

| | | | |
|----------------------|---|---------------------------------|---------------------------|
| Version V2 | Title Safeguarding and Child Protection | Author Alex Pazik | Date 25/06/2024 |
| | | Approver Linda Newton | Date 18/10/2024 |

Thame Youth Projects Group

Safeguarding and Child Protection Policy



Contents

| Clause | Subject | Page |
|------------|--|------|
| 1 | Introduction & Statement | 2 |
| 2 | Legal Framework | 2 |
| 3 | Organisational Policies & Procedures | 2 |
| 4 | Purpose of Policy | 3 |
| 5 | Roles & Responsibilities | 3 |
| 6 | Safeguarding Procedures | 4 |
| 7 | Child Protection Procedures | 6 |
| 8 | Monitoring & Review | 10 |
| Appendix A | Definitions and Indicators of Abuse | 12 |
| Appendix B | Guidance on how to handle concerns from young people | 18 |
| Appendix C | TYPG Safeguarding Policy 2024 Summary of Changes | 19 |

Note: This policy and its supporting procedures are based on the OSCB VCS Safeguarding template (2019). It emphasises the importance of creating an environment where children and young people are protected from abuse. It also describes the Child Protection procedures to be applied when there is a real or suspected risk of a child or young person being the subject of abuse.

1. Introduction and Statement

1.1 THAME YOUTH PROJECTS GROUP (TYP) recognises its duty of care to safeguard children as detailed under the Children Acts' 1989 and 2004 and Working Together to Safeguard Children 2023.

1.2 TYP is fully committed to safeguarding and protecting the welfare of all children and taking all reasonable steps to promote safe practice and protect children from harm, abuse and neglect.

1.3 TYP acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

1.4 TYP believes that:

- a) The welfare of all children and young people is paramount
- b) All children, regardless of age, ability, gender, racial heritage, religious or spiritual beliefs, sexual orientation and /or identity, have the right to equal protection from harm or abuse
- c) Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- d) Working in partnership with children, their parents, carers and other agencies is essential in promoting young people's welfare

1.5 The Children's Act 1989 defines a child as a person under the age of 18. However, as the focus of TYP is young people of secondary school age (12 to 18), the term 'children and young people' is used in this document and generally 'young people' elsewhere in our policies.

2. Legal Framework

2.1 This policy has been developed in accordance with the principles established by the following legislation and guidance:

- a) Children Act 1989
- b) United Nations Convention on the Rights of the Child 1991
- c) Children Act 2004
- d) Equality Act 2010
- e) Children and Families Act 2014
- f) Special educational needs and disability (SEND) code of practice: 0 to 25 years
- g) What to do if you are worried a Child is being Abused 2015
- h) Working Together to Safeguard Children 2023
- i) Keeping Children Safe in Education 2023
- j) Oxfordshire Safeguarding Children Board guidelines

3. Organisational Policies and Procedures

3.1 This policy should be read alongside the following organisational policies and guidance:

- a) Employment (including recruitment, training, supervision, termination)
- b) Equality and Diversity
- c) Data Protection and Privacy
- d) Code of Conduct
- e) Social Media and E-safety
- f) Health and Safety
- g) Harassment and Bullying
- h) Risk Assessment
- i) Document Control
- j) Grievance and Whistleblowing
- k) Performance and Discipline

4. Purpose of Policy

4.1 The purpose of this policy is to:

- a) protect children and young people who receive TYP services. This includes children of adults who use our services
- b) provide all those in a position of trust with the overarching principles that guide our approach to safeguarding and child protection

4.2 To keep children safe TYP will:

- a) provide a setting where children feel listened to, safe, secure, valued and respected
- b) appoint a Designated Safeguarding Lead (DSL) for children and ensure a clear line of accountability with regards to safeguarding concerns.
- c) Deputy Designated Safeguarding Leads (D-DSL) can be appointed with delegated responsibility to deputise for the DSL.
- d) ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- e) provide a clear procedure to follow when safeguarding and child protection concerns arise
- f) take allegations against staff seriously and follow the relevant procedure
- g) ensure effective and appropriate communication between all individuals in a position of trust
- h) build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.

5. Roles and Responsibilities

5.1 This policy applies to all staff, whether paid or volunteering, including Trustees, Committee Members, Leaders, Helpers and sessional workers, agency staff, students or anyone else in a position of trust.

5.2 All individuals in a position of trust must:

- a) Understand the different types of abuse and recognise the possible risks and indicators
- b) Understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children
- c) If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences
- d) Record and store information legally, professionally and securely in line with organisational policies and procedures
- e) Undertake the required level of training for their role in line with Oxfordshire Safeguarding Children Board standards
- f) Understand the line of accountability for reporting safeguarding concerns and be fully aware of the organisation's safeguarding lead and their role within the organisation
- g) Sign a declaration within the Code of Conduct that they have read and understood this policy

5.3 TYP have a Safeguarding Team, consisting of several individuals, all of whom complete Level 3 Safeguarding training through Oxfordshire Safeguarding Children Board. There will be at least one member of the Safeguarding Team present at all TYP Events, who will have a DSL ID card on their lanyards to make themselves identifiable to service users.

5.4 Key Contacts for Safeguarding:

Designated Safeguarding Lead: Alex Pazik
Deputy Designated Safeguarding Lead: Hannah Kape
Deputy Designated Safeguarding Lead: Linda Newton

Contact Number: 07709 491163
Contact Number: 07961 710558
Contact Number: 07760 223490

5.5 All individuals working in a position of trust at TYP will follow the Oxfordshire Safeguarding Children Board Multi- Agency Procedures/Local Authority guidance in all cases of abuse, or suspected abuse (these can be found at www.oscb.org.uk).

5.6 The Trustees are ultimately accountable for ensuring settings provided by TYP are safe, including the implementation of effective safeguarding procedures.

5.7 This policy is available to all. Members of the public can access this policy through the [TYP website](#) and Staff are provided access when they join TYP.

6. Safeguarding Procedures

6.1 Safer Recruitment

6.1.2 Safe recruitment is central to the safeguarding of children and young people. Like all organisations which employ people to work in a position of trust with children and young people, TYP has a duty to safeguard and promote their welfare. This includes ensuring that the organisation adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children and young people. TYP's Employment Policy incorporates the guidance that is given in the Schools Safeguarding Safer Recruitment Toolkit.

6.1.3 As part of the recruitment process, it will be made clear that all staff, paid or volunteering, will be subject to appropriate vetting procedures and a satisfactory Disclosure and Barring Service Enhanced check.

6.2 Staff induction and training

6.2.1 The TYP Employment Policy and Procedure specifies the process for induction for all new staff and for ongoing training and development activities. The following training is required:

| Role | Activity in TYP context | OSCB training |
|--|--|--|
| - Volunteer - Committee Member - Trustee | Not working with children and young people nor having unsupervised contact with them | Introduction to Safeguarding (Lv. 1) |
| - Volunteer - Committee Member - Trustee | Working with children and young people and having some unsupervised contact with them <u>less than</u> 3 times within a 30-day period | Introduction to Safeguarding (Lv. 1) |
| - Volunteer - Practitioner | Working with children and young people and having some unsupervised contact with them <u>more than</u> 3 times within a 30-day period | Awareness of Child Abuse & Neglect (Lv. 2) <i>plus</i> Generalist Safeguarding (Lv. 2) |
| - Practitioner | Regularly working one to one with children and young people or with young people deemed particularly vulnerable | Generalist Safeguarding (Lv. 2) <i>plus</i> Advanced Safeguarding (Lv.3) |
| - DSL - D-DSL | Having Safeguarding management responsibility, handling concerns raised by colleagues and submitting appropriate referrals for support | Generalist Safeguarding (Lv. 2) <i>plus</i> Designated Safeguarding Lead (Lv. 3) |

6.2.2 TYP Staff training is renewed in line with OSCB's training policy, which is available on the [Training Page](#) of the OSCB website.

6.3 Supervision

6.3.1 All activities involving children and young people will be supervised by a qualified TYP staff member. 'Qualified' means that the staff member (paid or volunteer) holds a safeguarding training certificate at a level appropriate to their duties and has completed the induction for their role.

6.3.2 A new staff member whose references and DBS check have not been confirmed will work under the supervision of a qualified TYP staff member.

6.3.3 Line managers will monitor the work and behaviour of the staff under their control and will conduct reviews with them on a regular basis. They will commend good performance and discuss poor performance. The line manager will make a record of the review and any agreed actions arising.

6.3.4 The TYP Employment Policy and Procedure provides more detail on the procedures to be followed.

6.4 Recommended staffing levels

6.4.1 The recommendations in this section should be used as a starting point for each event or activity. The actual staffing level would depend upon the event or activity and should be recorded in the risk assessment.

6.4.2 The minimum recommended staffing level for a group of children aged over 8 is one person for the first 8 children then one additional person for every 12 additional children.

6.4.3 It is recommended that there is always a minimum of 2 adults delivering activities, however, this is at the discretion of the Leader and should be considered in the Risk Assessment.

6.4.4 When possible, adult supervision should consist of both male and female leaders.

6.4.5 If groups are in the same room or adjoining rooms with doors open, then one person per group is allowed.

6.4.6 Young people aged 14+ may help with groups but should be supervised by an adult helper who will be responsible for ensuring good practice and that safeguarding procedures are followed. Young people under 14 may help with other things but should not have responsibility for children.

6.4.7 Additional adults may help on one or two occasions but must be responsible to an appointed worker. Thereafter they should become part of the team and properly appointed through the normal recruitment process.

6.5 Protecting staff

6.5.1 The Trustees recognise the importance of protecting its staff from possible allegations of abuse and require the following precautions to be taken. Staff should not:

- a) Be alone with young people, unless in accordance with TYP Lone Working Policy
- b) Lock and unlock premises without another adult present unless they have completed the Lone Worker risk assessment required in the TYP Health & Safety Policy
- c) Transport young people in a car/minibus or other vehicle without another adult present unless prior arrangement with the parent/guardians has been made. These should be communicated with the line manager as soon as possible
- d) Take young people to their homes

- e) Make inappropriate contact with young people, i.e. develop relationships outside the TYP setting, including via personal social media websites -see TYP Social Media Policy
- f) Leave young people unattended
- g) Leave young people in the presence of adults who are not qualified TYP staff
- h) Show favouritism to young people

6.6 Photography

6.6.1 Since children or young people may be photographed while participating in TYP events and activities, written permission is obtained from the parent/guardian for their inclusion in photographs and for consent for photographic material to be used in the public domain.

6.6.2 Permission is obtained through the consent form and will be stored in accordance with the requirements for young people's personal information in the TYP Data Protection Policy.

7. Child Protection Procedures

7.1 Introduction

7.1.1 All TYP staff have a responsibility to protect the welfare of the young people involved in TYP activities. Any concerns about young people's welfare should be dealt with in accordance with this procedure. Several different situations could arise:

- a) A young person is at immediate risk of harm
- b) A member of staff notices a young person displaying signs of abuse (see Appendix A)
- c) A young person makes a disclosure about abuse they are suffering to a member of staff
- d) A report is received, either internally or externally to TYP, that a young person is, or is suspected of, being abused
- e) An allegation is received that a member of TYP staff is the perpetrator of abuse

In all cases, the TYP Incident Report Form should be used to record the required information.

7.2 Immediate risk of harm

7.2.1 If any member of TYP staff becomes aware of a young person being in immediate risk of harm they must, in the first instance, contact the DSL or a D-DSL.

7.2.2 If they are unable to speak to the DSL or a D-DSL, they must inform:

- a) The police and/or other emergency services via 999 call
- b) Children's Social Care via the Multi-Agency Safeguarding Hub (MASH) on 0345 050 7666

7.2.3 Examples of immediate risk of harm include, but not limited to:

- a) Allegations/concerns that the young person has been sexually/physically abused
- b) Concerns that the young person is suffering from severe neglect or other severe health risks, including mental ill health concerns such as self harm or suicide ideation
- c) Concern that a young person is living in or will be returned to a situation that may place him/her at immediate risk
- d) The young person is frightened to return home
- e) The young person has been abandoned or parent is absent

7.2.2 Practitioners, DSL and D-DSL have a responsibility to report concerns to Children's Social Care under section 11 of the Children Act 2004, if they believe or suspect that the child:

- a) Has suffered significant harm

- b) Is likely to suffer significant harm
- c) Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989
- d) Is a Child in Need whose development would be likely to be impaired without provision of service

7.2.3 The Oxfordshire Safeguarding Children Board provide further information and guidance on reporting concerns on their Concerned About a Child webpage.

7.3 What to do if you are concerned about a child

7.3.1 TYP recognises those in a position of trust as being emotionally "safe". It is important that all staff supporting young people are able to discuss safeguarding concerns with the DSL or D-DSL and with their line manager in regular supervision; see TYP Employment Policy.

7.3.2 If/when a young person reports to a TYP staff member that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response should be to listen carefully to what the young person says and to observe the young person's behaviour and circumstances to:

- a) Clarify the concerns
- b) Offer re-assurance about how the young person will be kept safe
- c) Explain what action will be taken and within what timeframe
- d) The young person must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality (see 7.6 Confidentiality), as this could prejudice police investigations, especially in cases of sexual abuse
- e) If the young person can understand the significance and consequences of making a referral to Children's Social Care, they should be asked for their views
- f) It should be explained to the young person that whilst their view will be taken into account, the TYP staff member has a responsibility to take whatever action is required to ensure the young person's safety and the safety of other people

7.3.3 If/when a young person makes a disclosure, they must never be promised that the disclosure will be kept confidential.

Note: Please see Appendix B for useful guidance on how to handle concerns from young people.

7.4 Assessing need for Child Protection action

7.4.1 If there is concern about a child/family but it is not an immediate safeguarding concern, the DSL or D-DSL should refer to the OSCB's Threshold of Needs document. This tool is designed to support professionals to make decisions as to whether contact should be made with Children's Social Care.

7.4.1 If, after consulting the Threshold of Need, you still have concerns that do not require an immediate safeguarding response, you should contact the Locality and Community Support Service (LCSS). You can then discuss the situation with them and they will advise you on what to do next. If a referral needs to be made they will advise you of this.

*LCSS South (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): 0345 241 2608. Out of office hours call Emergency Duty Team on 0800 833 408.

7.5 Allegations against a TYP staff member

7.5.1 All allegations of abuse by those who work with children and young people, whether they are in a paid or unpaid capacity, must be taken seriously.

7.5.2 This procedure should be applied when there is an allegation or concern that a member of TYP staff has:

- a) Behaved in a way that has harmed a child, or may have harmed a child;
- b) Possibly committed a criminal offence against or related to a child;
- c) Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

7.5.3 If any allegation is made or suspicions emerge regarding any member of TYP staff, this should be reported to the DSL or a D-DSL, who will in turn contact the Local Authority Designated Officer (LADO) at Oxfordshire County Council on 01865 815232.

7.5.4 If an allegation concerns the DSL, this should be reported directly to the report to the Chair of Trustees, who will contact the LADO.

7.5.5 If an allegation concerns a D-DSL, this should be reported to the DSL (Alex Pazik), who will contact the LADO.

7.5.6 If further action is required, the following procedure will apply, during which all information relating to the allegation will remain confidential:

- a) A detailed, factual record of the allegation will be written, including any action taken
- b) Information will be shared with the Chair of Trustees who, with support from the DSL or D-DSL, will agree on appropriate actions.
- c) Contact with LADO should be made as soon as possible, ideally within 24 hours of the allegation being made, and must be within 48 hours.
- d) Consideration will be given to the suspension of the person involved, taking account of the risks to children or young people and to the member of staff concerned
- e) If the allegation involves a young person, contact will be made with the young person's parent/guardian to advise them of the process
- f) Relevant external bodies will be advised

To report an allegation or concern about a person in a position of trust, please contact the LADO and Safeguarding Team on 01865 810603 or email: LADO.safeguardingchildren@oxfordshire.gov.uk

7.6 Confidentiality & Sharing Information

7.6.1 Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It is important to respect the wishes of a child or any person who doesn't consent to share confidential information.

7.6.2 If you are not given consent to share information, you may still lawfully go ahead if the child, or another person, is experiencing, or is at risk of experiencing, significant harm.

7.6.3 Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust must not be discussed across the workforce as a whole. This information should be shared solely with DSLs, Children's Social Care and/or the Local Area Designated Officer (LADO) as appropriate.

7.6.4 Personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

7.6.5 If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child and their family remaining strictly confidential.

7.6.6 Seven golden rules for information sharing:

- 1) Remember that the Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately
- 2) Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
- 3) Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible
- 4) Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared
- 5) Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- 6) Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7) Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

7.7 Information required when making a referral

7.7.1 The referrer should provide information about their concerns and any information they may have gathered prior to referral. They will be asked for the following:

- a) Full names, dates of birth and gender of all child/ren in the household
- b) Family address and (where relevant) school / nursery attended
- c) Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents
- d) Names and date of birth of all household members, if available
- e) Ethnicity, first language and religion of children and parents
- f) Any special needs of children or parents
- g) Any significant/important recent or historical events/incidents
- h) Cause for concern including details of any allegations, their sources, timing and location
- i) Child's current location and emotional and physical condition
- j) Whether the child needs immediate protection
- k) Details of alleged perpetrator, if relevant
- l) Referrer's relationship and knowledge of child and parents
- m) Known involvement of other agencies / professionals (e.g. GP)
- n) Information regarding parental knowledge of, and agreement to, the referral
- o) The child's views and wishes, if known

7.7.2 Other information may be relevant, and some information may not be available at the time of making the referral. However, the report should not be delayed in order to collect further information, if doing so may place the child at risk of significant harm.

7.7.3 Parents/carers must be informed about any referral unless to do so would place the child at an increased risk of harm.

7.7.4 If you have a concern out of office hours call Emergency Duty Team on 0800 833 408

7.8 Referrals on open cases

7.8.1 If you want to speak to someone about an already open case contact the relevant Children's Social Care Team. If you do not have the name and contact details for the relevant Social Worker, contact MASH on 0345 050 7666.

7.9 Whistleblowing

7.9.1 We recognise that children cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation. See TYP Grievance and Whistleblowing policy.

8. Monitoring & Review

8.1 TYP will review the policy and procedures annually and in the event of a serious child protection incident or a change in the OSCB guidance.

8.2 TYP will complete an annual self-assessment to appraise their safeguarding practice against OSCB standards, using the [OSCB Self-Assessment](#).

Version History

| Version | Approval date | Author | Changes | Notes |
|---------|---------------|------------|--------------------------------|-------|
| 1 | 21/04/21 | Alex Pasik | Initial version | |
| 2 | 18/10/24 | Alex Pasik | See Appendix C | |

Appendix A

Definitions and Indicators of Abuse

The table below outlines the main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children 2018' document. (Full definitions can be found in this document). All staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

| Type of Abuse | Possible Indicators |
|--|--|
| <p><u>Neglect</u></p> <p>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 of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • 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. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p> | <p>Signs that may indicate a child is living in a neglectful situation:</p> <ul style="list-style-type: none"> • excessive hunger • poor personal hygiene • frequent tiredness • inadequate clothing • frequent lateness or non-attendance at school • untreated medical problems • not brought • poor relationships with peers • compulsive stealing and scavenging • rocking, hair twisting and thumb sucking • running away • loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight) • low self esteem • poor dental hygiene |
| <p><u>Physical Abuse</u></p> <p>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.</p> | <p>Signs that may indicate physical abuse:</p> <ul style="list-style-type: none"> • Physical signs that do not tally with the given account of occurrence, • conflicting or unrealistic explanations of causer • repeated injuries • delay in reporting or seeking medical advice. |
| <p><u>Sexual Abuse</u></p> <p>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.</p> <p>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.</p> <p>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</p> | <p>Signs that may indicate sexual abuse:</p> <p>Changes in:</p> <ul style="list-style-type: none"> • Behaviour • Language • Social interaction • Physical wellbeing <p>It is almost important to recognise there may be <u>no signs</u>.</p> |

| | |
|---|---|
| <p>grooming a child in preparation for abuse (including via the internet).</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p> | |
| <p><u>Emotional Abuse</u></p> <p>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>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.</p> <p>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</p> <p>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p> | <p>Signs that may indicate emotional abuse:</p> <ul style="list-style-type: none"> • Lack of self-confidence/esteem • Sudden speech disorders • Self-harming (including eating disorders) • Drug, alcohol, solvent abuse • Lack of empathy (including cruelty to animals) • Concerning interactions between parent/carer and the child (e.g., excessive criticism of the child or a lack of boundaries) |

Other safeguarding concerns you should be aware of

Child Exploitation

Child Exploitation' is the deliberate maltreatment, manipulation or abuse of power and control over a child aged under 18. It is taking advantage of another person or situation usually, but not always, for personal gain.

Exploitation comes in many forms, including, but not limited to:

- Child Sexual Exploitation
- Child Drug Exploitation (CDE)
- Human trafficking – including intra and international trafficking
- Modern Slavery, including domestic servitude

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse.

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Signs that may indicate CSE:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising/STI's
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited, please contact the MASH on 0345 050 7666

Child Drug Exploitation

Child Drug Exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.

Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').

Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.

While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.

Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

If a child or young person has made a disclosure regarding drug exploitation, or if you think a child may be at risk of being exploited, please contact the MASH on 0345 050 7666

Modern Slavery and Human Trafficking

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.

The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.

Indicators of Modern Slavery can include:

- Lack of access to legal documents (e.g., passports)
- Appearance (malnourished, unkempt, etc)

- Untreated or unexplained injuries
- Attitude (withdrawn, frightened, unable to speak for themselves)
- Indebtedness or in a situation of dependence
- Frequent changes of location or restrictions on movement

Domestic Abuse

Defined as, “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional”.

Forced marriage

A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

Forced marriage is very different to an arranged marriage where both parties give consent.

Female Genital Mutilation

Female genital mutilation (FGM), sometimes referred to as female circumcision or cutting, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

There are no health benefits to FGM, it is carried out for cultural and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades.

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing oxfordrose.clinic@nhs.net or calling 01865 222969.

Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website.

Mental health and wellbeing

Mental health conditions have become more common among children and young people. Among those aged 6 to 16 in England, one in six had a probable mental health condition in 2021, up from one in nine in 2017. Current figures are especially concerning for adolescent girls aged between 17 and 19: one in four had a probable mental health condition in 2021.

CAMHS Oxfordshire support children and young people with emotional, behavioural and mental health difficulties, for further information on services and referral within Oxfordshire see here [CAMHS website](#)

Impact of covid-19

The underlying causes are complex, but the COVID-19 pandemic brought a complex array of challenges which had mental health repercussions for everyone, including children and adolescents. Grief, fear, uncertainty, social isolation, increased screen time, and parental fatigue have negatively affected the mental health of children. Friendships and family support are strong stabilising forces for children, but the COVID-19 pandemic has also disrupted them.

It is not unusual for children to experience negative emotions such as fear, disappointment, sadness, anxiety, anger, loss etc. But it is the prolonged, restrictive, and widespread nature of the COVID-19 pandemic that has exacerbated the situation. Increased screen time, strained family relations or sedentary lifestyle at home pose additional challenges.

See the [NSPCC resources to support children throughout the covid-19 pandemic](#)

Self-Harm

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, (www.nice.org.uk). Self-harm is an expression of personal distress, not an illness.

Self-harm can involve:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling out hair
- Overdosing and self-poisoning
- Substance misuse
- Taking personal risk
- Self-neglect
- Disordered eating

Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Changes in activity and mood
- Increased isolation from friends and family
- Talking about self-harming or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Giving away possessions

Disordered Eating

While disordered eating can affect anyone of any age, young people are at particular risk.

Through the COVID-19 pandemic, a lot of services have noticed an increase in children and young people requesting support in relation to eating problems. Controlling what they eat has been a way of managing anxiety during these difficult times.

CAMHS Eating Disorders Service provides information for young people, families and professionals, where there is concern that a young person may have an eating disorder, and support for young people with eating disorders. To download a leaflet on the service, follow this link: [Information about the Eating Disorders Service for young people and their families](#), visit the [CAMHS website](#) or find information and resources on the [BEAT website](#).

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises

- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

Child on Child Abuse

Child-on-child abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Child-on-child abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

Elective Home Education

Parents are entitled to remove their children from school rolls for the purposes of elective home education (EHE). However, there is no professional oversight, funding or provision to support children and parents when this step is taken. There is also no guarantee that the child can return to the original school if parent cannot cope with the extent of the home educating commitment.

Whilst parents who choose elective home education are no more likely to abuse their children than the general population, safeguarding reviews have highlighted the challenges facing professionals who may not have a full understanding of the rights of parents who choose this form of education.

Reviews also identify, that in some cases, elective home education can lead to the isolation and invisibility of children, through parental avoidance of services which could monitor their children's health, development, and wellbeing.

[This 1-minute guide to education](#) provides information and guidance for non-education professionals on children and parents right in relation to education and what to do should they have concerns that a child is not receiving their educational entitlement.

Prevent - Extremism

The Counterterrorism and Security Act 2015 places a safeguarding duty on settings to have "due regard to the need to prevent people from being drawn into terrorism".

Settings subject to the Prevent Duty will be 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 take into account the policies and procedures of the Local Safeguarding Children Board.
- 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

- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

Preventing vulnerable adults and children from being drawn into extremism is a safeguarding concern. It is essential that frontline staff can spot the signs and make a safeguarding referral.

Indicators may include:

- Withdrawing from usual activities
- Accessing extremist literature/websites
- Expressing 'us and them' thinking
- Expressing feelings of anger, grievance, or injustice

To report concerns about child radicalisation:

1. Make safe – If emergency services are required – call 999. Take reasonable steps to ensure that there is no immediate danger.
2. Refer concern identified by member of the public or professional
3. Call MASH on 0345 050 7666

Appendix B

Guidance on how to handle concerns from young people

- 1) If a child or young person asks to speak to you about a problem, DO NOT promise confidentiality, but explain that it may be necessary to consult a senior colleague. Explain this as soon as possible to the child or young person.
- 2) RECEIVE. Stop and listen if someone wants to tell you about suspicions of abuse. Listen quietly and actively, giving your undivided attention. Allow silences when needed. Do not show shock or disbelief and take what is said seriously.
- 3) REASSURE. Stay calm and give reassurance to the child or young person. Explain to the child or young person that they have done the right thing by telling you and that what has happened is not their fault.
- 4) REACT. Establish the facts of what has happened but do not ask leading questions. Keep questioning open, e.g. 'Is there anything else you want to say?' or 'Can you tell me more about that?' Do not criticise the perpetrator. Explain to the child or young person what you will do next, e.g. you will need to pass this information to your Safeguarding Officer.
- 5) RECORD. If possible, make brief notes about what the child or young person is telling you as they are speaking. If this is not appropriate, write down what was said as soon as the child has left. If appropriate, use the TYP Safeguarding Referral Form. Record the date, time, place, your name and role, and what was said (rather than your interpretation of it). Use the child or young person's language wherever possible. Note – in most cases it is more appropriate to listen first and record immediately afterwards.
- 6) REPORT. Report the incident to your line manager, the Designated Safeguarding Lead or the Chair Trustee of Trustees as soon as possible, and do not tell any other adults, children or young people about it. Ensure that the lead person has your notes of what was said so that they can keep them in a safe place.

Appendix C

TYPG Safeguarding Policy 2024 Summary of Changes

| Section | Description | Updated Policy Wording |
|------------|---|--|
| ALL | Document re-formatted to add consistency (ie. All Bullet points lettered, font size and type, spacing) | N/A |
| FRONT PAGE | OSCB Logo removed and replaced with TYPG Logo. Titled amended to remove reference to OSCB and disclaimer moved to bottom of the page. | Thame Youth Projects Group Safeguarding and Child Protection Policy Note: This policy and its supporting procedures are based on the OSCB VCS Safeguarding template (2019). It emphasises the importance of creating an environment where children and young people are protected from abuse. It also describes the Child Protection procedures to be applied when there is a real or suspected risk of a child or young person being the subject of abuse. |
| 1.5 | <i>'This policy applies to all staff, whether paid or volunteering, including Trustees, Committee Members, Leaders, Helpers and sessional workers, agency staff, students or anyone else in a position of trust.'</i> Removed as repeated in section 5.1 | N/A |
| 4.2 | Line added to highlight safeguarding structure | <i>Deputy Designated Safeguarding Leads (D-DSL) can be appointed with delegated responsibility to deputise for the DSL.</i> |
| 5.2e | <i>every 3 years for Generalist and every 2 years for Designated Leads</i> Removed and 6.2 updated directing to OSCB Policies, rather than quoting it. | N/A |
| 5.3 | Description of Safeguarding Team Structure added | <i>TYP have a Safeguarding Team, consisting of several individuals, all of whom complete Level 3 Safeguarding training through Oxfordshire Safeguarding Children Board. There will be at least one member of the Safeguarding Team present at all TYP Events who have a DSL ID card on their lanyards to make themselves identifiable to service users.</i> |

| | | |
|--------|--|---|
| | | |
| 5.4 | Key Safeguarding Contact details added. | <p><i>5.4 Key Contacts for Safeguarding:</i> <i>Designated Safeguarding Lead:</i> <i>Alex Pazik</i> <i>Contact Number: 07709 491163</i> <i>Deputy Designated Safeguarding Lead:</i> <i>Hannah Kape</i> <i>Contact Number: 07961 710558</i> <i>Deputy Designated Safeguarding Lead:</i> <i>Linda Newton</i> <i>Contact Number: 07760 223490</i></p> |
| 6.2.1 | Final column of table (Repeat Period) removed and line directing to OSCB Policies added (6.2.2) | N/A |
| 6.2.2 | Line added to direct to OSCB Policies rather than directly quoting it. | <p><i>6.2.2 TYP Staff Training is renewed in line with Oxfordshire Safeguarding Children Board's Training policy, which can be found on their Training Homepage</i></p> |
| 6.6 | Section on photography re-written to clarify consent requirements and remove 16 yr old consent wording. | <p><i>6.6.1 Since children or young people may be photographed while participating in TYP events and activities, written permission is obtained from the parent/guardian for their inclusion in photographs and for consent for photographic material to be used in the public domain.</i></p> <p><i>6.6.2 Permission is obtained through the consent form and will be stored in accordance with the requirements for young people's personal information in the TYP Data Protection Policy</i></p> |
| 7.1.1c | Reworded from 'A young person approaches a member of staff to talk about abuse they are suffering' | <i>A young person makes a disclosure about abuse they are suffering to a member of staff</i> |
| 7.1.1e | Reworded from 'In any of the preceding cases, the alleged abuser is a member of TYP staff' | <i>An allegation is received that a member of TYP staff is the perpetrator of abuse</i> |
| 7.2.1 | Significant rewording to make the DSL/DDSL the first point of contact in the event of an incident occurring. | <i>7.2.1 If any member of TYP staff becomes aware of a young person being in immediate risk of harm they must, in the first instance, contact the DSL or a D-DSL.</i> |
| 7.2.2 | Significant rewording to make the DSL/DDSL the first point of contact in the event of an incident occurring. | <i>7.2.2 If they are unable to speak to the DSL or a D-DSL, they must inform:</i> |

| | | |
|--------|--|---|
| | | <p>a) <i>The police and/or other emergency services via 999 call</i></p> <p>b) <i>Children's Social Care via the Multi-Agency Safeguarding Hub (MASH) on 0345 050 7666</i></p> |
| 7.2.3b | Additional wording added to include mental ill health concerns | <i>Concerns that the young person is suffering from severe neglect or other severe health risks, including mental ill health concerns such as self harm or suicide ideation</i> |
| 7.3.3 | Line added to highlight confidentiality limits | <i>If/when a young person makes a disclosure, they must never be promised that the disclosure will be kept confidential.</i> |
| 7.5.3 | Section re-worded directing allegations of abuse to the DSL/DDSL | <i>If any allegation is made or suspicions emerge regarding any member of TYP staff, this should be reported to the DSL or a D-DSL, who will in turn contact the Local Authority Designated Officer (LADO) at Oxfordshire County Council on 01865 815232.</i> |
| 7.5.4 | Line added for if concern relates to DSL | <i>If an allegation concerns the DSL, this should be reported directly to the report to the Chair of Trustees, who will contact the LADO</i> |
| 7.5.5 | Line added for if concern relates to DDSL | <i>If an allegation concerns a D-DSL, this should be reported to the DSL (Alex Pazik), who will contact the LADO.</i> |
| 7.5.6b | Previous wording 'Information will be passed to the Chair of Trustees, who may contact LADO' removed as this contradicts 7.5.3 | <i>Information will be shared with the Chair of Trustees who, with support from the DSL or D-DSL, will agree on appropriate actions.</i> |
| 7.5.6c | Line added to include timescales for reporting to LADO. | <i>Contact with LADO should be made as soon as possible, ideally within 24 hours of the allegation being made, and must be within 48 hours.</i> |
| 7.6.2 | 'Or another person' added as a child may make a disclosure about someone else which must still be shared. | <i>If you are not given consent to share information, you may still lawfully go ahead if the child, or another person, is experiencing, or is at risk of experiencing, significant harm.</i> |