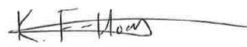




Super Camps

Safeguarding and Child Protection Policy

Ownership and consultation		Signature	Date
Document 1 st Signatory	Nigel Miller ALG Managing Director		01-Oct-25
Document 2 nd Signatory	Kirsty Farrar-Hockley Operations Director		30-Sep-25
Document Author	Natasha Keating ALG Head of Safeguarding	Natasha Keating	30-Sep-25



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Part 1: Safeguarding at SuperCamps

A. Introduction and Commitment

SuperCamps offers a wide range of activity and specialist programmes across the UK during the school holidays for children aged 2-14.

SuperCamps offers a wraparound care service in schools across the UK.

Both SuperCamps and SuperClubs are governed by this policy

- SuperCamps and SuperClubs aims to teach new skills, enhance children's creativity, socialisation, confidence and resilience through extra-curricular experiences in safe and secure environments.
- Activities such as sports, team games, outdoor exploration, arts and crafts and LEGO® challenges underpin the 'FUNdamentals' that make memorable camp experiences for the children in our care.

Establishing a strong culture of care for our children is our number one priority.

We are committed to safeguarding and promoting the welfare, physical and mental health, and safety of each child. We will do this by creating and maintaining an open, inclusive, caring, and supportive atmosphere where each child may thrive and develop physically, socially and emotionally.

All children have the right

- To be safe; no one should take this right away from them.
- To protect their own bodies; their body belongs to them.
- To say no; it is alright to say no to someone if that person tries to do something to them that they feel is wrong.
- To tell; assure children that no matter what happens staff will not be angry with them should report any incident that frightens or confuses them or makes them unhappy.

B. Principles

Our principles of safeguarding are universal and apply to all SuperCamps and SuperClubs sites and take account of the International Taskforce for Child Protection, the United Nations Rights of the Child, and globally leading practice.

1. Everyone has a responsibility to support the protection of children.
2. All staff will be educated in understanding the types and indicators of abuse, neglect, and exploitation, and the consequent duty of care they hold to notice any potential harm to children.
3. All staff will be empowered to act in the best interests of the child to protect them from harm and take appropriate actions if any concerns arise.
4. All staff will be aware that we have statutory and moral duties to safeguard and promote the welfare of children and young people engaged in our activities.



5. All staff will understand that one person, or organisation, cannot have a complete picture of a child's needs, therefore we may be required to share information with relevant professionals when necessary.
6. All staff will report any safeguarding concerns in line with our procedures outlined in this policy.
7. All children will be empowered to be able to voice their opinion and to share their thoughts and beliefs within the safe environment.
8. All staff be vigilant and act on any suspicions about the treatment of a child by their staff or 3rd party contractors, raising their Allegations/Low level Concerns according to process, and immediately with their Designated Safeguarding Lead/Head of Safeguarding for appropriate action to be taken, even if there is no clear disclosure
9. All staff will be aware of procedures for confidentiality and for sharing and receiving information, including the need for reporting and recording, on the company's chosen recording system which is currently CPOMS (Child Protection Online Monitoring System).
10. All adults who work with or for the school will have been safely recruited.

C. Definitions and Terminology

Definition of safeguarding

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment (abuse, neglect and/or exploitation); whether that is within/outside the home or online
- preventing impairment of children's physical and/or mental health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Definition of child protection

Child protection is *part* of the safeguarding process and is defined as: protecting individual children identified as suffering or likely to suffer significant harm.

Definition of a child

A child is an individual who is under 18 years old. The word child (ren) is used throughout this policy to mean children in our care.



Terminology

DSL refers to the Designated Safeguarding Lead

DDSL refers to the Deputy Designated Safeguarding Lead

CPOMS refers to our internal Child Protection Monitoring System

D. Key Contacts

SuperCamps DSL Team	
Safeguarding line	01235 467300 (Opt 5)
ALG Head of Safeguarding	Natasha Keating Natasha.keating@activelearninggroup.co.uk 07912291197
Whistleblowing	Whistleblowingofficer@cognita.com
Local agencies	This information is found in the Operations Folder on camp.

NSPCC 24/7 Helpline	Tel: 0808 800 5000 Email: help@nspcc.org.uk
NSPCC Text line	88858
NSPCC Child Line	Tel: 0800 1111
NSPCC FGM helpline	Tel: 0800 028 3550 Email: fgmhelp@nspcc.org.uk
NSPCC Whistleblowing helpline	Tel: 0800 028 0285 (8am – 8pm) Email: help@nspcc.org.uk
DfE Prevent helpline for schools & parents	Tel: 020 7340 7264 (non-emergency) Email: counter.extremism@education.gsi.gov.uk
The Lucy Faithfull Foundation (LFF)	Tel: 0800 1000 900 Email: help@stopitnow.org.uk www.parentsprotect.co.uk
National Bullying Helpline	Tel: 0845 22 55 787
UK Safer Internet Centre helpline for School Staff	Tel: 0844 381 4772 Email: helpline@saferinternet.org.uk
Internet Watch Foundation hotline for reporting criminal content	www.iwf.org.uk
Educate Against Hate	http://educateagainsthate.com



E. Roles and Responsibilities

Safeguarding is everyone's responsibility. No single person can have a full picture of a child's needs and circumstances. If children and their families are to receive the right help at the right time, everyone who encounters them has a role to play in identifying concerns, sharing information, and taking prompt action.

All staff have the following responsibility to:

- Read and understand this policy including all knowledge base documents
- Contribute to providing a safe environment in which all children can flourish
- Be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, and/or neglected, and/or they may not recognise their experiences as harmful
- Know what to do if a child tells them that they are being abused, neglected, and/or exploited and/or if they are experiencing sexual harassment and/or sexual violence
- Know what to do if they are concerned about the behaviour or conduct of an adult in the school
- Manage the requirement to maintain an appropriate level of confidentiality
- Refer any safeguarding concern about children to the Camp Manager, DSL or the Deputy DSL

Specific safeguarding roles in SuperCamps

The Camp Manager and or Assistant Camp Manager is the point of contact for safeguarding concerns on camp.

The Camp Manager and/or Assistant Camp Manager are supported by the SuperCamps Safeguarding Team who are based in Head Office.

The Safeguarding Team consists of multiple Deputy Designated Safeguarding Leads, and the Director of SuperCamps is the Designated Safeguarding Lead. See appendix 4 for the DSL role profile.

The SuperCamps Safeguarding Team are supported by the Active Learning Group (ALG) Head of Safeguarding. The Group Managing Director is the most senior accountable person for all aspects of safeguarding within Active Learning Group.

Collectively they must ensure that:

- There is a strong culture of safeguarding across the organisation
- There are clear structures, processes, line management, and resources to safeguard children at risk
- Senior leaders/directors are held to account for safeguarding
- Sites are internally audited
- They receive regular updates about safeguarding matters.

Proprietors & Board

They must be accountable for safeguarding by

- ensuring that SuperCamps and SuperClubs have the appropriate structures, processes and resources so that safeguarding is central to the organisation's practice
- maintaining oversight of safeguarding issues through mid-year check in sessions, and our annual assurance report and completion of any SIRC reports



- appointing a lead safeguarding board member who will receive meeting papers and other relevant documents that will enable them to report on their assessment of safeguarding.
- receiving an annual report, commissioning specific audits into areas causing concern.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to Children's Social Care (and, if appropriate, the Police) is made immediately by the DSL, who should follow the local authority's referral process. If the DSL is unavailable, then there should be no delay in another safeguarding staff member making a referral.

If you are unable to contact the safeguarding team at Head Office, you must contact the ALG Head of Safeguarding.

F. Training Requirements

Training enables staff to fulfil their duty to safeguard children.

Mandatory training

Designated Safeguarding Lead Training

- Designated Safeguarding Lead training every 2 years
- Annual refresher at our Network Meeting covering any legislation or policy changes inclusive of online safety and sharing good practice
- Prevent awareness training every 3 years via our online learning platform, Nimble
- Safer Recruitment training every 2 years (if applicable to your wider role) The online training is currently available from the NSPCC eLearning Portal (content formally managed by the UK Department for Education)
- FGM training every 5 years via our online learning platform, Nimble
- Government ACT training (2 years)
- In addition to the formal training set out above, the DSL's knowledge and skills should be refreshed via informal updates (this might be via e-bulletins, meeting other DSLs off/online, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role.

Group Managing Director

- Must complete Advanced Safeguarding training similar to the level of the DSL every 3 years.

Full-time staff must

- Have a safeguarding induction by their DSL
- Complete safeguarding training and knowledge test achieving at least 80%. This must be renewed at least every three years enabling them to recognise signs of abuse, neglect and/or exploitation
- Report all allegations of serious abuse or harm by anyone living with or looking after children as well as serious accidents and illnesses sustained by any child in SuperCamps
- Know who concerns about children should be referred to
- Basic Safeguarding training every 3 years or less



- Prevent training every 3 years
- Receive annual safeguarding refresher training

Seasonal staff and SuperClubs staff must

- Complete the online safeguarding training and the knowledge test achieving at least 80%. This is renewed every 3 years.
- Complete Safeguarding refresher training online, seasonally.
- Report all allegations of serious abuse or harm by anyone living with or looking after children as well as serious accidents and illnesses sustained by any child in SuperCamps care.
- Be aware of the safeguarding reporting lines within SuperCamps.
- Have an understanding and be able to report concerns using CPOMS.

Non-Mandatory training

Updates and CPD

All staff will also receive 'drip drip' bitesize safeguarding and child protection updates/training, including online safety training, regularly *throughout the year*. This is created by the ALG Head of Safeguarding or brand DSL ensuring the staff have the relevant skills and knowledge to safeguard children effectively.

Third-party contractors

It is good practice for those employed as third-party contractors to have Basic Safeguarding training, at a level appropriate to their role. This training is at the discretion of their employers not SuperCamps.

All third-party contractors will need to understand the SuperCamps Safeguarding and Child Protection policy and ensure that in the event of a concern the SuperCamps procedure is correctly and thoroughly followed.

G. Information sharing

Information sharing is vital in identifying and tackling all forms of abuse, neglect, and/or exploitation. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children. This policy adheres to the principles and advice in the UK government guidance [Information Sharing](#) (2024).

The Data Protection Act (2018) and GDPR do not prevent the sharing of information for the purposes of keeping children safe. 'Safeguarding of children and individuals at risk' is a processing condition that allows organisations working with children to share special category personal data allowing the sharing of information to enhance the safeguarding of a child in a timely manner. It would be legitimate to share information without consent where: it is not possible to gain consent; it cannot be reasonably expected that a safeguarding practitioner gains consent; and, if to gain consent would place a child at risk.



H. Policy Review

This policy is reviewed annually by the Active Learning Group Head of Safeguarding, with oversight from our Consultant Safeguarding Advisor, the Regional Safeguarding Lead in Cognita.

Changes to the policy will reflect operational changes, government guidance or legislation. The policy is then shared with all staff through the annual safeguarding declaration process.

I. Related documentation

This policy should also be read in relation to the most recent version of the following documents which underpin this policy and best practice

National government guidance documents (UK):

- The Education (Independent School Standards) Regulations (2014)
- Keeping Children Safe in Education (KCSIE) (2025)
- Working Together to Safeguard Children (2023)
- Working Together to Improve Attendance (2024)
- Prevent Duty Guidance: for England and Wales (2023)
- Disqualification under the Childcare Act (2018)
- What do to if you are worried a child is being abused – Advice for practitioners (2015)
- Early Years Foundation Stage Framework (2025)
- Use of Reasonable Force, Restrictive Interventions and Restraint (2025)
- Relationships Education, Relationships and Sex Education (RSE) and Health Education (2025)
- Gender Questioning Children (2023, revision pending)

Any references to national guidance made within this document are in relation to the versions listed above.

Internal documents available

- Behaviour Policy
- Anti-Bullying Policy
- Drug and Alcohol Policy
- IT Policy (including Digital Safety and Acceptable Use)
- Group AI Policy
- Exclusion Policy
- Early Years – Use of Mobile Phones, Cameras, and Devices Policy
- Preventing Extremism and Radicalisation Policy
- Safer Recruitment Policy
- Staff Code of Conduct
- Social Media Policy
- Equality, Diversity, and Inclusion Policy
- Child Supervision, Lost, and Missing Policy



J. Online Safety

Technology often provides the platform that may facilitate harm. All staff should be aware of the unique risks associated with online safety, and that technology is a significant component in many safeguarding and wellbeing issues. DSLs are responsible for overseeing online safety and should raise awareness in the staff group accordingly, including but not limited to, cyber-bullying, child sexual exploitation, radicalisation and sexual predation. The DSL is responsible for understanding the filtering and monitoring systems in place at our sites.

There are four main areas of risk:

Content: being exposed to illegal, inappropriate and/or harmful material.

Contact: being subjected to harmful online interaction with other users.

Conduct: personal online behaviour that increases the likelihood of (or causes) harm; for example, the making, sending and receiving of explicit images, or online bullying.

Commercial: risks such as online gambling, inappropriate advertising, phishing and or financial scams. Please report any incidents of this nature to our service desk (servicedesk@cognita.com) and Finance Director.

How do we manage online safety in our sites?

Children are not allowed to have their mobile phones on them during the camp. Some children will have them in their bags, for travelling with parents' permission. These are to be placed into the lockable Camp Support Box. If staff become aware that a child has one on their person they will be asked to place it back in their bag, and if they refuse their parent/carer will be called to collect. If staff become aware of an online safety issue this must be reported on CPOMS and to the parents.

Smart watches with camera functionality are also not permitted on site and if children or staff are seen wearing them, they will be asked to remove them and place it in their bag or the Camp Support Box. No electronic device such as tablets, laptops or games consoles are permitted on site.

All incidents involving the sharing of nudes/semi-nude imagery of children/videos should be responded to in line with this policy. When an incident involving comes to a member of staff's attention:

- The incident should be referred to the DSL as soon as possible;
- The DSL should hold an initial review meeting with appropriate staff to obtain as much information as possible taking into consideration consent, power, victims wishes, ongoing risks, and risk of exploitation;
- There should be interviews with the children involved (if appropriate, seek advice from the ALG Head of Safeguarding);
- At any point in the process, if there is a concern that a child has been harmed or is at risk of harm, a referral should be made to Children's Social Care and/or the Police immediately.

The parents of each child involved should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the child at greater risk of harm and jeopardise any Police/Children's Social Care investigation;

Children with medical needs

If your child requires a mobile phone due to a medical requirement they will be allowed their mobile phone on their person.

This information will be disclosed by the parent, and information logged on the child's individual risk assessment and/or daily log (whichever is applicable).



The child is not able to use any other internet or camera functionality, and the use is purely for medical reasons.

Should the child not adhere to these rules the parent will be contacted to discuss.

Staff use of mobile phones:

If there is no walkie talkie range – staff may need to use their personal phones which will be documented on risk assessments and require Head Office prior approval.

There is a camp mobile phone(s) supplied by Head Office, some of these phones may have a camera function.

They must never use their personal phones to take any imagery of children.

Otherwise phones are kept in their bags in the staff area.

Staff that require their phone on their person for medical reasons must consult Recruitment ahead of the start of their contract so appropriate risk assessments and reasonable adjustments can be put in place.

If a staff member requires their mobile phone to be on their person they must seek approval from the Camp Manager.

K. Child's Voice

We actively promote the view that children should feel able to raise any concerns that they may have. This includes raising a concern about themselves or about another.

We take the following measures to ensure that children know how to raise a concern:

Every morning there will be a camp welcome for the children, this will detail who the staff are working for SuperCamps and highlight that they are recognisable with their SuperCamps uniform.

L. Safer Recruitment

SuperCamps prioritises embedding a culture of safer recruitment as part of our strategy for preventing harm to children. Statutory procedures for checking the suitability of staff and are always followed (see Safer Recruitment Policy).

Part 2: Process

A. Reporting and recording in relation to children



What to do if you have concerns about a child

All staff should know what to do if they have concerns about a child's welfare or when children or staff raise concerns about a child to them.

Staff should understand the difficulties children may have in approaching them and the need to build trusted relationships.

All staff should be aware that children may not feel ready or know how to tell someone that they are being abuse, neglected and/or exploited, and/or they may not be able to recognise their experiences as harmful.

Staff should be aware that the first approach/disclosure from a child may not be the only incident that has happened. It is appropriate therefore, to ask the child whether something like this has ever happened to them before.

If staff have a concern about a child, they should notify the Camp Manager as quickly as possible, who will then notify the DSL/DDSL as soon as possible, but on the same day.

Parents/carers must always be informed of all concerns raised about their child on the same day, unless to do so in disclosure situations where the child may be at increased risk. At a suitable point, once risk has been assessed, the parents/career *will* be informed, after advice and direction has been received from the authorities.

In more serious situations, where a child has made a disclosure that suggests they have been harmed (by themselves, another child, or by an adult (including staff)) or are likely to be harmed, staff must report this **verbally and immediately** to the DSL (or in their absence the DDSL). See below for further information around disclosures.

There must be no delay.



What to do if a child makes a disclosure

Staff must know how to respond should a child make a safeguarding disclosure to them.

The points below support all staff in a situation where a child tells them that they know about or have been a victim of abuse, neglect, and/or exploitation. They also apply to when a child discloses that they have self-harmed/have suicidal ideation.

- Make the child's welfare the focus.
- Listen carefully and actively- if any notes are taken these need to be securely locked away to be returned to head Office for shredding.
- Not show any signs of shock as it may discourage the child from talking. Avoid comments like "I wish you had told me this earlier", "I cannot believe what I am hearing".
- Not ask any leading questions such as "how hard were you hit".
- Gather as much detail as they can around the context whilst not fully investigating (this is the role of the partner agencies – social care and the Police.
- Ask if there is anything else that the child would like to tell them.
- If abuse is disclosed, ask whether other adults observed the abuse and whether it has happened before.
- Never promise to keep it a secret, explain that it will be referred in confidence e.g. "I am really concerned about what you have told me and I have a responsibility to make sure that you are safe".
- Explain what will happen next.
- Head Office DSL team to complete Children's Social Care referral.
- Operations Director and Active Learning Group Head of Safeguarding are to be kept informed of referrals made to external agencies by the DSL via a telephone call and updated on CPOMS.
- Seek a context around what the child has said.
- Staff should summarise for the child what they have said as the conversation continues when there are natural breaks, or at the end, to ensure that they have heard and understood the information accurately, mirroring back to the child their own words and descriptions, occasionally stopping to check.
- If the child has disclosed abuse and also spoken about physical pain and/ or physical discomfort, medical intervention must happen immediately whilst the DSL/DDSL makes a referral. No photos must ever be taken of injuries and staff must be mindful of removing any forensic evidence.
- If the child has expressed any suicidal ideation when they disclosed their abuse, they must be 100% supervised by appropriate staff until support can be put in place, and referrals made. If to follow normal processes i.e. informing the child's parents/carers of their ideation and asking them to collect their child, would heighten risk to the child/other, then the child must be supervised until such time that statutory agencies have made their initial decisions.

Actions following a concern/disclosure

Following notification of a concern/disclosure, the DSL and the safeguarding team will consider the necessary course of action to support the child.

The case management process includes, but is not limited to:

- Information gathering
- Information sharing (within the Safeguarding team)
- Identifying and assessing the level of need and support to address the concern
- Recording the rationale for all decisions taken



- Identifying who will inform the parents/carers of the concern, after risk assessing
- Creating Safeguarding Risk Assessments where needed
- Liaising with other agencies as required

Making referrals

If a child is thought to be at risk of harm

If a child is at risk of harm, a referral should be made to Children's Social Care immediately. If it is assessed that a criminal offence has occurred, or they/a parent may be imminent danger SuperCamps should first contact the Police, followed by Social Care. Whilst any member of staff can and should know how to make a referral to the authorities, our policy is that any referral will be done by the DSL or DDSL. However, there must be no delay.

SuperCamps do not require parental consent for referrals to be made to statutory agencies. Consent to do this must not be obtained from the parents if to gain consent would put the child's safety at risk (for example in situations where physical/sexual abuse by a parent/family member has been clearly disclosed by a child) or to do so could jeopardise any investigation by partner agencies (WTSC 2023)

SuperCamps should ask the leading authority whether and when the referral (and concerns) can be shared with the child's parents/carers of the child when making such a the referral where seeking consent is a safeguarding element of the situation.

The DSL and ALG Head of Safeguarding must be informed of all referrals.

If a child is not at risk of harm but has unmet needs

When a child is not considered at risk of harm but still has unmet needs that is impacting or likely to impact on their health and development, a referral should be made to Children's Social Care. SuperCamps does not require parental consent for referrals to be made to statutory agencies; however, it is best practice in these situations where risk is not present for any referral to be made transparently with the parent's/carer's knowledge. Note, some local authorities do not accept referrals at this level without parental consent.

Confidentiality

Whilst is always important to take into consideration children's wishes and feelings, staff must never guarantee confidentiality to them as this may not be in their best interests. They should let the child know that they will pass on information in confidence only to the people who must be told to ensure their safety (Safeguarding Team members).

Photos of abuse/injury

If a child discloses physical abuse, self-harms, and/ or attempts to take their life, staff **must never** take photos of their injuries. On exceedingly rare occasions, a member of the safeguarding team may be directed by the authorities (Police/Social Care only) to take a photo of a child's abuse injury and send it to them for their assessment of risk.

The staff member must use a SuperCamps device (only) to take photos, and they must have a witness present when doing so.

They must never take intimate photos of any genital or chest area.

Images must be sent securely, and then deleted from the device as soon as the authorities confirm receipt of the images. A record must be made as soon as possible who has asked this task to be done noting their role and contact details on CPOMS.



Record-Keeping

All safeguarding-related documents/files including online must be kept in a secure location with restricted access/permissions.

In principle, records must include, but not be limited to:

- a clear and comprehensive summary of the concern and/or disclosure including context
- details of how the concern/disclosure was initially followed up by the safeguarding team i.e. note of the immediate action (s) taken, decisions reached (see above), and school interventions (including referrals to agencies)
- confirmation that those with parental responsibility for the child have directly been informed of the concern/disclosure (unless to do so would heighten risk at that time to the child/others).
- the outcome in terms of whether the unmet need was met/harm addressed and /or reduced (this will usually occur later).

The Safeguarding team are responsible for making decisions on next steps and actions following any disclosure or reported concern. All discussions and decisions made, and the reasons/rationale for those decisions being made (AND for others **not** being made), must be recorded in writing by the DSL/DDSL throughout the child's safeguarding record.

Passing on safeguarding records

Concerns may be passed onto the school the child attends.

This will be done via a telephone call and/or email. If this is via email the child's name should be redacted from the email.

B. Reporting and recording concerns about an adult (not parents)

Expectations of adults

All references in this section to "adults" should be interpreted as meaning any adult, staff members, agency/supply staff, self-employed, contractors, volunteers and visitors, unless otherwise stated.

The safety and wellbeing of children in our care is dependent on the vigilance of all our staff. Their prompt communication to the Camp Manager, and Safeguarding Team. Concerns, no matter how small, regarding the conduct by an adult which causes them to doubt that adult's suitability to work with or have access to children is paramount.

All adults must behave responsibly and professionally in all dealings with children and must always follow the procedures set out in our 'Code of Conduct.' Those raising concerns or reporting allegations in good faith will always be supported. Adults in respect of whom concerns or allegations have been raised will not suffer any detriment unless the concern or allegation is found to be substantiated. Staff should always avoid behaviour which might be misinterpreted by others.



Low-Level Concerns

What is a Low-Level Concern?

The term 'low-level concern' does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that **another adult** working in or on behalf of SuperCamps may have acted in a way that:

- is inconsistent with the staff Code of Conduct/other policy (including inappropriate conduct outside of work), and
- does **not** meet the threshold to be an **Allegation** (see below) and/or is otherwise not considered serious enough to consider a referral to the Designated Officer (LADO).

Examples of such behaviour could include, but are not limited to:

- being over friendly with children or having favourites
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door (whether on /off site)
- using inappropriate, offensive, sexualised, or intimidating behaviour / language (including shouting, being verbally aggressive, and/or saying words that could impact on their wellbeing)

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is intended to enable abuse.

What do you have to do if you have a Low-Level Concern?

Where a Low-Level Concern (including self-reports) exists, it must be reported in writing **using the relevant form** to the Camp Manager and uploaded on CPOMS as soon as reasonably possible, on the same day as the incident.

How is the Low-Level Concern is dealt with?

When the Camp Manager receives the report, they must inform the Safeguarding Team in a timely fashion (within the day). There must be no delay.

Where a Low-Level Concern relates to a person employed by a supply agency or a contractor to work in the school, that concern should also be shared with the Safeguarding Team. Their employer will be notified about the concern by the DSL, so that any potential patterns of inappropriate behaviour can be identified.

The SuperCamps Director is the ultimate decision maker in respect of all Low-Level Concerns; however, it is safe and best practice that they consult with the ALG Head of Safeguarding and take a more collaborative decision-making approach.

The SuperCamps Safeguarding Team will discuss all low-level concerns they receive on the same day as the concern is raised. In the first instance satisfying themselves that it is a Low-Level Concern and should not be reclassified as an **Allegation** and dealt with under the appropriate 'allegations' procedure (outlined later in this document).

The circumstances in which a Low-Level Concern might be reclassified as an allegation are where:

- a) the threshold is met for an allegation
- b) there is a pattern of low-level concerns which *collectively* amount to an allegation or
- c) there is other information which, when considered, leads to an allegation.



If there is any doubt about the Allegations threshold, the DSL will seek advice from the ALG Head of Safeguarding immediately. There must be no delay.

The DSL can also seek advice from the Designated Officer (LADO) should the above colleagues be unavailable.

Next steps

Having established that the concern is Low Level, a member of the Safeguarding Team, Regional Manager or Camp Manager, as appropriate, will first discuss it with the individual who has raised it to gather context and any further information. The person who has raised the Low-level concern about the adult will remain anonymous.

The person to which the Low-Level Concern relates **must** be informed of any concern raised about them once all risk has been identified and assessed.

Most low-level concerns by their very nature are likely to be minor and will be dealt with by means of management guidance, training, etc.

Record keeping of Low-Level Concerns

Where a Low-Level Concern has been communicated a confidential record will be kept on CPOMS. Concerns relating to adults are only accessible by the DSL/Director of SuperCamps and ALG Head of Safeguarding. Any rationale for any decisions made and actions taken, must be recorded.

When staff leave the school, any record of Low-Level Concerns which are stored about them will be kept for a period of ten years and, following this, reviewed as to whether or not that information needs to be kept.

Consideration will be given to:

(a) whether some or all the information contained within any record may have any likely value in terms of any potential historic employment or abuse claim so as to justify keeping it, in line with normal safeguarding records and practice; or

(b) if, on balance, any record is not considered to have any value, still less actionable concern, and ought to be deleted accordingly.

Retention is necessary to see whether any patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, SuperCamps should decide on a course of action, either through its disciplinary procedures or where a pattern of behaviour moves from a concern to meeting the harms threshold, in which case it should be referred to the local authority Designated Officer (LADO).

No record will be made of the concern on the individual's personnel file unless either:

a) the concern (or group of concerns) has been reclassified as an allegation; or

b) the concern (or group of concerns) is sufficiently serious to result in formal action under the SuperCamps grievance, capability or disciplinary procedure

c) the concern is determined to meet the threshold of an allegation when considered with any other low-level concerns that have previously been raised about the same individual.

Specifically, if a referral is made to the LADO/other external agencies where the behaviour in question:

(i) had not originally been considered serious enough to consider a referral to the LADO but merited consulting with and seeking advice from them

(ii) is determined to meet the threshold of an allegation when considered with any other Low-Level concerns that have previously been raised about the same individual; or



records relating to the behaviour will be placed and retained on the staff member's personnel file, whilst **also** being retained on the school central low-level concerns file.

References

Low Level concerns should not be included in references unless they relate to issues which would normally be included in a reference, for example, misconduct or poor performance. It follows that a Low-Level concern which relates exclusively to safeguarding (and not to misconduct or poor performance) should not be referred to in a reference. However, where a low-level concern (or group of concerns) has met the allegations threshold for referral to the Designated Officer (LADO) and found to be substantiated, it should be referred to in a reference.

Low- Level Concerns about an adult

From time to time, an individual may notice behaviour, statements, or actions in others which leave them concerned.

These are behaviours or actions which fall short of a formal **allegation** of abuse.

These tend to be behaviours which indicate that our Code of Conduct may not have been met.

Any such concerns can be dealt with as a Low-Level Concern.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children and/or having favourites
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door (on/off site)
- using inappropriate, offensive, sexualised, or intimidating behaviour / language (including shouting, being verbally aggressive, and/or saying words that could impact on their wellbeing)

What to do if you have a Low-Level Concern?

Where a Low-Level Concern exists, it must be reported to the Camp Manager and Safeguarding Team as soon as reasonably possible on the same day.

They will confer on whether the LLC meets allegation threshold or not and take appropriate actions.

They must reach out to the ALG Head of Safeguarding and HR team as required.



What is a Self-Report ?

A Self-Report also falls under our Low-Level Concerns Policy. From time to time, an adult may find **themselves** in a situation which might appear compromising others, or which could be misconstrued. Equally, they may, for whatever reason, have behaved in a manner which on reflection they consider falls below the standard set out in the Code of Conduct/other policy, falls below the expected professional standards, or breaches this policy.

Self-Reporting by adults in these circumstances is encouraged. This demonstrates both awareness of the expected behavioural standards and self-awareness as to the individual's own actions or how they could be perceived.

As such, SuperCamps sees Self-Reporting as an important means of maintaining a culture where everyone aspires to the highest standards of conduct and behaviour.

What do you have to do if you have a Self-Report?

A Self-Report must be reported in writing **using the relevant form** to the Camp Manager and Safeguarding Team as soon as reasonably possible, on the same day as the incident (where the concern relates to a particular incident).

How is the Self-Report dealt with?

When the Camp Manager receives the report, they must inform the Safeguarding Team in a timely fashion (within the day). There must be no delay.

Record keeping

Where a Self-Report has been raised by an individual about themselves, a confidential record will be kept on CPOMS which logs all low-level concerns. Concerns relating to adults are only accessible by the DSL/Director of SuperCamps and ALG Head of Safeguarding.

Allegations

The purpose of this section of the policy is to outline how allegations against adults will be handled. Allegations will always be dealt with in accordance with statutory guidance provided in KCSIE.

At any point, when necessary additional advice will be sought from our Consultant Safeguarding Advisor (Cognita Regional Safeguarding Lead)

What is an allegation?

Allegations represent situations that might indicate an adult may/would pose a risk of harm to children if they continue to work in regular or close contact with children in their present position or in any capacity.

This policy applies to all adults in the school- regardless of whether the school is where the alleged incident or pattern of behaviour took place- if it is alleged that they have met one of the following four statements, often referred to as '**harm tests**':

- 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 he or she 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 (potential transferable risk).

An allegation may be triggered by:

1. **one** specific incident
2. a pattern of behaviours and Low-Level concerns which, **when considered collectively**, amount to an allegation

Allegations against a teacher who is no longer teaching must be referred to the relevant Police authorities.

Non-recent (i.e. historical) allegations of abuse must also be referred to the same.

What to do if you want to report an Allegation?

An allegation may be triggered by one specific incident or by a pattern of behaviour by the adult OR a Low-L Concern which, when considered **collectively** with other LLCs, amount to an Allegation

If you want to report an allegation about any adult who works on the SuperCamps site:

If you want to report an allegation about anyone in the Safeguarding Team:

Report to the Camp Manager who will then contact the SuperCamps Safeguarding Team **immediately** without informing the adult whom the concern is about

Refer to the ALG Head of Safeguarding and ALG MD **immediately** without informing the SuperCamps Director

Who does this policy apply to?

This policy applies to members of staff, contractors, visitors, and volunteers who are currently working in any school, regardless of whether the school is where the alleged abuse took place.

Allegations against agency/third party staff

In some circumstances we will have to consider an allegation against an individual not directly employed by SuperCamps, where its disciplinary procedures do not fully apply, for example, agency staff provided by an employment agency or business. Whilst SuperCamps are not the employer of agency staff, they should ensure allegations are dealt with properly. Decisions will need to be made



in discussion with the agency as to whether it is appropriate to suspend the member of staff or redeploy the agency whilst they carry out their investigation, with the support of the Head of Safeguarding as needed. Agencies should be fully involved and co-operate in any enquiries from the LADO, police and/or Children's Social Care.

The agency will usually take the lead, but because agencies do not have direct access to children or other members of staff, they will not be able to collect the facts when an allegation is made, nor do they have all the relevant information required by the LADO as part of the referral process. Agency staff, whilst not employed by SuperCamps are under the supervision, direction and control of the SuperCamps when working on camp. They should be advised to contact their trade union representative if they have one, or a colleague for support. The allegations management meeting which is often arranged by the LADO should address issues such as information sharing, to ensure that any previous concerns or allegations known to the agency are taken into account during the investigation. When using an agency, SuperCamps will inform the agency of its process for managing allegations. This should include inviting the agency's human resource manager or equivalent to meetings and keeping them up to date with information about its policies.

When SuperCamps are using a school or college premises, the DSL has a responsibility to report any significant safeguarding issues to the relevant staff from the establishment to allow the establishment to follow their safeguarding policies and procedures in the event of an allegation. SuperCamps Head Office safeguarding team will support the school when necessary as directed by the LADO or Police.

Non-recent allegations

Where an adult makes an allegation against a member of staff who is no longer working on camp should be referred to the Safeguarding Team in the first instance, who will then advise the staff member to contact the police. In certain situations ALG will contact the Police for advice.

Non recent allegations against current /former staff made by a *child* must be reported to the LADO in line with the local authority's procedures for dealing with non-recent allegations. The LADO will coordinate with local authority children social care and the Police. Abuse can be reported no matter how long ago it happened.

It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and, at the same time, supports the person who is the subject of the allegation.

Registered Provision

Registered providers must inform Ofsted of any allegations of serious harm or abuse by any person living, working or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Registered providers must also notify Ofsted of the action taken in respect of the allegations. These notifications must be made as soon as reasonably practicable, but within at least 14 days of the allegations being made. A registered provider, who, without reasonable excuse, fails to comply with this requirement commits an offence.

Dealing with an allegation

Initial Enquiries

The SuperCamps Director after first liaising with the ALG Head of Safeguarding, HR (ER Manager/Head of HR in the UK), may need to gather some initial information to help them determine whether there



is any foundation to the allegation before contacting the local authority LADO. SuperCamps should conduct these basic enquiries to establish the facts, being careful not to jeopardise any future Police investigation.

When to inform the individual of the allegation should be considered carefully on a case-by-case basis, with guidance as required from the ALG Head of Safeguarding, HR, LADO, and if appropriate local authority children's social care and the Police. Unless agreed, the person to which the allegation has been made must not be informed or interviewed at this stage, so as not to jeopardise potential evidence gathering by external agencies.

Outcomes after initial enquiries

If, after the initial gathering of information it is decided by the above group of colleagues that the concerns **do not** meet threshold for an allegation (and therefore no contact with the LADO is required), but they are a concern around **conduct**, the Director will be supported by HR in the steps thereafter, with the ALG Head of Safeguarding supporting as needed.

If, after the initial information gathering stage, it is decided that the concerns **do** amount to a Safeguarding allegation that **does** meet threshold for contacting the LADO (at least for advice about whether a referral is needed), a member of the SuperCamps Safeguarding Team will do so (or the ALG Head of Safeguarding if required) and will be supported by HR colleagues in steps thereafter.

Informing Parents

Parents or carers of the child or children involved will be told about the allegation as soon as possible if they do not already know of it. The case manager will seek advice from the group about when and how this communication will happen.

However, where a 'strategy discussion' is required (see below), or the Police or Children's Social Care services need to be involved, the case manager will not inform the parents of the allegation until those agencies have been consulted and have agreed what information can be disclosed to the parents or carers.

Parents or carers will also be kept informed of the progress of the case and told the outcome where there is not a criminal prosecution, including the outcome of any disciplinary process if requested (the SuperCamps will seek support from HR about what can be shared). The deliberations of a disciplinary hearing, and the information taken into account in reaching a decision, cannot normally be disclosed, but the parents or carers of the child may be told the outcome in confidence, on the advice of HR only.

Parents and carers will also be made aware of the requirement to maintain confidentiality about any allegations made. If parents or carers wish to apply to the court to have reporting restrictions removed, they will be told to seek legal advice.

In cases where a child may have suffered significant harm, or there may be a criminal prosecution, Children's Social Care services, or the Police as appropriate, will consider what support the child or children involved may need.

Initial Discussion with Designated Officer (DO)

The purpose of an initial discussion is for the LADO and the case manager to consider the nature, content and context of the allegation and agree to a course of action. The LADO may ask the case manager to provide or obtain relevant additional information, such as previous history, whether the child or their family have made similar allegations previously and about the individual's current contact with children. There may be situations when the case manager will want to involve the Police



immediately, for example if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. Where there is no such evidence, the case manager should discuss the allegations with the LADO in order to help determine whether Police involvement is necessary.

The case manager should then consider with the LADO what action should follow both in respect of the individual and those who made the initial allegation.

Situations can arise where the LADO is contacted, but advises that, whilst the matter does/does not reach threshold for a referral to them, it should be managed internally as a conduct issue. In these situations, the Director will be supported by HR, with the ALG Head of Safeguarding supporting as needed.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation or concern, in which case this decision and a justification for it should be recorded by both the case manager and the LADO and agreement reached on what information should be put in writing to the individual concerned and by whom.

Inter-agency Strategy Discussion

Where a referral to the LADO **has** met threshold, and where there is cause to suspect a child is suffering or is likely to suffer significant harm, a 'strategy discussion' will be convened by the Designated Officer or the Police in accordance with the statutory guidance Working Together to Safeguard Children.

Where a 'strategy discussion' is needed, or Police or Children's Social Care services need to be involved, the case manager will **not** inform the accused person until those agencies have been consulted and have agreed what information can be disclosed to the accused. The case manager should only inform the accused person about the allegation after consulting the Designated Officer(s) and actions have been decided. It is extremely important that the case manager provides the accused with as much information as possible at that time.

Where it is clear that an investigation by the Police or Children's Social Care services is unnecessary, or the 'strategy discussion' or initial evaluation decides that is the case, the Designated Officer(s) will discuss the next steps with the case manager. In those circumstances, the options open to SuperCamps depend on the nature and circumstances of the allegation and the evidence and information available. This will range from taking no further action to an internal investigation (see below).

Internal school investigations

In some cases, whilst an investigation by the Police or Children's Social Care services is unnecessary, SuperCamps will be guided by the agencies so that further enquiries will be needed to enable a decision about how to proceed. If so, the Designated Officer(s) will discuss with the case manager how and by whom the school investigation will be undertaken. The LADO's role is not to investigate the allegation, but to ensure that an appropriate investigation is carried out by SuperCamps. In straightforward cases, an internal investigation will normally be undertaken by a senior member of school staff such as the DSL. Where necessary, due to lack of resource or conflict of interest, the investigation may be undertaken by a senior leader from another ALG business, or the ALG Head of Safeguarding.

Where a safeguarding concern or allegation triggers another procedure, such as grievance or disciplinary, that procedure shall only be followed once the immediate safeguarding concern or allegation has been fully investigated.



Suspension of an employee

SuperCamps will consider carefully whether the circumstances of a case warrant a person being suspended from contact with children or whether alternative arrangements can be put in place until the allegation or concern is resolved. All options to avoid suspension will be considered prior to taking that step.

The possible risk of harm to children posed by an accused person should be evaluated and managed in respect of the child(ren) involved in the allegations. In some rare cases, this will require the case manager to consider suspending the accused until the case is resolved. Suspension should not be an automatic response when an allegation is reported: all options to avoid suspension should be considered prior to taking that step.

If the case manager is concerned about the welfare of other children in the community or the accused's family, those concerns should be reported to the LADO Children's Social Care or the Police as required. However, suspension is highly unlikely to be justified on the basis of such concerns alone. Suspension will be considered only in a case where there is cause to suspect a child or other children in SuperCamps are at risk of harm or the case is so serious that it might be grounds for dismissal. However, a person should not be suspended automatically: the case manager will consider carefully whether the circumstances warrant suspension from contact with children at the school or until the allegation is resolved.

If the LADO Police and Children's Social Care services have no objections to the member of staff continuing to work during the investigation, the case manager will aim to be as inventive as possible to avoid suspension.

Based on assessment of risk, the following alternatives will be considered by the case manager before suspending a member of staff:

- providing an assistant to be present when the individual has contact with children;
- redeploying to alternative site where so the individual does not have unsupervised access to children

These alternatives allow time for an informed decision regarding the suspension and possibly reduce the initial impact of the allegation. This will, however, depend upon the nature of the allegation. The case manager will consider the potential permanent professional reputational damage to employees that can result from suspension where an allegation is later found to be unsubstantiated or maliciously intended.

Within SuperCamps, suspension requires the authorisation of the SuperCamps Director. A conversation with the case manager, HR/ER Manager and ALG Head of Safeguarding will occur to reach a rounded decision about whether suspension is the correct course of action. If immediate suspension is considered necessary, the case manager must record the rationale and justification for such a course of action. This must also include what alternatives to suspension have been considered and why they were rejected.

Where it has been deemed appropriate to suspend the person, written confirmation will be dispatched within one working day, giving as much detail as appropriate for the reasons for the suspension. SuperCamps will make clear to the suspended employee where they can obtain support. The person will be informed at the point of their suspension who their named contact is within the organisation and will be given their contact details.

Children's Social Care services, the LADO or the Police cannot require the case manager to suspend a member of staff or a volunteer, although the case manager will give appropriate weight to their advice.



Where a 'strategy discussion' or initial evaluation concludes that there should be enquiries by Children's Social Care services and/or an investigation by the Police, the Designated Officer(s) should canvass Police and Children's Social Care services for views about whether the accused member of staff needs to be suspended from contact with children in order to inform the school consideration of suspension. Police involvement does not make it mandatory to suspend a member of staff; this decision will be taken on a case-by-case basis having undertaken a risk assessment.

Support for employees

SuperCamps has a duty of care to their employees. SuperCamps will provide effective support for anyone facing an allegation, and/or other members of staff involved in the process as witnesses and will act to manage and minimise the stress inherent in the allegations process. It is essential that any allegation of abuse made against a staff member is dealt with quickly, in a fair and consistent way that provides effective protection for the child and, at the same time, supports the person who is the subject of the allegation and any witnesses. Support for the accused individual is vital to fulfilling this duty. Individuals will be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action, unless there is an objection by the Children's Social Care services or the Police. They will also be given access to an employee support service, provided by Cognita.

The case manager will appoint a named representative to keep the person who is the subject of the allegation informed of the progress of the case and consider what other support is appropriate for the individual and/or witnesses. Particular care needs to be taken when employees are suspended to ensure that they are kept informed of both the progress of their case and current work-related issues. Social contact with colleagues and friends should not be prevented unless there is evidence to suggest that such contact is likely to be prejudicial to the gathering and presentation of evidence.

Following a criminal investigation or a prosecution

The Police should inform the employer and LADO immediately when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to continue to prosecute the case after the person has been charged. In those circumstances, the LADO should discuss with the case manager whether any further action, including disciplinary action, is appropriate and, if so, how to proceed. The information provided by the Police and/or Children's Social Care services should inform that decision. The options will depend on the circumstances of the case and the consideration will need to be given as to the result of the Police investigation or the trial, as well as the different standard of proof required in disciplinary and criminal proceedings.

Outcome of an allegation

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

Substantiated: there is sufficient evidence to prove the allegation

Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive

False: there is sufficient evidence to disprove the allegation

Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence

Unfounded: to reflect cases where there is no evidence or proper basis which supports the allegation being made.



On conclusion of a case

Substantiated allegations:

There is a legal requirement for employers [Cognita] to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child. If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his or her services, Cognita HR Manager will refer the case to the DBS for consideration of whether inclusion on the barred lists is required

Resignations

If the accused person resigns, or ceases to provide their services, this will not prevent an allegation being followed up in accordance with the statutory guidance KCSIE. A referral to the DBS must be made if the criteria are met (see criteria in KCSIE).

It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children, including any in which the person concerned refuses to cooperate with the process. Wherever possible, the accused will be given a full opportunity to answer the allegation and make representations about it. However, the process of recording the allegation and any supporting evidence and reaching a judgement about whether it can be substantiated on the basis of all the information available, will continue even if that cannot be done or the accused does not cooperate. It may be difficult to reach a conclusion in those circumstances, and it may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete, but it is important to reach and record a conclusion wherever possible.

Record keeping and references

Details of allegations that are found to have been malicious will be removed from personnel records. However, for all other allegations, it is important that a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action taken and decisions reached, is kept on the confidential personnel file of the accused.

Cases in which an allegation was proven to be **false, unsubstantiated or malicious** will not be included in employer references. A history of repeated concerns or allegations which have all been found to be false, unsubstantiated or malicious will also not be included in any reference. See KCSIE for further information on references

C. Whistleblowing

Active Learning Group is committed to the highest standard of openness, inclusiveness and accountability. Once you have passed on any concerns to the Designated Safeguarding Lead, and if you are unhappy with how it is being dealt with, please speak with your line manager in the first instance so that your concerns can be addressed.

If you are still unhappy you should contact the Active Learning Group's Head of Safeguarding and if you are still unhappy you should contact, the Whistleblowing Officer, Jayne Pinchbeck via whistleblowingofficer@cognita.com

The [NSPCC whistleblowing helpline](#) is available for adults who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – lines are available from 8:00am to 8:00pm, Monday to Friday, or email: help@nspcc.org.uk

You do not have to carry worries on your own



D. Managing situations involving child-on-child abuse

Staff should be aware that peers are capable of abusing their peers.

The DSL will discuss the behaviour with the member of staff raising the concern and will in all situations, take any immediate steps to ensure the safety of the victim(s) or any other child(ren) including the perpetrator. Where the DSL considers or suspects that the behaviour might constitute abuse and/or exploitation, Children's Social Care should be contacted immediately, and if a criminal act is thought to have occurred, also the Police. Any response should be decided in conjunction with Children's Social Care and other relevant agencies who will direct and advise once a referral has been received and accepted and should investigate the incident and the wider context and assess and mitigate the risk posed by the perpetrator(s) to the victim(s) and to other children.

Parents/carers must be informed of all situations and referrals, unless to do so would heighten risk to the child/others.

Take steps to ensure the safety and wellbeing of any children affected. Consider removing the perpetrator from groups with the victim. (This may include being sent home).

Safeguarding Risk Assessment: Should both children remain/return to camp a safeguarding risk assessment should be considered for any significant incidents. This must be shared with both sets of parents/guardians and the children must be aware of the measures.

The risk and needs assessment (including for a report of sexual harassment and sexual violence) must consider for each child involved, whatever their role (victim/perpetrator):

- the victim, their individual needs, their protection and support
- whether there may have been other victims and/or perpetrators
- the alleged perpetrator(s) individual needs, their protection and support
- all the other children who have not been directly involved but whom may be at potential risk, (and, if appropriate, adult students and staff) at the school, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harms, and the time and location of the incident, and any action required to make the location safer (see below)

E. Managing child situations involving the sharing of nudes/semi-nude imagery/videos

Staff must NEVER view or forward illegal images of a child. Should they receive such, then they should notify the DSL immediately. In some cases, it may be more appropriate to confiscate any devices to preserve any evidence and hand them to the Police for inspection and subsequent removal. This will be the decision of the Police.

When an incident involving comes to a member of staff's attention:

- The incident should be referred to the DSL as soon as possible
- There should be interviews with the children involved to gather further information



- Parents/carers of each child should be informed at an early stage and involved in the process (including any interviews with their child) unless there is good reason to believe that involving parents/carers would put the child at greater risk of harm and jeopardise any Police/Social Care enquiries
- At any point in the process, if there is a concern that a child has been significantly harmed or is at risk of significant harm, a referral must be made to Children's Social Care and/or the Police immediately. In these situations, the parents/carers must be informed, unless to do so may heighten any risk to the child/others.

F. Managing situations involving sexual violence and/or sexual harassment

It is essential a written record is made eventually (after immediate actions are taken) **only recording the facts** as the child presents them. Staff should be aware that notes of such reports could become part of a statutory assessment by Children's Social Care and/or part of a criminal investigation by the Police.

The basic safeguarding principles in terms of actions are:

- if a child discloses that they have been harmed, a referral must be made to Children's Social Care
- if a child says something that could indicate they may be at *imminent* risk of harm, Children's Social Care must be contacted immediately but also the Police
- rape, assault by penetration and sexual assaults, and upskirting are all crimes and must be reported to the Police immediately, followed by Children's Social Care
- if a child expresses that they are feeling unwell or have an injury due to what has occurred to them, they should receive medical assistance. However, all staff must be mindful not to remove any forensic evidence (for sexual violence i.e.criminal acts, seek advice from the authorities prior to intervention)
- parents/carers of the victim must and will normally be informed of their child's disclosure and subsequent referrals to external agencies (unless this would put the victim at greater risk).
- Staff should not speak to the alleged perpetrator (or their parents/carers) in some situations unless the authorities have stated that this is allowed- to interview a perpetrator where criminal offences may have occurred may jeopardise their enquiries

Our response may include, but are not limited to

Internally: For example, for one-off incidents of sexual harassment (dependant on what has occurred, and whether there have been any previous incidents)), the DSL may take the view that the children concerned are not in need of early help nor that referrals need to be made to statutory services and that it would be appropriate to handle the incident internally, perhaps through utilising their Behaviour Policy and by providing pastoral support. Whatever the response, it should be underpinned by the principle that there is a zero-tolerance approach to sexual violence and sexual harassment, and it is never acceptable and will not be tolerated. All concerns, discussions, decisions, and reasons for decisions, including why certain decisions have not been made must be recorded (written or electronic).



Those where Social Care will need to be informed and involved:

Where a child has been harmed, is at risk of harm, or is in immediate danger, but a criminal offence may not have been committed, the DSL must make a referral to Children's Social Care. At the point of referral we will generally inform parents or carers, unless there are compelling reasons not to (if informing a parent or carer is going to put the child at additional risk). Any such decision should be made with the support of Children's Social Care. If a referral is made, Social Care will then make enquiries to determine whether any of the children involved are in need of protection or other services. We should not wait for the outcome (or even the start) of a Social Care investigation before protecting the victim and other children. All concerns, discussions, decisions, and reasons for decisions, including why certain decisions have not been made must be recorded (written or electronic).

Those where a criminal offence is likely to have occurred and the Police will be needed:

The DSL will lead the response to any incident where there is evidence that a criminal offence has occurred or is likely to occur. The Police will be important partner where it is thought that a crime might have been committed. Referrals to the Police will often be a natural progression of making a referral to Social Care and will generally run in parallel. All concerns, discussions, decisions, and reasons for decisions, including why certain decisions have not been made must be recorded (written or electronic).

It is important for the DSL to explain to any child involved that the law is in place to protect all children and young people rather than criminalise them, and this should be explained in a way that avoids alarming or distressing them. Ultimately, the DSL will need to balance the victim's wishes against their duty to protect the victim and other children. The victim may ask the school not to tell anyone about the sexual violence or sexual harassment. If the DSL/DDSL decide to go ahead and make a referral to Children's Social Care and/or a report to the Police against the victim's wishes, this should be handled extremely carefully. There are no easy or definitive answers when a victim makes this request. The reasons should be explained to the victim and appropriate specialist support should be offered.

However, where a report of rape, assault by penetration or sexual assault is made, or upskirting, the starting point is that this must be passed on to the Police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator(s) is under ten, the starting principle of reporting to the Police remains. **Please also** above regarding the need to have an 'Appropriate Adult present when Police are communicating with a vulnerable child as part of any criminal investigation under PACE (UK only). Please refer to KCSIE 2025 for information regarding bail conditions.

Informing parents/carers

SuperCamos will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk. In circumstances where parents or carers have not been informed, it will be especially important that the staff is supporting the child in any decision they take. This should be with the support of children's Social Care and any appropriate specialist agencies. The DSL must record all their actions clearly and advice taken from external agencies

Support and sanction for the perpetrator

Taking disciplinary action and still providing appropriate support are not mutually exclusive actions. They can, and should, occur at the same time. Our approach will be to implement preventative and/or forward-looking action to safeguard the victim.

It may also be that the perpetrator requires safeguarding, especially where there are concerns that a perpetrator themselves may have been a victim of abuse. It is important that the perpetrator(s) is/are also given the correct support to try to stop them from re-offending and to address any underlying



trauma that may be causing this behaviour. Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

SuperCamps may sanction (in line with the Behaviour Policy), any child whose conduct falls below the standard which could be reasonably expected of them, and disciplinary action may be taken whilst other investigations by the Police and/or local authority children's social care are ongoing. The fact that another body is investigating or has investigated an incident does not in itself prevent SuperCamps from coming to its own conclusion, on the balance of probabilities, about what happened, and imposing a penalty accordingly. This will be carefully considered on a case-by-case basis.

G. Managing situations involving mental health

The staff member identifying the emerging need should

- **Ask** the child how they are feeling, what support they need and want
- **Consider** the risk of harm to the child from self or others and try to reduce any immediate risk that is present (including summoning the First Aider as required)
- **Listen** to the child and give them time to talk; give reassurance, and work with them on avenues of support
- **Tell** the DSL

What to do if there are concerns about a child's mental health

If staff have a mental health concern about a child, they should follow the above steps, dealing with any imminent medical risk as a priority. Should there also be safeguarding concerns about the child, then appropriate decisions will be made to safeguard the child by the DSL. Likewise, if there are safeguarding concerns about any child, consideration about how this may be impacting on the child's mental health will be taken into consideration.

Parents/carers must always be contacted when signs/indicators of deteriorating/emerging mental health are first displayed (unless to do so would heighten the risk of harm to the child, in which case agencies will be contacted for advice).

When children are self-harming

Should an incident occur where a pupil has harmed themselves, first aid will be administered by the school's nominated First Aider and their parents contacted, unless to do so will place the pupil potentially at greater risk of harm (in these situations, Social Care and the ALG Head of Safeguarding will be contacted for advice).

Should a more serious incident occur whereupon a pupil requires urgent medical assistance after harming themselves, an ambulance will be called immediately via 999, and the parents/carers contacted (unless to do so will place the child potentially at greater risk of harm).

When children have suicidal ideation

Should a child voice that they intend to harm themselves by taking their own life:



1. they will be 100% supervised by staff immediately AND
2. their parents/carers will be called and asked to collect their child immediately from SuperCamps. They will be advised to take their child to Accident and Emergency to have an urgent mental health assessment.

H. Visiting professionals

For visitors who are in a professional capacity, on arrival (and prior to any contact with children) staff should check their photo ID, any professional badges/lanyards, and be assured that the visitor has had the appropriate checks (or the visitor's employers have confirmed in writing that their staff have appropriate checks; and what these are). Staff should not ask to see the certificate in these circumstances.



Part 3: Knowledge Base

A. Key types of abuse

The term 'maltreatment' or 'abuse' is often used as an umbrella term for harm caused to a child through abuse, neglect and/or exploitation. All staff should be aware of indicators of abuse, neglect, and/or exploitation so that they are able to identify cases of children who may need help or protection. Exercising professional curiosity and knowing what to look for is vital for the early identification of possible harm occurring so that staff can identify cases of children who may be in need of help or protection.

Somebody may abuse, neglect, and/or exploit a child by:

- inflicting harm on them
- by failing to act to prevent harm to them

Children may be abused, neglected and/or exploited:

- in a family or in an institutional or community setting
- online, or technology may be used to facilitate offline harm
- by those known to them or, more rarely, by others not known to them
- by an adult (s) or by another child (ren)
-

Abuse and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. However, most guidance refers to there being four main categories of abuse: physical, emotional, sexual, and neglect (WTSC 2023). This policy will now explore these below.

Maltreatment

Physical abuse

Emotional abuse

Sexual abuse

Neglect

Exploitation

Physical abuse

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

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

Signs of physical abuse can include:

- injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- respiratory problems from drowning, suffocation, or poisoning
- untreated or inadequately treated injuries
- bruising which looks like hand or finger marks or caused by an implement
- cigarette burns, human bites
- scarring, scalds, and burns

Emotional abuse

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

Signs of emotional abuse tend to be behavioural rather than physical (see below).

Sexual abuse

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

Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue known as child-on child abuse and is explored below.

Signs of sexual abuse displayed by children may include:

- pregnancy
- sexually transmitted infection/diseases
- pain/itching/bleeding/bruising/discharge to the genital area/anus/mouth
- urinary infections
- difficulty walking, sitting or standing
- persistent sore throats
- stomach-ache
- sexualised behaviour, statements, and language that are not age appropriate.
- re-enacting sexual acts with items or other children
- reluctance/keenness to undress
- over familiarity, and/or no caution when going to strangers
- reluctance to interact with certain adults (although please remember that some children will still have 'normal' and often warm interactions with abusing parents, especially if they are younger or have developmental/learning difference)
- wetting after being dry
- soiling/smearing

Resources

The Centre of Expertise on Child Sexual Abuse has free evidence-based practice [resources](#) to help professionals working with children and young people to identify and respond appropriately to concerns of child sexual abuse. They have also introduced [new resources](#) to help education professionals identify and respond to concerns of child sexual abuse and abusive behaviours.



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, for example, because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

Signs of possible neglect include the child being:

- underweight or is small for their age, or their weight deteriorates
- very overweight for their age
- poorly clothed, with inadequate protection from the weather
- often absent from school for no apparent reason; or persistently arrive late
- regularly left alone, or in charge of younger brothers or sisters

B. Domestic abuse

Children can be victims of domestic abuse. They may see, hear, and/ or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse).

Domestic violence and abuse may be a single incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial or emotional.

Exposure to domestic abuse and/or violence can have a serious, detrimental and long-term impact on a child's health, wellbeing, development, and ability to learn. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

The Domestic Abuse Act (2021) introduced the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the 2021 Act).

National Domestic Abuse Helpline

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its [website](#) provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked.

C. Child on Child Abuse

Child on child abuse is any form of abuse/exploitation perpetrated by a child towards another child. Abuse is abuse, exploitation is exploitation, and child on child abuse must be taken as seriously as abuse, neglect and/or exploitation by an adult.

All staff must:

- be alert to possible indicators of safeguarding concerns which may indicate child on child abuse and understand their role in preventing, identifying, and responding to it.
- acknowledge that even if there are no reports of child on child abuse it does not mean it is not happening in the school; it may be the case that it is just not being reported.
- know that children are capable of abusing their peers and other children, and that *abuse can occur in intimate personal relationships between peers and other children*.
- never dismiss abusive behaviour as a normal part of growing up, 'banter' or 'just having a laugh' and should not develop high thresholds before taking action.

Child on child abuse can take many different forms, including, but not limited to:

- bullying (including cyber-bullying)
- relationship abuse
- domestic violence¹
- child sexual exploitation²
- youth and serious youth violence³
- 'upskirting' (see below)
- harmful sexual behaviour⁴ (see below)
- gender-based violence⁵
- 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;
- sexual violence (such as rape, assault by penetration and sexual assault; this may include an online element which facilitates, threatens and/or encourages sexual violence);
- sexual harassment (including sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse)
- consensual and non-consensual sharing of nudes and semi-nude images and or videos*

¹ This type of abuse relates to abuse between children aged 16 and 17 who are or have been intimate partners or family members. The abuse includes but is not limited to psychological, physical, sexual, financial and emotional.

² This is a form of sexual abuse where children are sexually exploited for money, power or status. This abuse can be perpetrated by other children or by adults. It can involve violent, humiliating and degrading sexual assaults. In some cases, children are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online.

³ Serious youth violence is any of the most serious offences where the victim is aged 19 or below, including murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. Youth violence also includes assault with injury offences.

⁴ This is any sexual behaviour by a child or young person which is outside of developmentally "normative" parameters. This can (but does not always) include abusive behaviour such as sexual assaults.

⁵ This is violence that is directed against one gender as a result of their gender.



- financially motivated sexual extortion
- creating or sharing AI generated child sexual abuse material

These categories of abuse rarely take place in isolation and often indicate wider safeguarding concerns. For example, a teenage girl may be in a sexually exploitative relationship with a teenage boy who is himself being physically abused by a family member or by older boys. Equally, while children who abuse may have power over those who they are abusing, they may be simultaneously powerless to others. Staff should be aware that there may be multiple perpetrators and/or victims, and not consider that only one child abuses another in isolation.

*Sharing nudes/semi nudes via imagery/videos can, but does not always, constitute abusive behaviour. All incidents should be responded to in accordance with this policy and process.

Protected Characteristics

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

When does behaviour become abusive/exploitative?

It can be difficult to distinguish between abusive and/or exploitative behaviour, which should be dealt with in accordance with the procedure set out below, and behaviour which does not constitute abuse and/or exploitation.

Factors which may indicate that behaviour is abusive and/or exploitative include:

- a) where it is repeated over time and/or where the perpetrator (s) intended to cause serious harm
- b) where there is an element of coercion or pre-planning
- c) where there is an imbalance of power, for example, as a result of age, size, social status or wealth.

This list is not exhaustive, and staff should always use their professional judgment and discuss any concerns with the DSL, who in turn should seek guidance from the RSL where needed.

How can staff identify victims of child-on-child abuse?

Identifying child on child abuse can be achieved by being alert to changes in children's well-being and to general signs of abuse and/or exploitation. Signs that a child(ren) may be suffering from child-on-child abuse overlap with those relating to other types of abuse, neglect and/or exploitation – see indicators, earlier in this document.

Signs can include, but are not limited to:

- physical injuries (often with inconsistent accounts)
- having difficulties with their mental health and/or emotional wellbeing
- becoming withdrawn, shy, experiencing headaches, stomach aches, anxiety, panic attacks, suffering from nightmares or lack of sleep or sleeping too much
- new (or increased) access to drugs and/or alcohol use



- changes in appearance and/or starting to act in a way that is not appropriate for the child's age including sexualised behaviours
- reluctance to go home

This list is not exhaustive and the presence of one or more of these signs does not necessarily indicate child on child abuse and/or sexually coerced exploitation.

Are some children particularly susceptible/vulnerable ?

Any child can be affected by child-on-child abuse and/or exploitation; however, research suggests that:

- Child on child abuse is more prevalent amongst children aged 10 and older, although it also affects younger children, including by way of harmful sexual behaviour.
- Children who are particularly vulnerable to abuse /exploitation or to abusing/exploiting others include those who have
 - (i) witnessed or experienced abuse, exploitation or violence themselves
 - (ii) suffered from the loss of a close family member or friend (recent or historical)
 - (iii) experienced considerable disruption in their lives.
- as stated above, children with protected characteristics, but especially those with SEN/D and those who identify as LGBTQ+ or gender questioning/transitioning are particularly vulnerable child on child abuse, often in the form of bullying (both direct and online).

Risks can be compounded where children lack a trusted adult with whom they can be open. The SuperCamps will endeavour to reduce the additional barriers faced and provide a safe space for these groups of vulnerable children to speak out or share their concerns with trusted members of staff.

How prevalent is child on child abuse?

Recent research suggests that child-on-child abuse is one of the most common forms of abuse affecting children. For example:

- 25% children had experienced some kind of aggression at least once or twice in the past three months and 12.1% indicated they had been victims of bullying (Spain)
- 20% and 25% of child sexual abuse is committed by other children (Australia). In the UK, this figure is closer to 35%.
- 41.3% of boys and 28.3 % of girls, who participated in a cross-national study reported that they were involved with bullying over two or three times per month either as bullies, as victims or as bullies/victims. Another study conducted in a sample of 369 children reported a percentage of 22.8% of victims in primary schools (Greece).
- 42% of students report being subjected to harassment by peers in secondary school (India).
- 9% of young people have received sexual threats online from people their age in the last year (Australia)



- 29% have witnessed people their age making sexual threats, for example unwanted sexual behaviour or violence, in the last year (Denmark, Hungary and the UK).
- 10% of female higher education students in a partnered relationship report experiencing intimate partner violence (United States)

All staff should therefore understand, that even if there are no reports of child-on-child abuse, it does not mean it is not happening, it may be the case that it is just not being reported.

Staff should therefore assume and take the approach that child on child abuse is occurring, be vigilant at all times, and act accordingly.

D . Sexual Violence and Sexual Harassment

Please see Part 2-Process for more information related to managing situations involving sexual violence and/or sexual harassment.

Child on child abuse can include two specific forms, known as Sexual Violence and Sexual Harassment.

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. Sexual violence and sexual harassment can happen anywhere, and all staff working in the school are advised to maintain an attitude of 'it could happen here', assume that it is happening, and act accordingly.

All staff should understand that even if there are no reports in their school it does not mean it is not happening, it may be the case that it is just not being reported.

Staff should consider the importance of understanding intra familial harms and any necessary support for siblings following incidents involving sexual harassment and/or violence

It is important that schools consider sexual harassment in broad terms. Sexual harassment creates a culture that, if not challenged, can normalise inappropriate behaviours and provide an environment that may lead to sexual violence.

Sexual Violence includes sexual offences

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. (Schools 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.)



Sexual Harassment refers to 'unwanted conduct of a sexual nature'.

This can occur *online* (including, but not limited to non-consensual sharing of images, making sexual comments on social media) and *offline* (including but not limited to making sexual comments, sexual taunting or 'jokes' and physical contact, for example, brushing against someone deliberately or interfering with their clothes).

Upskirting

'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress, and/ or alarm. It is a criminal offence. Anyone of any gender, or sexual orientation can be a victim or perpetrator.

The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019.

Who perpetrates sexual violence and/or harassment?

Sexual Violence and Sexual Harassment can:

- occur between any two children, or a group of children against one individual or group
- be perpetrated by a child of any age against a child of any age
- be perpetrated by a child of any sexual orientation against a child of any sexual orientation
- include behaviour that exists on an often-progressive continuum and may overlap
- be online and offline (physical or verbal)
- can take place within intimate personal relationships between children

Any report of sexual violence or sexual harassment must be taken seriously. Staff should be aware, that according to research, it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. However, staff must always maintain an open mind.

Vulnerabilities

Children with Special Educational Needs (SEN) are potentially more vulnerable, and there may be barriers in recognising abuse in this group of children. In addition, children who are perceived by their peers to be LGBTQ+ or identify themselves as LGBTQ+ and similarly those who are gender questioning may potentially be more vulnerable (see above).

Signs and Indicators

All staff should be aware of the indicators which may include, but not be limited to;

- a significant change or decline in presentation
- signs of self-harm and/or suicidal ideation or a significant change/decline in wellbeing
- signs of physical assault or unexplained injuries
- unexplained gifts or new possessions



Our approach to Sexual Violence and Sexual Harassment

The school will apply the principles set out in the above document when considering its approach to sexual violence and sexual harassment between children.

We will:

- not accept or tolerate sexual violence and sexual harassment, or upskirting
- not downplay or consider that these types of behaviours are 'banter', an 'inevitable part of growing up' or hold the view that 'boys will be boys', knowing that to do so may normalise inappropriate behaviours may create an unsafe culture where children feel less able to come forward with concerns
- encourage early intervention to avoid potential escalation
- challenge inappropriate physical behaviour (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts
- challenge inappropriate verbal behaviour, such as making sexist comments, innuendo or taunting
- align with their Behaviour Policy with regards to imposing sanctions for inappropriate behaviour, including sexual harassment and/or sexual violence
- have clear and accessible systems in place for children to confidently report abuse, knowing their concerns will be treated seriously
- act in the best interests of all children involved, reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment
- manage any disclosure, either from the child who has suffered abuse or from other children, giving the victim(s) 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 school's duty and responsibilities to protect them and other children
- engage with both the victim's and the alleged perpetrator's parents or carers when there has been a report of sexual violence. The exception to this rule is if there is a reason to believe informing a parent or carer will put a child at additional risk.

Resources

The HSB toolkit from The Lucy Faithfull Foundation is designed for parents, carers, family members and professionals, to help everyone play their part in keeping children safe. It has links to useful information, resources, and support as well as practical tips to prevent harmful sexual behaviour and provide safe environments for families.

The Lucy Faithfull Foundation in collaboration with the Home Office, has also developed 'Shore Space', an online resource which works to prevent harmful sexual behaviour. Shore Space offers a confidential



chat service supporting young people who are concerned about their own or someone else's sexual thoughts and behaviour.

The NSPCC provides free and independent advice about HSB: NSPCC Learning: Protecting children from harmful sexual behaviour and NSPCC - Harmful sexual behaviour framework.

Beyond Referrals | Contextual Safeguarding provides a school self-assessment toolkit and guidance for addressing HSB in schools.

The Preventing harmful sexual behaviour in children - Stop It Now provides a guide for parents, carers and professionals to help everyone do their part in keeping children safe, they also run a free confidential helpline.

The Anti-Bullying Alliance has developed guidance and training for schools about Sexual and Sexist bullying.

Additional information on confidentiality and information sharing is available at Safeguarding Practitioners Information Sharing Advice

E. Child Criminal Exploitation, including serious violence

Child Criminal Exploitation (CCE) is where an individual and/or group takes advantage of an imbalance of power to coerce, control, manipulate, exploit, and/or deceive a child into any criminal activity;

- (a) in exchange for something the victim needs or wants; and/or
- (b) for the financial or other advantage of the perpetrator or facilitator; and/or
- (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual.

CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, forced to shoplift or pickpocket, or to threaten other young people.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may also be at higher risk of sexual exploitation.

All staff should be aware of indicators which may signal that children are susceptible and/or at risk from, and/or are involved with, serious violent crime. These can include but are not limited to:

- a significant change/decline in presentation
- signs of self-harm, suicidal ideation, or a significant change/decline in wellbeing
- unexplained gifts or new possessions
- signs of physical assault or unexplained injuries



County Lines

CCE also involves children and young people being coerced into moving drugs or money across the country; in the UK this is commonly referred to as County Lines.

County Lines usually occurs through engaging children into gangs and using them to carry money or drugs from urban areas to suburban and rural areas, market, and seaside towns.

Resources

More information can be found in the UK government guidance KCSIE (2025), in the Home Office's '[Preventing youth violence and gang involvement](#)' and its '[Criminal exploitation of children and vulnerable adults: county lines guidance](#)'.

Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office [here](#).

[County Lines Toolkit For Professionals](#) - The Children's Society in partnership with Victim Support and National Police Chiefs' Council.

F. Child Sexual Exploitation

Child Sexual Exploitation (CSE) is a form of child sexual abuse (see above) and occurs where an individual and/or group takes advantage of an imbalance in power to coerce, manipulate, exploit and/or deceive a child into sexual activity.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

CSE can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence, both to the child and/or someone they know.

Victims can be exploited even when activity appears consensual as they may not realise that they are being exploited/harmed, and it should be noted that exploitation as well as being directly physical, can also be facilitated and/or take place online or a combination of offline/online exploitation and harm.

CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds, who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media). The latter can be of the actual victim child, or those stating that the content is of the actual child, when it is not. Either way, this is exploitation and has harmed a child. The above CCE indicators can also be indicators of CSE, as can:

- children who have older boyfriends or girlfriends; and
- children who suffer from sexually transmitted infections or become pregnant.



Resources

For more information, see [Child Sexual Exploitation: Guide for Practitioners](#)

G. Financially Motivated Sexual Extortion

Increasingly, children are being sexually coerced and exploited for *money*, rather than any sexual motivation underpinning the actions of the offender. The offender (known, posing as known, or unknown children/adults) will demand the victim child self-generate nudes or semi-nudes (see below) and send them to them. Whether or not the victim child actually sends these images/videos, the perpetrator will blackmail the victim by threatening to share these or other images online, and occasionally offline, with the wider community i.e. family, friends, staff and/or media unless the child victim sends money to them. This is sometimes known as 'sextortion' and there has been a rapid increase in these situations being reported nationally; many cases of course will not have been reported by children for a number of reasons.

Resources

Find more information and advice from the Internet Watch Foundation [here](#).

H. Sharing of nudes/semi-nude imagery/videos

Please see Part 2-Process for more information in relation to managing situations involving sexual violence and/or sexual harassment.

This policy only covers the sharing of sexual imagery by children.

Possessing, creating, sharing and distributing sexual photos and videos of under-18s is illegal, and therefore causes the greatest complexity for schools (amongst other agencies) when responding.

It also presents a range of risks which need careful management.

Staff must not ever view or forward illegal images of a child.

Should they receive such from any source, then they must notify the Camp Manager and/or DSL immediately.

What types of incidents are covered by this policy?

Yes:

- A child creates and shares sexual imagery of themselves with another child (also under the age of 18).
- A child shares sexual imagery created by another child with another child (also under the age of 18) or an adult.
- A child is in possession of sexual imagery created by another child.

No:

- The sharing of sexual imagery of children by adults constitutes child sexual abuse and schools must always inform the Police if they hear this has occurred or find this content on a child/adult's device (or confirmed searches). Images/searches of this kind must not be deleted from a child or adult's phone.



- Children sharing pornography or exchanging sexual texts which do not contain imagery⁶.
- Sexual imagery downloaded from the internet by a child⁷.
- Sexual imagery downloaded from the internet by a child and shared with another child (also under the age of 18) or an adult.

For more guidance from UKCIS around sharing nudes/semi-nudes read [here](#).

I. AI Generated Child Sexual Abuse Material (CSAM)

The use of Artificial Intelligence (AI) to generate Child Sexual Abuse Material (CSAM) is increasing, and the technology is fast improving. As with all online safety challenges, this challenge is inherently international.

The term 'AI CSAM' to refer to criminal images or videos of the sexual abuse of children that are generated or edited by AI technology, and 'real CSAM' to clearly distinguish CSAM that is not generated or edited by AI technology.

The term 'deepfake' is used variously in the AI field, in the media, and among the wider population. Sometimes it is taken to refer to all AI-generated or AI-edited content.

This policy uses the term 'deepfake' to refer to partially synthetic content: edited content that is based on a real image or video but has been altered using AI technology. Incredibly realistic deepfake, or partially synthetic, videos of child rape and torture are made by offenders using AI tools that add the face or likeness of a real person or victim.

This is particularly important in the context of 'deepfake videos' edited (or 'faked') real videos which should be clearly distinguished from fully synthetic videos created by text-to-video or text-to-image-to-video

The Internet Watch Foundation (IWF) stated in their most recent [report](#) the following 5 key findings:

1. **Increase in AI-generated Child Sexual Abuse Material:** The latest findings show over 3,500 new AI-generated criminal child sexual abuse images have been uploaded on to the same dark web forum as previously analysed in October 2023.
2. **More Severe Images:** Of the AI-generated images confirmed to be child sexual abuse on the forum, more images depicted the most severe *Category A* abuse, indicating that perpetrators are more able to generate complex 'hardcore' scenarios.
3. **Emergence of AI Child Sexual Abuse Videos:** AI-generated child sexual abuse videos, primarily deepfakes, have started circulating, highlighting rapid technological advancements

⁶ All such incidents should be responded to with reference to the school's Online Safety Policy, and in line with the school's Safeguarding Policy

⁷ As above



in AI models/generators. Increasingly, deepfake videos shared in dark web forums take adult pornographic videos and add a child's face using AI tools.

4. **Clear Web Increase:** There is a noticeable increase in AI-generated child sexual abuse imagery on the clear web, including on commercial sites.
5. **AI Child Sexual Abuse Featuring Known Victims and Famous Children:** Perpetrators increasingly use fine-tuned AI models to generate new imagery of known victims of child sexual abuse or famous children.

J. Honour Based Abuse (HBA)

HBA includes all incidents or crimes which have been committed to protect or defend the honour of the community and/or the family, and commonly involve practices such as FGM, forced marriage and/or breast flattening. Abuse often involves a wider network of family or community pressure and therefore it is important to be aware of this dynamic and consider risk factors when deciding on action. If staff have a concern that a child may be at risk of Honour Based Abuse, they must alert their DSL immediately.

K. Forced Marriage (FM)

FM is one entered into without the full and free consent of one or both parties and where violence, threats or any form of coercion is used to cause a person to enter into a marriage.

Forcing a person into marriage is a crime in England and Wales. Changes to the Marriage Act (1929) and the Civil Partnership Act (2004) came into effect in February 2023 which raised the legal marriage age to 18 years old. These changes mean that 16 to 17-year-olds are no longer able to marry or enter a civil partnership under any circumstances, even with parental or judicial consent. This Minimum Age Act expands the criminal offence of forced marriage in England and Wales to make it an offence in all circumstances to do anything intended to cause a child to marry before they turn 18 without the need to prove that the young person:

- is coerced into the marriage or civil partnership (e.g. threatened)
- is deceived into leaving the UK and coerced into marriage
- lacks the mental capacity to give consent

Resources

The Forced Marriage Unit (FMU) has created:

[Multi-agency practice guidelines: handling cases of forced marriage](#)

The right to choose: government guidance on forced marriage -[GOV.UK \(www.gov.uk\)](https://www.gov.uk)

School staff can contact the Forced Marriage Unit if they need advice or information:

Contact: 020 7008 0151 or email fmu@fcdo.gov.uk.



L. Female Genital Mutilation, Virginity Testing and Hymenoplasty, and Breast Flattening

Female Genital Mutilation

Female Genital Mutilation is illegal.

It is abuse that encompasses all procedures involved in the partial or total removal of female external genitalia.

All staff should speak to the Camp Manager who will report any concerns to the DSL (or deputy DSL) with regards to any concerns about FGM. UK only -there is a specific legal duty on teachers under the FGM Act (2003) to report FGM. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18. Concerns must be reported.

Virginity testing and Hymenoplasty

Virginity testing and hymenoplasty are forms of violence against women and girls and are part of the cycle of so called 'honour-based' abuse.

Virginity testing

The law defines 'virginity testing' as "the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity."

It is also referred to as hymen, '2-finger' or vaginal examination, is an inspection of the female genitalia, intended to determine whether a woman or girl has had vaginal sexual intercourse. For the purposes of the Health and Care Act 2022, virginity testing is any examination (with or without contact) of the female genitalia intended to establish if vaginal intercourse has taken place. This is irrespective of whether consent has been given. The position of the World Health Organization and the Royal College of Obstetricians and Gynaecologists (RCOG) is that virginity tests have no scientific merit or clinical indication as there is no known examination that can prove whether a woman has had vaginal intercourse.

The hymen is a thin membrane that partially covers the entrance to the vagina. During puberty, oestrogen causes the hymen to change in appearance and become very elastic. Normal variations of the post-pubertal hymen range from thin and stretchy to thick and somewhat rigid. A non-intact, or stretched, hymen is not a reliable indication of past sexual activity, nor is it guaranteed that the hymen will break or bleed after the first vaginal intercourse.

Hymenoplasty

The law defines 'hymenoplasty' as the reconstruction of the hymen (with or without consent).

There are a number of different techniques to achieve but it generally involves stitching hymenal remnants together at the vaginal opening, or surgically reconstructing a hymen using vaginal tissue. The aim of the procedure is to ensure that a woman bleeds the next time she has intercourse to give the impression that she has no history of vaginal intercourse. There is no guarantee that this will fully reform the hymen or cause bleeding when penetration is attempted.



Both virginity testing and hymenoplasty can be precursors to child or forced marriage and other forms of family and/or community coercive behaviours, including physical and emotional control. Women who 'fail' a virginity test, are found to have undergone a hymen reconstruction, or do not bleed on their wedding night are likely to experience further so called 'honour-based' abuse including emotional and physical abuse, family or community disownment and even honour killings.

Emotional impact: The practices are degrading and intrusive. They can lead to extreme psychological trauma in the victim, and can provoke conditions including anxiety, depression and post-traumatic stress disorder. The practices have been linked to suicide.

Physical impact: They can be physically harmful. For example, virginity testing can result in damage to the hymen, tears and damage to the vaginal wall, bleeding, and infection. The risk of infection is also high in hymenoplasty, which has the added risks of acute bleeding during the procedure, scarring and narrowing of the opening of the vagina and sexual difficulties. Virginity testing and hymenoplasty are considered to have a similar level of seriousness to assault occasioning actual bodily harm. This is in recognition of the physical harm they can cause to the individual who is subjected to them. This level of seriousness also reflects the controlling attitudes that underpin the practices.

Prevalence: there is evidence that women and girls from the age of 13 are most at risk of undergoing a virginity test and/or hymenoplasty, but girls as young as 8 can be affected. As with other forms of so-called 'honour-based' abuse, these practices often take place behind closed doors, and because of this, the numbers of women and girls that are subjected to these practices are not known.

Who: any woman or girl, of any age, ethnicity, race, sexual orientation, religion, disability or socioeconomic status could be subjected to a virginity test or hymenoplasty.

Why: Women and girls are coerced, forced and shamed into undergoing these procedures, often pressurised by family members or their intended husbands' family in the name of supposedly upholding honour and to fulfil the requirement that a woman remains 'pure' before marriage. Some practitioners issue a certificate to prove 'virginity' after a virginity test or hymenoplasty, while some will simply tell the family or community members whether a woman or girl has 'passed' a virginity test.

Legislation: it is illegal to carry out, offer or aid and abet virginity testing or hymenoplasty in any part of the UK, as part of the Health and Care Act (2022). It is also illegal for UK nationals and residents to do these things outside the UK. These offences carry extra territorial jurisdiction and carry a maximum sentence of 5 years imprisonment and/or an unlimited fine.

Signs and Indicators: there are several indicators that a girl is at risk of or has been subjected to a virginity test and/or hymenoplasty:

- the girl requests either procedure or asks for help
- family members ask for the procedures or disclose that the girl has already undergone the practices



- there could be pain and discomfort after the procedures, which, for example, could result in the girl having difficulty in walking or sitting for a long period of time which was not a problem previously
- concern from family members that a girl has a boyfriend, or plans for the girl to be married
- a close female relative has been threatened with either procedure or has already been subjected to one
- the girl has already experienced or is at risk of other forms of so called 'honour-based' abuse
- the girl is already known to Children's Social Care in relation to other safeguarding issues
- the woman or girl may disclose other concerns that could be an indication of abuse. For example, they may state that they do not feel safe at home, that family members will not let them out the house and/or that family members are controlling
- the girl may have suffered trauma from being coerced and having to undergo the procedures. This could result in an increase in emotional and psychological needs, for example withdrawal, anxiety or depression, or significant change in behaviour. The trauma could also have long-term implications for the girl and may not manifest for many years after the event
- the girl may appear fearful of their family or a particular family member
- changes in behaviour – becoming withdrawn, anxious, or depressed;

This is not an exhaustive list of indicators. If any of these indicators are identified, staff must inform the Camp Manager DSL and following safeguarding procedures.

Resources

Virginity testing and hymenoplasty: multi-agency guidance - GOV.UK

Breast Flattening

Breast flattening, also known as breast ironing, is the pounding and massaging of a pubescent's breasts. Hard or heated objects are used, to try to make the breasts stop developing or disappear. The practice is typically carried out by the girl's mother, who will say she is trying to protect the girl from sexual harassment and rape to prevent early pregnancy that would tarnish the family name, or to allow the girl to pursue education, rather than be forced into early marriage.



M. Faith or belief- related child abuse

We respect, and do not challenge parents' rights to have faiths or beliefs, but where these may/ have led to abuse and/or a risk of harm to a child, we will seek advice from the authorities as required.

What is faith/belief related abuse?

Abuse linked to faith or belief is where concerns for a child's welfare have been identified, and could be caused by a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child. Research suggests that in 2023, the abuse of 2,140 was linked to faith/beliefs.

It is important to note that child abuse linked to faith or belief is not confined to one faith, nationality, and/ or ethnic community. Examples of this form of abuse have been recorded worldwide across various religions including Christians, Muslims, and Hindus. The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children and adults. Abuse may happen anywhere, but it most commonly occurs within the child's home. Under-reporting of abuse is, however, likely.

Harm to a child can take place due to the following known reasons:

- abuse as a result of a child being accused of being a 'witch'
- abuse as a result of a child being accused of being possessed by 'evil spirits'
- ritualistic abuse which is prolonged sexual, physical and psychological abuse
- satanic abuse which is carried out in the name of 'satan' and may have links to cults
- any other harmful practice linked to a belief or faith

In terms of the categories, explored above in section A:

Physical abuse: can involve ritualistic beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes.

Emotional abuse: can occur in the form of isolation. A child may not be allowed near or to share a room with family members and threatened with abandonment. The child may also be convinced that they are possessed.

Neglect: the child's family and community may have failed to ensure appropriate medical care, supervision, education, good hygiene, nourishment, clothing or warmth.

Sexual abuse: children who have been singled out in this way can be particularly vulnerable to sexual abusers within the family, community or faith organisation. These people exploit the belief as a form of control or threat.



Common factors and causes

A range of factors can contribute to the abuse of a child for reasons of faith or belief. Some of the most common ones are below:

Belief in evil spirits that can 'possess' children is often accompanied by a belief that a possessed child can 'infect' others with the condition. This could be through contact with shared food, or simply being in the presence of the child.

Scapegoating occurs when a child is singled out as the cause of misfortune within the home, such as financial difficulties, divorce, infidelity, illness or death.

Behaviour that is attributed to spiritual forces. Examples include a child being perceived as disobedient, rebellious, overly independent, wetting the bed, having nightmares or falling ill.

Physical, learning, and/or emotional differences that single a child out. Documented cases included children with learning disabilities, mental health issues, epilepsy, autism, stammers, deafness and LGBTQ+.

Gifts and uncommon characteristics and/or when a child has a particular skill or talent can sometimes be rationalised as the result of possession or witchcraft. This can also be the case if the child is from a multiple or difficult pregnancy.

Complex family structures such as when a child living with extended family, non-biological parents, or foster parents can place them more at risk.

Signs and indicators

- physical injuries, such as bruises or burns (including historical injuries/scaring)
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'
- the child or family may use words such as 'kindoki', 'djin', 'juju' or 'voodoo' - all of which refer to spiritual beliefs
- a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children
- a child's personal care deteriorating (e.g. rapid loss of weight, being hungry, being unkempt with dirty clothes)
- it may be evident that the child's parent or carer does not have a close bond with the child
- wearing unusual jewellery/items or in possession of strange ornaments/scripts.



Resources

UK Government: National Action Plan to Tackle Child Abuse Linked to Faith or Belief

Centre for FGM: 21-02-2024---Child-Abuse-linked-to-Faith-or-Belief-Leaflet.pdf

Child abuse linked to faith or belief | Metropolitan Police

N. Behavioural signs in children

Staff must be aware and recognise that all behaviour is communication.

If a child is being abused, neglected and/or exploited, their behaviour may change in a number of ways.

For example, (but not limited to) they may:

- behave aggressively to self/others or be disruptive, act out, demand attention and require more discipline than other children
- become angry or disinterested socially, and/or show little creativity/motivation
- seem frightened of certain adults or child
- present as sad, withdrawn, and/ or depressed
- have trouble sleeping/sleep for longer periods than the norm for them
- become sexually active at a young age
- exhibit inappropriate/advanced sexual knowledge for their age
- exhibit sexualised behaviour in their play or interactions with other children
- refuse to undress/change for activities/or refuse to participate in physical activities
- develop dysfunctional eating
- self-harm and/or express suicidal ideation
- lack confidence or have low self-esteem; in some situations, will have raised confidence and esteem initially
- use drugs and/or alcohol as a coping strategy for anxiety/ new use of drugs/alcohol
- have unexplained gifts, money, and/or other items
- spend increasing time online, and become socially isolated

O. Behavioural signs in parents/carers (or other adults)

Please see **Part 2-Process** for information relating to Low-Level Concerns, Self-Reports, and Allegations

Signs may include:

- placing unrealistic expectations on the child i.e. demanding a level of academic or physical performance of which the child is not capable
- offering conflicting or unconvincing explanations of any injuries to the child/behaviours of the child
- delaying seeking medical treatment for the child's mental/physical health (including not taking the child to a specialist medical practitioner immediately when a child discloses suicidal ideation in school)
- failing to meet the basic needs of the child in regard to clothing, housing, food etc



- having alcohol/drug dependency/*unmanaged* mental illness and refusing support
- appearing indifferent to, is emotionally unavailable, or overtly rejecting, the child
- denying the existence of or blaming the child for the child's behaviours at home or at school
- seeing and describing the child as entirely worthless, burdensome, or in another negative light
- refusing offers of support to meet the child's need(s)
- refusing to consent to referrals to external agencies to meet their child's needs/does not engage as expected.

P. Grooming

Grooming is *the process* by which an individual prepares a child, significant adults, including staff, and the environment for abuse and/or exploitation of this child.

The perpetrator's motivation can be sexual, or increasingly financially related (see above section G).

Children and young people can be groomed online or in the real world, by a stranger or by someone they know, or someone pretending to be someone they know, including peers.

Groomers may be of any gender identity or sexual orientation. They could be of any age, including another young person.

They may be located in the country where the child lives, or if online exploitation, could be resident anywhere in the world.

Modus operandi of grooming

Target vulnerable victim: Perpetrators target victims who are vulnerable, isolated, insecure and/or have greater emotional needs. This may happen over a number of months/years, or may happen very quickly.

Gain victim's trust: Offenders may allow a child to do something (e.g. eat ice cream, stay up late, view pornography) which is not normally permitted by the child's parents or the school in order to foster secrecy and intimacy.

Gain the trust of others: Institutional offenders are often popular with children and parents, and often staff, successfully grooming not only the victim but also other members of the victim's family and the school community at large.

Filling a need/becoming more important to the child: This can involve giving gifts, rewards, additional help or advice, favouritism, special attention and/or opportunities for special trips or outings.

Isolating the child: The perpetrator may encourage dependency and subtly undermine the victim's other relationships with friends or family members. This may involve the offender making themselves the only/main point of contact in school for the child.

Sexualising the relationship: This can involve playful touches, tickling and hugs. It may involve adult jokes and innuendo or talking as if adults, for example about marital problems or conflicts.

Maintaining control and secrecy: Offenders may use their professional position to make a child believe that they have no choice but to submit to the offender.



Making threats: Offenders may threaten the child/their family/their friends/their pet with harm if they tell/do not continue with the abuse.

Blackmailing: Offenders may blackmail their victim, for example, by saying that they will share any intimate photos of the child with friends and family.

Creating opportunity: Offenders will gradually seek to create the time and opportunity to allow for the grooming process to occur, and the eventual abuse of the child (ren). This behaviour may involve the offender creating situations where they have access more easily, in unstructured scenarios and/or encouraging the children), and occasionally the parent/care unwittingly to do so.

Signs of grooming manifested by sex offenders (paedophiles)

It is important to remember that not all sex offenders will exhibit the signs listed below and if an individual exhibits some or all of these signs, it does not mean that they are a sex offender:

- Being overly affectionate with a child
- Affording special attention or preferential treatment to a child (ren)
- Gravitating towards a specific sex of child
- Creating and/or spending excessive time alone with a child outside of the classroom/school
- Frequently spending time with a child in private or isolated areas in the school
- Making friends with a child's parents and visiting their home socially
- Acting as a particular child's confidante
- Giving small gifts, money, toys, cards, letters to a child
- Using texts, telephone calls, e-mails, messaging apps, and/or social networking sites to inappropriately communicate with a child
- Exhibiting flirtatious behaviour or making suggestive remarks or comments of a sexual nature around a child
- Making inappropriate and/or suggestive remarks about children to other staff

Signs and indicators that a child may be being groomed

Many children and young people do not understand that they are being/have been groomed, or that what has happened is abuse and/or exploitation. The signs that a child is being groomed are not always obvious. Groomers will also go to great lengths not to be identified.

Children may:

- be very secretive, including what they are doing online
- spend lots, much more, or much less time online, texting, gaming or using social media
- are withdrawn, upset or outraged after using the internet or texting
- are secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or e-mail addresses on their mobile phone, laptop or tablet.
- have more than one phone
- be in a relationship with an older child offline/online (or perceive themselves to be with an older child)



- go to unusual places to meet friends; not disclose who they are meeting, or give false accounts of who they are meeting
- have new things such as clothes or mobile phones that they can't or won't explain
- have increasing or new access to drugs and alcohol
- display behavioural changes; these can be both negative and positive
- have sexual health issues
- express suicidal ideation and/or self-harm (including dysfunctional eating and/or excessive exercise)
- express indicators that they are anxious and/or depressed
- have low self-esteem (or occasionally high self-esteem in earlier stages of grooming)
- steal items or money/sell theirs or others' items for money

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age. See the [NSPCC website](#) for further information about grooming.

Q. Radicalisation

For more information, please see the Preventing Extremism and Radicalisation Policy.

All schools are subject to a duty under section 26 of the Counter Terrorism and Security Act (2015), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology and/or radicalisation. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media or the internet) and settings (such as within the home).

Increasingly the preferred pathway for those wishing to radicalise others is by online methods. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection.

Staff should use their judgement in identifying children who might be susceptible and at risk of radicalisation and act proportionately which may include the DSL/Preventing Radicalisation lead making a referral to the authorities.

Signs and Indicators

There are no known definitive indicators that a young person is susceptible or vulnerable to radicalisation, but there are a number of signs that *together* increase their risk of being groomed in this way.

These include, but are not limited to:

- Being in possession/sharing extremist literature
- Poverty
- Social exclusion/isolation and need for belonging
- Traumatic events – current and/or historical in earlier childhood



- Global or national events (may or may not involve any personal link/association with a particular country)
- Religious conversion/changes in practice and/or belief structure
- Change in behaviour (verbal, physical, emotional, social)
- Exploitation of some form
- Extremist influences
- Conflict with family over lifestyle
- Confused identity/sense of self
- Victim or witness to race or hate crimes
- Rejection by peers, family, social groups
- Having confirmed or emerging indicators of SEND

R. Adverse Childhood Experiences

An Adverse Childhood Experience (ACE) is a stressful event in childhood (note: a child is up to 18 years) that can have a lasting impact on mental health, behaviour, and education throughout childhood, adolescence and into adulthood. An ACE can mean that a child has already been a victim of abuse, neglect, and/or exploitation, or growing up in a household in which alcohol or substance misuse, mental ill health, domestic violence and/or criminal behaviour are present. ACEs can affect brain development, increase the risk of chronic health conditions, mental illness, and substance abuse in adulthood. Recognising and preventing ACEs is therefore crucial for promoting child well-being and reducing the long-term impact of these experiences.

Resources

ACEs (Adverse Childhood Experiences) - Early Education

A practical handbook on Adverse Childhood Experiences (ACEs) Delivering prevention, building resilience and developing trauma-informed systems: A resource for professionals and organisations - World Health Organization Collaborating Centre On Investment for Health and Well-being

Understanding trauma and adversity | Resources | YoungMinds

The Little Book of Adverse Childhood Experiences | National Education Union

Trauma and child brain development training | NSPCC Learning

S. Mental Health

Please see Part 2- Process for more information in relation to managing situations involving mental health.

Mental Health is defined as a 'state of wellbeing in which every individual recognises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community' (World Health Organisation).

Positive mental health is important to build strong, resilient and proactive children. We know that some children will encounter some level of challenge in life, but for many children, they will face adversity, with some experiencing trauma or abuse (see above). For many young people, adolescence



is particularly a time of stress, whilst for others transitioning through the school years can also be problematic. For those children who may begin to struggle with their mental health, a school intervention may provide a turning point in their lives, may mitigate the issues that are negatively impacting on their mental health, and ultimately may prevent mental ill health in adulthood.

It is important to note that there have been many changes in the kinds of pressures and difficulties that children now encounter to what has gone before. What seems apparent, however, is that there has never been a time when children have needed our support more in terms of their mental health.

Contributing factors

There are various contributing factors to the rise in mental health issues, the most common being:

- lack of family support and unrealistic parental expectations
- peer relationship problems and bullying
- feeling unhappy about appearance
- pressures around drugs and alcohol
- excessive screen time
- excessive dieting/exercise
- quarrelling with parents, the breakdown of the family unit and parental conflict

Vulnerabilities

Certain groups of children may be more vulnerable to having poor mental health, and we also know that there are certain risk factors that could increase their likelihood of having poor mental health. Therefore, it seems logical that these types of children and young people may be most likely to display emerging indicators, and subsequently they could be more easily identifiable.

Research suggests that children's vulnerabilities can be categorised into eight broad categories:

1. Children receiving statutory support including those in care
2. Children known to have experienced abuse, neglect and/ or exploitation
3. Children with a disability or ill-health or developmental difficulties
4. Children in households characterised by poverty or domestic abuse
5. Children who are vulnerable by virtue due to their nationality
6. Children who are vulnerable by virtue of their identity e.g. LGBTQ+ and/or gender questioning
7. Children at risk in relation to activity or institutions outside of the home e.g. gangs or radicalisation
8. Children caring for others, e.g. their parents due to illness

The link between Mental Health and Safeguarding

There is a logical link between safeguarding and mental health. It is the responsibility of **all staff** to recognise when a child shows signs of distress or presents with mental health concerns which need the intervention of the DSL within their safeguarding capacity.

Whilst only appropriately and medically trained professionals should attempt to make a diagnosis, all staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing deteriorating mental health and/or emerging need. Our staff understand that the 'contextual safeguarding model' and knowing about the 'bigger picture' of children's lives



including their family circumstances, will help them identify any social, emotional, and mental health needs.

Self-harm

What is self-harm ?

Self-harm 'describes any way in which a young person might harm themselves or put themselves at risk, in order to cope with difficult thoughts, feelings or experiences (No Harm Done 2017). The clinical definition of self-harm also includes attempted suicide, though some argue that self-harm only includes actions which are not intended to be fatal. Some people who self-harm may be suicidal, but it is widely accepted that self-harm is often used as a way of managing difficult emotion without it being a suicide attempt. However self-harming can result in accidental death, so every episode must be taken seriously to avoid escalation or fatality.

Why do children self-harm?

- To *manage* extreme emotional upset
- To *reduce* tension
- To *provide* a feeling of physical pain to distract from the emotional pain
- To *express* emotions such as hurt, anger or frustration
- As a form of escape
- As an effort to regain control over feelings or problems
- As an attempt to punish themselves or others
- To elicit care from others
- To identify with a peer group

How do children self-harm?

- Self-cutting, scratching, scraping or picking skin
- Swallowing inedible objects, hazardous materials or substances
- Taking an overdose of non-prescription or prescription drugs
- Hitting or banging head or other parts of body
- Intentionally taking too little or too much medication
- Burning or scalding
- Hair pulling
- Hanging
- Suffocation or self-strangulation
- Scouring or scrubbing excessively
- Self-poisoning
- Use of illegal drugs and excessive amounts of alcohol.

Staff or parents/carers may also notice in the child:

- Changes in eating/sleeping habits
- Increased isolation from friends, becoming socially withdrawn
- Changes in activity and mood



- Talking or joking about self-harm and suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always wearing long sleeves
- Unwillingness to participate in certain events e.g. swimming

Resources

The Department of Education has published advice and guidance on Preventing and Tackling Bullying, Mental Health and Behaviour in Schools, and 'Every interaction matters'. The latter is a pre-recorded webinar which provides staff with a simple framework for promoting wellbeing, resilience, and mental health.

In addition, Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among young people including its guidance, Promoting Children and Young People's Emotional Health and Wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol. See Rise Above for links to all materials and lesson plans.

Child mental health: recognising and responding to issues | NSPCC Learning

Papyrus is a national charity dedicated to the prevention of suicide offering training, resources, information and advice for all. www.papyrus-uk.org Hopeline: 0800 068 4141

Alumina offers free online support for 10–17-year-olds

www.samaritans.org Telephone: 116 123 (anytime) Email: jo@samaritans.org

www.youngminds.org.uk Phone: 0808 802 5544 (weekdays 9.30am-4pm)

T. Children who may have specific vulnerabilities

Essential points

Some children are potentially at greater risk of harm and early help and support is required.

Whilst all children should be protected, it is important that staff recognise that some groups of children are potentially at greater risk of harm (including online harm), especially those with protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

This policy will now consider 9 specific groups of children who may have increased vulnerability.

1. Children with additional learning needs and/or disabilities
2. Children who are, or perceived by others to be LGBTQ+
3. Children who are, or perceived by others to be gender questioning
4. Children who have a family member in prison
5. Children who have involvement within the court system
6. Children who are absent from education
7. Children who have a Social Worker
8. Children who cannot be looked after by their parents
9. Children who live in a home environment where there is domestic abuse (see above section B)

1 Children with additional learning needs and/or disabilities



Children with additional learning needs and/or disabilities are statistically more vulnerable to child abuse, including child-on-child abuse. Additional barriers can exist when recognising abuse and neglect in this group of children. These include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- that children with additional learning needs and/or disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs
- communication barriers and difficulties in overcoming these challenges.

Resources

SEND Code of Practice 0 to 25 years, and

Supporting Pupils at School with Medical Conditions

The Special Educational Needs and Disabilities Information and Support Services (SENDIASS).

Mencap - Represents people with learning disabilities, with specific advice and information for people who work with children and young people

NSPCC - Safeguarding children with special educational needs and disabilities (SEND) and NSPCC - Safeguarding d/deaf and disabled children and young people

2 Children who are lesbian, gay, or bisexual/other in sexual orientation

Whether a child be identifying or perceived to be lesbian, gay or bisexual (or other) any risks can be compounded where children lack trusted adults with whom they can be open. Our school is an inclusive environment where all children belong, and all children are encouraged to seek support when, and if, they require this. It is therefore vital that our staff endeavour to reduce the additional barriers faced by these potentially vulnerable groups of children and maintain a culture where children can speak out or share their concerns with members of staff.

A child or young person being lesbian, gay, or bisexual (or other) is not in itself an inherent risk factor for harm, however, they can sometimes be targeted by other children. In some cases, a child who is perceived by other children to be lesbian, gay, or bisexual (whether they are or not) can be just as vulnerable as children who are.

3 Children who are Gender-Questioning

Please note that this section will be reviewed and adapted according to any changes in law/government advice (pending).

If a child approaches staff to talk about their gender, they will be supported to talk to their parents/carers about how they are feeling, and the school will, where needed, do so on the child's behalf/with the child (unless to do so would heighten any risk of harm to the child, including a significant deterioration of their mental health, and/or a more mature student declines consent). We will, take a cautious approach and consider the broad range of the child's individual needs, in partnership with the child's parents/carers (other than in the exceptionally rare circumstances where involving parents would constitute a significant risk of harm to the child).



Children involved in the court system

Criminal courts

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age-appropriate guides to support children 5-11-year olds and 12-17 year olds. The guides explain each step of the process, support and special measures that are available.

Family Courts

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be extremely stressful for children caught up in proceedings, and in the most complex situations, cause significant emotional abuse to the child (in which case a referral to local authority children's services will likely be required).

Children who have a Social Worker

Children may need a Social Worker (local authority children's services) due to safeguarding or welfare needs (see below). Children may need this help due to abuse, neglect, and/or exploitation and/or complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour, and positive mental health.

Children who cannot be looked after by their parents

This policy will explore the following scenarios:

- A. Children who are being privately fostered
- B. Children who are looked after (or previously looked after)

A Children who are being privately fostered

Private fostering is when a child or young person under 16 years old (or 18 if they have a disability) is looked after for 28 days or more by someone who is not a close relative, legal guardian, or person with parental responsibility. Close relatives *only* include parents, step-parents, aunts, uncles, and grandparents.

It is not private fostering if the child is 'looked after' by the Local Authority (see above -also known as 'in foster care' and which includes placement in residential care, with an approved foster carer or a 'kinship' carer).

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

Examples of private fostering situations include:

- children and young people living apart from their families for a variety of reasons e.g. a parent is ill, has had to temporarily move for work, or there has been conflict, separation or divorce;
- children whose parents work or study elsewhere in the UK or overseas;
- children sent to this country by their parents for education and health care;
- young people living with the family of a friend; and
- children on holiday exchanges.



People become private foster carers for all sorts of reasons. Private foster carers can be a family friend, or someone who is willing to care for the child of a family they do not know, for example host families supplied by a Guardianship Organisation (see below). If a host family is going to be caring for a child for 28 days or longer, they are classed as private foster carers, and the Local Authority must be notified.

Why does your Local Authority Children's Services need to know?

By law, the Local Authority must be informed about all private fostering situations. The child's parents, private foster carers, and anyone else involved in the arrangement or who becomes aware of the arrangement, e.g. guardianship agencies, schools or health professionals are *legally required* to inform Children's Services. Children's Services have a legal duty⁸ to make sure all private fostering arrangements are safe for the child.

Once informed of the arrangement, they will check the suitability of private foster carers, make regular visits to the child, and ensure advice, help and support is available when needed. Where a member of staff becomes aware that a pupil may be in a private fostering arrangement, they should raise this with the DSL. Where Children's Social Care are not already aware of the circumstances, the DSL should make a referral to them, after making enquiries with the family about the arrangement.

Timescales for informing the Local Authority

The child is not yet living with the private foster carers	Within 6 weeks beforehand
The child will move in with the private foster carers within 6 weeks	Immediately
The child is already living with the private foster carers.	Immediately

B Children who are Looked After (CLA/LAC) (and Previously Looked After Children)

The most common reason for children becoming looked after is as a result of abuse, neglect and/or exploitation. A child who is being 'looked after' by their Local Authority is usually known as a 'Child in Care' or a 'Looked After Child' (or Child Looked After-CLA). They might be living with foster parents or at home with their parents under an Interim Care Order (Children Act 1989) granted to Social Care, or in residential children's homes, or other residential settings like schools or secure units.

A child who is *adopted* is **not** a Looked After Child. Occasionally, in rare circumstances, children are placed into Local Authority foster care under an Interim Care Order when an adoption breaks down and the adoptive parents relinquish the child. Once a Full Care Order is agreed, the child remains on long term foster care. The previously adoptive parents may or may not have continued contact with the child, depending on the situation and the emotional impact on the child.

In any situation involving care proceedings, an Interim Care Order (under section 31 of the Children Act 1989) will remain in place until those proceedings are concluded (within 26 weeks in most authorities). At the conclusion of care proceedings in any situation, the child will either stay in long term foster care (under a Full Care Order granted to the local authority under section 38, Children Act 1989) until they reach the age of 18 years, return to their parents (usually under a Supervision Order), reside with other family members/friends (usually under a Special Guardianship Order), or in some cases be adopted, when an Adoption Order is granted. In all of the latter situations, it is often usual for parents to have agreed supervised contact arrangements with their child, most commonly one,

⁸ Section 67(1) of the Children Act 1989 amended by the children Act 2004) and the Children (Private Arrangements for Fostering) Regulations 2005



twice or three times per year, unless there is risk posed to the child. Some parents are granted non-direct written contact; this is often referred to a 'letterbox contact'.

A child may also have been placed in local authority arranged care **voluntarily** by their parents who are struggling to manage their children's behaviour 'beyond parental control', or meet their child's needs due to their own illnesses or disabilities (under section 20, Children Act 1989). In these cases, rehabilitation will always be the aim, but if this is not possible, the Local Authority will apply for an Interim Care Order and finally a Full Care Order. Usually, these parents will have continued contact with their child throughout proceedings, and often after they have concluded

As a result of their experiences both before and during care, Looked After Children are at greater risk than their peers; they are, for example, four times more likely than their peers to have a mental health difficulty. Providing a secure, caring environment in school and enabling such children to develop strong, trusting, and stable relationships with professionals is critical to their immediate and longer-term safety and wellbeing.

Similarly, a previously looked after child (whether in care temporarily or longer term into adoption) also potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group.

Adoption

A child who is *adopted* is **not** a looked after child. Adoption occurs when the biological parents relinquish their parental rights, and the adoptive parents become the child's legal guardian and caretaker. The state in which the child is being adopted will require a series of background checks, licensing, and 'check ins' of the adoptive parents' home to ensure the child is entering a safe, clean, and accommodating environment. A previously looked after child who eventually becomes adopted potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe.

Guardianship

Guardianship is a legal term denoting someone who is appointed by a court order to be a legal guardian of a minor. Typically, if a biological parent is deemed by the courts to be unable to take care of the minor, all of the rights and privileges of a biological parent are transferred to the appointed guardian. Guardianship is different than adoption and is typically temporary. During a guardianship, however, parents can sometimes retain some rights including limited contact with the child. Guardians are overseen by courts, unlike adoptive parents.



U. Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools, and online can feature violence and abuse, neglect and/or exploitation.

Parents and carers can often have (or feel that they have) little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Staff should consider the importance of understanding intra familial harms and any necessary support for siblings following incidents of child-on-child abuse, including sexual harassment and/or violence.

The contextual safeguarding approach says that children's social care practitioners, child protection systems and wider safeguarding partnerships need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices.

Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse *beyond their front doors*. This also includes the risk of abuse, neglect and/or exploitation occurring in or outside of school.

Resources

Child exploitation disruption toolkit – Home Office (UK) statutory guidance

Multi-agency practice principles for responding to child exploitation and extra-familial harm.



Appendices

Appendix 1 : Low Level Concern (LLC) Form OR Self-Report
Please delete/circle clearly as appropriate

See Safeguarding Policy for more information about low level concerns and self-reporting

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

Brief summary of information

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Date of receipt of LLC or Self-Report

Name:

Role:

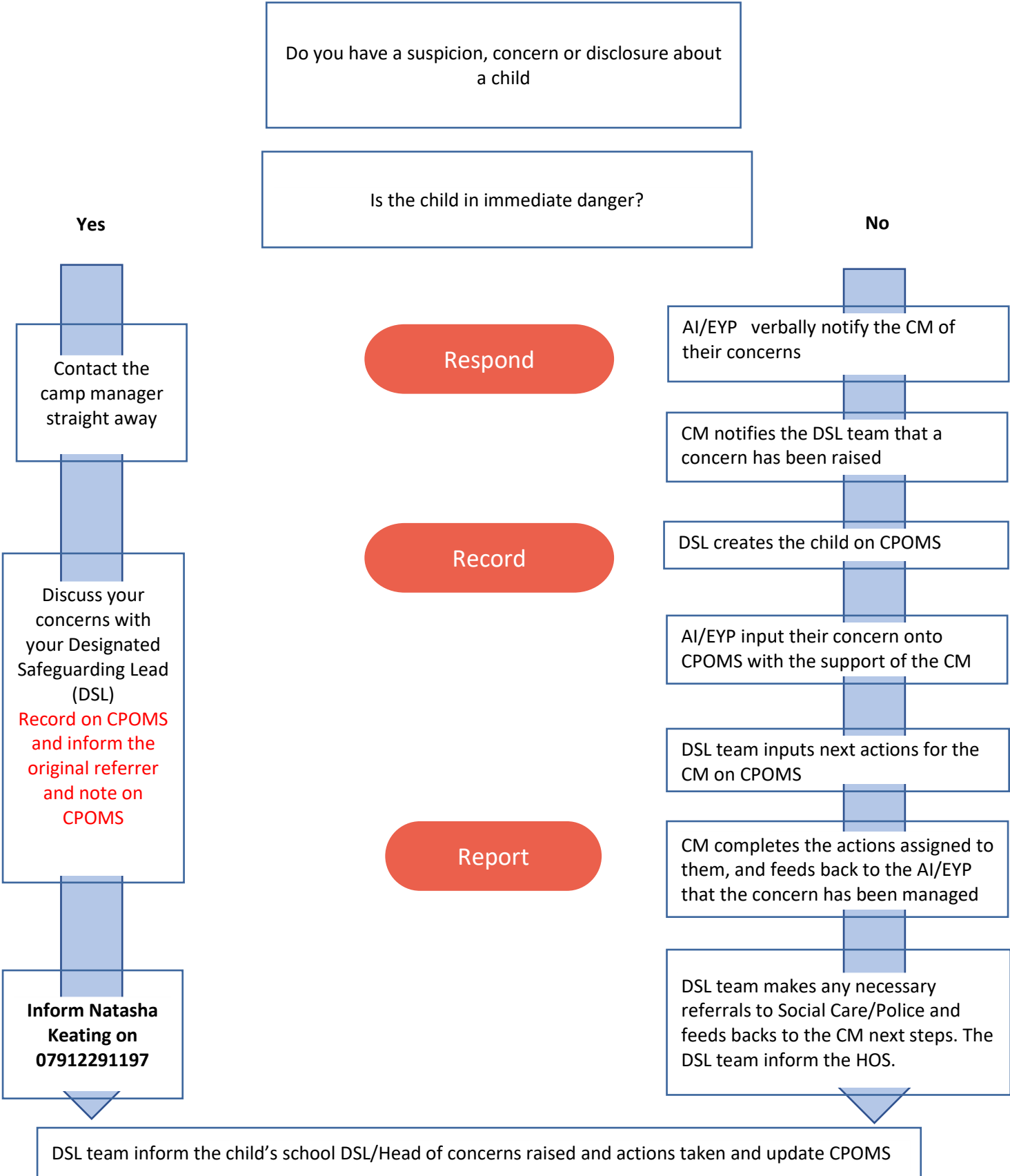
Signature:

Follow up Actions Required by Safeguarding Lead /Managing Director/Proprietor

What	Who by	By when	Completed



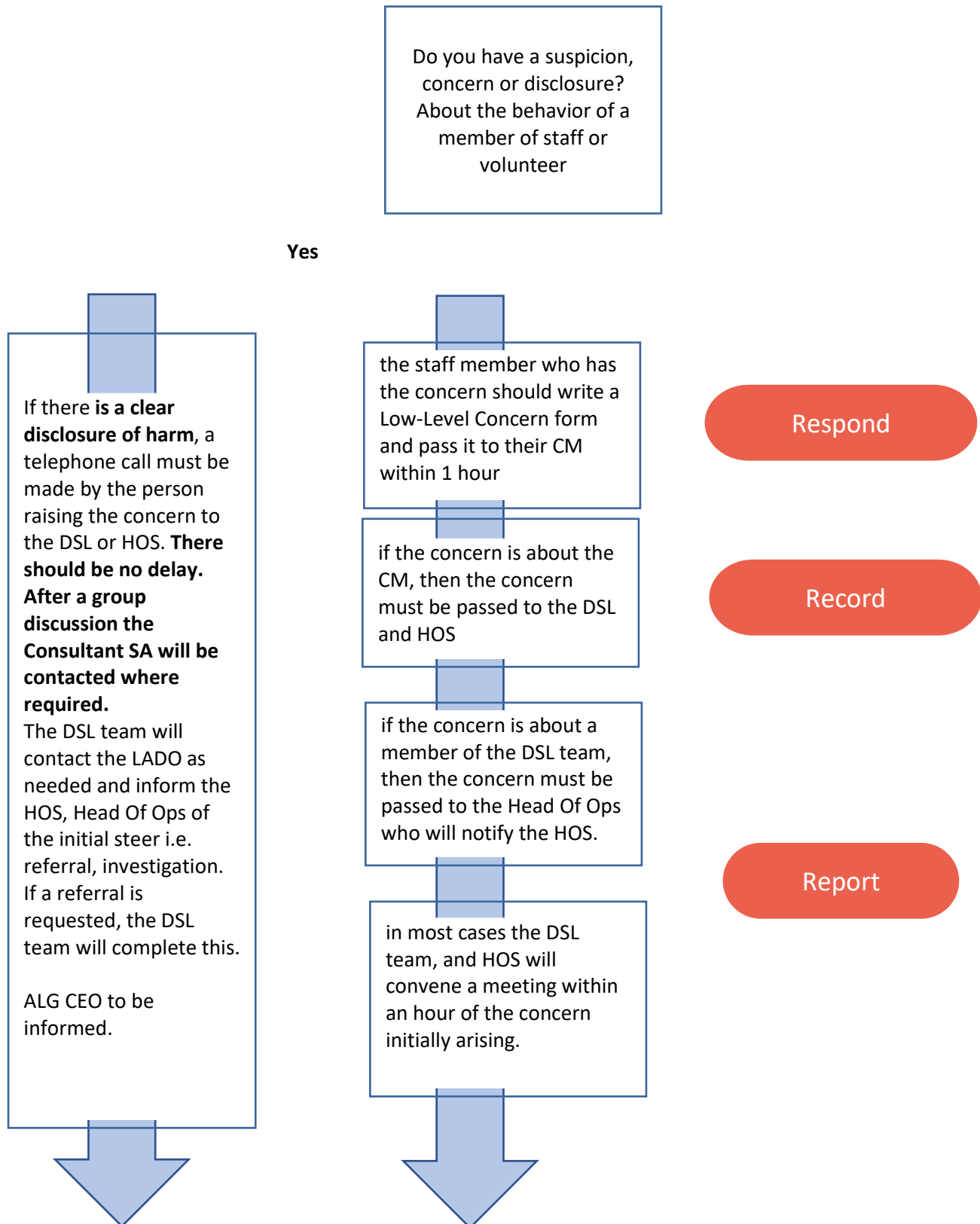
Appendix 2
Concern about a child



*Parent(s)/Carer(s) should be informed that you are making a referral unless this will put the child at more risk

Appendix 3

Concern about a staff member





Appendix 4

Designated Safeguarding Lead Role Profile

The Designated Safeguarding Lead (DSL) must be a member of the senior leadership team who will take responsibility for safeguarding and child protection in the organisation. The Designated Safeguarding Lead (DSL) must decide on out-of-hours and out-of-term contact e.g., via telephone or other.

The designated safeguarding lead is expected to:

Manage referrals

- refer cases of suspected abuse to the local authority children's social care as required
- refer cases to the Channel programme where there is a radicalisation concern as required
- refer cases where a crime may have been committed to the Police as required
- keep detailed, accurate, secure written records of concerns and referrals
- follow up and escalate referrals as needed

Work with others

- act as a point of contact with other agencies and safeguarding partners
- liaise with the ALG Head of Safeguarding and business Managing Director to inform them of safeguarding issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- work closely with the Recruitment Team to ensure all processes and procedures with regard to safeguarding and safer recruitment are in place and adhered to
- as required, liaise with the Head of Safeguarding regarding concerns referred to the LADO
- act as a source of support, advice and expertise for all staff
- be the point of contact for staff, children, parents, guardians and schools about concerns related to children's welfare
- ensure each member of staff has access to, and understands, the safeguarding policy
- ensure staff are alerted to specific needs of children
- provide advice and support to staff on protecting children from the risk of radicalisation

Training

- The DSL must undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.
- The DSL should undertake government Prevent awareness training every 3 years
- In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role.
- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulations
- understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at SuperCamps



Awareness

- ensure SuperCamps safeguarding policies are accessible, known, understood and used appropriately
- ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff to reduce barriers to disclosures
- Lead responsibility for web filtering and monitoring
- When using a school or college premises the DSL should ensure there are arrangements in place for SuperCamps to liaise with the school or college on safeguarding matters where appropriate, regardless of the child is not on roll at the school.
- Be aware that under the Police and Criminal Evidence Act (PACE) (1984) – Code C, the DSL is aware of the requirement for children to have an ‘Appropriate Adult’ when in contact with Police officers who suspect them of an offence. For more information please see NCPP When To Call The Police