

Open Door Art CIC

Child Protection and Safeguarding Policy for 2024/25

Policy Review date	Date Shared with staff & Volunteers
03.11.2023	03/11/2023

Open Door Art CIC will read and sign that they have understood the contents of this policy.

The policy is available to all interested parties on our website and on request from Chris Layfield, Company Director

IF A CHILD IS IN IMMEDIATE DANGER OR IS AT RISK OF HARM	ALLEGATIONS AGAINST STAFF AND VOLUNTEERS PROCEDURE
<p>IF A CHILD IS IN IMMEDIATE DANGER OR IS AT RISK OF HARM TELEPHONE:</p> <p>CUSTOMER CONTACT CENTRE ON 01609 780780</p> <p>AND/OR THE POLICE (101 OR 999) <u>IMMEDIATELY</u>.</p> <p>Anyone can make a referral.</p> <p>Where referrals are not made by the designated safeguarding lead (DSL), the DSL should be informed as soon as possible that a referral has been made.</p> <p>IF, AT ANY STAGE, A CHILD'S SITUATION DOES NOT APPEAR TO BE IMPROVING, ALERT THE DSL/CONTACT CUSTOMER CONTACT CENTRE TO PRESS FOR ACTION.</p>	<p>These procedures should be used in respect of all cases in connection with the person's employment or voluntary activity where it is alleged that a person who works with children has:</p> <ul style="list-style-type: none"> • Behaved in a way that has harmed a child or may have harmed a child • Possibly committed a criminal offence against or related to a child • Behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children • Behaved or may have behaved in a way that indicates they may not be suitable to work with children. <i>(This includes any behaviour that may have happened outside of school that might make the individual unsuitable to work with children. This is known as transferable risk.)</i> <p>THE DUTY LADO WILL BE INFORMED ON 01609 533080 WITHIN 1 DAY.</p>

Role	Name and Role	Contact Details
Designated Safeguarding Lead (DSL)	Chris Layfield	07805208756 hi@opendoorart.co.uk

NYCC Contacts:

Agency	Role	Contact Details
Customer Resolution Centre (CRC) For advice please ask to speak to a social worker in the MAST	Urgent Child Protection concerns / initial referral	01609 780 780 Children&families@northyorks.gov.uk
Customer Resolution Centre (out of hours)	Urgent Child Protection concerns	01609 780 780
Early Help Team Early Help Central Hambleton, Richmondshire, Selby	Advice / Training / Safeguarding Audit	 01609 534829
Local Authority Designated Officer (LADO)	Allegations against adults in school	01609 533080
Safeguarding Unit Manager Business support including CME NYSCP Business Unit		01609 532301 01609 532477 safeguardingunit@northyorks.gov.uk 01609 535123 nyscp@northyorks.gov.uk
NSPCC Whistleblowing Helpline	Allegations against adults in school	0800 028 0285
CAMHS Crisis Service Hambleton and Richmondshire:	Where you have urgent concerns regarding a child or young person's mental health,	

7 days a week 24 hours Harrogate and Ripon: 7 days a week	please call CAMHS Crisis Service in the appropriate locality where you have a concern	0300 0132000 (Option 6) 01423 544335
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PREVENTION SERVICE Central Richmondshire Hambleton Selby Town Rural Selby	Prevent training/advice Advice and Support from Area Prevention Managers	01609 535682 01609 536468 01609 532385 01609 534022
North Yorkshire Police		101 – ask for serious crime team in your area

Open Door Art CIC is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.

Glossary

All Staff refers to all adults, volunteers including students on placement, working in any capacity in the company or in activities organised by the company which brings them in to contact with children.

Child Protection refers to the multi-agency arrangements to identify and protect children who are or may be at risk of or suffering significant harm.

Child is any child under the age of 18.

- CCE Child Criminal Exploitation
- CSE Child Sexual Exploitation
- CRC Customer Resolution Centre
- DSL Designated Safeguarding Lead
- DDSL Deputy Designated Safeguarding Lead
- FGM Female Genital Mutilation
- KCSIE Keeping Children Safe in Education (DfE, September 2022.)
- **Safeguarding** refers to the protection, safety and promotion of the welfare of all children including when in off-site provision or activities and using ICT.

Aims

Open Door Art CIC aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare;
- All Staff are aware of their statutory responsibilities with respect to safeguarding, identifying children in need of early help, at risk of harm or those that have been harmed;
- All Staff are properly trained in recognising and reporting safeguarding issues;
- A culture of vigilance is created and maintained to ensure that we will also act in the best interests of children to protect them online and offline;
- Systems for reporting abuse are well promoted, easily understood and easily accessible for children.

All Staff take as their first priority the responsibility to safeguard and promote the welfare of their children, to minimise risk and to work together with other agencies to ensure rigorous arrangements are in place within the company to identify, assess and support those children who are suffering harm and to keep them safe and secure whilst in their care.

The responsibilities set out in this policy apply (as appropriate) to all members of staff and volunteers.

Legislation and Guidance and Linked Policies

This policy is based on the Department for Education's statutory guidance, [Keeping Children Safe in Education \(KCSIE\) 2022](#) and [Working Together to Safeguard Children \(WTTSC 2018\)](#) and the [Governance Handbook](#).

We comply with this guidance and the procedures set out by the North Yorkshire Safeguarding Children partnership (NYSCP).

This policy is also based on the following legislation and guidance:

- Part 3 of the schedule to the [Education \(Independent Academy Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of children at the Academy
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM

- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Human Rights Act 1998
- European Convention on Human Rights
- [Human Rights | Equality and Human Rights Commission \(equalityhumanrights.com\)](#).
- Equality Act 2010
- [Equality Act 2010: advice for schools - GOV.UK \(www.gov.uk\)](#)
- Police and Criminal Evidence Act 1984 – Code C
- Sexual Offences Act 2003
- [When to call the police](#)
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children.
- Statutory [Guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- Guidance for safer working practice for those working with children and young people in education settings (GSWP) (Safer Recruitment Consortium May 2019)
- [Guidance for safer working practice for those working with children and young people in education settings \(Safer Recruitment Consortium Addendum February 2022\)](#)
- [Sexual violence and sexual harassment between children in Schools and colleges \(DfE 2021\)](#)
- [Relationships Education, Relationship and Sex Education and Health Education](#)
- [Searching Screening and Confiscation Advice](#)
- [Sharing nudes and semi-nudes: advice for education settings working with children and young people](#)
- [Children Missing Education – Statutory guidance for local authorities \(DfE September 2016\)](#)
- [When to call the police – Guidance for Schools and colleges \(NPCC – 2020\)](#)
- **Education and Training (Welfare of Children) Act 2021**
<https://www.legislation.gov.uk/ukpga/2021/16/contents/enacted>
- The [Childcare \(Disqualification\) Regulations 2018](#) and [Childcare Act 2006](#), which set out who is disqualified from working with children
- [This policy also meets requirements relating to safeguarding and welfare in the Statutory framework for the Early Years Foundation Stage. \(DfE 2021\)](#)

- This policy also complies with Elevate's Funding Agreement and Articles of Association.

Definitions

Safeguarding and Promoting the Welfare of Children means:

- Protecting children from maltreatment;
- Preventing impairment of children's mental or physical health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Appendix 1: Sets out the different types and indicators of abuse.

Children includes everyone under the age of 18.

Equality Statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it **Open Door Art CIC** are committed to anti-discriminatory practice and recognise children's diverse circumstances. They ensure that all children have the same protection, regardless of any barriers they may face.

Open Door Art CIC gives special consideration to children who:

- Have special educational needs or disabilities or health conditions;
- Are young carers;
- May experience discrimination due to their race, ethnicity, disability, religion, gender identification, sex or sexual orientation;
- Have English as an additional language;
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence;
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation;
- Are asylum seekers or refugees;
- Are at risk due to either their own or a family members mental health needs;
- Are missing from education;
- Children who are in care, previously looked after or any children not growing up with their birth family (this covers private fostering and all kinship arrangements);
- Whose parent and carer have expressed an intention to remove them from the Academy to be home educated.

Roles and Responsibilities

Safeguarding and Child Protection is Everyone's Responsibility.

This policy applies to all staff (including those not directly employed by the company), volunteers, and students.

Children

Children will:

- Adhere to company rules regarding conduct and safe behaviour;
- Report anything that worries them to a trusted adult.
- Will be supported to learn more about issues that could impact on their personal safety or the safety or well being of others.

All staff

Induction: All Staff are expected to read this policy as part of their induction arrangements as well as the documents referenced below and any updates therein.

KCSIE: All Staff working directly with children will read and understand their statutory responsibilities outlined in Part 1 and Annex B of KCSIE, and review this guidance at least annually.

All Staff who do not work directly with children will read either Part 1 or Annex A as determined by the company DSL dependent on their roles, responsibilities and contact with children.

All Staff will be aware of:

- The company's systems which support safeguarding, including reading and understanding their professional responsibilities as outlined in Guidance for Safer Working Practice (2022), understanding the role of the DSL/DDSL.
- The Early Help process and their role in it, including being alert to causes for concern that may warrant Early Help intervention, particularly those identified in Part 1 of KCSIE.
- That children's behaviours can be indicative of their emotional wellbeing and can be linked to mental health. They should be aware of behaviours that may communicate that poor wellbeing can be an indicator of factors such as abuse, neglect or exploitation. Staff should understand the children's experiences such of abuse, neglect, trauma and adverse childhood experiences can impact on children's mental health, behaviour & education;
- All Staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful.
- The process for making referrals to local authority CRC and for statutory assessments that may follow a referral, including the role they might be expected to play.

Appendix 2: Summary of in-company procedures to follow where there are Cause for Concerns about a Child illustrates the procedure to follow if you have concerns about a child's welfare.

Wherever possible, speak to the DSL or DDSL, first to agree a course of action. In the absence of a DSL being available, staff must not delay in directly contacting children's social work Duty and Advice team or the police if they believe a child is at immediate risk of significant harm;

- The company works in partnership with other agencies in the best interests of the children. Requests for service to CRC will (wherever possible) be made by the Safeguarding Designated Staff, to the CRC team (**01609 780 780**).
- What to do if the company identifies a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals;
- In-company procedures for recording any cause for concerns and passing information on to DSLs in accordance with Academy's recording systems;
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as CSE, CCE, FGM, radicalisation, [child on child sexual abuse](#) and serious and violent crime. All staff to be aware safeguarding incidents/ behaviours can occur outside of company activities or be associated with outside factors CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity;

DSL and DDSL

The full responsibilities of the DSL are set out in Annex C of KCSIE – Role of the designated safeguarding lead. All designated safeguarding leads and deputy safeguarding leads must read and comply with this.

The DSL takes lead responsibility for child protection and wider safeguarding at the company.

The DSL and DDSL will be given the time, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters;
- Contribute to the assessment of children by providing as much information as possible as part of the referral process to help social care assessments consider contexts outside the home and enable a contextual approach to harm;
- Refer suspected cases, as appropriate, to the relevant body (children's social care Duty and Advice team, Channel programme, disclosure and barring service, teaching regulation agency and/or police), and support staff who make such referrals directly. Provide support for staff to comply with their mandatory reporting duties in cases where FGM has been identified;
- To respond to domestic abuse notifications from the local authority and providing support to children and their families as appropriate;
- Provide reports as required for meetings. Reports will, wherever possible, be shared with parents/carers at least 24 hours prior to the meeting;
- Liaise with the 3 safeguarding partners and work with other agencies in line with Working Together to Safeguard Children (2018). When to call the police (NPCC 2020) should help DSLs to understand when they should consider calling the police and what to expect when they do;

The Company Director

The company director is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary and supply staff) and volunteers are informed of this policy as part of their induction;
- Communicating this policy to parents via the website;
- Ensuring that the DSL has appropriate time, training and resources, and that there is always adequate cover if the DSL is absent;
- Ensuring that they complete training on safeguarding and child protection and that all staff undertake appropriate safeguarding and child protection training and update these every 3 years;
- Acting as the 'Case Manager' in the event of an allegation of abuse made against another member of staff (including supply staff) or volunteer, where appropriate;

Parent and Carers Will:

- Work collaboratively with company staff to promote the safety of their children and other children;
- Support the company to teach children about keeping safe by reinforcing key safety messages;

Confidentiality and Information Sharing

Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of safeguarding.

The company recognises that the only purpose of confidentiality in this respect is to benefit the child. Staff, volunteers should never promise a child that they will not tell anyone about an allegation/report of abuse, and must pass any cause for concerns immediately to a DSL.

Confidentiality is addressed throughout this policy with respect to record-keeping, dealing with reports of, allegations of abuse against staff, information sharing and working with parents.

Timely information sharing is essential for effective safeguarding. The company will share safeguarding information as appropriate in keeping with the principles outlined in the government guidance document, [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(DfE 2018\)](#). This guidance has been produced to support practitioners in the decisions they take to share information, which reduces the risk of harm to children and young people and promotes their well-being.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

All staff must have due regard for the relevant data protection principles which allow them to share (in the context of their role) and withhold personal information, as provided for in the Data Protection Act 2018 and UK GDPR.

If staff are in any doubt about sharing information, they must speak to the DSL.

Contacts: In keeping with KCSIE, the company will endeavour wherever possible to obtain at least 2 emergency contacts for every child attending clubs or activities in case of emergencies, and in case there are welfare concerns at the home.

In general, the company will discuss concerns with parents and carers before approaching other agencies and will seek to inform parents and carers and receive their consent when making a referral to another agency. Appropriate staff will approach parents and carers after consultation with the DSL. The exception to this rule will be in situations where a member of staff has reasonable cause to believe that informing parents and carers of a referral to another agency may increase the risk of significant harm to the child.

Parents and carers are informed about this Child Protection and Safeguarding policy through website, newsletters.

Human Rights Act

The Human Rights Act 1998 (HRA) sets out expectations to respect and protect an individual's human rights when they make individual decisions about them.

Open Door Art CIC will act in a way that is compatible with the European Convention on Human Rights (ECHR) (the Convention).

This includes:

- The right to freedom from inhuman and degrading treatment (an absolute right) (Article 3);
- The right to respect for private and family life (a qualified right) includes a duty to protect individuals' physical and psychological integrity (Article 8);
- That all of the rights and freedoms set out in the Act must be protected and applied without discrimination (Article 14);
- Protecting the right to education (Protocol 1, Article 2).

Being subjected to harassment, violence and or abuse, including that of a sexual nature, may breach any or all of these rights, depending on the nature of the conduct and the circumstances.

Equality Act 2010

In accordance with the Equality Act, **Open Door Art CIC must** not unlawfully discriminate against children because of their sex, race, disability, religion or belief, gender reassignment, pregnancy and maternity, or sexual orientation (protected characteristics).

Public Sector Equality Duty

The Public Sector Equality Duty (PSED) is found in the Equality Act.

Open Door Art CIC will have due regard to:

- The need to eliminate unlawful discrimination, harassment and victimisation (and any other conduct prohibited under the Equality Act);
- Advance equality of opportunity;

- Foster good relations between those who share a relevant protected characteristic and those who do not.
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CHILDREN

Children who are lesbian, gay, bi, or trans (LGBT)

The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

Children with SEND or Health Issues

The company recognises that while all children have a right to be safe, some children *may* be more vulnerable to abuse e.g. those with a disability, special educational need, mental health issues or those living with domestic violence or drug/alcohol abusing parents, parents mental health issues, learning disabilities, children who are in care or previously looked after, children having adverse childhood experiences etc.

Additional barriers can exist when recognising abuse and neglect in this group, including:

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

Domestic Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Female Genital Mutilation: The Mandatory Reporting Duty

KCSIE explains that FGM comprises “all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs”.

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as ‘female genital cutting’, ‘circumcision’ or ‘initiation’.

Staff must not examine children.

Any member of staff who discovers that an act of FGM appears to have been carried out on a **child under 18** must speak to the DSL and follow our local safeguarding procedures.

Any member of staff who suspects a child is *at risk* of FGM must speak to the DSL and follow NYCC [local safeguarding children's partnership procedures](#).

Radicalisation and Terrorism

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. 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.

If staff are concerned about a change in the behaviour of an individual or see something that concerns them (**this could be a colleague too**) they must seek advice appropriately with the DSL.

Effective early help relies on all staff to be vigilant and aware of the nature of the risk for children and young people, and what support may be available. The company will ensure that as far as possible all front-line staff will undertake Prevent awareness training (e.g. Workshop to Raise Awareness of Prevent [WRAP]).

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 company 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.

Child on Child Abuse

All Staff should recognise that children are capable of abusing other children (including online).

All Staff should be clear about the company's policy and procedures with regard to child-on-child abuse.

Open Door Art CIC will ensure that:

- There is a zero-tolerance approach to abuse, and it should never be passed off as "banter", "just having a laugh", "part of growing up" or "boys being boys" as this can lead to a culture of unacceptable behaviours and an unsafe environment for children;
- **Immediate** consideration should be given as to how best to support and protect the person who has been harmed and the alleged person who has harmed(s) (and any other children involved/impacted);
- Procedures are in place to minimise the risk of child-on-child abuse;
- Systems are in place (and they should be well promoted, easily understood and easily accessible) for children to confidently report abuse, knowing their concerns will be treated seriously;
- Any allegations of child-on-child abuse will be recorded, investigated, and dealt with;
- Clear processes as to how person who has been harmed and person who has harmed and any other children affected by child-on-child abuse will be supported;
- There is a recognition that even if there are no reported cases of child-on-child abuse, such abuse may still be taking place and is simply not being reported;
- Recognition that it is more likely that girls will be the person who has been harmed and boys' the person who has harmed, but that all child-on-child abuse is unacceptable and will be taken seriously;
- **The different forms child-on-child abuse can take, such as:**

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- Abuse in intimate personal relationships between children (also known as teenage relationship abuse);
- Physical abuse which can include hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence and sexual harassment;
- Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery);
- 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;
- Upskirting (which is a criminal offence), 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 person who has been harmed humiliation, distress, or alarm;
- Initiation/hazing type violence and rituals.

Children Informing Staff: It is important to understand that children may not find it easy to tell staff about their abuse verbally. Children can show signs or act in ways that they hope adults will notice and react to. In some cases, the person who has been harmed may not make a direct report. For example, a friend may make a report, or a member of school or may overhear a conversation that suggests a child has been harmed or a child's own behaviour might indicate that something is wrong.

If staff have any concerns about a child's welfare, they should act on them immediately rather than wait to be told.

Sharing Nudes and Semi Nudes Images

Staff responsibilities when responding to an incident

If any adult in the company is made aware of an incident involving the consensual or non-consensual sharing of nude or semi-nude images/videos (also known as 'sexting' or 'youth produced sexual imagery'), they must report it to the DSL immediately.

They must not:

- View, copy, print, share, store or save the imagery yourself, or ask a child to share or download it (if you have already viewed the imagery by accident, you must report this to the DSL)
- Delete the imagery or ask the child to delete it
- Ask the child/ren who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- Share information about the incident with other members of staff, the child/ren it involves or their, or other, parents and/or carers
- Say or do anything to blame or shame any young people involved

Sexual Violence/Sexual Harassment

- Sexual violence and sexual harassment can occur between 2 or more children of any age and sex;
- It can occur also through a group of children sexually assaulting or sexually harassing a single child or group of children;
- 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.

Elevate and the Academy will ensure:

If staff have any concerns about a child's welfare, they should act on them immediately rather than wait to be told.

Staff should Ensure:

- That **all** persons who has been harmed are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe;
- A person who has been harmed should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment;
- A person who has been harmed ever be made to feel ashamed for making a report. It is important to explain that the law is in place to protect children and young people rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them.

Sexual violence (child on child)

Sexual violence **can happen anywhere.**

This includes 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. (NOTE- Schools and colleges 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. (NOTE – this could include forcing someone to strip, touch themselves sexually, or to e

What is consent? Consent is about

having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs.

Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

A child under the age of 13 can never consent to any sexual activity

The age of consent is 16

Sexual intercourse without consent is rape.

Sexual Harassment (Child on Child)

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of the Academy.

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.

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;
- Displaying pictures, photos or drawings of a sexual nature;
- Upskirting (this is a criminal offence);
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - Consensual and non-consensual sharing of nude and semi-nude images and/or videos. Taking and sharing nude photographs of U18s is a criminal offence;
 - Sharing of unwanted explicit content;
 - Sexualised online bullying;
 - Unwanted sexual comments and messages, including, on social media;
 - Sexual exploitation; coercion and threats;
 - Coercing others into sharing images of themselves or performing acts they're not comfortable with online.

Harmful Sexual Behaviour (HSB)

HSB can occur online and/or face-to-face and can also occur simultaneously between the 2.

HSB should be considered in a child protection context.

HSB **can**, in some cases, progress on a continuum. Addressing inappropriate behaviour **can** be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying HSB have often experienced their own abuse and trauma. It is important that they are offered appropriate support.

It is important to understand that children may not find it easy to tell staff about their abuse verbally. Children can show signs or act in ways that they hope adults will notice and react to. In some cases, the person who has been harmed may not make a direct report. For example, a friend may make a report, or a member of school or college staff may overhear a conversation that suggests a child has been harmed or a child's own behaviour might indicate that something is wrong.

What to Consider

The company will consider:

- The wishes of the person who has been harmed in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment. A person who has been harmed should be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered. This will however need to be balanced with the company's duty and responsibilities to protect other children;
- The nature of the alleged incident(s), including whether a crime may have been committed and/or whether HSB has been displayed;
- The ages of the children involved;
- The developmental stages of the children involved;
- Any power imbalance between the children. For example, is/are the alleged person who has harmed(s) significantly older, more mature, confident and well known social standing? Does the person who has been harmed have a disability or learning difficulty?
- If the alleged incident is a one-off or a sustained pattern of abuse (sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature);
- That sexual violence and sexual harassment can take place within intimate personal relationships between children;
- Importance of understanding intra familial harms and any necessary support for siblings following incidents;
- Are there ongoing risks to the person who has been harmed, other children, adult students or school or college staff;
- Other related issues and wider context, including any links to child sexual exploitation and child criminal exploitation.

The Academy should consider the following scenarios:

Early Help

If the Academy decides that the children involved will benefit from Early Help a referral will be made.

Referrals to Local Authority Children's Social Care

- Where a child has been harmed, is at risk of harm, or is in immediate danger the Academy shall make a referral
- The decision to inform parents or carers decision shall be made with the support of CRC
- If a referral is made, CRC will then make enquiries to determine whether any of the children involved need protection or other services.
- The Academy shall not wait for the outcome (or even the start) of a CRC investigation before protecting the person who has been harmed and other children.
- The DSL and DDSL shall work closely with CRC (and other agencies as required) to ensure any actions do not jeopardise a statutory investigation.
- Consideration of safeguarding the person who has been harmed, alleged person who has harmed(s), any other children directly involved in the safeguarding report, and all children shall be **immediate**.

Reporting to the Police

Any report to the police will generally be in parallel with a referral to (as above).

Rape:

- Where a report of rape, assault by penetration or sexual assault is made, the starting point is that this should be passed on to the police.
- Whilst the age of criminal responsibility is 10, if the alleged person who has harmed is under 10, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach.
- Where a report has been made to the police, the DSL shall consult the police and agree what information can be disclosed to staff and others, in particular, the alleged person who has harmed and their parents or carers.
- They should also discuss the best way to protect the person who has been harmed and their anonymity.

No Further Action: In some cases, it may become clear very quickly that the police (for whatever reason) will not take further action.

How to Manage a Report: for child on child and Sexual Violence & Sexual Harassment

The staff shall:

- If possible, managing reports with 2 members of staff present, (preferably one of them being the DSL or DDSL);
- **Ensure staff do not to view or forward illegal images of a child.** The highlighted advice provides more details on what to do when viewing an image is unavoidable. In some cases, it may be more appropriate to confiscate any devices to preserve any evidence and hand them to the police for inspection;
- Not promise confidentiality at this initial stage as it is very likely a concern will have to be shared further (for example, with the DSL or DDSL or CRC) to discuss next steps;
- Only share the report with those people who are necessary in order to progress it. It is important that the person who has been harmed understands what the next steps will be and who the report will be passed to;
- Recognise that a child is likely to disclose to someone they trust: this could be **anyone**. It is important that the person to whom the child discloses recognises that the child has placed them in a position of trust. They should be supportive and respectful of the child;
- Recognise that an initial disclosure to a trusted adult may only be the first incident reported, rather than representative of a singular incident and that trauma can impact memory and so children may not be able to recall all details or timeline of abuse;
- Should keep in mind that certain children may face additional barriers to telling someone because of their vulnerability, disability, sex, ethnicity, and/or sexual orientation;
- Listen carefully to the child, reflecting back, using the child's language, being non-judgemental, being clear about boundaries and how the report will be progressed, not asking leading questions and only prompting the child where necessary with open questions – where, when, what, etc. It is important to note that whilst leading questions

should be avoided, staff can ask children if they have been harmed and what the nature of that harm was;

- Consider the best way to make a record of the report. Best practice is to wait until the end of the report and immediately write up a thorough summary. This allows the staff member to devote their full attention to the child and to listen to what they are saying. It may be appropriate to make notes during the report (especially if a second member of staff is present). However, if making notes, staff should be conscious of the need to remain engaged with the child and not appear distracted by the note taking. Either way, **it is essential a written record is made.**
 - Should only record the facts as the child presents them. The notes should not reflect the personal opinion of the note taker. Staff should be aware that notes of such reports could become part of a statutory assessment by local authority children's social care and/or part of a criminal investigation;
 - Should inform the DSL or DDSL as soon as practically possible, if the DSL or DDSL is not involved in the initial report.
-

Child Exploitation

All Staff where child exploitation (ie; criminal, sexual, trafficking, modern day slavery etc..), or the risk of it, is suspected, **must** notify the DSL or DDSL, in line with this policy's reporting systems.

- The DSL must complete the child exploitation response checklist for partners and refer to the table at the end of the tool to help decide how to proceed.
- A copy of the completed tool must be kept in the child's child protection records for future reference.
- The DSL can also refer a child to the monthly Multi-agency Child Exploitation (MACE) meeting if it is felt that the criteria for referral is met and a discussion is warranted, information should be emailed to chs.mace@NYCC.gov.uk.

That Information should include: name; date of birth; what the risks are; what has been put in place to lessen the risk; and the plan that the child is subject to. Referrals will be triaged and if selected, the social worker, team manager or other relevant practitioner involved will be invited to attend the MACE meeting for a short discussion.

- If the child already has an allocated social worker, the DSL must contact them (or their team manager) to discuss any concerns about child exploitation. Where children may currently be looked after or previously looked after the DSL should also notify the DT for children looked after.
 - A copy of the child exploitation risk identification tool for partners for partners can be obtained from the NYCC Website, <https://www.safeguardingchildren.co.uk/>
 - The Academy will ensure they work in partnership with parents and carers and other agencies as appropriate. This includes facilitating return to home interviews as requested.
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Responding to Children who Report Abuse

When a child tells staff about abuse s/he has suffered, staff must:

- Stay calm, listen and remember;
- Do not transmit shock, anger or embarrassment;
- Reassure the child. Tell her/him they are pleased that s/he is speaking to them;
- Never enter into a pact of secrecy with the child. Assure her/him that they will try to help but let the child know that they will have to tell other people in order to do this. State who this will be and why;
- Tell her/him that they believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed;
- Tell the child that it is not her/his fault;
- Encourage the child to talk but do not ask "leading questions" or press for information;
- Check that they have understood correctly what the child is trying to tell them;
- Praise the child for telling them. Communicate that s/he has a right to be safe and protected;
- Do not tell the child that what s/he experienced is dirty, naughty or bad;
- Do not take photographs or make videos of any injuries reported by a child;
- Not make any inappropriate comments about the alleged offender;
- Be aware that the child may retract what s/he has told them. It is essential to record all they have heard;
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know;
- As soon as they can afterwards, make a detailed record of the conversation using the child's own language. Include any questions they may have asked. **Do not add any opinions or interpretations.**

It is not the staff's role to investigate reports of abuse. Their role is to observe that something may be wrong, ask about it, listen, be available and respond appropriately.

STAFFING

For individuals who have lived or worked outside the UK: In addition to the same checks as all other staff, the company will complete any additional checks required to satisfy themselves that the individual is suitable to work with children. This may include obtaining a letter from the professional regulatory authority in the country (countries) in which the candidate has worked confirming that they have not imposed any sanctions or restrictions, and /or that they are aware of any reason why they are unsuitable to teach where possible.

The company will ensure that written risk assessments are undertaken in situations where information provided on DBS certificates necessitates so. Written risk assessments must be undertaken for all volunteers **not** engaging in regulated activity.

Training and Support

All Staff will be made aware of systems within the company that support safeguarding and these will be explained to them as part of the staff induction.

This includes:

- **Open Door Art CIC** Child Protection and Safeguarding policy;

As well as their responsibilities to read and understand KCSiE part 1 and Annex B, this must be done as part of their induction and reviewed annually.

Staff: all Staff including temporary and volunteers to receive induction and updated CPD appropriate to their roles and responsibilities, especially staff who are new. All staff will access basic child protection training including online safety as part of their induction arrangements and refresher training at least every 3 years.

Managing Allegations Against a Member of Staff or Person in School - Procedures

These procedures must be followed in any case in which it is alleged that a member of staff (including supply staff), Trustee, governor, visiting professional or volunteer has met the harm test, this includes where an adult has:

- Behaved in a way that has harmed a child or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children. *(This includes any behaviour that may have happened outside of the Academy that might make the individual unsuitable to work with children. This is known as transferable risk.)*

All adults working in a school have a duty to disclose to the Head Teacher (or Chair of Governors where appropriate) where their relationships and associations both within and outside of the workplace (including online) may have implications for safeguarding children in the Academy.

Examples of behaviours that would warrant an allegation or safeguarding concern by a member of staff could include:

- **Physical**, for example intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling;
- **Emotional**, for example intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes which discriminate on the grounds of race, gender, sex, disability or sexuality;
- **Sexual**, for example sexualised behaviour towards children, grooming, sexual harassment, sexual assault and rape, sending inappropriate messages through social media and other technologies;
- **Neglect** which may include failing to act to protect a child or children, failing to seek medical attention or failure to carry out appropriate/proper risk assessment etc.

A safeguarding complaint that meets the above criteria must be reported to the Head (Case Manager) immediately. If the complaint involves the Head Teacher then the next most senior member of staff must be informed and the Chair of Governors (Case Manager).

All staff are to be aware of their duty to report concerns to an appropriate senior leader in a school.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.

Staff can call: 0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday and Email: help@nspcc.org.uk.

Child Protection Records

Recording a concern: When in a school, staff record all safeguarding information using the school reporting system.

If not in a school, staff record using the form in the appendix..

Child safeguarding records will contain any relevant information and documentation related to the child's safety and welfare.

Children's and Parents' Access to Child Protection Files

Under Data Protection legislation (UK GDPR & Data Protection Act 2018) a child or their nominated representative have a number of legal rights in respect of information relating to them. See Elevate's Data Protection policy.

Archiving and Safe Destruction of the Child Record

The recommended retention periods is 35 years from closure when there has been a referral to CRC. If no referral has been made to CRC, the child protection record will be retained until the child's 25th birthday, after which point the file will be destroyed confidentially from the electronic system:-

Safe Destruction of the Child Record

Where records have been identified for destruction, they will be disposed of securely at the end of the academic year (or as soon as practical before that time). Records which have been identified for destruction will be confidentially destroyed.

Appendix 1: Definitions and Indicators of Abuse

Reference: Working Together to Safeguard Children (2018). See also KCSIE Part 1 and Annex B.

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

Once a child is born, neglect may involve a parent or carer failing to:

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

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

Examples which may indicate neglect (it is not designed to be used as a checklist):

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather
- Poor Academy attendance or often late for Academy
- Poor concentration
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Neurotic behaviour

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

Examples which may indicate physical abuse (not to be used as a checklist):

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

Sexual Abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (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.

Examples which may indicate sexual abuse (it is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate.
- Thrush, Persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse

- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour, Enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches in genital area

Emotional Abuse: Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child in participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment

Examples which may indicate emotional abuse (it is not designed to be used as a checklist):

- Over-reaction to mistakes, continual self-deprecation
- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away / Going missing
- Compulsive stealing
- Masturbation, Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) may indicate maltreatment.

Child Sexual Exploitation: 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 person who has been harmed needs or wants, and/or (b) for the financial advantage or increased status of the person who has harmed or facilitator. The person who has been harmed 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.

Reference: Child Sexual Exploitation. *Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation* (DfE 2017)

All staff should ensure they are aware of and respond to wider safeguarding issues outlined in KCSiE 2022 Annex B, this includes further information on:

- Child abduction and community safety incidents
- Children and the court system
- Children missing from education
- Children with family members in prison

- Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)
- County lines
- Modern Slavery and the National Referral Mechanism
- Cybercrime
- Domestic abuse
- Homelessness
- So-called 'honour-based' abuse (including Female Genital Mutilation and Forced Marriage)
- Preventing radicalisation (including the Prevent duty and Channel)
- Peer on peer/ child on child abuse
- Sexual violence and sexual harassment between children in schools and colleges (including Upskirting)

Responses from Parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all 4 categories:

- An unexpected delay in seeking treatment that is obviously needed;
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home;
- Violence between adults in the household.

Children with Special Educational Needs and Disabilities (SEND)

When working with children with SEND, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

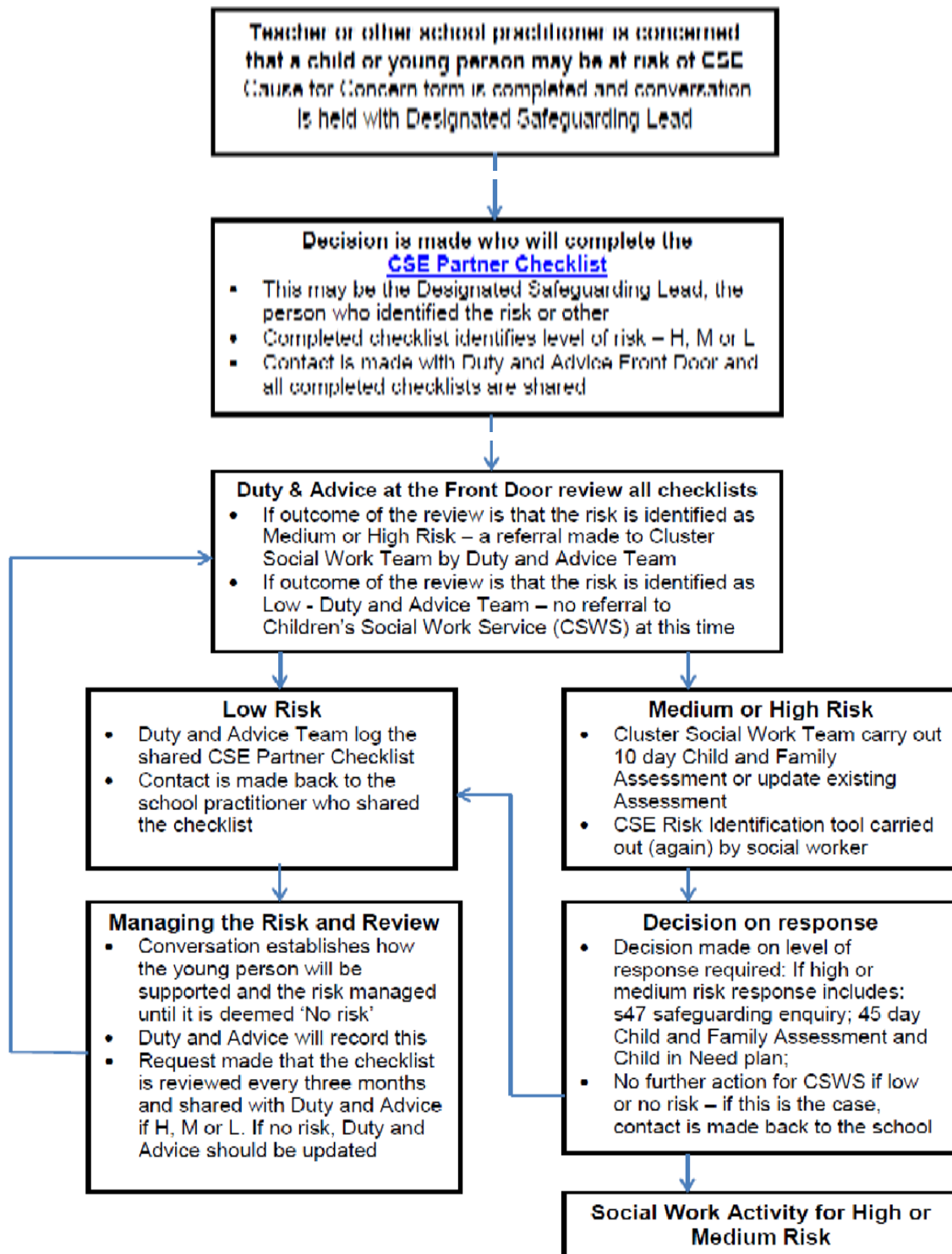
- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child. The LSCP have a multi-agency protocol to support professionals in making informed judgements for bruising in non-independently mobile children.
<https://www.leedsscp.org.uk/LSCB/media/Images/pdfs/Multi-agency-Bruising-Protocol-for-Children-Not-Independently-Mobile-V4.pdf>;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances;
- Invasive procedures.

Appendix 2: Company form for recording and reporting concerns.

Date:	Time	
Name of child		
Name of adult reporting concern		
Details of concern		
Reported to?	Date	Time
Action taken		

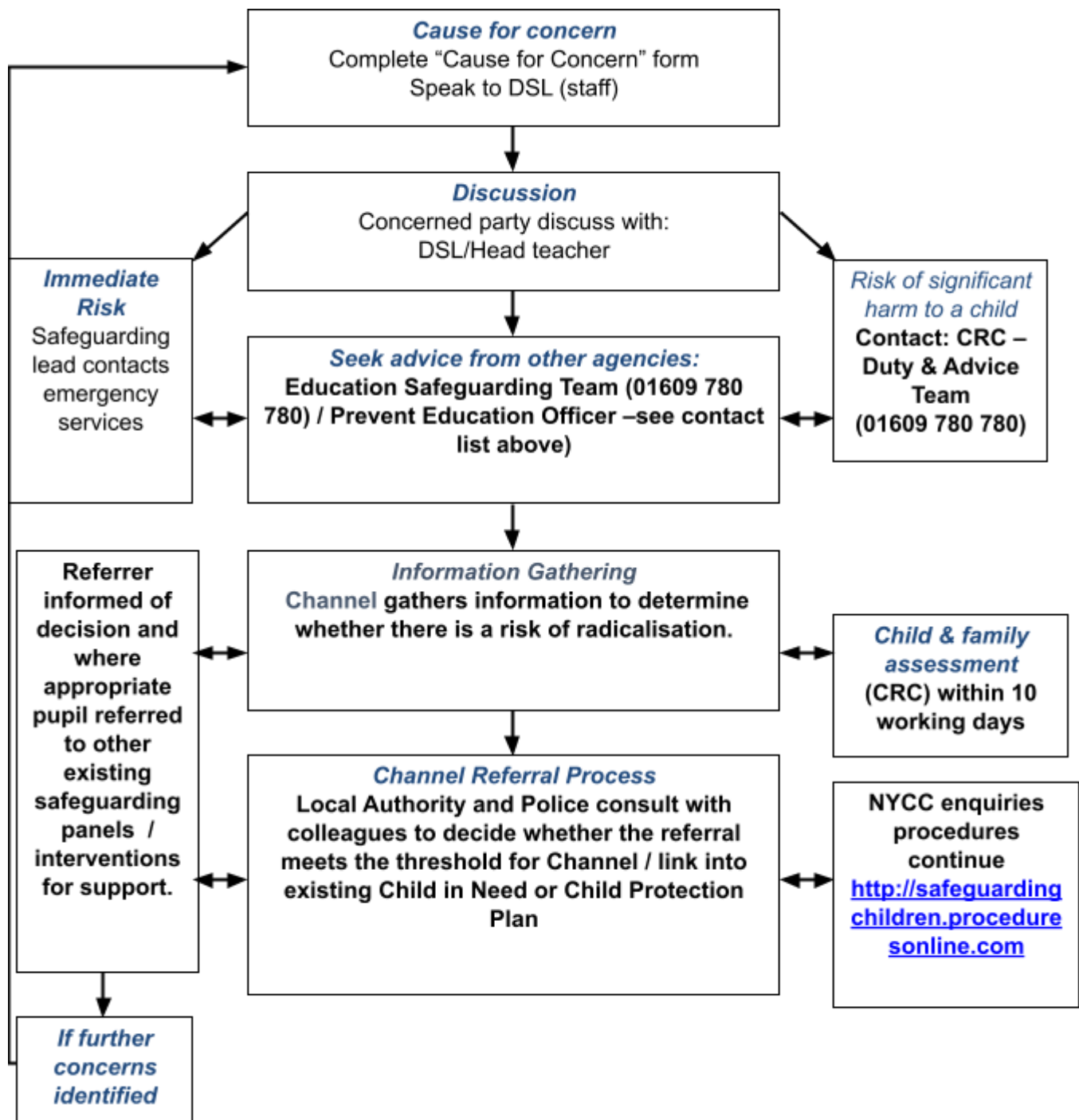
Signed:

Appendix 3: Child Exploitation Response Checklist



Appendix 4: Radicalisation Response Checklist

Summary of in-Academy procedures to follow where there are potential radicalisation concerns about a child/member of staff



Further information and relevant guidance documents are available from the Prevent Team