

Tend Collective Community Interest Company Safeguarding Children Policy

Introduction (Aim / Ethos)

Who we are and what we do

Tend Collective Community Interest Company (CIC) was established to enhance the mental and emotional health of children and young people in Norfolk by supporting the adults in their lives. We believe that safe, nurturing relationships with trusted adults are fundamental to young people’s wellbeing and development.

Tend Collective provides practical and therapeutically informed support to caregivers and professionals, helping them foster the wellbeing of the children and young people in their care. Our work includes delivering tailored support packages for parents, educators, and practitioners—ranging from individual and group support sessions to school-based training and continuing professional development for therapists. Sessions will typically involve adults, however there may be instances where children attend as well, either in-person or via video taken by parents or caregivers with the young person’s consent. At Tend Collective we aim to enhance children’s and young peoples’ mental health through supporting the adults in their lives, so interventions will often involve reflecting on experiences that adults have had with the children and young people they live and work with.

We also operate a therapy space in central Norfolk, offering affordable room hire to creative arts therapists and other mental health professionals. By making accessible, well-resourced space available to independently practicing therapists, we help to increase the availability of therapeutic services for local children, young people, and families. Children and young people will often attend the site for their individual or group therapy sessions with independently practicing mental health practitioners.

Aim of this Policy

This policy sets out our commitment to safeguarding and promoting the welfare of all children, young people, and families who use our services or access support on our premises. It explains how we will meet our legal and ethical responsibilities, support the early identification of safeguarding concerns, and respond effectively when concerns arise.

Our Safeguarding Ethos

At Tend Collective, safeguarding is everyone’s responsibility. We are committed to creating a culture of openness, transparency, and mutual respect in all that we do. We aim to foster environments—both in our own services and in the services delivered by others on our premises—where children and young people feel safe, heard, and valued.

We promote safe working practices for all those using our spaces and services, including independent therapists, and ensure safeguarding responsibilities are clearly defined and upheld. All staff, volunteers, and associates are supported to understand their safeguarding duties and act in the best interests of the children and families we aim to support.

<p><i>Name and contact details of the Designated Safeguarding Person (DSP) and their Deputy</i></p>	<p>Designated Safeguarding Person (DSP): Katie Severson – 07923 006463 / available every day from 8am to 8pm</p> <p>Deputy DSP: Kirsty Reynolds – 07982 823465 available evenings 6pm to 9pm and weekends 9am to 9pm</p> <p>If the DSP/Deputy DSP are unavailable anyone with a safeguarding concern can contact The Children’s Advice and Duty Service (CADS).</p> <p>* A staff member or volunteer can call (0344 800 8021)</p> <p>* A parent or member of the public can call (0344 800 8020).</p> <p>If you feel a child is at risk of immediate harm, call the Police on 999.</p>
<p><i>Roles and Responsibilities of DSP</i></p>	<p>The Designated Safeguarding Person (DSP) at Tend Collective Community Interest Company (CIC) holds overall responsibility for ensuring that safeguarding procedures are understood and followed across our organisation. This includes oversight of safeguarding practice in relation to staff, volunteers, and commissioned practitioners working on behalf of Tend Collective CIC.</p> <p>For staff and professionals or practitioners commissioned directly by Tend Collective to deliver services (e.g. therapeutic groups, training sessions, or educational support), the DSP will:</p> <ul style="list-style-type: none"> • Be the named person to whom safeguarding concerns must be reported. • Liaise with Children’s Services and other statutory agencies as required. • Make referrals to the Children’s Advice and Duty Service (CADS) or Local Authority Designated Officer (LADO) when appropriate. • Ensure this safeguarding policy is reviewed annually and updated in line with any changes in local or national guidance. • Ensure all staff, volunteers, and commissioned practitioners are made aware of this policy and know the procedures to follow. • Ensure appropriate safeguarding information is provided during induction and that relevant training is completed and kept up to date. • Ensure safer recruitment practices are followed for any individual commissioned to work with children and young people on behalf of Tend Collective. • Provide safeguarding updates to staff, volunteers, and those providing commissioned work on behalf of Tend Collective when there are changes to legislation or local processes. • Maintain appropriate safeguarding training, including completion of Designated Safeguarding Person (DSP) Training. • Adhere to and promote the Norfolk Continuum of Needs Guidance as set out by the Norfolk Safeguarding Children Partnership (NSCP). <p>Independent Therapists Hiring Space on Tend Premises</p> <p>Tend Collective also provides affordable room hire to independently practicing therapists who are not employees or contractors of the organisation. These therapists are responsible</p>

	<p>for their own safeguarding policies and procedures and must meet Tend Collective’s standards before working on site, including evidence of:</p> <ul style="list-style-type: none"> • An enhanced DBS check, • Up-to-date safeguarding and professional training, • A current and compliant safeguarding policy, • Professional indemnity insurance, • Professional registration with a recognised body (e.g., BACP, UKCP, HCPC). <p>Tend Collective does not hold clinical governance over independently delivered services and is not responsible for reporting or managing safeguarding incidents arising within those services.</p> <p>If an independent therapist raises a safeguarding concern while on the premises, Tend Collective Directors may listen and advise on local pathways; however, the therapist retains full responsibility for taking appropriate action. Tend Collective will not take over responsibility for reporting or investigating concerns raised within independent therapy sessions. <i>If an independent therapist has raised a safeguarding concern with a Director at Tend Collective, we will follow up with them to check what action they have taken. If we are not satisfied with the action, we will contact CADS for guidance on the matter, as part of our wider safeguarding responsibilities.</i></p>
<p><i>Safer Working Practices for staff and volunteers</i></p>	<p>Policy awareness for staff/volunteers</p> <p>All staff, volunteers, and commissioned professionals working on behalf of Tend Collective CIC are provided with a copy of this safeguarding policy during their induction. They are required to read the policy and sign a declaration confirming their understanding and agreement to follow its procedures.</p> <p>Any updates or changes to the policy—whether due to changes in legislation, local authority guidance, or organisational learning—will be shared with all relevant individuals as soon as they are made. This is done through direct communication from the Designated Safeguarding Person (DSP) via email and, where appropriate, in-person or online briefings. A distribution log is maintained by the DSP to record who has received and acknowledged the current version of the policy. All staff and volunteers are required to re-sign this log whenever the policy is updated.</p> <p>Safer Recruitment</p> <p>Tend Collective CIC is committed to ensuring that all Directors and any individuals commissioned to work on behalf of the organisation—especially those who may work with or around children—are recruited in a way that prioritises safeguarding and suitability to work with children and young people.</p> <p>We follow safer recruitment practices in line with statutory guidance and our own Safer Recruitment Policy.</p> <p><i>Summary of Safer Recruitment Steps</i></p> <p>For all commissioned therapists or staff working directly with or around children on behalf of Tend Collective CIC, we implement the following checks and procedures:</p> <ul style="list-style-type: none"> • Clear role description and expectations: All roles are defined in writing and include responsibilities around safeguarding and professional conduct.

- **Application and vetting process:**
Individuals are required to submit a professional application or proposal, including details of qualifications, experience, and relevant safeguarding training.
- **Qualifications and professional registration checks:**
We verify that all commissioned therapists are appropriately qualified, hold up-to-date professional registration (e.g. PTUK, BACP, UKCP), and are registered with the Information Commissioner’s Office (ICO).
- **Enhanced DBS checks:**
All individuals must hold an up-to-date Enhanced DBS check, with barring information where appropriate. We request a copy and confirm its validity.
- **References:**
At least two references are collected for commissioned practitioners, including one from a recent client, supervisor, or employer who can comment on the applicant’s suitability to work with children.
- **Interview/meeting:**
Directors meet with all potential contractors to assess suitability, safeguarding awareness, and values alignment.
- **Safeguarding policy review:**
Commissioned therapists are required to submit their own safeguarding policies for review. Where these are absent or insufficient, the therapist must agree to operate under Tend Collective’s safeguarding policy and procedures.
- **Safeguarding training:**
All therapists must have completed Designated Safeguarding Person (DSP) training relevant to children, ideally through the Norfolk Safeguarding Children Partnership, and provide evidence.

These procedures are further detailed in our Safer Recruitment Policy, which outlines our step-by-step approach to assessing the suitability of any adult delivering services under the name of Tend Collective CIC.

Disclosure and Barring Service (DBS) Checks Procedure

Tend Collective CIC is committed to ensuring that anyone delivering services to, or working in proximity to, children through our organisation has been appropriately vetted through the Disclosure and Barring Service (DBS). This is a critical part of our safer recruitment and safeguarding responsibilities.

DBS Requirement

- All Directors and any therapist commissioned by Tend Collective CIC to work with or around children must hold a current Enhanced DBS Check with a Children’s Barred List check.
- Commissioned therapists must be registered with the DBS Update Service.

Checking and Verification

- A copy of the original Enhanced DBS certificate must be submitted during the onboarding process.
- Tend Collective CIC will verify the certificate’s validity using the Update Service, with the therapist’s consent.
- Update Service status checks will be carried out:

- At onboarding
- Annually thereafter, or
- Immediately if there are concerns or changes to an individual's role or conduct

The Designated Safeguarding Person (DSP) is responsible for conducting and recording all Update Service checks. These checks will be documented and stored securely in the safeguarding personnel records.

Frequency of Renewal

- Although there is no official expiry date on a DBS certificate, Tend Collective CIC will require all commissioned therapists to remain actively subscribed to the Update Service as a condition of their continued work with the organisation.
- Directors employed by Tend Collective will apply for a new paper Enhanced DBS check every three years, unless already registered with the Update Service.

Uncertainty About DBS Level

- If there is any doubt about the appropriate level of DBS check required for a particular role, Tend Collective CIC will consult the DBS guidance webpages or contact the DBS Regional Outreach Advisor for the East of England for advice.

Further guidance on the Update Service is available at: [DBS Update Service: employer guide – GOV.UK](https://www.gov.uk/guidance/db-update-service-employer-guide)

Safeguarding induction process for staff / volunteers

Tend Collective CIC does not currently employ additional staff or use volunteers. The organisation is led by three Directors who are employed by the company and responsible for delivering services, managing operations, and upholding safeguarding standards.

All Directors:

- Receive a full induction covering their safeguarding responsibilities, including a review of this safeguarding policy and other relevant documents (e.g. the Norfolk Continuum of Needs Guidance).
- Are required to complete appropriate safeguarding training, including Designated Safeguarding Person (DSP) training, through the Norfolk Safeguarding Children Partnership (NSCP).
- Are updated on any changes to local or national safeguarding guidance and ensure those updates are reflected in organisational practice.
- Sign to confirm they have read, understood, and will follow the safeguarding policy as part of their employment and professional accountability.

Safeguarding responsibilities are reviewed annually as part of the policy review process and revisited in response to any incidents or updates in statutory guidance.

We may also commission independently practicing therapists or professionals to deliver interventions or therapeutic work on our behalf. To ensure safeguarding standards are upheld, any commissioned practitioner will receive a safeguarding induction before beginning work with or on behalf of Tend.

This induction will include:

- A copy of Tend Collective’s Safeguarding Policy, which the practitioner must read and sign to confirm their understanding and agreement to follow.
- A safeguarding briefing with one of the Directors to ensure they understand:
 - Local referral pathways (e.g., CADS, LADO),
 - Expectations around record keeping, information sharing, and reporting concerns,
 - The distinction between Tend Collective’s responsibilities and the therapist’s own safeguarding obligations.
- Confirmation that the practitioner has completed safeguarding training appropriate to their role (including DSP training if working directly with children).
- A check that the practitioner has an up-to-date safeguarding policy of their own that meets statutory and local requirements.

The safeguarding induction ensures that commissioned therapists are aligned with Tend Collective's ethos and responsibilities, while maintaining their professional independence.

Staff Training (Safeguarding / First Aid)

At Tend Collective CIC, we require that all Directors and anyone commissioned to deliver work on our behalf who has direct contact with children or young people completes appropriate safeguarding training.

Practitioners must have completed the Safer Programme’s Introduction to Child Safeguarding Course or an equivalent accredited course. This training must be refreshed at least every three years to remain valid.

In addition, commissioned therapists must act as the Designated Safeguarding Person (DSP) for their own independent practice. As such, they are also required to attend the Designated Safeguarding Person Course at least every 3 years, in line with the Norfolk Safeguarding Children Partnership (NSCP) guidance.

Tend Collective will verify that all safeguarding training is current and relevant before any therapeutic or child-facing work is undertaken on our behalf.

Code of Conduct

All Directors and any professionals commissioned by Tend Collective CIC to work with or on behalf of the organisation are required to follow a clear Code of Conduct as part of our safer working practices.

Our Code of Conduct outlines the professional and ethical standards expected when working with children, young people, families, or vulnerable adults, including:

- Treating all individuals with dignity, respect, and fairness.
- Maintaining appropriate boundaries and not engaging in any behaviour that could be misinterpreted.
- Upholding confidentiality in line with our safeguarding and data protection policies.
- Reporting any safeguarding concerns promptly and through the correct channels.

All those working on behalf of Tend Collective will be provided with a copy of our Code of Conduct and must sign to confirm they have read, understood, and agree to adhere to its contents, as this forms part of our safer working practices.

	<p>Adherence to the Code of Conduct forms part of our safeguarding framework and any breach may result in appropriate action being taken, including the ending of commissioned work or room hire agreements.</p>
<p><i>Procedure for handling a disclosure from a child</i></p>	<p>There will be limited contact between Directors or professionals contracted by Tend Collective and children or young people. However, it is important to know what is expected if a young person or child makes a disclosure.</p> <p>Key points to consider when dealing with a disclosure:</p> <ul style="list-style-type: none"> • Listen and be supportive. • Do not ask any leading questions, interrogate the child, or put ideas in the child’s head, or jump to conclusions. • Do not stop or interrupt a child who is recalling significant events. • Never promise the child confidentiality– it must be explained that information will need be to be passed on to help keep them safe. • Record what was said immediately as close to what was said as possible. Also record what was happening immediately before the child disclosed. • Name, sign and date the record in ink. • Contact the Designated Safeguarding Person immediately who will decide on what action to take.
<p><i>Contacting The Children’s Advice and Duty Service (CADS)</i></p>	<p>If we feel a child is at risk of immediate harm, we will call the Police immediately on 999.</p> <p><i>We will have the following information ready before contacting CADS:</i></p> <ul style="list-style-type: none"> ✓ all of the details known to you/your agency about the child; ✓ their family composition including siblings, and where possible extended family members and anyone important in the child’s life; ✓ the nature of the concern and how immediate it is; ✓ Any and what kind of work/support you have provided to the child or family to date. ✓ where the child is now and whether you have informed parents/carers of your concern <ul style="list-style-type: none"> • If we are concerned that a child or children is experiencing or likely to suffer significant harm, we will telephone (CADS) immediately on 0344 800 8021 • When considering whether to contact CADS we will consult the CADS Flowchart in Appendix 1 and the Norfolk Continuum of Needs Guidance 2023 produced by the Norfolk Safeguarding Children Partnership (NSCP) • We will gain consent from the parent to contact CADS, unless the concerns being raised suggest that the child or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if

	<p>the parent is informed. Reasons for not seeking consent should be clearly stated when speaking with CADS and recorded on internal systems for our records.</p> <ul style="list-style-type: none"> • CADS will advise us of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children’s Services. Or a formal referral, recording the level of need, into the Family Help Team. • A consultation feedback letter will be provided as a record of all conversations and provide a clear audit trail of the outcome agreed. • We will not investigate and will be led by the Local Authority and/or the Police. • We will keep written dated records of all conversations with CADS. • We understand if we are unhappy about a decision made by CADS we can use the Resolving Professional Disagreements policy on https://norfolklscp.org.uk/ • Parents or members of the public can contact CADS on 0344 800 8020. <p>Children with a Social Worker If we have concerns about a child, who we know already has a social worker or practitioner, we will call that worker. If we do not know the worker or their contact details, we will contact Customer Services on 03444 800 8020 and they will help to make sure our call gets put through to the right person.</p> <p>Concerns about Radicalisation and Extremism If we have concerns that a child or young person could be vulnerable to radicalisation, we will follow the procedure in Appendix 2.</p>
<p><i>Types of Abuse</i></p>	<p>Definitions of Abuse and Neglect from Working Together to Safeguard Children 2023 Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:</p> <ul style="list-style-type: none"> • providing help and support to meet the needs of children as soon as problems emerge • protecting children from maltreatment, whether that is within or outside the home, including online • preventing impairment of children’s mental and physical health or development • ensuring that children grow up in circumstances consistent with the provision of safe and effective care • promoting the upbringing of children with their birth parents, or otherwise their family network • taking action to enable all children to have the best outcomes in line with the outcomes. <p>Child protection is part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.</p>

What is abuse and neglect?

Abuse - 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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

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

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

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

	<p>technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p> <p>Neglect-The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.</p> <p>Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, clothing, and shelter (including exclusion from home or abandonment) • protect a child from physical and emotional harm or danger • ensure adequate supervision (including the use of inadequate caregivers) • ensure access to appropriate medical care or treatment • provide suitable education It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs <p style="text-align: center;"><i>For information on indicators of abuse consult Appendix 3.</i></p> <p>Additional safeguarding concerns to be aware of are:</p> <ul style="list-style-type: none"> • Child Sexual Exploitation • Child Criminal Exploitation • FGM – Female Genital Mutilation • Forced Marriage • Honour Based Abuse • County Lines • Domestic Abuse • Online Abuse • Radicalisation <p><i>For more information on these consult Appendix 4.</i></p>
<p><i>Managing Allegations against people working or volunteering with children</i></p>	<p>Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children who attend our setting. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.</p> <p>Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse</p>

children. We work to the thresholds for harm as set out in 'Working Together to Safeguard Children' (2023).

An allegation may relate to a person who works / volunteers with children who has:

- behaved in a way that has harmed a child, or may have harmed a child and/or;
- possibly committed a criminal offence against or related to a child and/or;
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The 4th bullet point above recognises circumstances where a member of staff, commissioned professional delivering work on behalf of Tend Collective, volunteer, or mental health practitioner hiring space at Tend Collective is involved in an incident outside of setting/agency/workplace which did not involve children but could have an impact on their suitability to work with children; this is known as transferrable risk.

At Tend Collective we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by our organisation to the LADO service directly at lado@norfolk.gov.uk

We will take all possible steps to safeguard our children and to ensure that the adults at - Tend Collective are safe to work with children. When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children and The Management of Allegations Against People Working with Children Procedure are adhered to and will seek appropriate advice.

If an allegation is made or information is received about *any* adult who works/ volunteers in our setting which indicates that they may be unsuitable to work / volunteer with children, the member of staff receiving the information will inform Tend Collective immediately. This includes concerns relating to Directors, commissioned practitioners providing interventions on behalf of Tend Collective, as well as members of the collective who hire space on the premises. This also includes anyone commissioned to deliver CPD, workshops or other educational support on behalf of Tend Collective, as well as students and volunteers.

The Designated Safeguarding Person, should within 1 working day, report the allegation to the LADO in accordance with this procedure, by completing a LADO referral form.

Should an allegation be made against the *DSP* this will be reported to **Kirsty Reynolds**. In the event that Kirsty Reynolds is not contactable on that day, the information must be passed to and dealt with by **Nicola Besley** on 07525 462635.

	<p>If a parent or caregiver makes an allegation about an independently practicing mental health professional hiring a space at Tend Collective premises, they can directly report their concern to the Local Authority Designated Officer (LADO). The parent will need to complete a LADO referral form which can be downloaded from the Norfolk Safeguarding Children Partnership Website, and emailed to the LADO service directly at lado@norfolk.gov.uk</p> <p>The LADO referral form can be downloaded here under the LADO tab, along with more information: https://norfolkscp.org.uk/people-working-with-children/how-to-raise-a-concern</p> <p>For further information on the role/remit of Norfolk LADO Service, please see NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children and The Management of Allegations Against People Working with Children Procedure</p>
<p><i>Disciplinary Procedures when an allegation has been made against a staff member or volunteer</i></p>	<p>Tend Collective CIC takes all allegations of harm or risk to children seriously. Our response prioritises the safety and wellbeing of the child, while also ensuring that any person accused of harm is treated fairly, confidentially, and in line with legal and procedural guidance.</p> <p>Scope These procedures apply to:</p> <ul style="list-style-type: none"> • The three employed Directors of Tend Collective CIC; • Any mental health practitioner commissioned to deliver work on behalf of Tend Collective CIC; • Any other individual acting in the name of or under the banner of Tend Collective CIC. <p>They do not apply to independent practitioners who hire space from Tend Collective CIC but are not working on its behalf. Such individuals must follow their own safeguarding policies and procedures.</p> <p>** However, if there is an allegation made about an independently working mental health professional on site, we will follow relevant guidance below**</p> <p>Initial Response</p> <ul style="list-style-type: none"> • Any allegation involving the safety or welfare of a child must be reported immediately to Tend Collective’s Designated Safeguarding Person (DSP) or Deputy DSP. • If a child is at immediate risk of harm, the Children’s Advice and Duty Service (CADS), emergency services, or police should be contacted without delay. • The DSP will assess the concern and, where the threshold is met, report the allegation to the Local Authority Designated Officer (LADO) within one working day. <p>When to Refer to the LADO A referral to the LADO will be made when an allegation is made that a person working or volunteering on behalf of Tend Collective CIC has:</p> <ul style="list-style-type: none"> • Behaved in a way that has harmed a child or may have harmed a child;

	<ul style="list-style-type: none"> • Possibly committed a criminal offence against or related to a child; • Behaved in a way that indicates they may pose a risk to children or are otherwise unsuitable to work with children. • Any allegations against those hiring space from Tend Collective will be referred to the LADO if they fit criteria above <p>Internal Action</p> <ul style="list-style-type: none"> • Where required and in consultation with the LADO, the individual may be suspended from any duties involving children while investigations are ongoing. Suspension is a precautionary measure and not an indication of guilt. • Commissioned practitioners may have their agreement with Tend Collective CIC paused or terminated depending on the outcome and the level of risk assessed. • If a concern relates to a Director, another Director will act as lead, with independent external advice sought if necessary. • If the concern is about a member hiring a space at the site, the room hire agreement will be suspended or terminated. <p>Outcomes and Disciplinary Measures</p> <p>Following statutory or internal investigations:</p> <ul style="list-style-type: none"> • If the allegation is substantiated, Tend Collective CIC may: <ul style="list-style-type: none"> ○ Terminate the contract, commission, or employment; ○ Terminate the hire agreement; ○ Make a referral to the Disclosure and Barring Service (DBS) if the individual is deemed a risk to children; • If the allegation is unsubstantiated, Tend Collective will still review whether additional support, training, or supervision is required. • Any internal disciplinary procedures will be proportionate to the level of concern and informed by advice from the LADO and other relevant authorities. <p>Support and Record Keeping</p> <ul style="list-style-type: none"> • Tend Collective CIC will ensure the individual subject to the allegation is offered appropriate support and is kept informed throughout the process (for Directors or commissioned practitioners). • All safeguarding concerns and actions taken will be logged securely and confidentially in accordance with data protection law. • Allegation records will be retained for a minimum of 10 years or until the individual reaches retirement age, whichever is longer.
<p><i>Further Reporting of Allegations</i></p>	<p>In addition to referrals to statutory authorities:</p> <ul style="list-style-type: none"> • If the allegation relates to a commissioned therapist, Tend Collective CIC will report the concern to their professional registration body (e.g. BACP, UKCP, HCPC) where applicable. • If the allegation concerns a Director of Tend Collective CIC, a report will also be made to PTUK (Play Therapy UK), the registering body of the Directors.

	<ul style="list-style-type: none"> • These reports will be made in accordance with the relevant body’s professional conduct and safeguarding requirements, regardless of the outcome of any criminal or LADO investigation.
<p><i>Low level concerns about adults working or volunteering with children that do not meet the harm threshold for a LADO referral.</i></p>	<p>A low-level concern is any concern, doubt, or sense of unease, no matter how small, that someone may have acted in a way that is inconsistent with your organisations code of conduct.</p> <p>Behaviour that might be considered as inappropriate often depends on the circumstances. A low-level concern may not be seen as immediately dangerous or intentionally harmful to a child, but it can soon escalate and become a serious safeguarding concern.</p> <p><i>Examples of such behaviour could include:</i></p> <ul style="list-style-type: none"> • Being over friendly with children • Excessive 1-1 to attention beyond what is required for their role • Having favourites • Adults taking photographs of children on their mobile phone • Engaging with a child on a one-to-one basis in a secluded area • Using inappropriate sexualised, intimidating or offensive language • Inappropriate sharing of images • Humiliating children <p>This list of examples is not exhaustive, and low-level concerns can arise from various forms of behaviour.</p> <p>Low-level concerns may arise in several ways and from several sources. For example: suspicion; complaint; or disclosure by a child, parent or other adult within or outside of the organisation.</p> <p>At our organisation we promote an open and transparent culture in which all concerns about all adults working in or volunteering on behalf of our organisation are dealt with promptly and appropriately.</p> <p>Through induction, we ensure all staff/volunteers understand the importance of self-referring, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.</p> <p><u><i>Managing a Low-Level Concern</i></u></p>

	<p>At our organisation staff/volunteers are expected to report all low-level concerns immediately to the DSP.</p> <p>If reported to the DSP they will inform Katie Severson of the concern. The Directors will be the ultimate decision makers in respect of all low-level concerns.</p> <p>At our organisation we understand the importance of recording low-level concerns and the actions taken in light of these being reported. We will review the records we hold to identify potential patterns and take appropriate action. This could be through a disciplinary process, or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, where it should be referred to the LADO. This applies to all commissioned practitioners as well as members who hire space at the site.</p> <p>If our organisation is in any doubt as to whether the information which has been shared about a member of staff/volunteer as a low-level concern in fact meets the harm threshold, they should consult with the LADO on lado@norfolk.gov.uk</p>
<p><i>Making a Barring Referral to the Disclosure and Barring Service</i></p>	<p>If an allegation has been made about a staff member, commissioned practitioner, volunteer or member, then our organisation has a legal duty to make a barring referral if the following conditions are met:</p> <p>Condition 1</p> <ul style="list-style-type: none"> • you withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. <p>Condition 2</p> <p>You think the person has carried out 1 of the following:</p> <ul style="list-style-type: none"> • engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or; • satisfied the harm test • received a caution for, or a conviction for, or been convicted for a relevant offence <p>More information on Barring Referrals can be found online. If we need guidance on making a Barring Referral, we will contact the East of England DBS Outreach Advisor for support. A Barring Referral can be completed online via the DBS website.</p> <p>Katie Severson will have the responsibility for making a barring referral. Kirsty Reynolds will make this barring referral if the allegation is against Katie Severson.</p> <p>There could be times when we might consider that we should still make a referral in the interests of safeguarding children even if the legal duty to refer has not been met. This could include acting on advice of the police or a safeguarding professional, or in situations where there may not be enough evidence to dismiss or remove a person from working with vulnerable groups. DBS are required by law to consider any and all information sent to them from any source. This includes information sent to them where the legal referral conditions are not met. If we do make a referral to DBS where the referral conditions are not met, we will do so in consideration of relevant employment and data protection laws.</p>

*Working with
parents and
carers*

Parents will sign a consent form at the start of their involvement with our service, which will include a copy of the safeguarding policy to sign.

Tend Collective CIC is committed to working transparently and collaboratively with parents and carers. However, in line with statutory safeguarding responsibilities, there are circumstances where we may need to act without parental consent.

Our Duty to Share Information and Cooperate with Safeguarding Enquiries

- Parents will be made aware that Tend Collective CIC has a legal duty to assist statutory agencies, such as the Children’s Advice and Duty Service (CADS) and the Police, in safeguarding enquiries.
- If we have concerns about the safety, wellbeing, or welfare of a child, we may contact CADS and/or the Police directly, without informing or seeking consent from the parent or carer in advance.
- We will do this only where seeking consent would place a child at further risk, or where it may interfere with an ongoing investigation.

Information Sharing Without Consent

- Parents will also be informed that we may share information about their child with safeguarding authorities without their prior consent if there is a risk of serious harm or likely harm.
- This is in accordance with the statutory guidance Working Together to Safeguard Children and the principles of the Data Protection Act 2018 and UK GDPR, which allow for information sharing where it is necessary for safeguarding.

How Parents Are Informed

These statements will be clearly communicated to all parents and carers via our Registration and Consent Form, which must be completed before any child or adult engages in services delivered by Tend Collective CIC or a commissioned practitioner acting on our behalf.

The registration form will include the following statements with checkboxes and space for parental signature:

I understand that Tend Collective CIC has a legal duty to share information with other agencies such as Children’s Services (CADS) or the Police if there are concerns about the welfare or safety of my child.

	<p><input type="checkbox"/> I understand that Tend Collective CIC may share information without my consent if there are serious concerns that seeking consent would put my child at further risk or interfere with a safeguarding investigation.</p> <p>Parent/Carer Signature: _____</p> <p>Date: _____</p>
<p><i>Records and Confidentiality</i></p>	<p>Recording Disclosures or Safeguarding Concerns</p> <ul style="list-style-type: none"> • All safeguarding concerns, disclosures, or allegations must be recorded in writing as soon as possible after the event using Tend Collective CIC’s Safeguarding Concern Record Form. • Records should include: <ul style="list-style-type: none"> ○ The date and time of the concern/disclosure ○ The exact words used by the child or individual (where applicable) ○ Observations or factual information (not assumptions) ○ The actions taken, including who was informed and when • The person reporting the concern must sign and date the record. <p>Logging Actions Taken</p> <ul style="list-style-type: none"> • All actions taken in response to a safeguarding concern—including internal discussions, external referrals, consultations with the LADO or CADS, and outcomes—will be documented within the safeguarding log. • Each record will be updated chronologically and include names of persons spoken to, advice given, and steps taken. <p>Access to Safeguarding Records</p> <ul style="list-style-type: none"> • Access to safeguarding records is strictly limited to: <ul style="list-style-type: none"> ○ The Designated Safeguarding Person (DSP) ○ The Deputy DSP ○ Other Directors of Tend Collective CIC on a need-to-know basis only, where this is necessary to safeguard a child or young person. • Commissioned therapists or staff will only be given access to safeguarding information where it directly involves a case they are working on, and only with appropriate justification and controls in place. <p>Secure Storage of Records</p> <ul style="list-style-type: none"> • All safeguarding records will be stored securely in a password-protected digital safeguarding folder, accessible only to authorised safeguarding personnel. • Where paper copies are created, they will be stored in a locked cabinet in a secure office with restricted access. • Safeguarding records will be retained in accordance with GDPR and Norfolk Safeguarding Children Partnership retention guidance, which is that child protection

records are retained until a child's 25th birthday (6 years after the subject's last contact with the Local Authority).

Confidentiality and Information Sharing

Tend Collective CIC respects the confidentiality of those involved in safeguarding concerns. However:

We cannot guarantee confidentiality if there is a child safeguarding concern, as we have a legal duty to share information with statutory agencies such as the Children's Advice and Duty Service (CADS) or the Police.

- We will always seek the consent of the child, young person, or family before sharing information wherever it is safe and appropriate to do so.
- Information may be shared without consent if:
 - There is risk of serious harm to the child or others;
 - Seeking consent may place someone at greater risk;
 - It could undermine a criminal investigation or lead to evidence being destroyed.

All information sharing will follow the seven golden rules of information sharing set out in 'Information Sharing Advice for Safeguarding Practitioners' (2024) and the guidance from the Information Commissioner's Office (ICO).

Our organisation cannot guarantee confidentiality if there is a child safeguarding concern, as we will need to share these concerns with the Children's Advice and Duty Service and or Police. It is an expectation that our organisation will seek consent to share information first unless to do so would place somebody at risk of harm or undermine a criminal investigation.

Online Safety

Tend Collective CIC recognises that the responsible use of technology is vital in promoting children's safety and safeguarding both children and adults. We are committed to ensuring that any use of digital devices, images, or internet access is carefully controlled and risk-assessed.

Use of Personal Devices by Staff and Volunteers

- Staff and commissioned therapists must not use personal mobile phones, smartwatches, or other devices to take photographs, record video/audio, or access social media while working with children.
- Personal devices must be kept out of sight and not used in therapeutic or educational sessions unless explicitly authorised for safeguarding or emergency purposes or for the delivery of certain therapeutic modalities such as Theraplay or VIG (Video Interactive Guidance). These will be agreed upon at the outset of the intervention and parents/caregivers will be given the opportunity to consent to or decline these interventions.
- All image or recording functions on personal devices must be disabled during child-facing activities unless agreed upon.

Parental Consent for Images and Recordings

- Parents/carers will be asked to provide explicit written consent for any photographs or videos taken of their child through our Registration and Consent Form.
- Consent forms will clarify:
 - The purpose of taking images (e.g. for a specific therapeutic modality such as Therapy or VIG, documentation, internal reflection, promotional use)
 - Whether images will be shared externally (e.g. website, social media)
 - That consent can be withdrawn at any time

Storage and Security of Images and Videos

- Images or videos will only be captured on Tend Collective-approved devices (e.g. encrypted phones or cameras).
- All content will be stored securely on a password-protected, encrypted drive accessible only to authorised staff.
- Photos/videos will never be stored on personal devices or external USBs and will be deleted in line with data retention policies.

Children’s Access to the Internet and Online Safety

- Tend Collective does not routinely provide internet access to children. If internet use is required (e.g. for therapeutic purposes), usage will be supervised, filtered, and age-appropriate.
- Any digital activity involving children will be risk-assessed and monitored, with clear boundaries set around usage.

Children Bringing Their Own Devices

- Children are generally discouraged from bringing personal devices to sessions. If a child does bring a phone or device, the practitioner will ask that it is kept away and not used during the session unless essential for agreed work.
- No unsupervised photography, messaging, or internet use is permitted during activities.

Staff Code of Conduct and Online Behaviour

- Tend Collective’s Staff Code of Conduct requires all Directors, commissioned therapists, and volunteers to:
 - Uphold strict professional boundaries online and offline;
 - Not communicate with children or young people via personal social media accounts;
 - Not post or share any identifiable images of children involved in Tend services;
 - Report any breaches of online safety or inappropriate digital behaviour.
- If a practitioner hiring space on the premises is found to be breach the code of conduct in online behaviour, Tend Collective may choose to terminate the hire agreement.

	<p>Parent/Carer Use of Cameras or Phones</p> <ul style="list-style-type: none"> • Parents/carers are not permitted to take photographs or videos of children during any group events, workshops, or sessions unless this has been agreed in advance and authorised by a Director. • If permitted, images must be of their own child only, and other children's privacy must be respected. <p>Acceptable Use Agreement for Staff and Therapists</p> <ul style="list-style-type: none"> • All staff and commissioned therapists must sign an Online Acceptable Use Agreement upon joining Tend Collective. This sets out expectations around: <ul style="list-style-type: none"> ○ Responsible internet use ○ Device security and data protection ○ Image handling and confidentiality ○ Appropriate digital communications with clients or children
<p><i>Relevant Guidance and Legislation</i></p>	<p>-Working Together to Safeguard Children 2023 -What to do if You're Worried a Child is Being Abused 2015 -Children Act 2004 -Children Act 1989 -The Online Safety Act 2023 -Data Protection Act 2018 -The Prevent Duty Guidance 2023 -Norfolk Continuum of Needs Guidance 2023 <u>Norfolk Guidance to Understanding Continuum of Needs NSCP PWWC (norfolklscp.org.uk)</u> -<u>Norfolk Safeguarding Children Partnership Policies and Procedures</u> <u>Policies & Procedures Norfolk Safeguarding Children Partnership (norfolklscp.org.uk)</u></p>
<p><i>Other Relevant Policies</i></p>	<p>Our safeguarding policy should be read in conjunction with the other following policies which also fall under our safeguarding umbrella:</p> <ul style="list-style-type: none"> -Safer Recruitment -Code of Conduct -Online Safety -Whistleblowing -Confidentiality and Information Sharing
<p><i>Useful Contacts</i></p>	<ul style="list-style-type: none"> • Norfolk Children's Advice and Duty Service (CADS) 0344 800 8021 • Norfolk Children's Services 24 hours 0344 800 8020 • Norfolk Police 101 / In an emergency 999 • Norfolk Local Authority Designated Officers (LADO) Team lado@norfolk.gov.uk • Norfolk Safeguarding Children Partnership (NSCP) norfolklscp.org.uk • Safer Programme 01603 228966 safer@norfolk.gov.uk • The Disclosure and Barring Service Regional Outreach Service <u>The DBS Regional Outreach service - GOV.UK (www.gov.uk)</u>

Policy Review

We will make changes to our policy and procedures in line with Norfolk Safeguarding Children Partnership's guidance on norfolklscp.org.uk

Name: Katie Severson

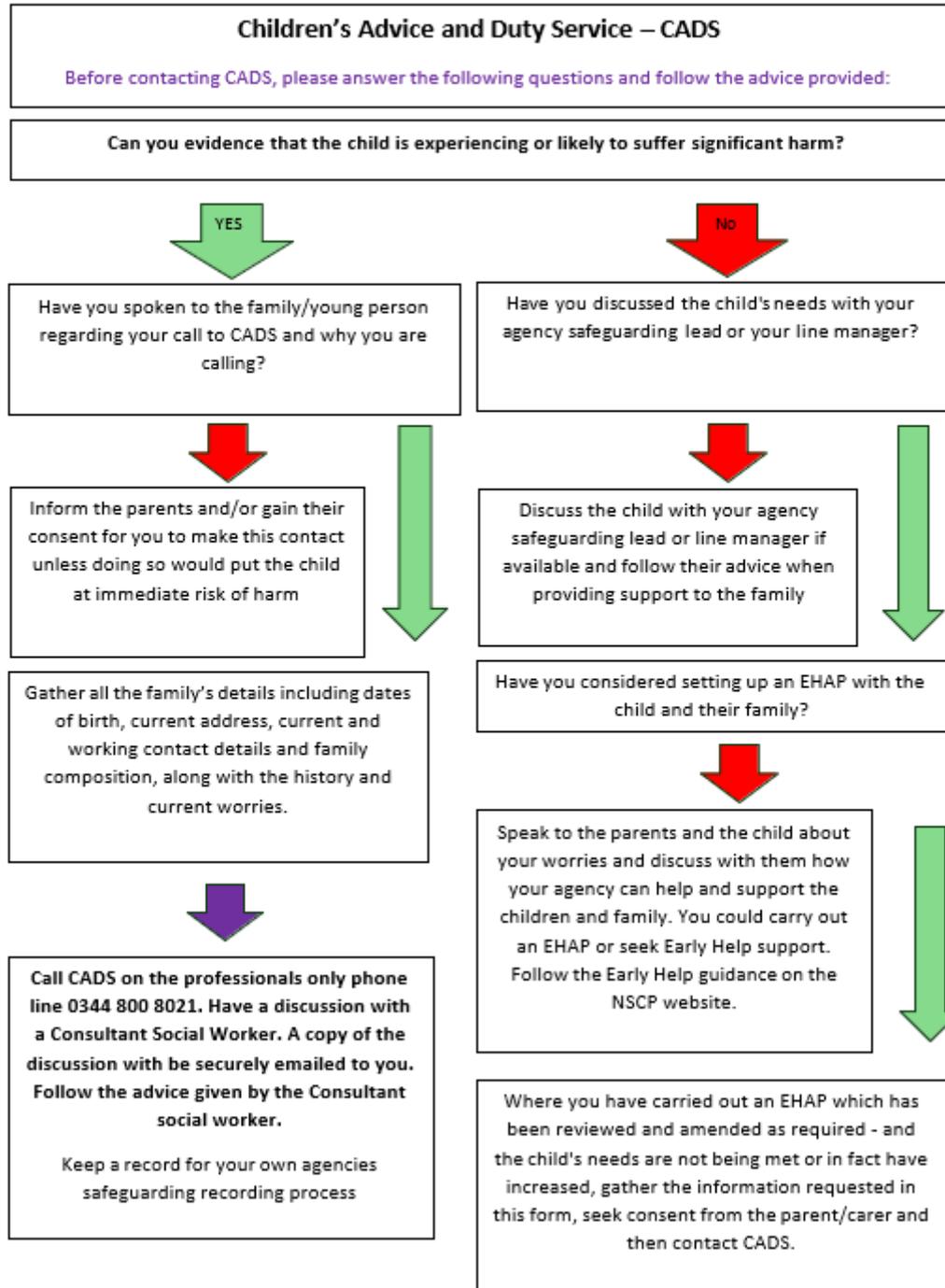
Signed: *Katie Severson*

Date: 30/07/25

This policy will be reviewed on 30/07/2026

This policy will be reviewed by the Directors at Tend Collective Community Interest Company: Katie Severson, Kirsty Reynolds, Nicola Besley

Appendix 1-The Children's Advice and Duty Service Flowchart



Appendix 2-The Prevent Duty in Norfolk Procedure

PREVENT - Prevent is part of the UK's Counter-terrorism strategy CONTEST. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. The key terms to be aware of are as follows:

Extremism - the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

Radicalisation - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Terrorism - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system.

Responding to a Concern-Notice – Check – Share

Notice-A staff member or volunteer working with a child or young person could be the person to notice that there has been a change in the individual's behaviour that may suggest they are vulnerable to radicalisation. Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

Check-The next step is for the staff member or volunteer to speak to the manager or safeguarding lead to better understand the concerns raised by the behaviours observed to decide whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action or a referral not related to radicalisation or extremism.

Share-Where the staff member or volunteer still has concerns that the individual may be vulnerable to radicalisation, then the organisation's safeguarding procedures will be followed, and this safeguarding concern will be reported to the Children's Advice and Duty Service (CADS).

Following this the Prevent referral form should be completed, which can be downloaded from here [referral form](#) and sent to: preventreferrals-NC@Norfolk.police.uk

An initial assessment of the referral will be carried out prior to any further information gathering on the individual.

For urgent radicalisation concerns contact Norfolk police on 101 or, in an emergency, 999.

Additional [information and guidance on Prevent](#) is available on the Norfolk County Council website.

Need advice or support?

If it's not an emergency, please get in touch by emailing prevent@norfolk.police.uk.

You can also contact the Norfolk Police Prevent team on [01953 423905](tel:01953423905) or [01953 423896](tel:01953423896).

Appendix 3-Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below *may* be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation.

Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-deprecation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- *Babies* – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- *Toddler/Pre-School* – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- *School age* – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- *Adolescent* – depression, self harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

Neglect

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's needs. The majority of these signs and symptoms can occur across any age group. Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment

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- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

Physical Abuse

- Always obtain a medical diagnosis regarding any suspected abusive injury
- No injury is 100% symptomatic of abuse
- Look for unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes
- Consider the age of child:
- Any bruising to a young baby
- It is unusual for a child under the age of 1 year to sustain a fracture accidentally
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described
- Bruising:
- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury
- Bruises on black children will be more difficult to identify

- Mongolian blue spots may be mistaken for bruises. The Mongolian spot is a congenital developmental condition exclusively involving the skin. Usually, as multiple spots or one large patch, it covers one or more of the lower back, the buttocks, flanks, and shoulders. Mongolian spot is most prevalent among Asian groups. Nearly all East Asian infants are born with one or more Mongolian spots. Mongolian blue spot usually fades over the years and is most frequently gone by the time the child reaches adolescence
- Recent research indicates that bruises can not be aged accurately. Estimates of the age of the bruise are currently based on an assessment of the colour of the bruise with the naked eye
- Other injuries:
 - Bite marks may be evident from an impression of teeth
 - Small circular burns on the skin suggest cigarette burns
 - Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
 - Red lines occur with ligature injuries
 - Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate
 - Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
 - Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
 - Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

Sexual Abuse

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a trusted adult
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

Behavioural changes in older children might involve:

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- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

Appendix 4-Additional Safeguarding Issues

Child Sexual Exploitation-CSE is a form of child sexual abuse. It occurs when an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a children or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through use of technology.

Child Criminal Exploitation-A term to describe where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

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

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

FGM – Female Genital Mutilation- (*FGM*) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "*female circumcision*" or "cutting". FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. The maximum penalty for FGM is 14 years' imprisonment.

Forced Marriage-People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when some face physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (eg if they're made to feel like they're bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Honour Abuse-Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse

- forced marriage
- being held against your will or taken somewhere the victim doesn't want to go
- assault/killing

County Lines-A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Domestic abuse -The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse. Young people can also experience domestic abuse within their own intimate relationships.

Radicalisation -When we talk about radicalisation it means someone is being encouraged to develop extreme views or beliefs in support of terrorist groups and activities. radicalisation and the potential path towards terrorism and extremism can occur through face to face or online interactions. It is sadly the case that it is becoming easier than ever to be groomed by terrorist recruiters on the internet and to find extremist materials. Encouraging susceptible individuals to commit acts of terrorism on their own initiative is a deliberate tactic seen in emerging ideologies and seen in their propaganda. This is exacerbated by online environments which bring together and facilitate individuals sharing and validating thoughts and ideas.

Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. The importance of noticing the hallmarks of concern within these online communities, in friends or wider social spaces as well as work and educational settings has probably never been as important as it is now. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

It's often the case that professional curiosity and belief in your own ability to determine if something just doesn't sit right is sometimes a good check point to flag up where something may be going wrong, especially in the early stages of radicalisation.

Online Abuse-any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. It can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online. Children may experience several types of abuse online: Cyberbullying, Emotional abuse-which can include emotional blackmail, Sexting-pressure or coercion to create sexual images, Sexual abuse, Sexual exploitation and

Grooming-perpetrators may use online platforms to build a trusting relationship with the child to abuse them.
A child experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet

Be mindful that some of the signs of online abuse are similar to other types of abuse.