



OCP AND HUB CHARITIES SAFEGUARDING & CHILD PROTECTION POLICY 23/24

Oasis Community Hub: Oasis Church Reading

Key Information:

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At a Glance

Safeguarding and promoting the mental, emotional, and physical welfare of children is everyone's responsibility who works or volunteers in OCP and Hub Charities. Consequently, everyone who comes into contact with our children has a role to play in safeguarding and child protection. In doing so, all staff and volunteers should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

As safeguarding and child protection is undertaken the Oasis vision is important. Our vision is for community – a place where everyone is included, making a contribution and reaching their God-given potential. Our ethos is a statement of who we are, and it is an expression of our character. Rooted in the story and beliefs of Oasis, we describe our ethos through a particular set of values that inform and provide the lens on everything we do.

- **A passion to include**
- **A desire to treat people equally respecting differences**
- **A commitment to healthy, open relationships**
- **A deep sense of hope that things can change and be transformed**
- **A sense of perseverance to keep going for the long haul**

It is these ethos values that we want to be known for and live by. It is these ethos values that also shape our policies. They are the organisational values we aspire to. We are committed to a model of inclusion, equality, healthy relationships, hope, and perseverance throughout all the aspects of the life and culture of every Oasis Hub and community.

Everyone who is part of Oasis needs to align themselves to these ethos values. The values themselves are inspired by the life, message, and example of Jesus but we make it clear that we will not impose the beliefs that underpin our ethos values. We recognise and celebrate the richness that spiritual and cultural diversity brings to our communities. We respect the beliefs and practices of other faiths and will provide a welcoming environment for people of all faiths and those with none.

Safeguarding covers more than the contribution made to child protection in relation to individual young people. It also encompasses issues such as:

- Staff conduct,
- Health and safety,
- Bullying,
- Child-on-Child Abuse,
- Sexually harmful behaviour,
- Online safety,
- Provision of intimate care,
- Building security,
- Alcohol, drugs, and substance misuse,

- Positive behaviour management
- Physical intervention and restraint (reasonable force)

Checklist

- We will consider the contextual safeguarding our setting sits within.
- We will provide safeguarding contact details for the Hub.
- We will recognise the issues around child abuse.
- We will fully accept our responsibilities.
- We will be aware of and address any sexually harmful behaviour.
- We will support the emotional and mental health of staff and young people.
- We will respond to issues of Child Criminal Exploitation.
- We will be mindful of key safeguarding & child protection topics.
- We will appropriately manage allegations and low-level concerns.
- We will recruit the best staff we can.
- We will maintain confidentiality and accurate records.
- We will consider the requirements of EYFS settings within our projects.
- We will be alert for young people at risk of radicalisation.

In Brief

The central purpose of Oasis is to transform communities so that they are safe and healthy places to be and to live. As an organisation, we realise that we cannot make a commitment of this kind without first being committed to the safeguarding and safekeeping of our young people. This safeguarding and child protection policy is intended for use across all Oasis Community Partnerships community projects.

This policy should be followed and adhered to in all situations and circumstances when the safeguarding of our young people is at stake.

In accordance with the relevant law and guidance, this policy sets out our procedures for safeguarding and child protection. It applies to all Oasis Community Partnerships staff (central and community project-based), Hub Council members, contractors and agency supply staff and volunteers working within our academies and settings.

We recognise that some children are living in circumstances that may make them more vulnerable to abuse, neglect, or poor outcomes. Some may need early help or intervention from other organisations in order to overcome problems and keep them safe. Special consideration is made for Looked After Children and/or those with Special Educational Needs or Disabilities.

It is important to remember that each community project should follow the guidance of their local multi-agency safeguarding arrangements (MASA) and implement their systems and protocol for referring families for early help and reporting child protection concerns. The MASA will ensure that each community project is aware of issues within the community that are relevant to them. DSL's should ensure that all staff are aware of those issues and systems for reporting and provide local safeguarding updates

Contextual Safeguarding Concerns

In each of our community projects we ask, '**what are we protecting our children from**' and consult with the Local Authority, Staff and Young people for their views. This means that all staff will be made aware of specific issues relating to locality that could impact the safety of children at the community project.

Section 2: Child Protection & Child Abuse

Recognising Child Abuse

Child abuse exists where children have been physically or emotionally abused or severely neglected. This abuse can include all aspects of Child Criminal Exploitation including Sexual Exploitation, County Lines and Modern-Day Slavery.

Abuse of children who attend our projects are likely to be noticed by staff and volunteers. It is essential, therefore that all those whose work brings them into contact with children and their families are trained to recognise abuse from within families or extra-familial risk.

OCP has the role of recognising and responding to potential indicators of abuse and neglect, all other action should be taken by those with statutory powers to help the child. Early contact and close liaison with such agencies are therefore regarded as essential by the community project.

In the event of an actual or suspected case of child abuse by adults, parents, or any other adult, it is the responsibility of staff to **report this to the Designated Safeguarding Lead (DSL) as soon as possible.**

A qualified Designated Safeguarding Lead (DSL) will be available to discuss any safeguarding concerns.

The Designated Safeguarding Lead (DSL) is responsible for ensuring that children are identified, and the appropriate agency involved.

The Designated Safeguarding Lead (DSL) will attend any reviews called by the Local Authority and may call on appropriate members of staff for reports.

This means that in our project we will all know the signs of child abuse and are aware of the procedures that we must follow to safeguard the child and any siblings.

For those young people with additional needs or who identify as LGBTQ+, we consider the increased safeguarding issues that can occur and will put in place additional pastoral support and attention, along with ensuring any appropriate support for communication is in place.

Our Staff who work directly with children will read:

- **KCSIE 23 Part 1 & Annex B**

Our Staff who don't work directly with children will read:

- **KCSIE 23 Annex A**

And we will keep records of this.

All our staff will use CPOMS to record their concerns about a child but will also discuss their concerns with the DSL

The DSL will be either be the Hub Leader or an appointed member of the senior leadership team.

During hub operational hours, a DSL will always be available in our community projects. For the majority of time, there will be a DSL on site.

In exceptional circumstances, access to the DSL may be by a phone, or Teams call. This will be clearly advertised.

During holiday sessions run by the

It is important that if staff overhear children discussing 'abuse' or 'neglect' that this information is relayed for investigation

Safeguarding and child protection concerns should be considered when planning any off-site or residential visits.

A confidential register will be maintained of all those young people known to be at risk.

Community project, access to a DSL will be through a phone call or Teams call.

In our Hubs, a list of those children taking part in any trip will be passed to the Designated Safeguarding Lead (DSL) to ensure that staff are made aware of all essential information relating to the children in their care.

The Hub will maintain a list of those children deemed to be vulnerable, and this list will be reviewed regularly by the DSL Team.

The Community project will maintain a list of those young people deemed to be vulnerable, and this list will be reviewed weekly by the DSL Team.

If young people do not attend the provision or do not answer their phones on an agreed contact date:

- Staff will try all the available numbers for the family, including the emergency contact numbers.
- Following discussion between the DSL team:
 - Re-assess the risk - does the lack of contact escalate your concerns?
 - For CP/CiN children speak to their allocated social worker or social work contact arrangements?
 - Seek advice from your local Social Care provision.

Unanswered Keeping in Touch Calls (KiT) must be reviewed and logged against the risk assessment for that child.

- All unanswered KiT Calls should receive a home visit.
- For children deemed at Critical or High risk this visit must be undertaken on the same day.
- If the risk is deemed critical (i.e., risk to life) then the DSL may also need to speak to the Police and request a 'safe & well' check.
- For medium and low risk this visit must be scheduled within that working week.

If the child or young person is a 'child in need of a social worker' a member of the DSL team should speak to their allocated social worker or social work contact arrangements to establish if any contact has already been made by them.

Hub Responsibilities

In our Hub we recognise that because of the day-to-day contact with children, staff and volunteers are well placed to observe signs of harm, abuse, neglect, peer-on-peer abuse, victimisation and /or exploitation. We recognise that young people may not be ready to talk about their experiences of abuse, exploitation, or neglect as they do not see this as harmful. Therefore, we will all ensure arrangements are in place to safeguard and promote the welfare of children by:

- Maintaining an environment where all children/young people feel secure, are encouraged to talk, and are listened to.
- Maintaining a 'Zero Tolerance' to child-on-child abuse. Including sexually harmful behaviour.
- Ensure all children/young people know the adults in the community project who they can approach if they have worries
- Teaching young people to keep themselves safe from all forms of abuse including; child sexual exploitation, criminal exploitation, female genital mutilation <https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines>, forced marriage, extremism, radicalisation <https://www.gov.uk/government/publications/channel-guidance>, and child-on-child abuse.

And we will support our staff by:

- Providing effective, ongoing training and development for all staff
- Addressing concerns and making robust referrals to other agencies, at the earliest possible stage
- Developing effective links with relevant agencies in all matters regarding safeguarding and child protection, proactively sharing information as early as possible to support young people and their families.
- Monitoring and supporting children who are subject to child protection plans, contributing to the implementation of the plan
- Keeping meticulous, written records of concerns about children, even where there is no need to refer the matter immediately (dates, times, person/s responsible and actions) ensuring all records are kept securely. Records will include:
 - A comprehensive summary of concerns
 - Details of the concern
 - What action was taken and any follow-up
 - Actions and outcomes
- Ensuring the suitability of all staff through safe recruitment practice.
- Ensuring all OCP staff and volunteers understand their responsibilities with regard to safeguarding and child protection
- Ensuring that parents and carers understand the responsibility placed on the project and its staff for safeguarding and child protection
- Maintaining clear procedures for reporting Low Level Concerns and allegations

against staff members.

Oasis Community Partnerships (OCP) recognises that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation, and some sense of blame. The Hub may be the only stable, secure, and predictable element in the lives of children at risk. The Hub will support all children through:

- Appropriate staff conduct, in line with the policy
- Daily practice underpinned by the Oasis ethos, vision, values and '9 Habits'.
- Consistent implementation of the OCP Health & Safety, Data Protection, and Safeguarding policies and related practice
- Close and proactive liaison with other agencies such as social services, Child and Adult Mental Health Service, the Education Welfare and Psychology Services.

In line with Government guidelines in KCSiE 2023, our Hub will where reasonably possible, hold two or more emergency contact number per child. This provides the Hub staff/volunteers with additional options for contacting a responsible adult when a child is identified as a welfare and/or safeguarding concern.

Disclosure and Barring Service (DBS)

The Disclosure and Barring Service provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children.

If a safeguarding concern involves staff or volunteers who've caused harm or posed a significant risk of causing harm to individuals, you should consider making a referral to the Disclosure and Barring Service. If staff or volunteers have been dismissed or removed from your organisation and you work directly with children and adults at risk, you must make a referral.

Read Disclosure and Barring Service referral information – <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

Any decision to refer an incident to the DBS will be taken by the executive team.

The Charity Commission

The Charity Commission requires any registered charity to report 'serious incidents'. OCP must report to the Charity Commission if any safeguarding concerns have resulted or could have resulted in harm. This includes some situations where our own policies or procedures have not been followed properly. If those breaches have put people who come into contact with the OCP through our work at significant risk of harm, we must report them even if no actual harm occurred.

What needs to be reported depends on the context of a charity, taking account of its staff, operations, finances and/or reputation. A report should always be made where the level of harm to the victims and/or the likely damage to the reputation of or public trust in OCP is particularly high.

The responsibility for reporting serious incidents rests with the charity's trustees. In practice, this may be delegated to someone else within the charity, such as the CEO or DSL. OCP must ensure that we follow any protocol for delegated authority to report to the Charity Commission. If in doubt, we must ensure that trustees have authorised the report.

Upon receipt of a report, the role of the Charity Commission must:

- focus on the conduct of the trustees
- focus on steps the trustees have taken to protect the charity
- consider what the trustees have done to make sure they're compliant with their legal duties and responsibilities towards the charity in managing safeguarding concerns.

Even if the incident is not illegal or there is no police investigation, the Charity Commission may still have serious concerns about the charity, the conduct of its trustees or its safeguarding systems. They will be looking for reassurance that our organisation has taken steps to limit the immediate impact of the incident and, where possible, prevent it from happening again. They may undertake an investigation and decide how to respond on the basis of evidence collected.

Read The Charity Commission guidance on reporting serious incidents. - <https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

Any decision to refer an incident to the charity commission will be taken by the board of trustees in consultation with the executive team.

Child-on-Child Sexually Harmful Behaviour

It is important that a Hub can recognise that children are capable of abusing their peers, and that this abuse can include physical abuse, sexting, initiation/ hazing, sexual violence, and harassment.

The Oasis values, ethos and behaviour policies provide the platform for staff and young people to clearly recognise that abuse is abuse and it will never be tolerated or diminished in significance.

It should be recognised that there is a gendered nature to child-on-child abuse i.e., that it is more likely that girls will be victims and boys' perpetrators.

OCP staff and volunteers should recognise the impact of sexual violence and the fact children/young people can, and sometimes do, abuse their peers in this way.

When referring to sexual violence this policy is referring to sexual offences under the Sexual Offences Act 2003 as described below:

- **Rape:** A person (A) commits an offence of rape if: there is intentional penetration of 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, anus, or mouth 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),

*In our Hub's **we will not tolerate instances of child-on-child abuse** and will not pass it off as "banter", "just having a laugh" or "part of growing up".*

Even if episodes are not reported we will work under the premise that it could happen here.

In our Hub we consider all child-on-child abuse as unacceptable and will be taken very seriously.

We will always challenge behaviours that create a hostile, intimidating, degrading or humiliating environment.

We will record incidents against three categories:

- Category 1 – Harmful Sexual Behaviours
- Category 2 – Sexual Harassment
- Category 3 – Sexual Violence

We will follow both national and local guidance and policies to support any children/young people subject to child-on-child abuse, including sexting (also known as youth produced sexual imagery) and gang violence. We will also utilise the search and confiscation guidance produced by the DfE.

We will follow the guidance on managing reports of child-on-child sexual violence and sexual harassment in community projects.

We will always report episodes of 'up-skirting'

- *Up-skirting is typically defined as taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm.*

the touching is sexual, (B) does not consent to the touching and (A) does not reasonably believe that (B) consents.

We will consider the support required by those falsely accused of child-on-child abuse.

All disclosures will be taken seriously with those making the disclosure, kept safe, their anonymity protected when appropriate, and ensuring young people will never be made to feel like they are creating a problem for reporting abuse.

Section 3: Mental Health

Emotional Health & Well-being & Mental Health Support

Our Hubs have an important role to play in supporting the mental health and wellbeing of all our young people.

This means that in our Hubs we will:

Ensure that all of our staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

We will consider the impact of adverse childhood experiences (ACES) and acknowledge that these can have a lasting impact throughout childhood, adolescence and into adulthood.

As an organisation, we must ensure we have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

Our staff will work in a trauma responsive way to observe children and young people day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem.

Any member of staff who is concerned about the mental health or wellbeing of a child or young person should speak to the senior mental health lead in the first instance.

Using the OCP Mental Health Triage Matrix, if there is a fear that the child or young person is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to DSL.

If the child or young person presents a medical emergency, then the normal

procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. In either of these circumstances, the OCP care plan and “Children whose mental health poses a risk to themselves” documentation should be completed in conjunction with the child and their parent/guardian.

Where a referral to CAMHS is appropriate, this will be led by a DSL.

To support this, we will have staff who have the Youth Mental Health First Aid (MHFA) qualification.

The specific content of lessons in our project will be determined by the specific needs of our young people but there will always be an emphasis on enabling young people to develop the skills, knowledge understanding, language, and confidence to seek help, as needed, for themselves or others.

It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour, and education

The DSL will liaise with the OCP DSL lead and with the appropriate mental health professionals

The DSL will also liaise closely with Children’s Social Care Services to ensure that the appropriate approach to care is taken, including child protection services. Where appropriate our Hub will provide ‘in-house’ emotional health and well-being support to our young people.

Our Hub will use Mental Health Care Plans to support young people with mental health needs, and where appropriate written in conjunction with a mental health practitioner.

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

This means that in our Hubs we will as a minimum, deliver regular training about recognising and responding to mental health issues as part of our regular safeguarding training in order to enable them to keep young people safe.

OCP staff and volunteers may become aware of warning signs which indicate a child/young person, or a member of staff is experiencing mental health or emotional wellbeing issues.

These warning signs should always be taken seriously.

If staff or volunteers have a mental health concern about a child or young person that is also a safeguarding concern, immediate action should be taken.

When a child or young person is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other.

We will host relevant information on our virtual learning environment for OCP staff and volunteers who wish to learn more about mental health.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more young people.

We will be vigilant for signs of emotional well-being concerns. These may include

- *Physical signs of harm that are repeated or appear non-accidental*
- *Changes in eating/sleeping habits*
- *Increased isolation from friends or family, becoming socially withdrawn*
- *Changes in activity and mood*
- *Lowering of academic achievement*
- *Talking or joking about self-harm or suicide*
- *Abusing drugs or alcohol*
- *Expressing feelings of failure, uselessness, or loss of hope*
- *Changes in clothing – e.g., long sleeves in warm weather to cover limbs*

It is the aim of our Hubs to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the child or young person who is suffering and their parents with whom we will discuss:

- *What it is helpful for friends to know and what they should not be told*
- *How friends can best support*
- *Things friends should avoid doing/saying which may inadvertently cause upset*
- *Warning signs that their friend needs help (e.g., signs of relapse)*

Additionally, we will want to highlight with peers:

It may be shocking and upsetting for parents/ carers to learn of their child's issues and many may respond with anger, fear, or upset during the first conversation even if they already have concerns from their child's behaviours at home.

- *Where and how to access support for themselves*
- *Safe sources of further information about their friend's condition*
- *Healthy ways of coping with the difficult emotions they may be feeling*

In our Hubs we will work closely with parents & carers to support the whole family, unless to do so places the child at additional risk.

We will provide clear means for parents to contact the Hub Leader if they have further questions and arrange a follow up meeting or phone call as parents often have many questions as they process the information.

To support parents and carers at the end of each meeting we will agree next steps and always keep a brief record of the meeting on the child's file.

Section 4: Opportunities to Learn Safeguarding

Where it is appropriate and possible our community teams will include safeguarding learning opportunities (for example include sessions on consent in a youth group activity looking at relationships). Whilst most of the activities in our Hub teams are not 'formal' education, it is right that we aim to include informal learning opportunities where possible.

Online Safety

It is essential that children are safeguarded from potentially harmful and inappropriate communications and online material.

As such, the Hub ensures appropriate procedures, filters and monitoring systems are in place in accordance with the following policies:

- Oasis E-Safety Policy,
- Horizon's Policy,
- Acceptable use of Technologies,
- Web Filtering and Device Monitoring through Smoothwall Moderated Monitoring, Smoothwall Filter, Cisco Web Filter.

Technology, and risks and harms related to it evolve and changes rapidly. The Hub will carry out an annual review of their approach to online safety that considers and reflects the risks young people face.

Although appropriate blocking is essential, it should not restrict the young people learning or lead to unreasonable restrictions as to what our young people can be taught.

Where children have unlimited and unrestricted access to the internet via mobile phone networks (i.e., 3G, 4G and 5G) as well as the risk of distraction from learning, the possibility exists for cyber-bullying, inappropriate searches and sharing images.

In our Hubs:

We recognise that the on-line risks fall into 4 main categories:

- **content:** being exposed to illegal, inappropriate, or harmful content.
- **contact:** being subjected to harmful online interaction with other users.
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm.
- **commerce:** - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

- *We will comply with the Oasis E-Safety Policy*
- *Our E-Safety and Acceptable use of Technology Policies can be found on the OCP Policy Portal or upon request.*

Where our Hubs are based in academies, staff monitor the results of our web blocking and monitoring software to ensure that our young people work safely and are protected from terrorist or extremist material, cyber-bullying, cyber-crime, sexting, offensive user/trolling, vulnerable user over sharing and grooming.

Our Hub is committed to keeping children safe on-line and so we will include safe use of the mobile phone in our Hubs where appropriate.

Child Criminal Exploitation

Child Criminal Exploitation is a coverall heading for the following issues:

- Child Sexual Exploitation
- County Lines
- Child Trafficking & Human Slavery

Child Sexual Exploitation (CSE)

CSE involves exploitative situations, contexts, and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. It is a problem that occurs for boys as well as girls.

Sexual exploitation can take many forms ranging from the completely inappropriate 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation, or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

County Lines

Gangs use children and vulnerable people to move drugs and money. Gangs establish a base, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.

One of the key factors found in most cases of County Lines is the presence of some form of exchange (e.g., carrying drugs in return for something). Where it is the victim who is offered, promised, or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

If OCP staff or volunteers suspect that a child is a victim of County Lines exploitation, they must follow the Hub's procedures for reporting child protection concerns and report to the DSL immediately. The DSL should report to the local safeguarding children's board immediately and the police if there is a risk of immediate harm.

Child Trafficking & Human Slavery

The Hub keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation and access support, advice, and resources via **STOP THE TRAFFIK**, a sister company within the Oasis Charitable Trust. The resources include lesson content on:

- What is human trafficking?

- Healthy relationships and grooming
- Online safety
- Staff training on child trafficking
- Assembly and lesson resources on vulnerable communities

Through the use of these resources and others, our staff are supported to recognise warning signs and symptoms in relation to specific issues.

Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

The Designated Safeguarding Lead knows where to seek and get advice as necessary from the Local Authority and national specialist organisations such as STOP THE TRAFFIK. Staff are available for advice and links to relevant support with dealing with a potential trafficking situation if needed found at <https://www.stopthetraffik.org/>

Honour Based Abuse (HBA)

Where HBA affects children and young people it is a child protection issue. It is an abuse of human rights.

Children and young people who suffer Honour Based Abuse are at risk of Significant Harm through physical, sexual, psychological, emotional harm and neglect.

In some cases, they are also at risk of being killed. Some reasons that have been given for HBA are:

- Protecting family 'honour'
- To control un-wanted behaviour and sexuality (including perceived promiscuity or being lesbian, gay, bisexual or transgender)
- Strengthening family links
- Protecting perceived cultural and/or religious ideals
- Preventing unsuitable relationships
- Assisting claims for residence and citizenship in the UK
- Perceived immoral behaviour e.g., make-up or dress; use of mobile phone; inter faith relationships

In our Hubs we take the disclosure of HBA very seriously and act on it.

The DSL will refer to Children's Social Care, the Police, and the National Forced Marriage Unit promptly.

*Under **no** circumstances will we:*

- *Let the family or social network know about the concerns,*
- *Speak to the child in front of family members,*
- *Approach the family or community leaders*
- *Attempt mediation, or*
- *Use members of the community to interpret.*

Concerns will be stored but access limited to a small group within the organisation.

Female Genital Mutilation

FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such.

With effect from October 2015, all schools are subject to a mandatory reporting requirement in respect of female genital mutilation (FGM).

See government guidance at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905125/6-1914-HO-Multi_Agency_Statutory_Guidance_on_FGM_-_MASTER_V7_-_FINAL_July_2020.pdf

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

Four types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation - entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising, and scraping the genital area

When a member of staff suspects or discovers that an act of FGM is going to be or has been carried out on a girl aged under 18, they have a statutory duty to report it to the Police.

Failure to report such cases MAY result in disciplinary sanctions

This means that in our Hub we ensure:

Our staff/volunteers are supported to talk to families and local communities about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

All OCP staff are up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.

The issue of FGM and violence against women and girls' issues will be reflected in our Community project plans.

As with all other safeguarding and child protection issues the DSL will lead our Hubs in addressing FGM.

It is our expectation that a OCP staff member or volunteer who has to report a suspicion of FGM will do this with the full support of a member of the DSL team

If any member of our staff does suspect that a girl is at risk of or has undergone FGM they will let the designated safeguarding lead know straight away and an immediate referral will be made to the Police and to Children's Social Care Services (if there is a delay in reporting it should be no later than 1 working day after disclosure).

¹ For the purpose of FGM reporting 'teacher' is defined as those who carry out teaching, not just restricted to those who are qualified this then includes support staff with a teaching role.

Safeguarding Young people who are Vulnerable to Extremism

The Prevent strategy aims to stop people becoming terrorists or supporting terrorism.

While it remains rare for children to become involved in terrorist activity, the Hub recognises some, from an early age can be exposed to terrorist & extremist influences or prejudiced views. As with other forms of safeguarding strategies, early intervention is always preferable.

OCP staff and volunteers are aware there have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children to hold extreme views including views justifying political, religious, sexist, or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Oasis Community Partnerships (OCP) is committed to working with the local authority and other local partners, families, and academies to play a key role in ensuring young people and our communities are safe from the threat of:

- **Extremism** – such as the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.
- **Radicalisation** – such as the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
- **Terrorism** – defined as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made

In line with British Values and the Oasis '9 Habits' our Hub values inclusion, tolerance and the freedom of speech and the expression of beliefs/ideology as fundamental rights underpinning healthy communities in which our community project is based.

Both young people and OCP staff and volunteers have the right to speak freely and voice their opinions.

The Designated Safeguarding Lead will assess the level of risk within the community project and put actions in place to reduce that risk.

Actions for our hub will include PREVENT related topics for consideration.

Risk assessment will include the use of the hub by external agencies, integration of young people by gender and SEN, anti-bullying policy and other issues specific to the Hub's profile, community, and the Oasis ethos.

for the purpose of advancing a political, religious, or ideological cause

All Hub staff and volunteers need to be alert to changes in children's behaviour which could indicate that they may need help or protection.

The Hub will identify a Prevent Single Point of Contact (SPOC) who will be the lead within the Hub for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the Designated Safeguarding Lead.

If there is a concern that a young person is being radicalised or at risk of being drawn into terrorism refer to Children's Services as with any other safeguarding concern.

OCP will ensure that the DSL and SPOC (if different) will complete local training on the locality risks, and these will be cascaded to the community project staff.

Due diligence checks should be undertaken by the community project on any organisation that uses its facilities.

These checks will include:

- An internet search on the organisation
- Checks with local groups,
- MASA & Local police checks
- Local Authority checks

Details of agreement/s will be recorded and kept on file

All our staff/volunteers will be aware that children at risk of radicalisation may display different signs or seek to hide their views.

Staff/volunteers will use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

When any member of our staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC and/or the Designated Safeguarding Lead (if this is not the same person) and record their concerns.

In addition, links with the local Channel lead can be made by the DSL and where necessary, individual cases will be referred to the local Channel Panel for screening and assessment.

In our hub this will be part of our annual CPD training programme by the DSL

Our Hub will only allow use of the premises by other organisations and/or supplementary schools if they provide:

- *An overview of what it intends to teach or provide*
- *The ethos they promote fit easily with the 9 Habits and the Oasis ethos.*
- *Their work promotes British Values*
- *Safeguarding requirements meet Oasis standards, including liaison with the Community project if concerns arise*
- *They can provide evidence that they have practised safe recruitment and their staff have the requisite DBS checks*

Failure to comply with this would lead to termination of the agreement.

Mental Capacity Act

The Mental Capacity Act (MCA) applies to those over the aged 16 and over, and the presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to Safeguarding those 16 and over.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding process must comply with the Act.

Principles of the Mental Capacity Act 2005

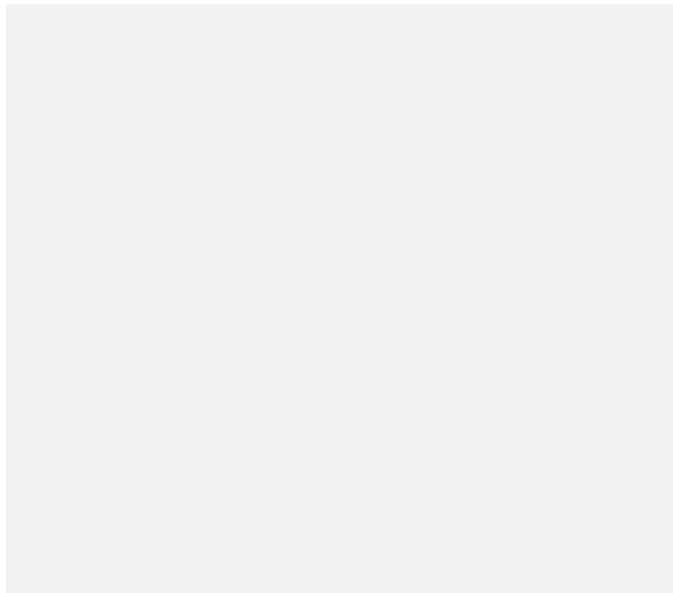
- An Adult has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise.
- Adults must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.
- Adults have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated

In our Hub this means that;

- Staff/volunteers working with young people over the age of 16 will also be familiar with the Safeguarding for Adults at Risk policy (which outlines MCA in more detail) and receive relevant training.
- All interventions need to take into account the ability of the individual to make informed choices about the way they want to live and the risks they want to take. This includes their ability:
 - to understand the implications of their situation;
 - to take action themselves to prevent abuse;
 - to participate to the fullest extent possible in decision making about interventions.
- OCP works with those 16 and over to promote independence in a supportive manner it is never the intention of OCP to provide care however there are times when an adult in one of the services will either have an impairment of or disturbance in the function of the mind or brain.

as lacking capacity for these reasons.

- Decisions made on behalf of a person who lacks mental capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.



Working with Offenders

Oasis Community Partnerships recognises that through Oasis Hubs it is likely that we will come into contact with offenders; some of whom may have abused children or are known to be a risk to adults.

All risk assessments and documents relating to offenders require the sign off of the OCP CEO.

In our Hub this means that;

- When such an offender is known to the leadership team will determine whether involvement is permitted, which must be signed off by the OCP CEO. If deemed acceptable, a risk assessment will be completed containing agreed boundaries and a code of behaviour as appropriate, signed off by the OCP CEO.
- The relevant local agencies will be consulted in the preparation of these documents.
- Such offenders will be supervised and offered pastoral care as appropriate.
- Under no circumstances should an offender known to be a risk to children or adults be left unsupervised in a Hub setting.

Section 5: People Management

Allegations against Members of Staff & Low-Level Concerns

All allegations of abuse made against a member of staff in relation to a child or young person must be brought to the attention of **the Hub Leader immediately**. These concerns will be categorized into two:

- Allegations that may meet the Harms criteria and will be referred to the LADO.
- Concerns that do not meet the Harms threshold and will be dealt with as Low-Level Concerns.

If the allegation meets Harms criteria, the Hub Leader (or other lead person) must report it to the Local Authority Designated Officer within 1 working day. If it is alleged that a teacher or member of staff (including a volunteer) has:

- *Behaved in a way that has harmed a child, or may have harmed a child*
- *Possibly committed a criminal offence against or related to a child*
- *Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children.*
- *Behaved or may have behaved in a way that indicates they may not be suitable to work with children*

The Local Authority's Designated Officer must be informed of all allegations that come to the Community project's attention that meet the Harm's Criteria so that they can consult police and social care colleagues as appropriate

All alleged physical injuries must be investigated by the appropriate external agencies

This means that in our Hubs where the Hub leader considers that a referral appears to meet the LADO criteria, the Hub leader will inform the Local Authority's Designated Officer within 1 working day.

All LADO referrals will also be reported via the in-house recording system:

<https://forms.office.com/r/Yzee1N9AbV>

Within one working day all concerns and allegations should be raised with:

- *For allegations about a member of staff, including supply staff – these should be reported to the Hub Leader.*
- *For allegations about the Hub Leader or a member of OCL staff – these should be made to the CEO.*
- *For allegations about a member of the OCP national team - these should be made to the OCT CEO.*

Where an allegation is made against a supply staff member, the Hub Leader will immediately contact both the agency concerned and the LADO. Our Hub will support any investigation that is required.

The Hub Leader will act as the 'case manager' and following the direction of the LADO will commission an investigation and liaise with the LADO as to the actions required.

During an investigation it may be that a member of our staff could be suspended or redeployed to work that is not regulated activity.

Low Level Concerns

A low-level concern is any concern that an adult has acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work but does not meet the threshold of harm.

Concerns that do not meet the Harms threshold will be fully investigated within the Hub and the appropriate actions recorded in the personnel files.

Low-level concerns are part of a spectrum of behaviour. This includes:

- inadvertent or thoughtless behaviour
- behaviour that might be considered inappropriate depending on the circumstances
- behaviour which is intended to enable abuse.

At the conclusion of any investigation if enough evidence is gathered to have foundation, then a referral will be made to the DBS Authority as soon as possible.

Concerns that do not meet the Harms threshold will be fully investigated and the appropriate actions recorded in the personnel files.

Where allegations are found to be unsubstantiated or false these will not be recorded in personnel files and action will be considered against those who raised the allegation.

This means that in our Hubs where the Hub Leader considers that incident does not meet the Harms Threshold a Low-Level Concerns investigation will be initiated.

Examples of such behaviour could include:

- *being over friendly with children*
- *having favourites*
- *adults taking photographs of children on their mobile phone*
- *engaging with a child on a one-to-one basis in a secluded area or behind a closed door*
- *using intimidating, or offensive language*

All Low-Level Concerns will also be reported via the in-house recording system:

<https://forms.office.com/r/Yzee1N9AbV>

Suitability of Staff and Safer Recruitment

Safe recruitment practices are an essential part of creating a safe environment for children and young people. As such we will not allocate start dates for new members of staff until all pre-employment checks have been completed.

The staff records on EVIDE are an important part of our commitment to Safeguarding and will be maintained by a member of the office management team.

It will then be audited on a regular basis.

People accessing the site will be authorised.

In our Hub we will ensure that staff and volunteers working at any community project are suitable to do so.

We will follow the specific procedures are outlined in:

- *OCP Recruitment & Selection Policy including the potential for on-line searches for shortlisted candidates*
- *Recruitment Toolkit*

Where the volunteer is undertaking regulated activity an enhanced DBS and barred list check will be undertaken.

Where the volunteer is not in regulated activity, we will undertake an enhanced DBS but are not legally allowed to do a barred list check.

Evide staff records will be overseen and directly managed by the Hub Leader and reviewed:

- *Every half term by the Hub Leader*
- *By the Hub Leaders line manager as part of their regular annual visit schedule*
- *By the National Safeguarding Team as part of a systems and practice review or on request*

This will allow us to sustain effective safeguarding.

It is expected that all staff, visitors, and contractors will:

- *Report to the Hub reception on arrival.*
- *Provide proof of identity.*
- *Be made aware of the arrangements for safeguarding, health and safety*

Confidentiality & Record Keeping

Staff and volunteers have the responsibility to share relevant information about the protection of children with the DSL and potentially external investigating agencies

If a child or young person confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tell the student sensitively that they have a responsibility to refer the matter to the Designated Safeguarding Lead (DSL) for the child's own sake.

Accurate written notes will be kept of all incidents or Child Protection concerns relating to individual young people.

As part of their contractual arrangements any external individual or organisation with the Hub, be required to work in accordance with the Hub child protection and safeguarding policy.

Working in partnership with parents is important, the project should endeavour to do this at all times. It is recognised however that there are occasions when it is in the child's best interest for work to be undertaken and referrals made without the parent's initial consent to ensure the welfare and safety of our young people.

At our Hub we will take any disclosure very seriously.

We will seek to reassure our young people that the matter will only be disclosed to the Designated Safeguarding Lead (DSL), who will then decide on appropriate action.

If a member of the Hub team has a safeguarding or child protection concern, they must inform the DSL as soon as possible.

These will be kept on the safeguarding reporting system.

Any external individual or organisation contracted by the project to work with children/young people must report any child protection incidents or disclosures from young people to the DSL at the earliest opportunity.

To do this we will:

- *Aim to help parents understand that the Hub has a responsibility for the welfare of all young people and has a duty to refer cases to the Local Authority in the best interests of the child.*
- *Consider the safety of the child and, should a concern arise the DSL has the responsibility to seek advice prior to contacting parents.*
- *Make all our policies available on the website and on request*
- *Ensure a robust complaints system is in place to deal with issues raised by parents and carers*

Child Protection records must be kept secure and arrangements in the community project must comply with the Data Protection Policy.

Upon receipt of any request regarding direct access to documentation on a Child Protection file, the Hub Leader will be informed and a decision taken on the appropriate way forward in accordance with the Data Protection Policy.

Early Years Settings within OCP

As an early year's provider delivering the Early Years Foundation Stage (EYFS), the project aims to meet the specific safeguarding and child protection duties set out in the Childcare Act 2006 and related statutory guidance.

Including a member of staff responsible for leading on safeguarding within the early years provision.

- *Provide advice and signpost parents and carers to other services where young people need extra support*

The DSL will ensure that all Child Protection records are kept separately from pupil records and stored securely.

Information from these files will only be shared with relevant staff when it is necessary to do so and in a manner consistent with data protection legislation

In our Hubs we will monitor the progress and achievement of children in need of a social worker to ensure parity in attainment between all out young people

Our Hub will only release information, including to the police, on receipt of the appropriate documentation in-line with data sharing laws.

In our setting we will ensure that all children in the nursery and/or two-year old provision, are able to learn, develop, be safe and healthy by providing:

- *A safe secure learning environment where children can be seen and heard at all times.*
- *A named member of staff in the DSL team.*
- *A member of staff who holds a current, paediatric first aid certificate who available on the premises at all times.*
- *A qualified 1st Aider accompanies children on school trips*
- *A designated key worker who liaises with parents and carers*
- *Routine monitoring of health and safety practices, to promote children's safety and welfare*
- *Appropriate staffing, ratios and qualifications comply with statutory guidance and can meet the needs of all*

The Hub will promote the health of all young people, including children in the Early Years.

children

- **Nursery** 1/13 children with one member of staff a qualified teacher and at least one member of staff to hold full level 3 qualification

In our setting we will do this by:

- *Taking necessary steps to stop the spread of infection.*
- *Administering medicines and/or intimate care only in line with our community project policy*
- *Taking appropriate action where young people are unwell*
- *Notifying the HSE of any serious accident, illness, or death of any child whilst at the project. Notifying Ofsted, in the case of children attending the early years, within 14 days.*

Training Requirements

All staff must complete safeguarding and child protection training as part of their induction.

This means that in our Hub;

- *All staff will undertake annual HAYS safeguarding and child protection training monitored by the DSL*
- *All staff and volunteers new to the Hub will be given appropriate Safeguarding training as part of their induction programme to the Hub.*
- *Newly recruited staff will complete the online training as part of their induction and will receive project specific training including being made aware of local risk factors for extremism*

All staff must access update briefings on safeguarding and child protection each year. This will include delivering the OCP sessions on the September Inset day on Safeguarding & Mental Health.

In addition, we will make sure that:

- *Time will be given to enable this commitment to be met*
- *Updates will feature regularly in all staff meetings, as appropriate*
- *Local contextual issues will be addressed through staff training.*

The DSL team will be appropriately trained and demonstrate attendance at Local Authority and Multi-agency Safeguarding Arrangements meetings

To achieve this in our Hubs we will ensure that:

- *The Designated Safeguarding Lead (DSL) and Deputy DSL will receive relevant training as per KCSIE 2023 requirements through the OCP DSL*

training course.

- *The DSL will attend Local Authority network meetings as necessary and other appropriate inter-agency training.*
- *The DSL will attend locality based Prevent training as provided by the Local Authority.*
- *Where the Hub Leader is not the DSL/DDSL they will attend training on the role of the DSL with a designated provider identified by Oasis Community Partnerships*

Statutory Requirements

This policy has been developed in line with the following key documents:

- Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, updated September 2022, DfE
- Working Together to Safeguard Children, July 2018, HM Government
- Inspecting safeguarding in maintained schools and academies, September 2019, Ofsted
- Inspecting safeguarding in safeguarding in early years, education and skills settings, September 2019, Ofsted
- Sexual violence and sexual harassment between children in schools and colleges (2021) DfE
- Mental Health & Behaviour in Schools (2018) DfE
- The current Oasis E-Safety Policy
- The current OCL Alternative Education policy
- Education for a Connected World, UKCCIS 2018
- Multi-agency Statutory Guidance on Female Genital Mutilation, July 2020, HM Government.
- Revised Prevent Duty Guidance for England & Wales, April 2021, Home Office.
- The Independent School Standards, 2015, DfE
- The Children Act 1989 and 2004 and The Education Act 2002

Appendix A – Key information for all staff

Information on Specific Forms and Categories of Child Abuse

All staff in the Hub should be aware that abuse, neglect 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.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children (peer on peer abuse).

In a situation where abuse is alleged to have been carried out by another child/peer, the child protection procedures outlined in this policy should be adhered to for both the victim and the alleged abuser; that is, it should be considered a childcare and protection issue for both children.

All abusers must be held accountable for their behaviour and work must be done to ensure that abusers take responsibility for their behaviour and acknowledge that the behaviour is unacceptable. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance.

Abusive behaviour, which is perpetrated by peers, must be taken seriously. It is known that some adult abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively more serious. Early referral and intervention is therefore essential in line with Section 3 of this policy.

Peer on peer abuse can manifest itself in many ways. This could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence. It could be through 'sexting' using online communications, text or image messaging. Please refer to the online safety policy for further information, Child Exploitation Online Protection Centre (CEOP) for further guidance on sexting at <http://www.ceop.police.uk/>

Risk Indicators

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

- must be regarded as indicators of the possibility of significant harm
- justifies the need for careful assessment and discussion with designated safeguarding lead and may require consultation with and/or referral to Children's Services

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

Signs of abuse in children:

A1. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result 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 care-givers); or
- Ensure access to appropriate medical care or treatment.
- Being neglectful or unresponsiveness to, a child's basic emotional needs.

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

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

A2. Physical Abuse

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

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

- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, such as a hand or a belt
- Injuries involved in domestic abuse situations where the child is a direct victim
- Bite marks

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

A3. Sexual Abuse

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

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Regressive behaviour, enuresis, soiling
- Involvement in prostitution or indiscriminate choice of sexual partners
- Touching others inappropriately
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area (anal, vaginal or penile)
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Thrush, persistent complaints of stomach disorders or pains
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Child

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental sexual activity encompasses those actions that are to be expected from children as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

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

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity including any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

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

Consent – agreement including all the following:

- Understanding that is proposed based on age, maturity, developmental level, functioning and experience.
- Knowledge of society’s standards for what is being proposed

- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence
- A clear understanding that children under the age of 13 cannot consent to sexual activity

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

In evaluating sexual behaviour of children, the above information should be used only as a guide and should be discussed with the DSL. It is also worth reviewing concerns against the 'Brook Traffic Light System' (Brook 2012):

<https://legacy.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

Sexual abuse, including suspected abuse by peers will always be investigated and will not pass it off as “banter”, “just having a laugh” or “part of growing up”.

A4. Emotional Abuse

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

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

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse

- Fear of parents being contacted
- Running away
- Compulsive stealing
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

A5. Responses from Parents/Carers

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

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

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

A6. Children with a Disability

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

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

There is a concern sometimes that, for children with SEN and disabilities, that their SEN or disability needs are seen first, and the potential for abuse second. If children are behaving in particular ways or they're looking distressed or their behaviour or demeanour is different from in the past, maybe staff should think about that being a sign of the potential for abuse, and not simply see it as part of their disability or their special educational needs. Children with SEND have a higher risk of being left out, of being isolated from their peers, and they are disproportionately affected by bullying.

A7. Homelessness

Being homeless or at risk of being homeless presents a real risk to a child's welfare. Indicators that a family is at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour. The Homelessness Reduction Act 2017 places a legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment for their needs and circumstances. Further information that summarises the new duties is available at:

www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets

A8. Children and the court system

When children are required to be a witness in a criminal court, either for crimes committed against them, or for crimes that they have witnessed, it is important they are supported. KCSIE 2020 provides two age appropriate support guides:

- Advice for 5-11yr olds:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708114/ywp-5-11-eng.pdf

- Advice for 12-17yr olds:

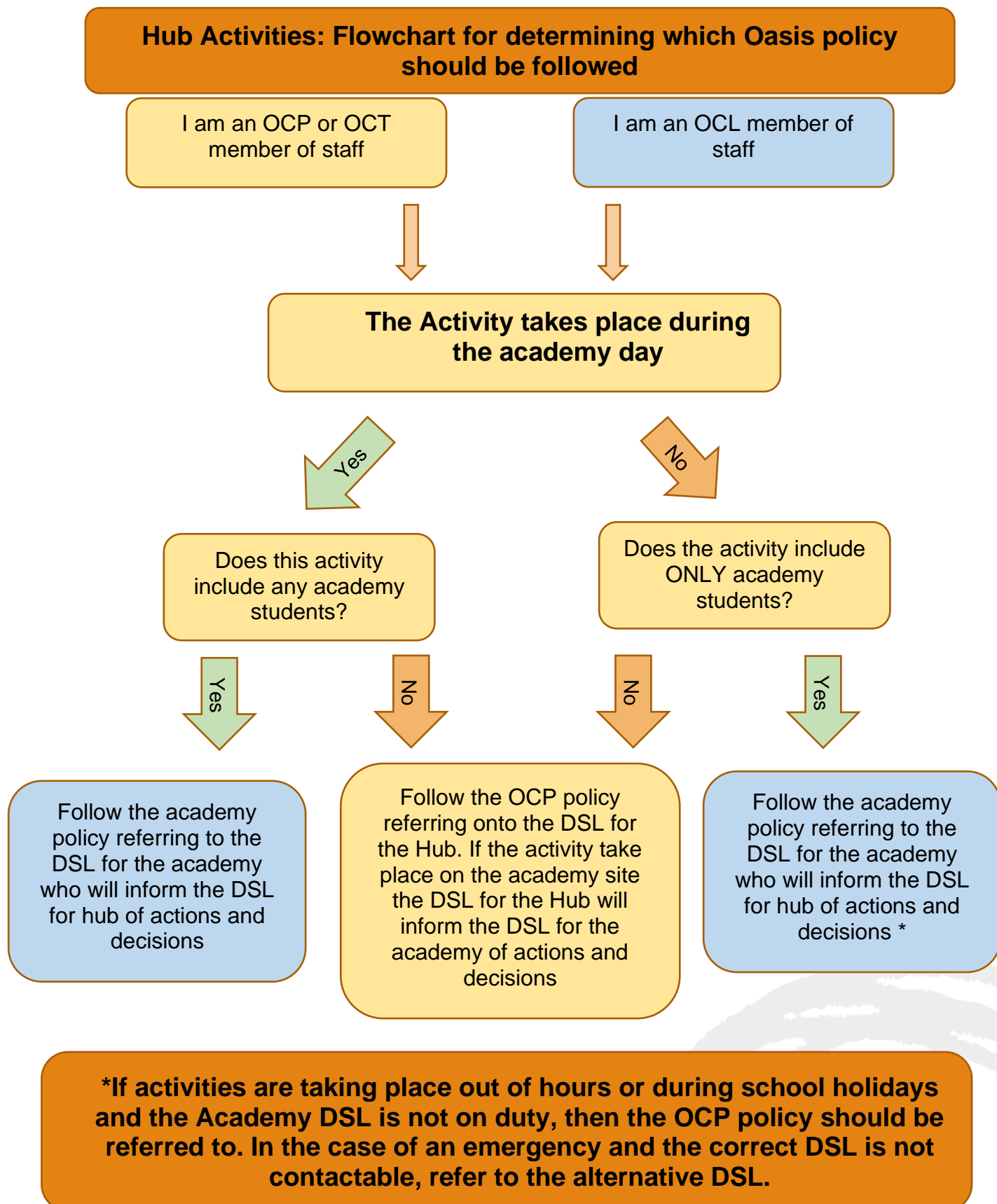
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708093/ywp-12-17-eng.pdf

A9. Looked After Children and Previously Looked After Children

All staff/volunteers should have awareness of issues around safeguarding looked after and previously looked after children. Leaders' should ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe. A previously looked after child remains vulnerable and it is important that all agencies work together to ensure that prompt action is taken on concerns to safeguard this particularly vulnerable group.

Staff/volunteers need to be aware of the legal status of a looked after child's care arrangements. In particular, they should ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead should have details of the child's social worker and the name of the virtual Hub head in the authority that looks after the child.

Appendix B: Working with OCP



Appendix C – Roles & responsibilities within Oasis

Safeguarding and promoting the welfare of children is **everyone's responsibility**. Everyone who comes into contact with children and their parents or carers has a role to play in safeguarding children. Knowing what to look for is vital to the early identification of abuse and neglect and if staff are unsure they should always speak to the DSL or deputy – if in exceptional circumstances, the DSL or deputy lead is not available, staff should consider speaking to the Hub Leader or OCP DIRECTOR, and/or take advice from your local safeguarding children's board. All actions that are completed in the absence of a designated safeguarding person should be shared with them at the very earliest opportunity.

The Oasis Community Partnerships Board will determine and keep under review the general policy for OCP and Oasis Hub charities.

All adults working in OCP (including visiting staff, volunteers and child or young persons on placement) are required to report instances of actual or suspected child abuse or neglect to the DSL with responsibility for child protection.

- **The Board of Trustees will:**
 - Oversee OCP and all subsidiaries procedures in line with the Oasis Community Partnerships policy;
 - Determine OCP and all subsidiaries procedures in line with the Oasis Community Partnerships policy;
 - Appoint a Nominated Member of the Board of Trustees to liaise with the Chief Executive Officer on behalf of the OCP Directors, Hub Leaders and DSL;
 - Review and consider annually a report on safeguarding incidents in OCP and all subsidiaries.
- **The Chief Executive Officer will:**
 - Present an annual report to the OCP Board reviewing safeguarding incidents across OCP;
 - Ensure that the risk register is maintained and up to date in relation to safeguarding;
 - Ensure that appropriate pastoral systems are in place for Community Hub Leader and DSL's;
 - Be available to Community Hub Leader's where the OCP Director is not available.
- **The OCP Director with responsibility for policy and systems will:**
 - Provide a link between the Hub Leader with the CEO and the Board;
 - Ensure that the policy and procedures are implemented across the OCP projects they are responsible for;
 - Be DSL trained, and act in an advisory capacity to the Hubs they are responsible for;
 - Report safeguarding incidents to the CEO as appropriate.
 - Oversee the OCP safeguarding reporting system
 - Work alongside the Head of Safeguarding for advice and guidance
- **The Hub Leader will:**
 - Be responsible for the implementation of the policy and procedures and ensuring that the outcomes are monitored;
 - Ensure that all staff, volunteers, parents, children and young people and members of the community are aware of the policy and procedures in place;

- Select/appoint a DSL - the DSL and Deputy DSL. The DSL needs to have the flexibility to act immediately on a referral that requires an urgent response and to be able to give time to lengthy meetings or case conferences, as required. The Deputy DSL will act on behalf of the DSL whenever necessary, and with the same authority;
 - Ensure that details of the DSL and deputy DSL are clearly displayed in staff areas;
 - Determine an appropriate training programme in consultation with the DSL;
 - Report annually to the Board of Trustees on the working of the policy via the Chief Executive Officer.
- **The DSL is responsible for:**
- Ensuring that all cases of suspected or actual harm associated with child protection are referred to the appropriate agencies and keeping the OCP Director and community hub staff informed;
 - Ensure that all serious cases are escalated on the OCP safeguarding reporting system, and bring to the attention of the OCP director with responsibility for policy and systems.
 - Being aware of the latest national and local guidance and requirements;
 - Ensuring that effective communication and liaison takes place between the Community Hub team and the Local Authority, and any other relevant agencies, where there is a child protection concern in relation to a child or young person engaging in community activities;
 - Ensuring that all staff have an understanding of child abuse, neglect and exploitation and their main indicators;
 - Dealing with allegations of abuse in accordance with local procedures;
 - Ensuring that appropriate training for staff is organised according to the agreed programme;
 - Ensuring that adequate reporting and recording systems are in place.
- **In relation to all staff:**
- All staff, including temporary staff, external visiting staff and volunteers will be informed of the DSL's name, the named Deputy, and the Community Hub policy for the protection of children and young people during their first induction to the team.
 - All staff and volunteers involved in delivery are required to complete the Hays on-line safeguarding training as part of their induction.
 - All staff need to be alert to the signs of harm and abuse. They should report any concerns if not immediately, as soon as possible, to the DSL or named deputy. If in any doubt staff should consult with the DSL in accordance with the scenario flowchart in appendix 2
 - All relevant national and local procedures will be made available for staff reference and can be obtained from the Hub Leader or OCP Director.
 - Any child may benefit from early help, but all OCP staff should be particularly alert to the potential need for early help for a child who:
 - is disabled and has specific additional needs;
 - has special educational needs (whether or not they have a statutory education, health and care plan);
 - is a young carer;
 - is frequently missing/goes missing from care or home;
 - is misusing drugs or alcohol;
 - is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse; and/or
 - has returned home to their family from care”.

- All staff must be aware of the early help process, this includes identifying emerging problems, liaising with the DSL, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment. All early help cases should be reviewed regularly and if the situation is not improving then consideration should be given to a referral to children's social care for assessment for statutory services.

Online Safety

It is essential that children are safeguarded from potentially harmful and inappropriate communications and online material. As such, Oasis ensures appropriate procedures, filters and monitoring systems are in place in accordance with the following policies:

- Oasis E-Safety,
- Web Filtering and Device Monitoring.

Where young people are using Oasis equipment at home, the ability of Oasis to filter access is limited. Filtering will be provided to the extent that is possible within the technological constraints the current crisis allows.

Where Oasis is providing Wi-Fi or internet access for young people at home, this service is unfiltered beyond its use with Oasis devices. Non-Oasis devices, utilising the WiFi will be unfiltered.

Young People will be reminded of Internet Safety rules and parents will be expected to manage their children's safety whilst at home.

Staff delivering online sessions should listen for any cues that indicate a safeguarding concern and report these to the DSL as soon as possible. These cues might include:

- Comments or questions about child abuse or neglect
- Inadequate supervision at home
- The impact of food poverty
- The health status in a family and any young caring responsibilities children have

Emotional and Mental Health Support

Oasis projects have an important role to play in supporting the mental health and wellbeing of young people and it is anticipated that the return to school after lockdown and the general Covid -19 situation may exacerbate this.

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

It is important that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. However, all our staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing an emotional or mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, grief or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is important that staff are aware of how these children's experiences, and their high prevalence of special educational needs and mental health needs, can impact on their behaviour and education.

Document Control

Changes History

Version	Date	Owned and amended by	Recipients	Purpose
0.1	May 2022	Jon Needham	Sarah Graham	Compliance Check
0.2	June 2022	Jon Needham		
0.3	August 2022	Kat Simmonds and Charlotte Bart-Mathurin	OCP core team and Hub Leaders	Share OCP adopted version
0.4	August 2023			

Policy Tier

- Tier 1
- Tier 2
- Tier 3
- Tier 4

Owner

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Approvals

This document requires the following approvals.

Name	Position	Date Approved	Version
Kat Simmonds	OCP CEO	01/09/2022	0.3

Location

Tick all that apply:

- Hub website
- Policy portal
- Other: state

Customisation

- Oasis Community Partnerships OCP policy
- Oasis Community Hub charity policy

Distribution

This document has been distributed to:

Name	Position	Date	Version
	All Hub Leaders		