this with the DSL or deputy. Where appropriate, SPaCEalg will also refer to the mental health and behaviour in schools' guidance.

When supporting children experiencing mental health difficulties SPaCEalg will explore resources such as

[Promoting children and young people's mental health and wellbeing](#)

[Rise Above: Resources for School from Public Health England #esafety](#)

[Every Interaction Matters Webinar](#)

[Wellbeing for Education Recovery](#)

[Preventing and Tackling Bullying](#)

[Promoting and supporting mental health and wellbeing in schools and colleges](#)

## **11. Private fostering arrangements**

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

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

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

By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible. However, where a member



of staff becomes aware that a child may be in a private fostering arrangement, they will raise this with the DSL and the DSL will notify MASH of the circumstances.

## **12. Looked-after and previously looked after children**

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

## **13. Children missing education and children absent from education**

Attendance, absence, and exclusions are closely monitored. SPaCE will hold more than one emergency contact number for children where reasonably possible. A child going missing or who has unexplainable and/or persistent absences from education is a potential indicator of abuse, neglect, and exploitation, including sexual abuse and sexual exploitation.

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

## **14. Antibullying/cyber bullying**

Our policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents which is shared with and analysed by the trustees. All

staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse.

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



## Notice of Concern Form

Child's Name:

Date of concern:

Time of concern:

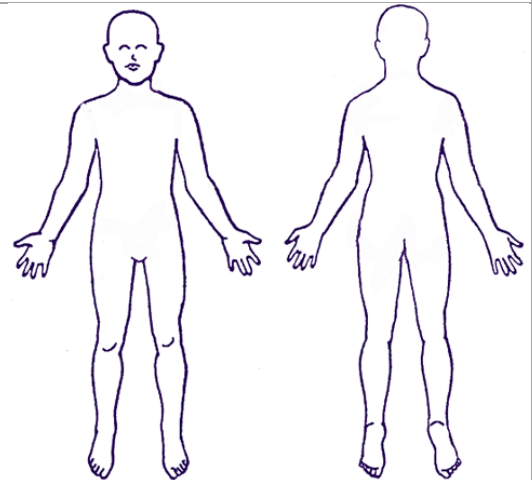
Location of concern:



This form must be completed, signed and dated by any member of staff who identifies a possible child protection or safeguarding concern:

- All child protection concerns must be reported immediately to the designated Safeguarding Lead.
- Record the facts and do not make judgements. Record dates, times, places, actual words, what was observed, who was present and questions asked.
- Any concerns about staff should be reported directly to the CEOs.
- Concerns about the CEOs should be reported to the DSL.

### Details of Concern

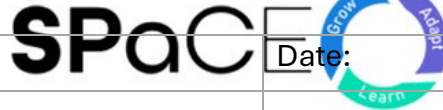




**Immediate Actions by staff:**

Signed:  
Print:

Date:



Received by:

Date:

Time:

**Action taken by Designated Safeguarding Lead:**

Parents informed: YES/NO

Details of conversation

Agencies informed/referral made  
specify

School/Children's Social Care/ Police/Health/ Other –

**Agreed actions:****Any other relevant information:****Feedback given (who, date and time):**

Signed:

Date:

Print:

## 16. Additional resources

Further advice on child protection is available from:

Devon Schools Wellbeing <https://www.devonschoolswellbeing.org.uk/emotional-health-and-wellbeing/>

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

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

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

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

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

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

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

Knife Crime: <https://www.college.police.uk/guidance/knife-crime-evidence-briefing/understanding-causes-knife-crime>

Knife Crime One Minute Guide: <https://www.devon.gov.uk/support-schools-settings/safeguarding/guidance-policy-and-tools-2/safeguarding-one-minute-guides/no-69-knife-crime/>

Lucy Faithful Foundation: [Shore - Lucy Faithfull Foundation](#)

The Children’s Society: [Preventing Child Sexual Exploitation | The Children's Society](#)

CSA Centre: [Resources for education settings | CSA Centre](#)

Title page	Updated to reflect review
Contents page	Page numbers updated
Page 5	Additional section on keeping pupils safe plus updated page numbering and section numbering
Page 7	Addition of post appointment ongoing staff monitoring
Page 9	Procedures section updated based on staff feedback (parts updated)
Page 15	e-safety policy added to list of supporting policies
Page 33	SW Child protection processes link edited