



## **HA4K+ Safeguarding Policy**

HA4K+ will respond promptly and appropriately to all concerns relating to the safety of a child that may occur. We are committed to building a 'culture of safety' in which children, young adults and the vulnerable are protected from abuse and harm in all areas of our care.

**Designated safeguarding lead for child protection is Dan Connolly, deputy safeguarding leaders are Jeanette Beadling and Julie Love**

There will always be a designated safeguarding lead available. The designated persons understand LSCB safeguarding procedures and attend regular training to refresh their knowledge every two years.

We ensure all staff are trained to understand these policies and procedures and refresh their knowledge every year.

All staff understand that safeguarding is their responsibility.

All staff are made aware of signs of abuse and neglect and understand their duties.

All parents are made aware of our policies and procedures.

### **Recognising Child Abuse:**

Child abuse manifests itself in a variety of different ways, all staff have safeguarding training and will be vigilant to the signs and evidence of any form of abuse.

### **Physical Abuse:**

This involves hitting, shaking, throwing, burning, suffocating, drowning, poisoning or otherwise causing physical harm to a child. Physical abuse may be also caused when a parent or carer feigns the symptoms or deliberately causes ill health to a child.

### **Emotional Abuse:**

Varying degrees of emotional abuse is present in virtually all child protection incidents but can also constitute abuse in its own right. Emotional abuse involves making a child feel that they are worthless, unloved, or inadequate.

**Sexual Abuse:**

Involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This can involve physical contact or non-physical contact, activities such as showing sexual activities or encouraging them to behave in sexually inappropriate ways.

**Neglect:**

Neglect is the persistent failure to meet a child's basic physical, emotional or psychological needs, that is likely to have severe impact on their health, development or emotional stability. Neglect may involve failing to provide adequate food, shelter or clothing for a child, or failing to adequately protect them from physical harm or ill health. Neglect can also manifest itself in a failure to meet the basic needs of a child.

**Signs of Child Abuse and Neglect:**

Significant changes in a child's behaviour.

Deterioration in a child's behaviour.

Unexplained marks or bruising.

Comments made by child which gives you concern.

Inappropriate behaviour.

**If Abuse is Suspected or Disclosed:**

If a child discloses abuse to a member of staff, that member of staff will:

Reassure the child that they are not to blame and they were right to speak out.

Listen to the child but not ask leading questions, although it is ok to ask questions for purpose of clarification.

Record the incident straight away with the date and time on our logging concerns form.

If a member of staff witnesses or suspects abuse, they will record the matter straight away using the logging concern forms and the exact words the child has disclosed and report to the safeguarding leads.

**Safeguarding is Everyone's Responsibility:**

If anyone approaches a member of our team, we will log their concerns on our forms. If that person is unhappy with the decision made by the safeguarding leads, they are encouraged to contact social care directly.

**Escalation Process:**

If we feel that a referral made has not been dealt with properly or the concerns are not being addressed, we will follow the LSCB process.

### **Informing Parents:**

Parents are normally the first point of contact. Concerns are normally discussed with the parents to gain their view of events, unless it is felt that this may put the child or another person at risk, may interfere with the course of a police investigation or unduly delay the referral, or it would be unreasonable to seek their consent. Advice can be sought from social care.

### **Fabricated illness**

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The parent or carer may seek out unnecessary medical treatment or investigation; they may exaggerate a real illness and symptoms or deliberately induce an illness through poisoning with medication or other substances or they may interfere with medical treatments. Fabricated illness is a form of physical abuse and any concerns will be reported, in line with our safeguarding procedures.

### **Peer-on-Peer Abuse:**

Children are vulnerable to abuse by their peers and this is taken seriously by staff. Staff are aware of the potential use of information technology or bullying and abusive behaviour between children. Staff will not dismiss abusive behaviour between children. The presence of one or more of the following in a relationship between children should always trigger a concern about Peer-on-Peer abuse:

Sexual activity in children of any kind, including sexting.

One of the children is significantly more dominant than the other (e.g. much older).

One of the children is significantly more vulnerable than the other (e.g. in terms of disability confidence, physical strength).

There has been some use of threats, bribes.

If Peer-on-Peer abuse is suspected or disclosed, we will follow the same procedures set out above for responding to child abuse.

### **Female Genital Mutilation:**

FGM is a procedure that includes the partial or total removal of genital organs for 'cultural' or non-therapeutic reasons.

It is illegal in the UK to subject a child to female genital mutilation (FGM) or take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003.

Staff should be alert to the following indicators:

The family comes from a community known to practice FGM or is less integrated within

the community.

A child may talk about a long holiday to a country where the practice is prevalent.

A child may confide that she is to have a 'special procedure' or attend a special occasion.

A child may request help, directly or indirectly, from an adult.

Any female child born to a woman or has a sister who has been subjected to FGM must be considered to be at risk, as must all other female children in the extended family.

A girl is withdrawn from PSHE/RSE.

Brief signs that FGM may have occurred are:

Difficulty walking, sitting or standing.

Spending a long time in the bathroom.

Urinary or menstrual problems.

Prolonged absences and noticed behavioural changes.

Reluctance to undergo normal medical examinations.

May confide in a professional but not be explicit or may be embarrassed.

Where it is known or suspected that FGM has occurred:

Be sensitive to the child and family, be gender sensitive, make no assumptions, be non-judgemental, use simple language clearly.

You have a duty to protect, safeguard and share information.

Refer to children's social care for co-ordination of careful assessment (not necessarily with consent).

Potential police enquiries.

### **Child Criminal and Child Sexual Exploitation:**

We recognise that child criminal and sexual exploitation are high profile issues both nationally and locally. CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal or sexual activity

In exchange for something the victim wants or needs and / or for financial benefit or other advantage to the perpetrator or facilitator through violence or the threat of violence. A victim may have been criminally exploited even if the activity appears consensual.

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

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (**county lines**) forced to shoplift or to threaten younger 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 be

different, however both boys and girls can be criminally exploited and may be at higher risk of sexual exploitation.

### **CCE Indicators:**

A child who appears with unexplained gifts or new possessions.

Children who associate with other young people involved in exploitation.

Children who suffer from changes in emotional well-being, misuse of drugs or alcohol, children who go missing for a period of time or misses school and does not take part in education.

Child Sexual Exploitation (**CSE**) occurs where an individuals or groups taken advantage of an imbalance of power to coerce or manipulate or deceive a child into sexual activity in exchange for something the victim needs or wants or for financial advantage.

The victim may have been sexually exploited even if sexual activity appears consensual. This does not always involve physical contact and can occur through the use of technology. CSE can affect any child or young person, male or female under the age of 18 years old, including 16 and 17 years old, who can legally consent to have sex. It can include both penetrative and non-penetrative acts and non-contact sexual activity. It may occur without the child or young person's immediate knowledge e.g. through copying videos or images they have created and posted on social media.

The above CCE indicators can also be indicators of CSE, it can be a child who has older boyfriends or girlfriends and children who suffer from sexually transmitted infections or become pregnant. We recognise that prevention is the best policy with regard to CCE and CSE we seek to support children to develop confidence and build their resilience, we will endeavour to support their age appropriate knowledge and raise awareness.

### **County Lines**

The National Crime Agency (NCA) describe county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of 'deal line.' Customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

Signs and indicators to be aware of include:

- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
- Missing from home or schools and/or significant decline in performance
- New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
- May be carrying a weapon
- Receiving more texts or calls than usual
- Sudden influx of cash, clothes or mobile phones
- Unexplained injuries
- Significant changes in emotional well-being
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries
- Gang association or isolation from peers or social networks.

### **Extremism and Radicalisation:**

All childcare settings have a legal duty to protect children from the risk of radicalisation and being drawn into extremism, there is many reasons why a child might be vulnerable to radicalisation:

Feeling alienated or alone.

Seeking a sense of identity or individuality.

Suffering from mental health.

Desire for adventure or wanting to be part of a large cause.

Associating with others who have extremist beliefs.

### **Signs of Radicalisation:**

Changes in behaviour for example becoming withdrawn or aggressive.

Claiming that terrorist attacks and violence are justified.

Viewing violent extremist materials online.

Possessing or sharing violent extremist material.

If a member of staff suspects that a child is at risk of becoming radicalised, they will record any relevant information or observation on a **Logging a Concern Form** and refer the matter to the safeguarding leads.

### **Logging a Concern:**

All information about the suspected abuse or disclosure or concern will be recorded on the **Logging a Concern Form** straight away and the record should include:

Date and time of the disclosure causing concern.

Name and date of birth of the child involved.

A factual report of what's happened only using the child's own words.

Name, signature and job title of the person making the recording.

The forms will be given to the safeguarding leads who will decide on the appropriate course of action.

For concerns of child abuse the safeguarding lead will contact social care and follow up all referrals to social care in writing within 48 hours, if a member of staff thinks the incident has not been dealt with properly, they may contact social care directly.

For minor concerns regarding radicalisation the safeguarding leads will contact the local safeguarding children's board (LSCB). For more serious concerns they will contact the police on the non-emergency number (101) or the anti-terrorist hotline on 0800 789 321 for urgent concerns contact the police using 999.

#### **Allegations against staff:**

If anyone makes an allegation of child abuse against a member of staff:

The allegation will be recorded on an incident form. Any witnesses to sign and date the entry to confirm it.

The allegation must be reported to the Local Authority Designated Officer (LADO) and to Ofsted. LADO will advise if other agencies (e.g. police) should be informed and wrap around care team will act upon their advice. Any telephone reports to LADO will be followed up in writing within 48 hours.

Following advice from LADO, it may be necessary to suspend the member of staff pending a full investigation of the allegation.

If appropriate will make a referral to the Disclosure and Barring Service.

#### **Promoting awareness among staff:**

We aim to promote awareness of child abuse and the risk of radicalisation through its staff training. The club ensures that the Safeguarding lead has relevant experience and receives appropriate training in safeguarding and prevent duty and is aware of the channel programme and how to access it.

Designated persons to train and refresh every two years.

Safe recruitment practices are followed for all new staff.

All staff have a copy of this **Safeguarding Policy** and understand its content and are vigilant to signs of abuse, neglect or radicalisation.

All staff are aware of their statutory duties with regard to the disclosure or discovery of child abuse and any other concerns.

All staff to receive safeguarding training and refreshed every year;

Safeguarding is a permanent agenda at all staff meetings.

All staff will receive basic training in prevent duty.

Staff are familiar with the safeguarding file which is kept at Good Shepherd Academy.

Information is recorded about staff qualifications, and identity checks and vetting process that has been completed.

The criminal records disclosure reference number

Certificate of good conduct.

The date the disclosure was obtained

Details of who obtained it

All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).

We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.

### **Use of mobile phones and cameras:**

Photographs will only be taken of children with their parents' permission. Only the club's camera will be used to take photographs of children at the club.

Neither staff or children or visitors may use their mobile phones. see our **Mobile phone policy**.

### **Contact numbers**

Social care 01629 533190

LADO ( Local Authority Designated Officer) 01629 533190

Nottinghamshire county council safeguarding, children strategic and LADO 0115 9773921

Derbyshire Lado 01332 642376

LSCB ( local Safeguarding Children Board) 01629 533190

Police 101 non-emergency or 999 emergency

NSPCC 0800 800 500

Ofsted 0300 123 1231



This policy was adopted by HA4K+

Date: 19/08/2024

To be reviewed: August 2025

Signed: Dan Connolly  
Nathan Kirk

Written in accordance with the Statutory Framework for Early Years Foundation Stage (2024) and welfare requirements, Safeguarding policies and procedures (3.1-3.8) suitable people (3.9 -3.15) Disqualification (3.16 – 3.20) Safeguarding training (3.24) (3.25)