



# **Oasis Community Partnerships Safeguarding and Child Protection Policy**

## **Oasis Community Hub: Foundry & Boulton**

### **Key Information:**

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Date: 1<sup>st</sup> September 2020

Date for review: 1<sup>st</sup> September 2021

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## 1.0 Introduction

1.1 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.

### 1.2 The Oasis 9 Habits

The Oasis Ethos is aspirational and inspirational and something that we have to constantly work at. It is important to remember that every organisation is made up of its people, and people don't always get things right every day. This means that there can sometimes be a dissonance between what we say we are, as stated in our ethos values, and what we actually do and experience.

Recognising this is helpful because it reminds us that we each have things to work on; we have space to grow, develop and change to become the best version of ourselves. To help us in this process of personal growth and development we have the Oasis 9 Habits. It is our bespoke and unique approach to character development. We know that by living the way of the habits, the Oasis Ethos behaviours we aspire to will become second nature to us.

We also believe that this process of continually developing our character and being transformed to become the best version of ourselves is really important for every staff member and child we work with. Therefore, we actively promote and practice the Oasis 9 Habits which are an invitation to a way of life characterised by being compassionate, patient, humble, joyful, honest, hopeful, considerate, forgiving and self-controlled.

We believe that by becoming people who live this way, by becoming the best version of ourselves, we are transformed, and we are also able to play our part in bringing transformation locally, nationally and globally.

1.3 In light of the Oasis vision, Ethos and 9 Habits, we aim to create an organisational culture that promotes flourishing and positive wellbeing for every member of staff and child – to create environments where people can discover the wholeness of life. The word we use to describe this is Shalom. Shalom means peace, wellbeing, wholeness, nothing broken, nothing missing, and everything as it should be. Along with our ethos and 9 Habits this provides a lens through which to focus - facilitating the flourishing of staff and the children we work with.

1.4 Therefore in line with the Oasis ethos and 9 Habits, Oasis Community Partnerships (OCP) fully recognises its responsibilities for safeguarding children. In this policy, a 'child' means all children and young people under 18 years of age.

## 2.0 What is this policy about?

2.1 The central purpose of Oasis is to transform communities so that they are safe and healthy places to be and to live. Oasis realises that it cannot make a commitment of this kind without first being committed to the safeguarding and safekeeping of its children. 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 Hub-based), Hub Council members and volunteers working at the Hub.

## 3.0 In brief

3.1 Safeguarding and promoting the mental, emotional and physical welfare of children is everyone's responsibility who works or volunteers in OCP. 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.

## 4.0 In more detail

4.1 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 Hub-based), Hub Council members and volunteers working at the Hub.

4.2 The Hub recognises 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.

4.3 It is important to remember that each Hub 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 Hub 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

## 5.0 Who is this policy for?

5.1 This policy applies to all the activity of Oasis Community Partnerships and local Oasis Hub charities. Safeguarding and promoting the welfare of children is everyone's responsibility, whether they work or volunteer in any of our Hub's. Thus, everyone has a role to play in child protection and safeguarding i.e. Hub Leaders, Designated Safeguarding Leads, Staff, Suppliers, Volunteers, Board members, etc.

## 6.0 Policy Statement

6.1 This safeguarding and child protection policy is intended for use across the Oasis Community Partnerships Hub's and is applicable to activity with children under the age of 18.

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

## 7.0 The requirements that apply to this policy

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

- Keeping Children Safe in Education: Statutory Guidance for Hubs and Colleges, updated September 2020, DfE
- Working Together to Safeguard Children, July 2018, HM Government
- Inspecting safeguarding in maintained Hubs and Hub's, September 2019, Ofsted
- Inspecting safeguarding in safeguarding in early years, education and skills settings, September 2019, Ofsted
- The current Oasis E-Safety Policy
- Education for a Connected World, UKCCIS 2018
- Multi-agency Statutory Guidance on Female Genital Mutilation, July 2020, HM Government.
- Protecting Children from Radicalisation: the prevent duty, August 2015, DfE
- The Independent Hub Standards, 2015, DfE
- Competence Still Matters: Safeguarding training for all employees and volunteers 2014, LSCB
- Mental Health and Behaviour in Hubs: Departmental Advice, 2014
- The Children Act 1989 and 2004 and The Education Act 2002

## 8.0 Procedures in respect of Child Abuse:

8.1 Child abuse exists where children have been physically or emotionally abused or severely neglected. Abuse of children who attend our settings are likely to be noticed by the Hub staff. It is essential, therefore that all those whose work brings them into contact with children and their families know the signs of abuse and the relevant procedures.

8.2 This Hub 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 is therefore regarded as essential by the Hub

8.3 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.**

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

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

*This means that in our Hub we will all know the signs of child abuse and are aware of the procedures that we must follow to safeguard the child*

*All our staff will read:*

- *Appendix A of this policy, and*
- *Annex A of Keeping Children Safe in Education 2020*

*And we will keep records of this within our Hub*

*Our DSL team is listed on page 1.*

*All our staff will use the OCP Safeguarding reporting systems to record their concerns about a child but will also discuss their concerns with the DSL*

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

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

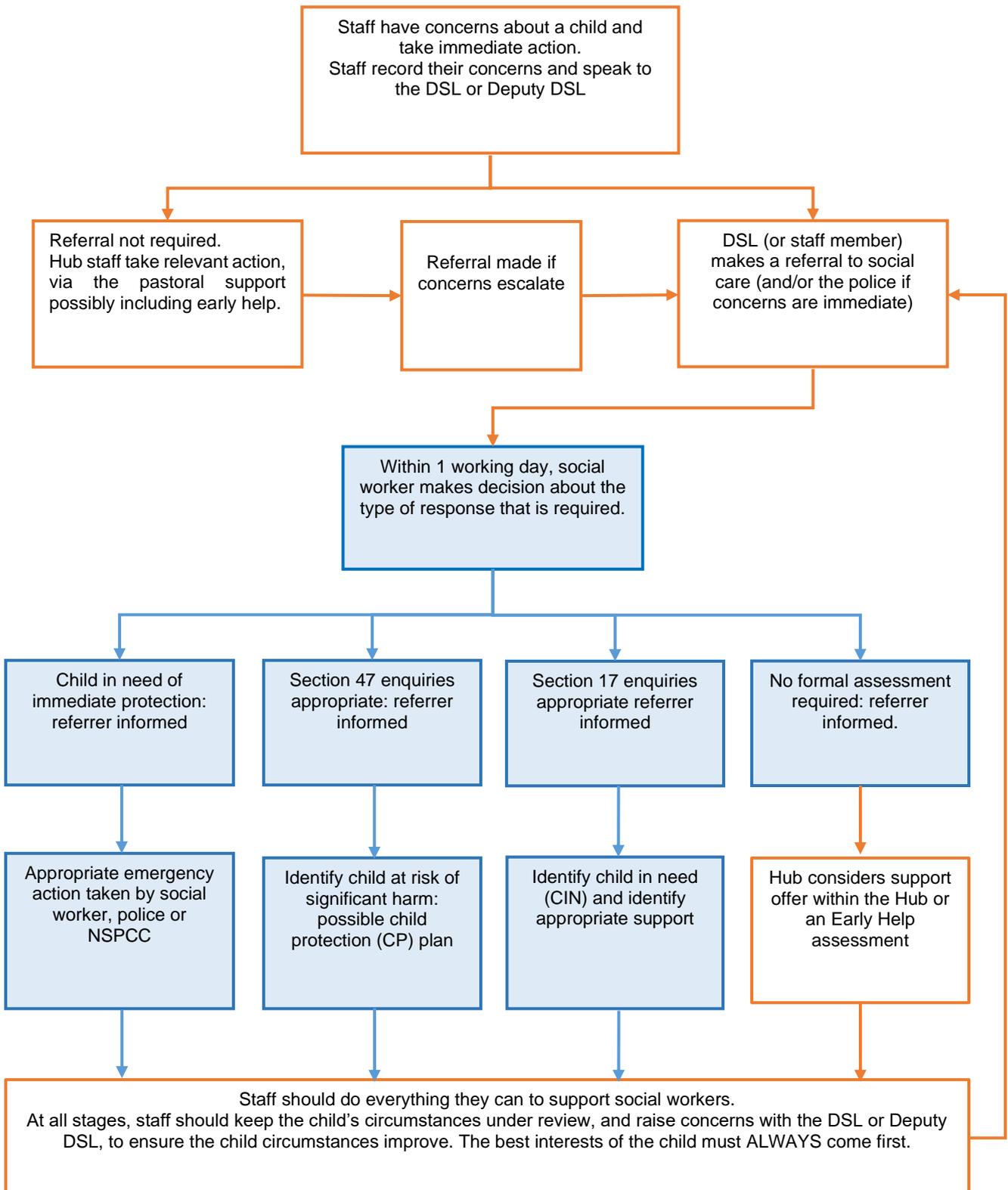
8.8 Safeguarding and child protection concerns should be considered when planning any off-site or residential visits.

8.9 A confidential register will be maintained of all those children known to be at risk.

*In our Hub 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.*

## 9.0 Flow chart for staff actions:



## 10.0 Hub Responsibilities

10.1 In our Hub we recognise that because of the day to day contact with children, Hub staff and volunteers are well placed to observe signs of harm, abuse, neglect, victimisation and /or exploitation. Therefore we will all ensure arrangements are in place to safeguard and promote the welfare of children by:

- Maintaining an environment where all children feel secure, are encouraged to talk, and are listened to
- Ensure all children know the adults in the Hub who they can approach if they have worries
- Teaching children to keep themselves safe from all forms of abuse including; child sexual exploitation, female genital mutilation, forced marriage, extremism, radicalisation, and peer on peer abuse.
- Work in close partnership with the Academy DSL, attend the Regional Improvement Network Meetings and participate in any Trust wide safeguarding initiative that supports OCP & OCL action

10.2 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
- 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
- Ensuring the suitability of all staff through safe recruitment practice
- Ensuring all Oasis Hub staff and volunteers understand their responsibilities with regard to safeguarding and child protection
- Ensuring that parents and carers have an understanding of the responsibility placed on the Hub and its staff for safeguarding and child protection
- Maintaining clear procedures for reporting allegations against staff members

10.3 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
- Relevant curriculum design and implementation to teach children about staying safe at all times, including when they are online
- Daily practice underpinned by the Oasis ethos, vision, values and '9 Habits' found in APPENDIX D.
- Consistent implementation of the Hub's Health & Safety, Safer recruitment, online safety policies and related practice
- Close liaison with other agencies such as social services, Child and Adult Mental Health Service, the Education Welfare and Psychology Services.

## 11.0 Safeguarding Children

### 11.1 Contextual Safeguarding

KCSiE 2020 writes about the importance of the context in which Hub safeguarding must be considered, including behaviours that are associated with factors outside the Hub which can occur between children outside of these environments i.e. whether children are at risk of abuse or exploitation in situations outside their families.

11.2 Safeguarding covers a broad range and aims to achieve the following:

- Protecting children from maltreatment
- Preventing impairment of children's health and/or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Undertaking that role so as to enable children to have optimum life chances, so they can enter adulthood successfully

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

- Staff conduct,
- Health and safety,
- Bullying,
- Online safety,
- Arrangements for meeting the medical needs, providing first aid and/or intimate care,
- Building security,
- Alcohol, drugs and substance misuse,
- Positive behaviour management
- Physical intervention and restraint (reasonable force)

*Within our Hub our DSLs will consider the contextual safeguarding in their early working in any safeguarding process.*

*This means that in our Hub we:*

- *Recognises the importance of information sharing between professionals and other agencies as vital in identifying and tackling all forms of child abuse*
- *Will ensure any fears about sharing information **will not be allowed** to stand in the way of protecting the safety and welfare of any or our children*

*In our Hub all these policies are accessible for staff and parents to read.*

*We will record when staff have been given a policy and expect them to adhere to it.*

*Staff will be able to go to their line manager for support if they don't understand the policy.*

## 12.0 Data Protection & Sharing Safeguarding Information - GDPR

12.1 In our Hub the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 will not prohibit information about children being shared with specific authorities if it is for the purposes of safeguarding children and individuals at risk.

12.2 Information that could be relevant to keeping a child safe will be shared so that informed decisions can be made about a child's welfare. We recognise that we have a duty of care for our children and safeguarding is of utmost importance to us.

12.3 GDPR does not 'trump' safeguarding. Processing safeguarding data is necessary for compliance with our legal obligation to which OCP is subject. Therefore, consent is not needed for the effective sharing of safeguarding information between a Hub and relevant authorities.

12.4 Photographs and films represent key ways of making memories of events within Hubs and OCP recognises its legal obligations to Data Protection in the processing of personal data.

12.5 OCP requires that in general, for the protection of children, where photographs of children are used in Hub publications, including the website, the children should not be named. Conversely, if a child's name appears, the child's image should not.

*This means that in our Hub we will apply the OCP guidance issued around photography, social media, websites and printed publications in Hubs:*

*Specific guidance for our staff can be found in the Oasis Photography guidance document*

## 13.0 Dealing with Disclosures of Abuse

13.1 It is important that all our staff know how to deal with a disclosure of abuse or neglect.

**Remember - If a child chooses to confide in you it means they trust you and want you to help them. Dealing with a disclosure may be frightening, but you should also feel privileged that the child has chosen you to talk to.**

### 13.2 If you see or hear something that concerns:

- Don't ignore it
- Don't feel silly – if it worries you, someone else needs to know
- If it is related to a child being at risk – see the DSL, or Deputy DSL immediately and definitely before the child goes home that day
- Record all information on a safeguarding reporting form and seek advice immediately from your DSL
- If it is something related to safeguarding, but not a child whose safety is immediately at risk – inform the appropriate Pastoral Leader via CPOMS, or the agreed system for monitoring
- All staff may raise concerns directly with Children's Services. If they feel an incident is not being dealt with appropriately, or they are unable to locate relevant staff
- Concerns about adults in the Hub should be made directly to the Hub Leader.

### 13.3 At this point, take the following steps:

- Explain to the child that the disclosure must be reported – emphasise your trust in them.
- Do not promise to keep the allegation secret or that 'everything will be alright'
- Reassure by telling the child that they have done the right thing in telling you, do not offer physical reassurance
- Do not admonish in any way e.g., 'I wish you had told me sooner'
- Inform the DSL initially verbally

*Under no circumstances, discuss the matter with any other person - if the allegations prove to be untrue, any such discussion would be deemed defamatory.*

### 13.3 Dealing with disclosures of abuse

- Always listen carefully and quietly – do not press for any evidence at all
- Remain calm and reassuring – do not dismiss the disclosure – do not show distress or concern
- Do not refute or try to belittle the allegation
- Show that you care through open and reassuring facial and body language
- Do not interrogate or ask leading questions (it could later undermine a case)
- Ensure you take a written verbatim account of the child's disclosure using the appropriate Hub Disclosure Form and record keeping system or, where appropriate, through CPOMS

### 13.4 With the DSL, prepare a detailed report itemising the information revealed by the child with absolutely no opinion

- Actions taken by yourself, including when the suspicions were reported, to whom the suspicions were reported and follow-up action taken within the Hub
- Date and sign any written record of events and action taken and keep confidential and secure
- You must keep, in absolute confidence, a copy of the report, as will the DSL



## 16.0 Female Genital Mutilation

16.1 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.

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

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

16.4 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

16.5 When a staff member 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.

16.6 Failure to report such cases MAY result in disciplinary sanctions.

*This means that in our Hub we ensure:*

*Our staff 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 staff are up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation and include such issues, in an age appropriate way, in their activity plans.*

*It is our expectation that a staff member 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).*

## 17.0 Honour Based Abuse (HBA)

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

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

17.3 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 Hub 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.*

## 18.0 Peer on Peer Abuse

18.1 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.

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

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

18.4 Hubs should recognise the impact of sexual violence and the fact children can, and sometimes do, abuse their peers in this way.

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

*This means that in our Hub:*

*We will not tolerate instances of peer on peer abuse and will not pass it off as “banter”, “just having a laugh” or “part of growing up”.*

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

*We will follow both national and local guidance and policies to support any children subject to peer on peer abuse, including sexting (also known as youth produced sexual imagery) and gang violence.*

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

*We will utilise the Oasis Children who pose a Risk to Children Hub Safety Plan*

*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;*

*Our DSL team will complete the ‘Children who pose a risk to children’ Hub safety plan to assess risk and manage the integration in Hub.*

*We will also utilise the search and confiscation guidance produced by the DfE, and deal with incidents of youth produced sexual imagery guidance by UKCISS*

## 19.0 Online Safety

19.1 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,
- Acceptable use of Technologies,
- Web Filtering and Device Monitoring through Smoothwall Moderated Monitoring (when working with Oasis Academies)

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

*In our Hub:*

- *The DSL will oversee the delivery of the e-safety curriculum ensuring safeguarding is maintained.*
- *Online safety is included our curriculum provision as part of providing a broad and balanced curriculum.*
- *Children are taught about safeguarding, including online, through teaching and learning opportunities, with specific reference to the age related guidance in 'Education For a Connected World' resources:*

<https://www.gov.uk/government/publications/education-for-a-connected-world>

- *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*

## 20.0 Training and Development of staff

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

*This means that in our Hub*

- *All staff and volunteers new to the Hub will be given appropriate Safeguarding training including ACES 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 Hub specific training including being made aware of local risk factors for extremism*

20.2 All staff must access update briefings on safeguarding and child protection each year.

*In addition we will make sure that:*

- *Time will be given to enable this commitment to be met*
- *All Hub staff will undertake annual safeguarding and child protection training as organised by the DSL*
- *Updates will feature regularly in all staff and ALT meetings, as appropriate*
- *MASA identified local issues will be addressed through staff training.*

20.3 The DSL team will be appropriately trained

*To achieve this in our Hub we will ensure that:*

- *The Designated Safeguarding Lead (DSL) and*

*Deputy DSL will receive relevant training as per KCSIE 2020 requirements through the Oasis DSL training course.*

- The DSL will attend Local Authority network meetings as necessary and other appropriate inter-agency training.*
- The DSL will attend Prevent training (such as WRAP) as provided by the Home Office and Local Authority.*
- The Hub Leader will attend advanced training with a designated provider identified by Oasis Community Partnerships*

## 21.0 Allegations against Members of Staff

21.1 All allegations of abuse made against a member of staff in relation to a child must be brought to the attention of **the Hub Leader immediately**.

21.2 If the allegation meets any of the following criteria, the Hub Leader (or other lead person) must report it to the Local Authority Designated Officer the same day. If it is alleged a 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*

21.3 For other allegations the Hub Leader and DSL will decide if further enquiries are required prior to referral to the Local Authority Designated Officer.

21.4 The Local Authority's Designated Officer must be informed of all allegations that come to the Hub's attention that meet the criteria so that he/she can consult police and social care colleagues as appropriate.

*This means that in our Hub 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.*

*In some cases, allegations may be so serious, they will require immediate intervention by the police and or children's social care services. If this is the case the LADO team will also be informed.*

*Within 1 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 only.*
- For allegations about the Hub Leader – these should be made to Deputy CEO.*
- For allegations about a member of an OCP national team - these should be made to the Deputy CEO.*
- For allegations about the Deputy CEO – these should be made to the Chief Executive's Office.*

*All LADO referrals will be recorded on the OCP tracking system so that progress and outcomes can be followed.*

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

*At the conclusion of any investigation if enough evidence is gathered to have foundation then a*

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

*referral will be made to the DBS Authority as soon as possible.*

## 22.0 Suitability of staff and safe recruitment practices

22.1 Safe recruitment practices are an essential part of creating a safe environment for children

*In our Hub we will ensure that staff and volunteers working at the Hub are suitable to do so.*

*We will follow the specific procedures are outlined in:*

- *OCP Recruitment & Selection Policy*
- *Recruitment Toolkit*

22.2 For joint work with Academies, Keeping Children Safe in Education 2020 states that we will be required to complete a risk assessment for each volunteer.

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

*Where the volunteers is not in regulated activity we will undertake a DBS but are not legally allowed to do a barred list check.*

*'Due Diligence' checks will be made on any speaker invited to host an assembly or speak to children during lessons*

22.3 The Staff and Volunteer Critical Records Sheet (SVCRS) is an important part of the Hub's commitment to Safeguarding and will be maintained by a member of the Hub Team. It will then be audited on a regular basis

*In our Hub the SVCRS will be overseen and directly managed by the Hub Leader and reviewed:*

- *Every half term by the Hub Leader*
- *By the National Team*

*This will allow us to sustain effective safeguarding at our Hub.*

## 23.0 Confidentiality and Record Keeping

23.1 Staff have the professional responsibility to share relevant information about the protection of children with the DSL and Hub Leader and potentially external investigating agencies

*At our Hub we will take any disclosure very seriously.*

23.2 If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tell the child sensitively that he/she has a responsibility to refer the matter to the Designated Safeguarding Lead (DSL) for the child's own sake.

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

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

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

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

23.5 Working in partnership with parents is important, the Hub 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 parents initial consent to ensure the welfare and safety of our children.

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

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

*These will be kept within the OCP reporting system.*

*Any external individual or organisation contracted by the Hub to work with Hub children must report any child protection incidents or disclosures from children to the Hub Leader or DSL at the earliest opportunity.*

To do this our Hub will:

- *Aim to help parents understand that the Hub has a responsibility for the welfare of all children 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*
- *Provide advice and signpost parents and carers to other services where children need extra support*

*In our Hub we use the OCP reporting system.*

*The DSL will ensure that all Child Protection records are kept separately from child 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*

## **24.0 Early Years Settings within Hub's**

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

*In our Hub 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 Partnerships 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*

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

*first aid certificate who available on the premises at all times.*

- *A qualified 1<sup>st</sup> Aider accompanies children on Hub 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 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*

## 25.0 Health and Safety

25.1 That there is a robust interaction between the Health and Safety policy to meet the statutory responsibility for the safety of children and staff at the Hub.

*In our Hub the Hub Leader will identify and manage risk through the use of risk assessment carried out:*

- *On an annual basis for the Hub spaces and environment in and outdoors*
- *For all Hub trips and offsite visits*
- *When there are any changes to the premises or practices*
- *Following a serious accident in relation to staff and/or children*
- *High level risk associated with contact with parents*
- *To maintain effective security of the premises including protection from intruders, trespassers and/or criminal damage*

25.2 People accessing the site will be authorised.

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

- *Report to the Hub reception on arrival.*
- *Provide proof of identity.*
- *Wear a name badge at all times with lanyards differentiating the groups:*
- *Be made aware of the arrangements for safeguarding, health and safety*

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

*In our Hub 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 Hub policy*
- *Taking appropriate action where children are unwell*
- *Notifying the HSE of any serious accident, illness or death of any child whilst at the Hub.*

- *Notifying Ofsted, in the case of children attending the early years, within 14 days.*

25.4 Day-to-day responsibility for health and safety issues at the Hub will be delegated to a member of staff who is suitably trained and competent to carry out duties.

## 26.0 Safeguarding children who are vulnerable to extremism; The Prevent duty

26.1 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.

26.2 Oasis is 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.

26.3 Oasis is committed to working with the local authority and other local partners, families and communities to play a key role in ensuring children 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

*In line with fundamental 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 the Hub is based.*

*Both children and staff members have the right to speak freely and voice their opinions.*

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

*Actions for our Hub will include consideration of the new SRE curriculum, PSHE curriculum, SEND policy, assembly content.*

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

designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause

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

26.5 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 child is being radicalised or at risk of being drawn into terrorism refer to Children's Services as with any other safeguarding concern.

26.6 Oasis will ensure that the DSL and SPOC (if different) will complete a local Workshop to Raise Awareness of Prevent (WRAP) and that this training will be cascaded to staff.

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

26.8 These checks will include:

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

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

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

*Staff 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 child 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 on CPOMS.*

*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 Hubs 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*
- *They can provide evidence that they have practised safe recruitment and their staff have the requisite DBS checks*

## 27.0 Emotional Health & Well-being

27.1 Our Hub's have an important role to play in supporting the mental health and wellbeing of all our children.

*This means that in our Hub 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.*

*Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood*

*experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood  
Our staff are well placed to observe children 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 should speak to the mental health lead in the first instance.*

*If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to DSL or the Hub Leader.*

*If the child 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.*

*Where a referral to CAMHS is appropriate, this will be led and managed by the Mental Health lead in conjunction with the DSL.*

*To support this we will have a Mental Health Lead in our Hub who has the Mental Health First Aid (MHFA) qualification.*

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

*The DSL will liaise with the Mental Health Lead in the Hub and with the appropriate mental health professionals*

*The DSL will 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 children.*

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

*This means that in our Hub 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 children safe.  
We will host relevant information on our virtual learning environment for staff 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 children.*

27.4 Our Hub staff may become aware of warning signs which indicate a child or a member of staff is experiencing mental health or emotional wellbeing issues.

These warning signs should always be taken seriously.

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

27.5 When a child 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.

27.6 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.

*As a Hub 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 Hub 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 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:*

- *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 Hub 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 Mental Health Lead 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.*

## 28 Working with Offenders

28.1 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.

28.2 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.

## Appendix A – Key information for all staff

Through the Oasis' ethos and values, the Hub provides a platform to ensure children are given the support to respect themselves and others, and understand their role as a local and global citizen, being aware of the potential issues they face. This includes child on child sexual exploitation.

### Child Criminal Exploitation (CCE)

Both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online

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

- County Lines
- Child Trafficking & Human Slavery
- Gang affiliation & knife Crime

### Child Sexual Exploitation (CSE)

CSE involves exploitative situations, contexts and relationships where child 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 important to note that this is Child Abuse and participation should NOT be viewed as consensual. It is a problem that occurs for boys as well as girls.

Sexual exploitation can take many forms ranging from the completely inappropriate 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 child who are being sexually exploited do not exhibit any external signs of this abuse.

Child Sexual Exploitation does not always involve physical contact as it can occur through the use of technology. This can affect any child (male or female) under the age of 18 years. The age of consent is immaterial in CSE – it is child abuse.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or child who may be victims of sexual exploitation.

Signs of CSE can include

- Inappropriate sexual or sexualised behaviour
- Repeat sexually transmitted infections
- Repeat pregnancies, abortions and miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Going to hotels or other unusual locations to meet friends
- Moving around the country, appearing in new towns or cities, not knowing where they are.
- Getting in/out of different cars driven by unknown adults
- Having older boyfriends or girlfriends
- Associating with other child involved in sexual exploitation
- Unexplained changes in behaviour or personality
- Involved in abusive relationships, intimidated and fearful of certain people or situation
- Recruiting other child to exploitative situations
- Contact with known perpetrators

## County Lines

Gangs use children and vulnerable people to move drugs and money including concealing concealed on or about their person. It can also include the person being forced to conceal the drugs internally (known as 'plugging'). 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 staff 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.

Our 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.stophetraffik.org/>

### **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 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/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](https://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](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](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 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 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- The Hub's Statutory Duty

This policy sets out how the Hub will meet its statutory duty under section 175 of the Education Act 2002, to safeguard and promote the welfare of our children. It has been developed in accordance with the law and guidance found at <https://www.gov.uk/> that seeks to protect children.

### Related policies

Safeguarding covers more than the contribution made to child protection in relation to individual child. It also encompasses issues such as staff conduct, health and safety, bullying, online safety, arrangements for meeting the medical needs, providing first aid and/or intimate care, building security, drugs and substance misuse, positive behaviour management and the use of physical intervention and restraint (reasonable force)

This document must therefore be read, used and applied alongside Oasis policies

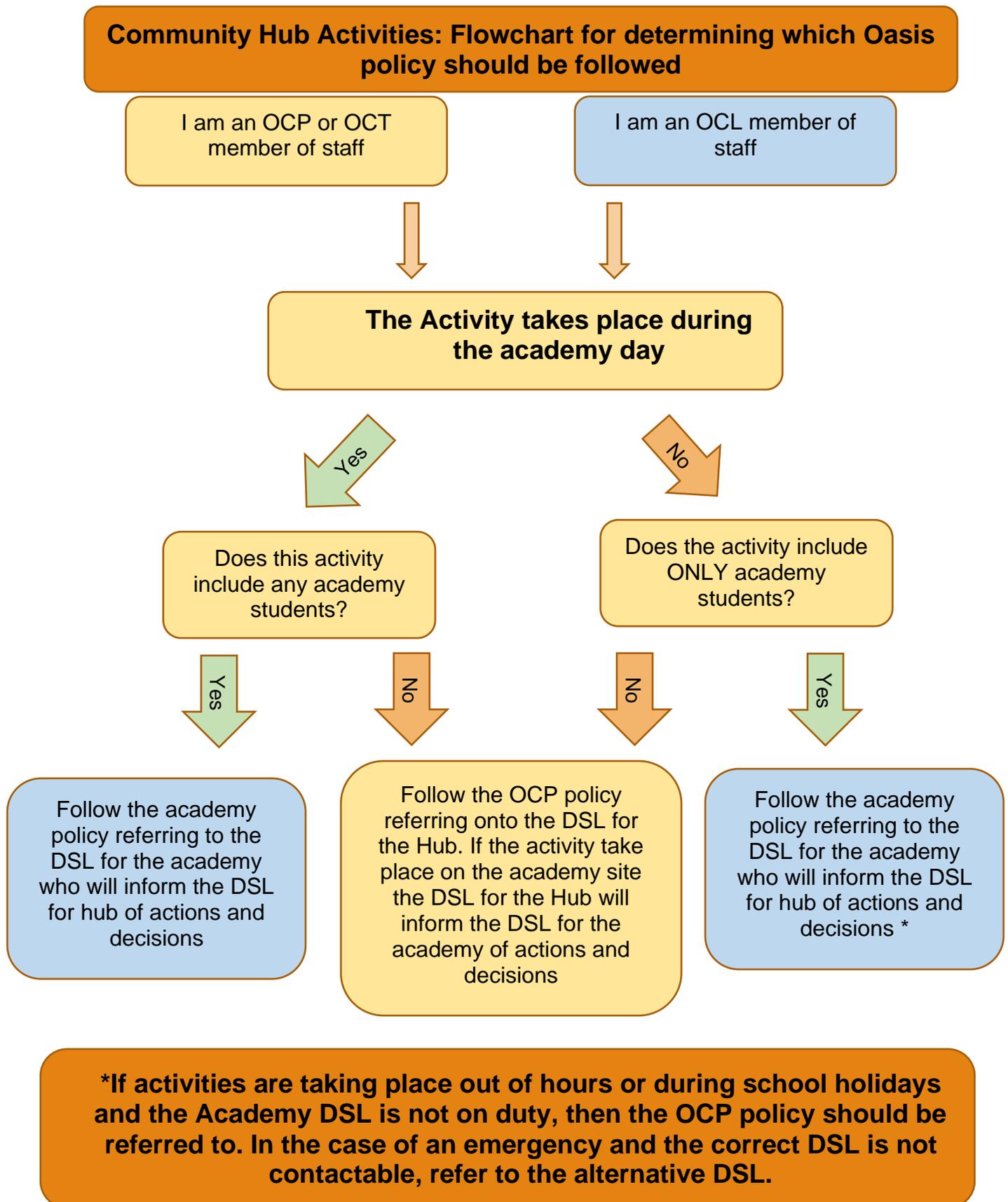
There may be safeguarding issues that are specific to the local area or population that need to be identified in partnership with the **Local Multi-Agency Safeguarding Arrangements** and or other agencies e.g. gang membership, FGM, CSE, extremism and the safeguarding of vulnerable adults. See page 2 for our LASB contact details. **All staff** will be made aware of specific issues relating to locality that could impact the safety of children at the Hub.

The Staff and Volunteers Critical Record Sheet (SVCRS) is an important part of the Hub's commitment to Safeguarding and will be monitored locally by the Hub Leader on a termly basis and by the national team. The SVCRS will be overseen and directly managed by the Hub Leader, who is responsible for safeguarding in the Hub, and the Hub safeguarding leadership team.

**Appendix C - The Oasis 9 Habits**

Compassionate	Patient	Humble
Joyful	Honest	Hopeful
Considerate	Forgiving	Self-controlled

## Appendix D: Working with OCL



## Appendix E – 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.

## Appendix F – COVID-19 & Safeguarding

Oasis believes all young people, regardless of their circumstances or background are entitled to education which is suitable to their age, ability, aptitude and any special educational needs

Despite the emergency nature of the current situation it remains everyone's role to recognise and respond to potential indicators of abuse and neglect. All 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 Oasis.

The DSL team should be allocated time to support staff and children regarding new concerns (and referrals as appropriate) as well as maintaining contact with vulnerable children as yet to return.

In the event of an actual or suspected case of abuse by adults, parents, or by a peer, it is the responsibility of staff to **report this to the Designated Safeguarding Lead (DSL) as soon as possible**. It is important that if staff overhear children discussing 'abuse' or 'neglect' that this information is relayed for investigation

The DSL Team should do all that is reasonably possible to ensure relevant safeguarding and welfare information held on all children (including returning children) remains accurate. This can be done by asking parents and carers to advise them of any changes regarding welfare, health and wellbeing that they should be aware of before a child returns.

The Designated Safeguarding Lead (DSL) will attend any reviews called by the Local Authority by MS Teams, Skype or other means of social distancing and may call on appropriate members of staff for reports.

### Process where contact with the provision is NOT maintained

If young people deemed vulnerable do not attend the provision or do not answer their phones must be reviewed and logged against the risk assessment for that child.

The concerns about lack of contact with a vulnerable family should also be discussed with the Lead DSL to consider if the lack of contact escalates Oasis' concerns about the safety of the child.

If the 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.

If it is requested by Social services, or felt necessary by Oasis to undertake a Home visit the following should take place, however:

- Staff cannot be forced to undertake a home visit
- Individual consideration should be given to the individual circumstances of the staff who may be considered for home visiting including: shielding their own health status or that of anyone living in their household.

#### Pre-Visit:

- The DSL should discuss the situation with their line manager to alert them of the concern
- A home visit should only be considered if it is deemed essential to establish the safeguarding status of the young person.

- The Home Visit risk assessment form should be completed
- Access to Gloves & hand sanitiser from Hub supplies.

#### **During the visit:**

- These are door step visits only – you should not enter the house unless in exceptional circumstances
- Traveling to and from the visit should be in separate cars if 2 staff are required
- The staff member should wear their Oasis Photo ID Badge and carry a letter of authorisation
- If conducting the visit alone the worker should consider the implications of Lone Working, and let someone know where you are going and when you are due to be back home
- Adhere to the government guidance on social distancing and stay 2m away from people
- Avoid any physical contact during the visit
- Avoid touching face during visit
- Gloves should be worn during the visit at all times
  - As the staff member is not making physical contact or entering the house & is maintaining the 2m distance, other forms of PPE such as masks or aprons should not be necessary, but if government advice changes the new official guidance should be adhered to.
- Re-iterate the importance of the 'Keeping In Touch' call with the family

#### **On completion of the visit:**

- Remove gloves and use hand sanitiser/anti-bac wipes before getting back in the car (touching door handles/steering wheels etc.)

#### **On return to the Hub or Home:**

- Wash your hands for 20 seconds on return to work or your home base.
- Record the visit and take any appropriate actions identified as part of the visit.
- Feed back to the Local Authority if/as required

#### **Additional steps if the staff member has to enter the home:**

- Entering the home should only be considered in exceptional circumstances where there is thought to be a risk of significant harm to a child.
- Before entering the staff member should discuss their concerns
- If the risk of significant harm is suspected then the staff member should consider seeking advice/support from the appropriate emergency service or social care MASH arrangements.
- Gloves and apron should be worn at all times
- Physical contact should be kept to a minimum
- Avoid touching face during the visit
- Do not accept any form of hospitality, however well meant
- If working from an Oasis building do not return to the school following a home entry but go back to your house
- Undress on return home and put clothes in a black plastic bag
- Shower straight away using a thick lather of soap
- Place the towel in the black plastic bag
- Place clothes and towel in the washing machine and wash at 40 degrees
- Wash hands for 20 seconds using soap and water
- Return to work or work from home as directed
- Record your visit on the Risk Assessment form

#### **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.

## Appendix G – Change Control

Version	Date	Amended by	Recipients	Purpose
1.0	01/09/2016	Alison Findlay RCPD (based on OCL policy)	All OCP Staff	Updated legislation
2.0	01/09/17	Kat Simmonds OCP DIRECTOR (based on OCL policy and CCPAS best practice)	All OCP Staff	Updated legislation
3.0		Kat Simmonds OCP DIRECTOR (based on OCL policy and CCPAS best practice)	All OCP Staff	Updated legislation
4.0	02/09/19	Jon Needham	KS	Style and format changes to OCL policy
5.0	02/09/2019	Kat Simmonds	All OCP staff	Updated OCL version for OCP purposes
6.0	14/08/2020	Kat Simmonds	DP and JN	Revision of OCL policy for OCP purposes for 20/21

### Approvals

This document requires the following approvals.

### Approvals

This document requires the following approvals.

Name	Position	Date Approved	Version
Dave Parr	OCT CEO	03/09/2019	5.0

### National/Local Policy

This policy must be localised by Hubs

This policy must not be changed, it is a National Policy (only change logo, contact details and yellow highlighted sections)

### Distribution

This document has been distributed to:

Name	Position	Date	Version
All OCP Hub/Project Leads			
All OCP DSO's			
All OCP/local Hub project staff			