




**OXSRAD Ltd**

## **Safeguarding Policy**

| <b>Policy/Procedure Title</b>        | <b>Safeguarding</b>                                                                                                  |
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| <b>Approved by Board of Trustees</b> | <br><b>Jason Lane (Chairman)</b> |
| <b>Reviewed</b>                      | <b>21 October 2024</b>                                                                                               |
| <b>Review Date</b>                   | <b>October 2025</b>                                                                                                  |

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## **1. Our Policy Introduction and Statement**

OXS RAD recognises its duty of care to safeguard children, young people, vulnerable and all adults, as detailed under the Children Acts' (1989 and 2004), The Care Act (2014) and Working Together to Safeguard Children (2018).

OXS RAD is fully committed to safeguarding and protecting the welfare of all children, young people and vulnerable adults who use its centre and/or partake in any of its activities. OXS RAD is taking all reasonable steps to promote safe practice and protect them from harm, abuse and neglect.

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

OXS RAD believes that:

- The welfare of all children, young people and vulnerable adults who use its centre and/or partake in any of its activities is paramount
- All children, regardless of age, ability, gender, racial heritage, religious or spiritual beliefs, sexual orientation and /or identity, have the right to equal protection from harm or abuse (as stated by UNCRC, Article 19)
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs, physical disabilities or other reasons.
- Working in partnership with children, their parents, carers and other agencies is essential in promoting young people's welfare

## **2.0 Legal Framework**

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

- Children Act (1989)
- United Nations Convention on the Rights of the Child (1991)
- Children Act (2004)
- Equality Act (2010)
- Children and Families Act (2014)
- Special educational needs and disability (SEND) code of practice: 0 to 25 years
- What to do if you are worried a Child is being Abused (2015)
- Working Together to Safeguard Children (2018)
- Oxfordshire Safeguarding Children Board guidelines

This policy applies to all OXS RAD staff, including senior managers, committee members/board of trustees, paid staff, volunteers and sessional workers, agency

staff, students or anyone in a position of trust. A child is defined as a person under the age of 18 (The Children Act 1989).

### **3.0 Organisational Policies and Procedures**

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

- Recruitment, induction and training
- Safer recruitment
- Confidentiality
- Code of conduct for staff and volunteers
- ICT, social media and E-safety
- UK General Data Protection Regulations
- Photography and use of images of children
- Health and safety
- Anti-bullying

### **4.0 Purpose of this policy**

The purpose of this policy is to:

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

To keep children safe OXSRAD will:

- provide a setting where children feel listened to, safe, secure, valued and respected
- appoint a Designated Safeguarding Lead for children and ensure a clear line of accountability with regards to safeguarding concerns
- ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- provide a clear procedure to follow when safeguarding and child protection concerns arise
- ensure any allegations against staff follow the relevant procedure
- ensure effective and appropriate communication between all individuals in a position of trust
- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.

### **5.0 Roles and Responsibilities**

- Understand the different types of abuse and recognise the possible risks and indicators
- Understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children
- If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences
- Record and store information legally, professionally and securely in line with organisational policies and procedures
- Understand the line of accountability for reporting safeguarding concerns and be fully aware of the organisation's safeguarding lead and their role within the organisation.

### **5.1 Safer recruitment**

Safe recruitment is central to the safeguarding of children and young people. OXSRAD might employ staff to work with children in a position of trust and therefore have a duty to safeguard and promote their welfare. This includes ensuring that the organisation adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children. Please see our *Staff Recruitment Policy* for more information on how we ensure safe recruitment in our organisation.

### **5.2 Staff training**

OXSRAD will ensure that all staff and volunteers have the correct training to be able to fulfil their safeguarding duties to the best of their ability. This includes:

- Helping staff understand our safeguarding policies and procedures
- Ensuring they undertake the required level of training for their role in line with OSCB standards (every 3 years for Generalist and Advanced Safeguarding and every 2 years for Designated Leads)

### **5.3 Visitor management and public interaction**

If an individual or group poses an immediate threat to children, young people, vulnerable adults, centre users, or staff, OXSRAD staff will immediately call 999. In such cases, or if the situation requires the centre to be secured, staff will follow our *lockdown procedure*.

In the event a children's class, club or activity is taking place, no external visitor will be left unsupervised with children or young people unless they have undergone and passed the appropriate safer recruitment checks. While the presence of the public in our building and surrounding area is common and uncontrollable, safeguarding remains our top priority.

#### **5.4 Partnership with Parents & Carers**

OXSRAD will always endeavour to ensure excellent communication with parents and carers. This is a major part of ensuring children are kept safe. This communication is also vital in ensuring staff identify any signs of abuse or neglect. OXSRAD staff should strive to be open with parents/carers about their concerns. Every effort will be made to include the family in constructive discussions about concerns and any action taken, unless this is not in the best interests of the child or young person.

#### **5.5 Social Media**

OXSRAD recognised the benefits of social media for children, young people and adults. However, OXSRAD is also aware of the risks that staff and OXSRAD users can face online. Exposure to upsetting and/or inappropriate content, or sharing personal information online are just some examples of potential dangers. If a child is showing any indicators that they are experiencing exposure to any of these risks, OXSRAD staff are instructed to follow Safeguarding procedures. For more information, please see our *social media policy*.

#### **5.6 Monitoring and Review**

This policy will be reviewed annually by the board of trustees, consulting the DSL on any areas that need improvement or change. All individuals in a position of trust should have access to this policy and sign to the effect that they have read and understood its contents.

## **Appendix A: Child and Vulnerable Adult Protection and Safeguarding Procedures**

### **1. Introduction**

(Children) All professionals have a responsibility to report concerns to Children's social care under section 11 of the Children Act 2004, if they believe or suspect that the child;

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

(Adults) All professionals have a responsibility to report concerns to Adult's social care according to the Care Act (2014), if they believe or suspect that an adult is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves against the abuse or neglect or the risk of it. Prior to raising an adult safeguarding concern, it must be assessed if the concern meets the criteria for a Section 42 (S42) safeguarding enquiry under the requirements of The Care Act 2014. The requirements are as follows:

- The adult is reported as having or appears to have needs for care and support?
- The adult is reported or appears to be experiencing or at risk of abuse or neglect?
- And as a result of care and support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect?

If these requirements are met, it is necessary to escalate your safeguarding concern. Our child and adult safeguarding procedures can be found in their individual policies, for easier access to the information.

### **2. What to do if you are concerned about a child or adult at risk**

If/when an adult or child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what they say and to observe the child/adult's behaviour and circumstances to:

- Clarify the concerns;
- Offer reassurance about how they will be kept safe;
- Explain what action will be taken and within what timeframe.

Children or adults at risk must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse. If the child or adult at risk can understand the significance and consequences of making a referral to social care, they should be asked for their views.

It should be explained to the child or adult that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure their safety and the safety of other children/adults at risk.

### **To report a new concern**

All staff members must immediately talk to the Designated Safeguarding Lead or onsite Manager if they have an immediate concern about a child or adult. All relevant information must be recorded on a 'Safeguarding Concern Form'. The DSL or onsite manager will then support the staff member in taking the appropriate next steps.

1. If a crime has been committed and it is urgent, the police must be notified by calling **999**.
2. If this concern is regarded as urgent (regarded as a Level 4 on the Oxfordshire Threshold of Needs), an urgent response is needed. The Multi-Agency Safeguarding Hub (MASH) must be contacted immediately on **0333 014 3325** – ensure the referrer has the completed Safeguarding Concern form and other relevant details with them in order to provide accurate information.
3. The Designated Safeguarding Lead may feel it is appropriate to refer a service user to social services if the concern is seen as a level 3/4 on Oxfordshire's Threshold of Needs. In this case, the DSL will complete:

*For children:* an Oxfordshire MASH Referral Form (MASH Enquiry online referral form). Or they can email a report to MASH on the secure email on: [mash-childrens@oxfordshire.gcsx.gov.uk](mailto:mash-childrens@oxfordshire.gcsx.gov.uk). If it is a Level 4 concern, then the referrer is then encouraged to call **0345 050 7666** to follow up the details in the form.

*For adults at risk:* an Oxfordshire County Council Adult Safeguarding referral form which can be accessed via this link: <https://www.oxfordshire.gov.uk/residents/social-and-health-care/social-and-health-care-information-professionals/raising-safeguarding-concern-0>

Immediate concerns can include, for example:



- Allegations/concerns that the child has been sexually/physically abused
- Concerns that the child is suffering from severe neglect or other severe health risks
- Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
- The child is frightened to return home
- The child has been abandoned or parent is absent

**(CHILDREN): If you have a concern about a child/family but it is not an immediate safeguarding concern**

Threshold of Needs Matrix needs to be consulted. This tool is designed to support professionals to make decisions as to whether contact should be made with Children's Social Care.

If after consulted the Threshold of Needs Matrix, there are still concerns that **do not** require an immediate safeguarding response (a Level 2 or low 3), the Locality and Community Support Service (LCSS) should be contacted and a **named consultation** (previously a no name consultation) should be requested. The situation can then be discussed with them, and they will advise about what to do next. If a referral needs to be made, they will advise you on this.

LCSS North Tel: **03452412703** [LCSS.North@oxfordshire.gov.uk](mailto:LCSS.North@oxfordshire.gov.uk)

LCSS Central Tel: **0345 2412705** [LCSS.Central@oxfordshire.gov.uk](mailto:LCSS.Central@oxfordshire.gov.uk)

LCSS South Tel: **0345 2412608** [LCSS.South@oxfordshire.gov.uk](mailto:LCSS.South@oxfordshire.gov.uk)

Available 8.30am – 5pm (Mon – Thurs) 8.30am – 4pm (Fri)

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

**(ADULTS) If there is a concern about an adult/family but it is not an immediate safeguarding concern**

If a crime has been committed but it is not urgent, the police must be notified on **101**. The Threshold of Needs matrix needs to be consulted which can be found at: <https://www.osab.co.uk/wp-content/uploads/2020/02/OSAB-Threshold-of-Needs-Matrix.pdf>

This tool is designed to support professionals to make decisions as to whether contact should be made with Adult Social Care.

If after consulting the Threshold of Need, there are still concerns that do not require an immediate safeguarding response (a Level 2 or low 3), these should be addressed with the young person, their families and where appropriate other organisations who work with the adult. This should all be done with the informed

consent of the adult and following the six principles of safeguarding as described in the Care Act (2014).

### **Referrals for children with open social care cases**

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

### **Allegations against others working with children**

All allegations of abuse by those who work with children must be taken seriously, whether they are in a paid or unpaid capacity. This procedure should be applied when there is an allegation or concern that a person who works with children, 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 or she may pose a risk of harm to children

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

### **3. How to make a referral**

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

- Full names, dates of birth and gender of all child/ren in the household
- Family address and (where relevant) school / nursery attended
- Identity of those with parental responsibility and any other significant adults/household members such as grandparents
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant/important recent or historical events/incidents
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Referrer's relationship and knowledge of child and parents
- Known involvement of other agencies / professionals (e.g., GP)
- Information regarding parental knowledge of, and agreement to, the referral

- The child's views and wishes, if known

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

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

#### **4. Supporting children**

If/when a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns
- Offer reassurance about how the child will be kept safe
- Explain what action will be taken and within what timeframe

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children

If a child is presenting with signs of abuse or neglect, you should record and discuss your concerns with your Designated Safeguarding Lead and follow the relevant internal and external procedures.

#### **6. Confidentiality**

We all have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information. If you're not given consent to share information, you may still lawfully go ahead if the child or adult at risk is experiencing, or is at risk of, significant harm.

Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust **must not be discussed across the workforce as a whole**. This information should be shared solely with Designated

Safeguarding Leads, Children's Social Care and/or the Local Area Designated Officer (LADO) as appropriate.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child or adult and their family remaining strictly confidential. For more information, please see our Confidentiality policy.

## **5. Information sharing**

Staff are encouraged to follow 'The seven golden rules to sharing information' which can be found in this link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

In summary, one should:

- Be open and honest with the individual (and/or their family where appropriate)
- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information unless this is seen as necessary to safeguard the individual effectively.
- Consider safety and well-being
- Ensure all information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure
- Keep a record of your decision and the reasons for it.

Remember, confidentiality rules do not prevent you from making a safeguarding concern, here are some examples of when to break confidentiality:

- There is immediate danger. If a person has clearly told you that they plan to take their life within the next 24 hours, or has already taken action which puts their life in danger, but does not want to seek support themselves and does not give their consent for you to do so – call 999.
- The person is physically present at your club or group and is experiencing a crisis. You should act immediately to get them support. This may involve contacting their emergency contact or a mental health professional.
- The person is planning to take action that will put others at risk (for example, stepping in front of a train). Call 999.
- The person is under 18. In these situations, the young person's welfare should come first.
- There is a safeguarding concern that may have a wider impact. For example, if someone alleges that they have been abused by a volunteer but asks you

not to say anything. You would have to report this as it's in the public interest that it's investigated.

## **6. Whistleblowing**

OXS RAD recognises that children cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation. You can read further details on this in our *Whistleblowing policy*.

## **7. Supporting those working with children**

OXS RAD recognises those in a position of trust should be supported to stay emotionally well. It is important that all staff supporting children are able to discuss safeguarding concerns with the Designated Safeguarding Lead' and with their line manager in regular supervision. You can read more about this in our *Training and staff development policy*.

## Appendix B: Definitions and Indicators of Abuse

The table below outlines the main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children' document (2018), the Care Act (2014) and the child and adult Threshold of Needs for Oxfordshire. (Full definitions can be found in these documents). All staff should be aware that the possible indicators are not definitive and that some individuals may present these behaviours for reasons other than abuse.

| Type of Abuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Possible indicators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Neglect</b><br/>The persistent failure to meet a child or adult at risk, basic physical and/or psychological needs, likely to result in the serious impairment of the child or adult's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a person is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>● provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>● protect a child/adult at risk from physical and emotional harm or danger;</li> <li>● ensure adequate supervision (including the use of inadequate caregivers); or</li> <li>● ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, an individual's basic emotional needs.</p> | <p><b>Signs that may indicate an individual is living in a neglectful situation:</b></p> <ul style="list-style-type: none"> <li>● excessive hunger</li> <li>● poor personal hygiene</li> <li>● frequent tiredness</li> <li>● inadequate clothing</li> <li>● frequent lateness or non-attendance at school/provision</li> <li>● untreated medical problems</li> <li>● poor relationships with peers</li> <li>● compulsive stealing and scavenging</li> <li>● new rocking, hair twisting and thumb sucking</li> <li>● running away</li> <li>● loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight)</li> <li>● low self-esteem</li> <li>● poor dental hygiene</li> </ul> |
| <p><b>Self-Neglect</b><br/>If a person is living in a way that puts his or her health, safety, or well-being at risk. Only exceptional cases of self-neglect will trigger adult safeguarding meaning their life may be in danger without intervention. All standard interventions must be used first to manage risk e.g. Care Management/Care Plan Approach/Multi-Disciplinary Team before a MASH referral.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Signs that may indicate an adult is being self-neglectful:</b></p> <ul style="list-style-type: none"> <li>● Refusing medical treatment/care/equipment required to maintain independence</li> <li>● Problematic/chaotic substance misuse</li> <li>● Environment injurious to health</li> <li>● Potential/imminent fire risk/gas leaks</li> <li>● Won't engage with essential</li> </ul>                                                                                                                                                                                                                                                                                                                                       |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>professionals</p> <ul style="list-style-type: none"> <li>● High level of clutter/hoarding</li> <li>● Access obstructed within property</li> <li>● Multiple reports from other agencies</li> <li>● Behaviour poses risk to self/others</li> <li>● Lack of essential amenities</li> <li>● Property/Environment shows signs of neglect that are (potentially) damaging to health</li> <li>● Lack of self-care results in significant deterioration in health/wellbeing</li> </ul> |
| <p><b>Physical Abuse</b><br/> May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to an individual. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child or adult at risk.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Signs that may indicate physical abuse:</b></p> <ul style="list-style-type: none"> <li>● Physical signs that do not tally with the given account of occurrence,</li> <li>● conflicting or unrealistic explanations of causer</li> <li>● repeated injuries</li> <li>● delay in reporting or seeking medical advice.</li> </ul>                                                                                                                                               |
| <p><b>Sexual Abuse</b><br/> Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.</p> <p>The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. 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).</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p> | <p><b>Signs that may indicate sexual abuse:</b><br/> Changes in:</p> <ul style="list-style-type: none"> <li>● Social interaction</li> <li>● Physical wellbeing</li> <li>● Behaviour</li> <li>● Language</li> </ul> <p>It is almost important to recognise there may be no signs.</p>                                                                                                                                                                                              |

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| <p><b>Emotional Abuse</b></p> <p>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.</p> <p>It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.</p> <p>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p> | <p><b>Signs that may indicate emotional abuse:</b></p> <ul style="list-style-type: none"> <li>● Lack of self-confidence/esteem</li> <li>● Sudden speech disorders</li> <li>● Self-harming (including eating disorders)</li> <li>● Drug, alcohol, solvent abuse</li> <li>● Lack of empathy (including cruelty to animals)</li> <li>● Concerning interactions between parent/carer and the child (e.g. excessive criticism of the child or a lack of boundaries)</li> </ul> |
| <p><b>Child Sexual Exploitation (CSE)</b></p> <p>Child sexual exploitation is a form of child sexual abuse.</p> <p>It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Signs that may indicate CSE:</b></p> <ul style="list-style-type: none"> <li>● Going missing from school/home/care placement</li> <li>● Associating with older people/adults</li> <li>● Isolation from family/friends/peer group</li> <li>● Physical symptoms including bruising/STI's</li> <li>● Substance misuse</li> <li>● Mental health</li> <li>● Unexplained possessions, goods and/or money</li> </ul> <p>The indicators can be spotted when speaking</p>     |



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| <p>even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>to the young person themselves or family/friends.</p> <p>If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited please contact the Kingfisher Team on <b>01865 309196</b>. Out of hours calls will divert to Thames Valley Police Referral Centre.</p>                                                                                                              |
| <p><b>Child Exploitation</b></p> <p>Child exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.</p> <p>Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').</p> <p>The age of those involved is getting younger, with children as young as 12 being targeted. Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.</p> <p>While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.</p> | <p><b>Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:</b></p> <ul style="list-style-type: none"> <li>● Going missing from school/home/care placement</li> <li>● Associating with older people/adults</li> <li>● Isolation from family/friends/peer group</li> <li>● Physical symptoms including bruising</li> <li>● Substance misuse</li> <li>● Mental health</li> <li>● Unexplained possessions, goods and/or money</li> </ul> |

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| <p><b>Modern Slavery and Human Trafficking</b><br/> Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.<br/> The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.</p>                                                                                                                                                         | <p><b>Indicators of Modern Slavery can include:</b></p> <ul style="list-style-type: none"> <li>• Lack of access to legal documents (e.g. passports)</li> <li>• Appearance (malnourished, unkempt, etc)</li> <li>• Untreated or unexplained injuries</li> <li>• Attitude (withdrawn, frightened, unable to speak for themselves)</li> <li>• Indebtedness or in a situation of dependence</li> <li>• Frequent changes of location or restrictions on movement</li> </ul>                                                                                                                                                                                                                                     |
| <p><b>Financial or Material Abuse</b><br/> This is the unauthorised and improper use of funds, property or any resources. This included the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.</p> <p>Financial or Material abuse can involve:</p> <ul style="list-style-type: none"> <li>• having money or other property stolen</li> <li>• being defrauded</li> <li>• being put under pressure in relation to money or other property</li> <li>• having money or other property misused</li> </ul>                                                                           | <p><b>Indicators of Financial or material abuse may include:</b></p> <ul style="list-style-type: none"> <li>• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest</li> <li>• High levels of anti-social behaviour reported</li> <li>• High levels of visitors to the property-tenant/service user does not appear to be able to say 'no'</li> <li>• Tenant/service user is socially isolated</li> <li>• Service user falling behind on payments</li> <li>• Service user deemed to be 'failing to engage' with professionals</li> <li>• General deterioration in service users' health and wellbeing</li> <li>• Property falling into disrepair</li> </ul> |
| <p><b>Bullying</b><br/> Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:</p> <ul style="list-style-type: none"> <li>• <b>physical:</b> pushing, kicking, hitting, pinching and other forms of violence or threats</li> <li>• <b>verbal:</b> name-calling, sarcasm, spreading rumours, persistent teasing</li> <li>• <b>emotional:</b> excluding, tormenting, ridiculing, humiliating.</li> </ul> <p>Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide.</p> | <p><b>Indicators a child is being bullied can be:</b></p> <ul style="list-style-type: none"> <li>• coming home with cuts and bruises</li> <li>• torn clothes</li> <li>• asking for stolen possessions to be replaced</li> <li>• losing dinner money</li> <li>• falling out with previously good friends</li> <li>• being moody and bad tempered</li> <li>• wanting to avoid leaving their home</li> <li>• aggression with younger brothers and sisters</li> <li>• doing less well at school</li> <li>• sleep problems</li> </ul>                                                                                                                                                                           |

|  |                                                                                                     |
|--|-----------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>• anxiety</li> <li>• becoming quiet and withdrawn</li> </ul> |
|--|-----------------------------------------------------------------------------------------------------|

**Other types of abuse you should be aware of:**

**Domestic Abuse**

Defined as, “Any incident or pattern of incidents of controlling, coercive or threatening

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

**Forced marriage**

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

**Female Genital Mutilation**

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

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

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing [oxfordrose.clinic@nhs.net](mailto:oxfordrose.clinic@nhs.net) or calling 01865 222969. Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website.

**Self-Harm**

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

Self-harm can involve:

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

**Indicators of self-harm may include:**

- Changing in eating/sleeping habits
- Lowering of academic grades
- Changes in activity and mood
- Abusing drugs or alcohol
- Increased isolation from friends and family
- Becoming socially withdrawn
- Talking about self-harming or suicide
- Giving away possessions
- Expressing feelings of failure, uselessness or loss of hope
- Not attending work

### **Peer on Peer Abuse**

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and

coercive control, exercised between children and within children's relationships (both intimate and non-intimate). Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

### **PREVENT - Extremism**

The Counter-Terrorism and Security Act 2015 places a safeguarding duty on settings to have

“due regard to the need to prevent people from being drawn into terrorism”. Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of an individual being drawn into terrorism
- Demonstrate that they are protecting children and adults at risk from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children/Adults Board.

- Make sure that staff have training that gives them the knowledge and confidence to identify individuals at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Ensure children/adults at risk are safe from terrorist and extremist material when accessing the internet in the setting

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

Indicators may include:

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

To report concerns about radicalisation:

1. Make safe – If emergency services are required – **call 999**. Take reasonable steps to ensure that there is no immediate danger.
2. Refer concern identified by member of the public or professional
3. Call MASH on 0333 014 3325

## **Appendix C: Definitions**

These are helpful definitions of phrases/terms used in safeguarding.

### **Adult at Risk:**

A person aged 18 years and over who:

1. has needs for care and support (whether or not the local authority is meeting any of those needs), and
1. is experiencing, or at risk of, abuse or neglect, and
2. as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

### **Capacity**

Someone who lacks capacity cannot do one or more of the following things:

- understand the information given to them

- retain that information long enough to be able to make a decision
- weigh up the information available and understand the consequences of the decision
- communicate their decision – this could be by any possible means such as talking, using sign language, or even simple muscle movements like blinking an eye or squeezing a hand

### **Care Act 2014**

A law passed in England in 2014 sets out what care and support you are entitled to and what local councils have to do. According to the law, councils have to consider your wellbeing, assess your needs and help you get independent financial advice on paying for care and support

### **Carer**

The Association of Directors of Adult Social Services (ADASS) define a carer as someone who 'spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'. This is distinct from a care worker, who is paid to support people.

### **Coercive control**

Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

### **Consent**

The voluntary and continuing permission of the person to an intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it

### **Early Help**

Part of the safeguarding spectrum, Early help is a way of working which means taking action early in the life of a problem. Applies to any problem/need a family cannot deal with themselves. The aim of early help is to meet the need early and avoid a problem escalating.

### **Learning Disability**

A term that is used to describe a brain impairment that may make it difficult for someone to communicate, to understand new or complex information, or to learn new skills. The person may need help to manage everyday tasks or live

independently. Learning disability starts in childhood and has a lasting effect on a person's development. It can affect people mildly or severely

### **Local Authority Designated Officer (LADO)**

LADO is the person who should be notified when it has been alleged that a professional or volunteer who works with children has: behaved in a way that has harmed a child, or may have harmed a child. They also offer specific training; e.g. allegation management for multi-agency, safer recruitment for schools

### **Locality & Community Support Service (LCSS)**

LCSS provide 'no names consultations,' for when professionals are unsure about a safeguarding situation and the next steps needed. They also provide training and community meetings.

### **Safeguarding Adults Board (SAB)**

Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

- have needs for care and support and
- are experiencing, or at risk of, abuse or neglect and
- as a result of their care and support needs are unable to protect themselves from either the risk of or experience of abuse or neglect