

## **SAFEGUARDING POLICY**

### **Incorporating our Child Protection Policy**

**This policy is written in line with our:**

- Appointment of Staff Safer Recruitment Policy
- Online (e-Safety) Policy
- Preventing Extremism and Radicalisation Policy
- Whistleblowing Policy
- Behaviour Policy
- Anti-bullying Policy
- Staff Code of Conduct (Behaviour) Policy

These are all available on request from the office.

### **NAOMI'S GARDEN STATEMENT**

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as protecting them from maltreatment; preventing impairment of mental and physical health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

The terms 'child' and 'children' includes everyone under the age of 18.

The Trustees take seriously their responsibility to protect and safeguard the welfare of children and young people entrusted to the organisation's care. The Trustees will ensure that persons with leadership and management responsibilities at the organisation demonstrate good skills and knowledge appropriate to their role and fulfil their responsibilities.

The Trustees will ensure that appropriate safeguarding and child protection policies and procedures are distributed, adopted, implemented and monitored. They will also ensure that if there is no trained DSL on site, a senior member of staff will be identified to lead on safeguarding issues.

Naomi's Garden is a Safeguarding organisation. We will invoke Child Protection Procedures where necessary.

Our Designated Safeguarding Lead is Amanda Franklin. Her role is to provide support and direction to staff members to carry out their safeguarding duties and to liaise closely with other services such as the local Designated Officer, the police, and the Clinical Commissioning Group(CCG), when managing referrals.

Our Deputy Designated Safeguarding Lead is Sarah-Jayne Walker. Her role is to provide support to the Lead and be available if the Lead is unavailable.



Our Chair of Trustees is Amanda Franklin. Her role in Safeguarding is to take the lead in dealing with allegations of abuse made against the organisations Management.

Our Safeguarding Trustee is Donna Rusling. Her role in Safeguarding is to take leadership responsibility for the organisation's safeguarding arrangements.

Our Administrator is Donna Rusling. Her role in Safer Recruitment is to ensure that the organisation operates safe recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with the children.

All staff members in Naomi's Garden must read the content of the policy and are responsible for safeguarding children's and adults wellbeing.

All staff must undertake a regular course on safeguarding and child protection that must be updated regularly. Naomi's Garden is committed to an on-going training programme on such matters. Yearly updates will be undertaken at the beginning of each year.

All staff that work directly with children must read Part 1 and Annex B "Further Information", of Keeping Children Safe in Education. Those staff not working directly with children must read either Part 1 or Annex A. NG will decide which one according to the role of the staff member. The organisation has systems in place to assist staff understand and discharge their role and responsibilities".

The Trustees recognise the need to build constructive links with other agencies, and will work with social care, the police, health services and other services to promote the welfare of children and vulnerable adults and protect them from harm.

The Trustees are committed to:

- Listening to, relating effectively and valuing clients, children and young people whilst ensuring their protection within NG activities.
- Employing the expertise of the staff when reviewing safeguarding policies and providing opportunities for staff to contribute to and shape safeguarding arrangements and policy.
- Encouraging and supporting parents/carers.
- Ensuring that staff members are given support and training.
- Ensuring all staff have an awareness of safeguarding issues that can put children at risk of harm - behaviours linked to issues such as drug taking, alcohol abuse and sexting put children in danger.
- Having a system for dealing with concerns about possible abuse.
- Maintaining good links with the statutory child care authorities.
- Ensuring the DSL and staff are aware of and follow local safeguarding partnership arrangements so that the organisation contributes to multi-agency working in line with statutory guidance, Working Together to Safeguard Children.

Where a client/child is suffering significant harm, or is likely to do so, action will be taken to protect them. Action will also be taken to promote the welfare of all in need of additional support, even if they are not suffering harm or are at immediate risk.

Everyone who encounters children, and their families has a role to play in safeguarding. Anyone working in Naomi's Garden is particularly important as they are in a position to identify concerns early and provide help and to prevent concerns from escalating; they form part of the wider safeguarding system for children and adults. For a description of this system, see Working Together to Safeguard Children, 2018.

All staff members have a responsibility to provide a safe environment in which all can learn and be cared for. They have a responsibility to identify clients/children who may be in need of extra help or who are suffering, vulnerable, or are likely to suffer, significant harm. Staff have a responsibility to review and monitor the list of these clients on a regular basis and all staff members then have a responsibility to take appropriate action, working with other services as needed, including **Early Help**.

## **EARLY HELP**

**All** staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

**All** staff should be aware of their local early help process and understand their role in it.

If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

Early help means providing support as soon as a problem emerges, at any point in a child's life. Providing early help is more effective in promoting the welfare of children than reacting later.

**Any** child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled or has certain health conditions and has specific additional needs;
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan);
- has a mental health need;
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines;
- is frequently missing/goes missing from care or from home;
- is at risk of modern slavery, trafficking sexual or criminal exploitation;
- is at risk of being radicalised or exploited;
- has a family member in prison, or is affected by parental offending;
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- is misusing drugs or alcohol themselves;
- has returned home to their family from care;

- is at risk of 'honour'-based abuse such as Female Genital Mutation or Forced Marriage;
- is a privately fostered child; and
- is persistently absent from education, including persistent absences for part of the school day.

All staff members should make themselves aware of the systems within the organisation that support safeguarding, which are explained in the staff induction. This includes the safeguarding and child protection policy; the staff code of conduct; and the designated safeguarding lead.

Staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure, they should always speak to children's social care.

Staff members should be aware of any signs of extremist views of any kind, whether from internal sources – children, staff or Trustees, or external sources - external agencies, or individuals.

Staff members are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

If staff members have concerns about a child, they should raise these with the organisation's Designated Safeguarding Lead, **immediately**. This also includes situations of abuse that may involve staff members. The safeguarding lead will usually decide whether to make a referral to children's social care, although any staff member can refer their concerns to children's social care directly. Where a child and family would benefit from co-ordinated support from more than one agency (for example education, health, housing, police) an inter-agency assessment will be conducted. These assessments, undertaken by a lead professional (a teacher, special educational needs co-ordinator, General Practitioner (GP), family support worker, and/or health visitor), will identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

A concern is when you are troubled about a child's welfare and you have reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. It involves the child's safety and well-being.

**If, at any point, there is a risk of immediate serious harm to a child, the DSL should be informed immediately, who will make a referral to children's social care instantly. However, anybody can make a referral in a serious situation, but please inform the DSL if you do so. If the child's situation does not appear to be improving, the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.**

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.

More information on Early Help is set out in Part one of KCSIE with full details of the early help process in Chapter one of Working Together to Safeguard Children.

## **CONTEXTUAL SAFEGUARDING**

**All** staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside Naomi's Garden and/or can occur between children outside of these environments. **All** staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Assessments of children should consider the wider environmental factors affecting the child's life that may pose a threat to their safety and/or welfare. As much contextual information as possible should be provided as part of the referral process. More information can be found at <https://contextualsafeguarding.org.uk/>

## **SAFER WORKING PRACTICES**

Naomi's Garden's underpinning principals:

- The welfare of the child is paramount.
- Staff should understand their responsibilities to safeguard and promote the welfare of children.
- Staff are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Staff should work, and be seen to work, in an open and transparent way including self-reporting if their conduct or behaviour falls short of these guiding principles.
- Staff should acknowledge that deliberately invented/malicious allegations are extremely rare and that all concerns should be reported and recorded.
- Staff should discuss and/or take advice promptly from the Board of Trustees if they have acted in a way which may give rise to concern.
- Staff should apply the same professional standards regardless of culture, disability, gender, language, racial origin, religious belief, and sexual orientation.
- Staff should not consume or be under the influence of alcohol or any substance, including prescribed medication, which may affect their ability to care for children.
- Staff should be aware that breaches of the law and other professional guidelines could result in disciplinary action being taken against them, criminal action, and/or other proceedings including barring by the Disclosure & Barring Service (DBS) from working in regulated activity.
- Staff and managers should continually monitor and review practice to ensure this guidance is followed.
- Staff should be aware of and understand their establishment's child protection policy, arrangements for managing allegations against staff, staff behaviour policy, whistle blowing procedure and their local authority safeguarding procedures.

**KEY TRAINING AREAS**

Timescale for training

Induction Training (mandatory)	Prior to starting at Naomi's Garden
Child Protection Awareness training for whole staff including Safeguarding (statutory)	Every two years with refresher training every other year
Designated Safeguarding Lead Training (statutory)	Every two years with refresher training every other year
Safer Recruitment Training (statutory)	Every two years
Training about Preventing Terrorism (statutory)	Annually
Training for Trustees (non-statutory)	Annually
Female Genital Mutilation	Every two years
Child Sexual Exploitation	Every two years
E-Safety	Annually
Mental Health Awareness Training for whole staff	Annually

## **IMPORTANT CONTACT DETAILS:**

Safeguarding incidents could happen anywhere, and staff should be alert to possible concerns being raised in this organisation

Safeguarding concerns about adults in the organisation should be made to the Designated Safeguarding Lead or to the Administrator.

Amanda Franklin - the Designated Safeguarding Lead Person - 07825816334

Sarah Jayne Walker - Designated Deputy Lead Person – 07849 302786

Michelle Bellini - Designated Deputy Lead Person – 0707702693437

Amanda Franklin – The Chair of the Trustees - 07825816334

Donna Rusling - The Administrator and Safer Recruitment Officer – 07557 789428

All staff members may raise concerns directly with Children’s Social Care or Adult Social Care services

Naomi’s Garden will work with the local Designated Officer (DO) as deemed appropriate. The DO provides advice and guidance to employers and voluntary organisations that have concerns about a person working or volunteering with children, young people and adults at risk who may have behaved inappropriately, or you have received information that may constitute an allegation.

For further advice or help contact:

- The NSPCC Helpline: 0808 800 5000
- The NSPCC whistle-blowing helpline: 0800 028 0285

The Police: 101 to report crime and other concerns that do not require an emergency response; 999 when there is danger to life or when violence is being used or threatened

## **TIMESCALES**

An Initial Assessment should be initiated by the DSL or Deputy DSL within 24 hours of receipt of a referral and completed in a maximum of **10 working days**. However, this may depend on the case and the other agencies involved.

An initial assessment is deemed to be completed once the assessment has been discussed with the child and family (or caregivers) and the DSL or Deputy DSL has viewed and authorised the assessment.

The initial assessment period may be very brief if the criteria for initiating Local Authority involvement are met, i.e., it is suspected that the child is suffering, or is likely to suffer significant harm and a strategy discussion should take place.

Any extension to timescale should be authorised by the DSL or Deputy DSL, with reasons recorded and any delay must be consistent with the welfare of the child.

## **CHILD PROTECTION POLICY**

The Trustees recognise that many children and young people today are the victims of neglect, and physical, sexual, and emotional abuse, including extremism and radicalisation. Accordingly, the Trustees have adopted the policy contained in this document, (hereafter “the policy”). The policy sets out agreed guidelines relating to the following areas:

- The Prevent Duty
- Definitions of abuse
- Responding to allegations of abuse, including those made against tutors and support workers in the organisation.
- Appointing tutors, conductors and support assistants
- Supervision of activities and practice issues
- Helping victims of abuse
- Working with offenders
- Safer Recruitment including the level of DBS checks that will be undertaken for volunteers and Trustees

### **THE PREVENT DUTY**

Naomi’s Garden, subject to a duty under section 26 of the Counterterrorism and Security Act 2015 (the CTSA 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.

The Prevent duty should be seen as part of the organisations wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the revised Prevent duty guidance: for England and Wales. Designated safeguarding leads and other senior leaders. The guidance is set out in terms of four general themes: risk assessment, working in partnership, staff training, and IT policies.

### **Channel**

Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Prevent referrals may be passed to a multi-agency Channel panel, which will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. A representative from the organisation may be asked to attend the Channel panel to help with this assessment. An individual’s engagement with the programme is entirely voluntary at all stages.

Statutory guidance on Channel is available at: [Channel guidance](#).

Naomi’s Garden has a critical part to play to keep children safe and promote their welfare. To protect children in our care, we must be alert to any safeguarding and child protection issues in the child’s life at home or elsewhere

As a tuition, therapy and child care provider, we are expected to demonstrate activity in the following areas:

- Assessing the risk of children being drawn into terrorism.
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements consider the policies and procedures of the local authority, the police, and the health service.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Expected to ensure children are safe from terrorist and extremist material when accessing the internet

The organisation holds a separate Preventing Extremism and Radicalisation Policy with regard to this.

The full Government Prevent Strategy can be viewed at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/97976/prevent-strategy-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf)

The full Government Prevent Duty (2015) can be viewed at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/439598/prevent-duty-departmental-advice-v6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)

We will also work with local partners, families, and communities in our efforts to ensure our organisation understands and embraces our local context and values in challenging extremist views and to assist in the broadening of our children's experiences and horizons. We will help support children and young people who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe a child is being directly affected by extremist materials or influences, we will ensure that that they are offered mentoring.

## **SIGNIFICANT HARM**

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Decisions about significant harm should be informed by a careful assessment of the child's circumstances and discussion between statutory agencies and with the child and family.

## **INDICATORS OF ABUSE**

The following definitions of child abuse are taken from the document '*Keeping Children Safe in Education*'.

### **Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

### **Physical Abuse**

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

### **Emotional Abuse**

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

### **Sexual Abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as peer-on-peer abuse) and **all** staff should be aware of it and the policy and procedures for dealing with it.

### **Neglect**

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

## **SPECIFIC SAFEGUARDING ISSUES**

### **Children with special educational needs and disabilities or physical health issues**

Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration;
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children;
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in managing or reporting these challenges.

Naomi's Garden will consider extra pastoral support and attention for these children, along with ensuring any appropriate support for communication is in place.

Further information can be found in the SEND Code of Practice 0 to 25.

Children with SEN and disabilities have the following safeguarding vulnerabilities:

- Disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children
- Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions and deaf children.
- Disabled children are more likely to be abused by someone in their family compared to non-disabled children. The majority of disabled children are abused by someone who is known to them.
- Bullying is a feature in the lives of many disabled children
- Disabled children are more likely to experience the negative aspects of social networking sites than non-disabled children
- Disabled children (and severely disabled children even more so) may disclose less frequently, and delay disclosure more often compared to typically developing children. Disabled children are most likely to turn to a trusted adult they know well for help such as family, friend or teacher

Disabled children are at greater risk of abuse and significant barriers can exist to their safeguarding and wellbeing. Understanding a child's needs, building on their strengths, overcoming the barriers, and developing innovative solutions for meeting the challenges will not only enhance the child's wellbeing and protection from abuse but will provide learning that may also be of benefit for non-disabled children. Disabled children have an equal right to protection from abuse.

### **Child abduction and community safety incidents**

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends, and acquaintances); and by strangers.

As children get older and are granted more independence (for example, as they start walking in the community on their own) it is important they are given practical advice on how to keep themselves safe.

It is important that support focuses on building children's confidence and abilities rather than simply warning them about all strangers. Further information is available at: [www.actionagainstabduction.org](http://www.actionagainstabduction.org) and [www.clevernevergoes.org](http://www.clevernevergoes.org).

### **Children and the Court System**

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age-appropriate guides to support children 5-11 year olds and 12-17 year olds.

The guides explain each step of the process, support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

### **Children with Family Members in Prison**

Approximately 200,000 children in England and Wales have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation, and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

### **Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)**

We know that different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation.

In some cases, the exploitation or abuse will be in exchange for something the victim needs or wants (for example, money, gifts, or affection), and/or will be to the financial benefit or other advantage, such as increased status, of the perpetrator or facilitator.

Children can be exploited by adult males or females, as individuals or in groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources.

Some of the following can be indicators of both child criminal and sexual exploitation where children:

- appear with unexplained gifts, money, or new possessions; • associate with other children involved in exploitation;
- suffer from changes in emotional well-being;
- misuse drugs and alcohol;
- go missing for periods of time or regularly come home late; and
- regularly miss school or education or do not take part in education.

Children who have been exploited will need additional support to help maintain them in education.

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

Some additional specific indicators that may be present in CSE are children who:

- have older boyfriends or girlfriends; and
- suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.

Further information on signs of a child's involvement in sexual exploitation is available in Home Office guidance: Child sexual exploitation: guide for practitioners

### **County Lines**

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of "deal line". This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store, and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children's homes, and care homes.

Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home;
- have been the victim or perpetrator of serious violence (e.g., knife crime);
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs;
- are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection;
- are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity;
- owe a 'debt bond' to their exploiters;
- have their bank accounts used to facilitate drug dealing.

Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office.

### **Peer-on-Peer Abuse (child on child)**

**All** staff should be aware that children can abuse other children (often referred to as peer-on-peer abuse). It is important that all staff recognise the indicators and signs of peer-on-peer abuse and know how to identify it and respond to reports.

All staff should understand, that even if there are no reports in the organisation it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important if staff have **any** concerns regarding peer-on-peer abuse, they should speak to the designated safeguarding lead (or deputy).

It is essential that **all** staff understand the importance of challenging inappropriate behaviours between peers, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

It is more likely that girls will be victims and boys’ perpetrators, but peer-on-peer abuse is unacceptable and will be taken seriously whoever is the victim and the perpetrator.

All staff should reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Peer on peer abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying); abuse in intimate personal relationships between peers;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence);
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nudes and semi-nudes images and or videos (also known as sexting or youth produced sexual imagery);
- upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm; and
- 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).

**All** staff should be clear as to the organisation’s policy and procedures with regards to peer-on-peer abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

## **Actions Naomi's Garden will take**

Naomi's Garden will deal with children's behaviour inline with the Behaviour & Anti-Bullying Policy.

Naomi's Garden will also act to minimise the risk of peer-on-peer abuse by ensuring the establishment provides a safe environment, promotes positive standards of behaviour, has effective systems in place where children can raise concerns and provides safeguarding through educational opportunities. This may include targeted work with children identified as vulnerable or being at risk and developing risk assessment and targeted work with those identified as being a potential risk to others.

### **Action on serious concerns**

Naomi's Garden will take this issue as seriously as abuse perpetrated by an adult and address it through the same processes as any safeguarding issue. We also recognise that children who abuse others are also likely to have considerable welfare and safeguarding issues themselves.

Peer-on-peer abuse may be a one-off serious incident or an accumulation of incidents. Staff may be able to easily identify some behaviour/s as abusive however in some circumstances it may be less clear. In all cases the member of staff should discuss the concerns and seek advice from the Designated Safeguarding Lead (DSL).

When an allegation is made by a child against another child, members of staff should consider if the issues raised indicate that the child and /or alleged perpetrator may have emerging needs, complex/serious needs, or child protection concerns.

**Any suspicion or allegations that a child has been sexually abused or is likely to sexually abuse another child (or adult) should be referred immediately the DSL, who will refer to the local Designated Officer (DO) or the Police, straightaway.** However, staff may refer directly to the DO or police, but please inform the DSL if you do so.

All allegations should be discussed with the local Designated Officer (DO) on **the day** the allegation is made known to the school and advice sought from the DO.

Particular considerations for cases where peer on peer abuse is a factor include:

- What is the nature, extent, and context of the behaviour including verbal, physical, sexting and/or online abuse? Was there coercion, physical aggression, bullying, bribery or attempts to ensure secrecy? What was the duration and frequency? Were other children and /or adults involved?
- What is the child's age, development, capacity to understand and make decisions (including anything that might have had an impact on this i.e., coercion), and family and social circumstances?
- What are the relative chronological and developmental age of the two children and are there any differentials in power or authority?
- Is the behaviour age appropriate or not? Does it involve inappropriate sexual knowledge or motivation?
- Are there any risks to the child themselves and?

NG will use resources on such issues to address these matters.

## Resources on peer-on-peer pressure can be found at:

<https://learning.nspcc.org.uk/research-resources/schools/resources-sexual-abuse-education-healthy-relationships>

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school or college. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and face to face (both physically and verbally) and are never acceptable.

It is essential that **all** victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with special educational needs and disabilities (SEND) and LGBT children are at greater risk.

Staff should be aware of the importance of:

- challenging inappropriate behaviours between peers;
- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and,
- challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts.
- not dismissing or tolerating such behaviours, as this can lead to a culture of unacceptable behaviours, an unsafe environment for children, and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

## Sexual Violence

It is important that staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

**Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus, or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

**Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

**Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents. Staff should be aware that sexual assault covers

a very wide range of behaviour so a single act of kissing someone without consent or touching someone's bottom/breasts/genitalia without consent, can still constitute sexual assault.

**Causing someone to engage in sexual activity without consent:** A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

*For information on 'What is consent' see page 137 KCSIE 2021*

## **Sexual Harassment**

Sexual harassment is 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of school. When we reference sexual harassment, we do so in the context of child-on-child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (the school will consider when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos, or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
- non-consensual nudes and semi-nudes images and/or videos; As set out in UKCIS Sharing nudes and semi-nudes: advice for education settings working with children and young people taking and sharing nude photographs of U18s is a criminal offence;
  - sharing of unwanted explicit content;
  - upskirting (is a criminal offence<sup>141</sup>);
  - sexualised online bullying;
  - unwanted sexual comments and messages, including, on social media; and
  - sexual exploitation; coercion and threats

Robust guidance on this matter may be found in Keeping Children Safe in Education Part 5, and in the DfE guidance *Sexual Violence and Sexual Harassment between Children in Schools and Colleges*. This document covers:

- What sexual violence and harassment is.
- How to respond to reports of sexual violence and sexual harassment.

## **Female Genital Mutilation**

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

**Staff have a specific legal duty to act** with regards to concerns about female genital mutilation (FGM) and must personally report to the police a disclosure that FGM has been carried out (in addition to liaising with the DSL. However, all staff should also speak to the DSL where there are concerns.

Naomi's Garden will access the following documents if ever the need arises for such information, as referred to in Annex B of KCSIE 2021:

'Multi-Agency Statutory Guidance on Female Genital Mutilation'

'FGM Resource Pack'

'FGM Fact Sheet'

## **Mental Health**

All staff should 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.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education 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.

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.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking to the designated safeguarding lead or a deputy.

## **Preventing Radicalisation**

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a safeguarding approach.

- **Extremism** is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.
- **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- **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.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many

different methods (such as social media or the internet) and settings (such as within the home).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a Prevent referral.

### **So-called 'honour'-based abuse (including Female Genital Mutilation and Forced Marriage)**

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

#### **Actions**

If staff have a concern regarding a child who might be at risk of HBA or who has suffered from HBA, they should speak to the designated safeguarding lead (or deputy). As appropriate, the designated safeguarding lead (or deputy) will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Further information may be found in the following guidance:

- Female genital mutilation: information and resources- Home Office guidance
- Female genital mutilation: multi agency statutory guidance - DfE, DH, and HO statutory guidance
- Forced marriage - Forced Marriage Unit (FMU) statutory guidance
- FGM resource pack – HM Government guidance

### **RECOGNISING AND RESPONDING TO ABUSE**

The following signs may or may not be indications that abuse has taken place, but the possibility should be considered.

#### **Physical Signs of Abuse**

- Any injuries not consistent with the explanation given for them.
- Injuries that occur to the body in places that are not normally exposed to falls, rough games, etc.
- Injuries which have not received medical attention.
- Neglect – under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc.
- Reluctance to change for or participate in games or swimming.

- Repeated urinary infections or unexplained tummy pains.
- Bruises, bites, burns, fractures etc., which do not have an accidental explanation.
- Cuts/ scratches/ substance abuse.

### **Indicators of Possible Sexual Abuse**

- Any allegations made by a child concerning sexual abuse.
- Any allegations made by a child concerning female genital mutation.
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Sexual activity through words, play or drawing.
- Child who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotations.
- Eating disorders – anorexia, bulimia

### **Emotional Signs of Abuse**

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depression/ aggression, extreme anxiety.
- Nervousness, frozen watchfulness.
- Obsessions or phobias.
- Sudden under-achievement or lack of concentration.
- Inappropriate relationships with peers and/ or adults.
- Attention-seeking behaviour.
- Persistent tiredness
- Running away/ stealing/ lying

### **WHAT TO DO IF YOU SUSPECT THAT ABUSE MAY HAVE OCCURRED**

1. You must report concerns as soon as possible to Amanda Franklin, the Designated Safeguarding Officer (DSL), who is nominated by the Trustees to act on their behalf in referring allegations or suspicions of neglect or abuse to the statutory authorities. She may also be required by conditions of the charity's Insurance Policy to immediately inform the Insurance Company. In the absence of the DSL, the matter should be brought to the attention of Sarah Jayne Walker or Michelle Bellini (hereafter the "Deputy DSL").

Amanda Franklin 07825 816334

Sarah Jayne Walker 07849302786

Michelle Bellini 07702693437

2. If the suspicions in any way involve the DSL or Deputy DSL, then the report should be made to the Safeguarding Trustee, Donna Rusling – 07557789428 who should contact the local Designated Officer (DO).
3. Staff should only involve those who need to be involved when a child tells them he/she is being abused or neglected. Suspicions will not be discussed with anyone other than those nominated above
4. Although members of the organisation are expected to use the procedure stated in step 1, it is, of course, the right of any individual as a citizen to make direct referrals to the child protection agencies or seek advice from a reputable safeguarding agency. Please inform the DSL immediately, if you do so. If, however, you feel that the DSL or Deputy DSL have not responded appropriately to your concerns, then it is open to you to contact the relevant organisation direct. We hope that by making this statement that we demonstrate the commitment of the organisation to effective child protection.

### **ALLEGATIONS OF PHYSICAL INJURY OR NEGLECT**

If a child has a physical injury or symptom of neglect, the DSL will:

1. Contact the local Designated Officer (DO) for advice in cases of deliberate injury or when concerned about the child's safety. The organisation in these circumstances should not inform the parents.
2. Where emergency medical attention is necessary it will be sought immediately. The DSL will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/ carer and suggest that medical help/ attention be sought for the child. The doctor (or health visitor) will then initiate further action, if necessary.
4. If appropriate, the parent/ carer will be encouraged to seek help from the Local Authority.
5. Where the parent/ carer is unwilling to seek help, if appropriate, the DSL will offer to go with them. If they still fail to act, the DSL should, in cases of real concern, contact the local Safeguarding Children Partnership for advice.

### **ALLEGATIONS OF SEXUAL ABUSE**

In the event of allegations or suspicions of sexual abuse, the DSL will:

Contact the Police Child Protection Team directly. The DSL will NOT speak to the parent (or anyone else).

1. If, for any reason, the DSL is unsure whether or not to follow the above, then advice from the local Designated Officer (DO) will be sought and followed.

2. Under no circumstances will the DSL attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the DSL is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the DO, whose task it is to investigate the matter under Section 47 of the Children Act 1989
3. Whilst allegations or suspicions of sexual abuse will normally be reported to the DSL, the absence of the DSL or Deputy DSL should not delay referral to the DO
4. Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the DSL or Deputy DSL as to the appropriateness of a referral to the DO, that person retains a responsibility as a member of the public to report serious matters to the DO, and should do so without hesitation
5. The Trustees will support the DSL or Deputy DSL in their role and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

### **HOW TO RESPOND TO A CHILD WANTING TO TALK ABOUT ABUSE OR NEGLECT**

It is not easy to give precise guidance, but the following may help:

#### **General Points**

- If a child makes a disclosure regarding abuse or neglect, you must always take any such concerns seriously and follow Naomi's Garden procedures for reporting allegations.
- Show acceptance of what the child says (however unlikely the story may sound).
- Keep calm.
- Look at the child directly.
- Be honest.
- Tell the child you will need to let someone else know – don't promise confidentiality.
- Even when a child has broken a rule, they are not to blame for the abuse.
- Be aware that the child may have been threatened or bribed not to tell.
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen.

#### **Helpful things you may say or show**

- "I believe you" .
- Show acceptance of what the child says.
- "Thank you for telling me".
- "It's not your fault".
- "I will help you".

### **Do not say**

- “Why didn’t you tell anyone before”.
- “I can’t believe it!”.
- “Are you sure this is true?”.
- “Why? How? When? Who? Where?”
- Never make false promises.
- Never make statements such as “I am shocked, don’t tell anyone else”.

### **Concluding**

- Again, reassure the child what you are going to do next and that you will let them know what happens.
- Contact the person in the organisation responsible for coordinating child protection concerns or contact the Children, Schools and Families department / Police/ NSPCC.
- Consider your own feelings and seek pastoral support if needed.

## **WHAT TO DO ONCE A CHILD HAS TALKED TO YOU ABOUT ABUSE**

### **The Procedure**

- Make notes as soon as possible (preferably within one hour of the child talking to you), writing down exactly what the child said and when she/he said it, what you said in reply and what was happening immediately beforehand (e.g., a description of the activity). Record dates and times of these events and when you made the record. Keep all hand-written notes, even if subsequently typed. Such records should be kept safely for an indefinite period.
- Use the form “Responding to abuse – worker’s action sheet”.
- Report your discussion as soon as possible to the DSL. If the latter is implicated report to the Deputy DSL. If all are implicated, report to the Safeguarding Governor, who should contact the local Designated Officer (DO).
- You should not discuss your suspicions or allegations with anyone other than those nominated in the above point.
- Once a child has talked about abuse the DSL should consider whether it is safe for a child to return home to a potentially abusive situation. On rare occasions, it might be necessary to take immediate action to contact the DO and/ or Police to discuss putting into effect safety measures for the child so that they do not return home.

## **WORKING WITH OFFENDERS**

The Trustees in their commitment to the protection of all children will meet with the individual and discuss boundaries that the person will be expected to keep.

Offenders will be expected to sign a contract stipulating boundaries and will involve the person's family and partner who will need to be informed.

### **HELPING VICTIMS OF ABUSE – THE CHILD'S WISHES**

Naomi's Garden is committed to supporting victims of abuse. It will ensure the child's wishes or feelings are considered when determining what action to take and what services to provide to protect individual children through ensuring there are systems in place for children to express their views and give feedback. Staff members should not promise confidentiality to the child and always act in the **best interests** of the child.

If a child – or their parent/carer – makes a disclosure regarding abuse or neglect, the member of staff must always take any such concerns seriously and follow the school's procedures for reporting allegations.

### **ARRANGEMENTS FOR SUPERVISION OF GROUP/ CHILDREN'S ACTIVITIES**

#### **Practical Issues**

- A register of children or young people attending the activity should be kept, and a register of helpers.
- A log of each activity, recording any unusual events with each tutor/assistant recording what they witnessed should be kept.
- Incidents such as fights and what action the tutor/assistant took should be recorded in the logbook.
- Accidents and injuries should be recorded in a separate accident book and parents and older children should be asked to sign this.
- No person under 16 years of age should be left in charge of any children of any age. Nor should children or young people attending Naomi's Garden be left alone at any time.

#### **Boundaries**

- All staff members should treat all children/young people with dignity and respect in attitude, language used and actions.
- Respect the privacy of children, avoid questionable activity.
- Ensure that all transport arrangements have parental approval and are with the knowledge of the leadership.
- Only staff members assigned to a group should be allowed into rooms. Other adults should not have free access. Ensure you note anybody else who is there for a specific reason in the logbook.

### **ONE-TO-ONE SITUATIONS**

Staff working in one to one situations with children at the setting, including visiting staff from external organisations can be more vulnerable to allegations or complaints.

To safeguard both children and adults, a risk assessment in relation to the specific nature and implications of one to one work should always be undertaken. Each assessment should consider the individual needs of each child and should be reviewed regularly.

Arranging to meet with children from the setting away from the work premises should not be permitted unless the necessity for this is clear and approval is obtained from a senior member of staff, children and their parents/carers.

Where staff are expected to work one to one with a child on a virtual platform, clear expectations should be set out for all of those involved that are reflective of the settings safeguarding policies and procedures.

Staff should:

- work one to one with a child only when absolutely necessary (both in person or online) and with the knowledge and consent of senior leaders and parents/carers.
- be aware of relevant risk assessments, policies and procedures, including child protection, acceptable use policy and behaviour management.
- ensure that wherever possible there is visual access and/or an open door in one to one situations.
- avoid use of 'engaged' or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy.
- always report any situation where a child becomes distressed or angry.
- consider the needs and circumstances of the child involved
- ensure prior to any online learning, there are clear expectations of behaviour and conduct of all parties that have been agreed in advance.

## **OFF-SITE VISITS**

Appropriate risk assessments must be in place prior to any off-site visit taking place.

Safeguarding concerns or allegations will be responded to following the Naomi's Garden safeguarding procedures. The member of staff in charge of the visit will report any safeguarding concerns to the Designated Safeguarding Lead and Administrator, who will pass to the local Designated Officer (DO) if appropriate. In an emergency, the staff member in charge will contact the police and/or social care.

## **HOME VISITS**

All work with children and parents will be undertaken at the centre or in their homes. When tuition or therapy sessions take place within children's homes

Staff should:

- agree the purpose for any home visit with the Administrator and ensure that all visits are justified and recorded.

- have a clear understanding of the actions that should be taken if it is believed that a child or parent is at immediate risk of harm, including when to contact emergency services and/or partner agencies.
- adhere to agreed risk assessments.
- avoid unannounced visits wherever possible.
- ensure there is visual access and/or an open door in one to one situations.
- never enter a home without the parent or carer's consent or when the parent or carer is absent, except in an emergency.
- always make detailed records including times of arrival and departure.
- ensure any behaviour or situation which gives rise to concern is discussed with their manager.
- ensure that children are seen in open and observable spaces; for example, living rooms.
- comply with data protection regulations in relation to any personal information carried or notes made about the child.
- have access to a mobile telephone and an emergency contact.

### **POLICY ON SUSPICIONS OR ALLEGATIONS OF CHILD ABUSE INVOLVING NAOMI'S GARDEN STAFF**

Staff, including volunteers, must be aware that they may be vulnerable to accusations of abuse and must, therefore, be sensitive to a child's reaction to physical contact and react appropriately. During their daily contact with the children, all staff must be aware of the following:

- It is the policy of this organisation not to kiss the pupils.
- Staff should not touch a child in such a way or on parts of the body that might be considered indecent.
- Staff should avoid restraining children, except under certain circumstances when it is unavoidable
- Staff should maintain professional standards of behaviour and appropriate boundaries at all times in relationships between themselves and the children, themselves, and the parents, and avoid behaviour which could be misinterpreted by others. Staff should report any such incident to the Administrator or DSL. This is as relevant in the online world as it is in the classroom; staff engaging with children and/or parents online have a responsibility to model safe practice at all times.
- A member of staff, who feels that they may be at risk of being accused of behaving inappropriately, should request the presence of another member of staff.
- When it is necessary to restrain a child to prevent injury to themselves, others, or property, only the minimum force should be used and injury to the child concerned should be avoided. Any arm or hands should never be placed around a child's neck.

If there is an allegation or suspicion of misconduct about a member of staff, the Administrator must be informed immediately. Failure to do so may result in disciplinary action

If the allegation or suspicion in any way involves the DSL or Deputy DSL, then the report should be made to the Safeguarding Governor, [07557789428](tel:07557789428) who should contact the local Designated Officer (DO) on (Tel. no.) 01522 554674 and give as much information as you can.

The organisation is required to inform the Disclosure and Barring Service as soon as investigations are completed, any person, whether employed, contracted, a volunteer, or a student, whose services are no longer used because he or she is considered unsuitable to work with children.

The address for referrals is DBS customer services, PO Box 3961, Royal Wootton Bassett SN4 4HF - Telephone 03000 200 190.

The organisation will also make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.

Naomi's Garden has a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- the harm test is satisfied in respect of that individual;
- the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that the individual has committed a listed relevant offence; and
- the individual has been removed from working (paid or unpaid) in regulated activity or would have been removed had they not left.

A person satisfies the harm test if they may harm a child or vulnerable adult or put them at risk of harm. It is something a person may do to cause harm or pose a risk of harm to a child or vulnerable adult. (See <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs#what-is-the-harm-test>).

## **DUTY TO REPORT CONCERNS ABOUT AN INDIVIDUAL'S SUITABILITY TO WORK WITH CHILDREN**

There is a duty to report (including self-reporting) any incident in which an adult has or may have behaved in a way that is inconsistent with the organisation's staff code of conduct including inappropriate behaviours inside, outside of work or online.

Staff should recognise their individual responsibility to raise any concerns regarding behaviour or conduct (including low level concerns) that falls short of the principles outlined in this document and the setting's staff behaviour policy. It is crucial that any such concerns, including those which do not meet the harm threshold, are shared responsibly and with the right person, and recorded and dealt with appropriately.

Failure to report or respond to such concerns would constitute a failure in professional responsibilities to safeguard children and promote welfare.

The NSPCC 'what you can do to report abuse' dedicated helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled. Staff can call 0800 028 0285 The line is available from 8:00 AM to 8:00 PM, Monday to Friday or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

Therefore staff should:

- escalate their concerns if they believe a child or children are not being protected.
- report any behaviour by colleagues that raises concern.
- report allegations against staff and volunteers to the Administrator or Safeguarding Trustee or where they have concerns about the Administrator's response, report these directly to the DSL.
- follow the organisation's whistleblowing procedures as appropriate.
- where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, they should utilise other whistleblowing channels that are open to them.

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