



The Maple Tree

Safeguarding and child protection policy

Date of policy: June 2019

Date of review: June 2020

1. Introduction

- 1.1 The Maple Tree is a charitable trust that provides services for children and their families, including services to improve the education of young children and the wellbeing of children and their families.
- 1.2 We recognise that we have a legal and moral duty of care to safeguard children. We are fully committed to safeguarding and protecting the welfare of all children and taking all reasonable steps to provide a safe environment, promote safe practice and protect children from harm, abuse and neglect. This includes acting appropriately in relation to any allegations about anyone working on its behalf and in regard to any disclosures or suspicion of abuse.

2. The purpose of the policy

- 2.1 This policy applies to anyone working on behalf of the Maple Tree including the board of trustees, paid staff, volunteers, agency staff and students. The purpose of the policy is to:
 - protect children who receive Maple Tree services. This includes children who may attend without their parents and those who attend with parents or another carer ^[L]_[SEP]
 - provide trustees, parents, staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection
 - provide trustees, staff and volunteers with the necessary information to meet our statutory duties to promote and safeguard the wellbeing of children
 - ensure consistent good practice across trustees, staff and volunteers.

3. Legal framework and terminology

- 3.1 This policy has been drawn up following legislation, policy and guidance that seek to protect children in England. A summary of the key legislation and guidance is available in Appendix 1 alongside a list of common terminology. ^[L]_[SEP]
- 3.2 In particular the policy aligns with Oxfordshire's guidance and procedures for child protection as set out by Oxfordshire Safeguarding Children Board (OSCB).

4. Underpinning values

- 4.1 We believe that:
 - the welfare of the child is paramount

- all children, regardless of age, disability, gender reassignment, race, religion or ^[1]_[SEP]belief, sex, or sexual orientation have a right to equal protection from all types of ^[1]_[SEP]harm or abuse
- some children are additionally vulnerable because of the impact of previous ^[1]_[SEP]experiences, their level of dependency, communication needs or other issues
- working in partnership with children, their parents, carers and other ^[1]_[SEP]agencies is essential in promoting young people's welfare
- children should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to ^[1]_[SEP]keep them safe and to practise in a way that protects them.

5. Procedures to keep children safe

5.1 To keep children safe, the Maple Tree trustees will:

- provide a setting where children feel listened to, safe, secure, valued and respected
- appoint a Designated Safeguarding Lead (DSL) for children and ensure a clear line of accountability with regards to safeguarding concerns. This includes a lead trustee for safeguarding
- ensure all trustees, staff and volunteers have up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- provide clear procedures to follow when safeguarding and child protection concerns arise
- provide clear procedures to manage any allegations against staff and volunteers
- ensure that we have effective complaints and whistleblowing measures in place
- ensure effective and appropriate communication between all trustees, staff and volunteers
- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice

- create and maintain an anti-bullying environment and ensure that we have a policy and procedure to help us deal effectively with any bullying that does arise
- recruit staff and volunteers safely, ensuring all necessary checks are made
- implement a code of conduct for trustees, staff and volunteers
- ensure that we provide a safe physical environment for our children, families, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- record and store information professionally and securely.

6. Related policies and procedures

6.1 Child protection procedures are set out in a separate document. In addition, this policy should be read alongside the following organisational policies and guidance:

- Behaviour
- Codes of conduct for trustees, staff and volunteers
- Data protection including recording, storing and sharing information
- Health and safety
- Mobile phone and camera policy
- Prevent duty
- Recruitment/DBS procedures
- Whistleblowing

7. Roles and Responsibilities

7.1 All trustees and staff at the Maple Tree will follow the Oxfordshire Safeguarding Children Board Procedures/Local Authority guidance in all cases of abuse, or suspected abuse. The procedures are set out in a separate document and a contact list for reporting and guidance is also included in Appendix 2.

7.2 The full procedures can be found at www.OSCB.org.uk.

The role of trustees

7.3 The trustees are ultimately accountable for ensuring the Maple Tree is safe and implements effective safeguarding procedures. They will ensure that:

- there is a DSL with appropriate and up to date training responsible for making sure staff and volunteers have appropriate training and guidance
- all staff are familiar with and updated regularly about safeguarding, child protection issues and procedures.^[SEP]

The role of staff

7.4 All staff must:

- understand the different types of abuse and are alert to and recognise the possible risks and indicators
- understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children
- if appropriate, liaise with other agencies, contribute to safeguarding or early help assessments and attend child protection meetings / core groups / conferences
- record and store information legally, professionally and securely in line with organisational policies and procedures
- undertake the required level of training for their role in line with Oxfordshire Safeguarding Children Board standards, every three years for Generalist and Advanced Safeguarding and every two years for Designated Leads.
- understand the line of accountability for reporting safeguarding concerns, and be fully aware of our designated safeguarding lead and their role within the organisation
- ensure volunteers are fully aware of the safeguarding policy and procedures when they volunteer at the centre and are kept informed of all updates when they occur
- ensure parents are fully aware of the safeguarding policy and procedures when they register with the centre and are kept informed of all updates when they occur.

Key personnel

Our **Designated safeguarding lead** is: **Hayley Hale**

Our **deputy safeguarding lead** is: **Melanie Kinghan**

Our **trustee** with responsibility for safeguarding is: **Liz Elsom**

8. Reporting safeguarding concerns

- 8.1 Our prime responsibility is the welfare and wellbeing of all children in our care. We believe we have a duty to children, parents and staff to act quickly and responsibly in any instance that may come to our attention. We use our safeguarding procedures to notify the relevant professionals and will work as part of a multi-agency team where needed, in the best interests of the child.
- 8.2 A contact list for reporting safeguarding concerns and further advice is available in Appendix 2.



9. Monitoring and Review

- 9.1 We will review this policy annually and after any safeguarding incident.
- 9.2 All trustees, staff and volunteers have access to this policy and sign to say they have read and understood its contents.
- 9.3 The Maple Tree will complete an annual self-assessment to appraise their safeguarding practice against OSCB standards, as set out in www.oscb.org.uk/

Signed

Date

Appendix 1

Legal Framework

This policy has been developed in accordance with the law and the principles and guidance in the following documents:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Children Act 2004
- Equality Act 2010
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years (DfE 2015)
- What to do if you are worried a child is being abused (DfE) 2015
- The Counter-Terrorism and Security Act 2015
- The prevent duty: for schools and childcare providers (DFE 2015)
- The early years foundation stage (DfE 2017)
- Keeping children safe in education (DfE 2018)
- Working together to safeguard children (DfE 2018)
- Oxfordshire Safeguarding Children Board guidelines

Terminology

Child refers to all young people who have not yet reached their 18th birthday

Child protection refers to the processes undertaken to meet statutory obligations laid out in the [Children Act 1989](#) and associated guidance (see [Working Together to Safeguard Children, An Interagency Guide to Safeguard and Promote the Welfare of Children](#) 2018) in respect of those children who have been identified as suffering, or being at risk of suffering harm.

Early help is a multi-agency process that offers advice, support and direct interventions at the earliest point of identified need. The aims of Early Help are to support families to support themselves, to prevent problems escalating and to reduce the numbers needing statutory interventions.

Parent refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents

Safeguarding and promoting the welfare of children refers to the process of protecting children from abuse or neglect, preventing the impairment of their health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective and nurturing care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Staff refers to all those working for or on behalf of the Maple Tree, full time or part time, in either a paid or voluntary capacity.

DSL: Designated Safeguarding Lead

LADO: Local Authority Designated Officer

LCSS: Locality and Community Support Service

MASH: Multi-agency Safeguarding Hub.

OSCB: Oxfordshire Safeguarding Children Board

Appendix 2 Contact details

The Maple Tree

Designated safeguarding lead

Name: Hayley Hayle

hayley@mapletree.org.uk

Deputy safeguarding lead

Name(s): Phone/email:

Trustee lead for safeguarding and child protection

Name: Phone/email:

NSPCC

The NSPCC gives help and support with child protection issues.

NSPCC helpline on **0808 800 5000** or get help via email on help@nspcc.org.uk

Oxfordshire

Immediate danger

If you think a child is in immediate danger, call the police on 999.

Immediate concern

If you have a concern about a child, call the Multi-agency Support Team (MASH) on **0345 050 7666**.

Multi-Agency Safeguarding Hub Office hours (8.30am – 5pm, Monday to Thursday, 8.30am – 4pm, Friday)

Outside office hours: Emergency Duty Team: **0800 833 408**

Or you can email a report to MASH using the secure email address on: mash-childrens@oxfordshire.gcsx.gov.uk

A special helpline is available if you are concerned that a child you know is being sexually exploited. Contact the Kingfisher Team on: **01865 309196**.

No names consultation - Locality and Community Support Service (LCSS)

If you are unsure whether to make a referral, you can contact the LCSS and request a 'no names' consultation (meaning you don't give the child's name).

You can then discuss the situation with them and they will advise you on what to do next. If a referral needs to be made they will advise you of this.

LCSS South: **0345 241 2608**

Concerns about a professional or volunteer - Local Authority Designated Officer (LADO)

For concerns about adults working with children call the LADO on **01865 810603** or email: LADO.safeguardingchildren@oxfordshire.gov.uk



The Maple Tree

Safeguarding procedures

Date of procedures: June 2019

Date of review: June 2020

1. Introduction

- 1.1 These procedures must be read in conjunction with the Maple Tree safeguarding policy. The full Oxfordshire procedures can be found at www.OSCB.org.uk.
- 1.2 All trustees, staff and volunteers have a responsibility to report concerns to Oxfordshire children's social care under section 11 of the Children Act 2004, if they believe or suspect that the child:
 - has suffered significant harm
 - is likely to suffer significant harm
 - has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989
 - is a Child in Need whose development would be likely to be impaired without provision of service.
- 1.3 We expect all staff to be aware of the signs of abuse and neglect so they are able to identify children who may be in need of help or protection.
- 1.4 Staff at our centre are advised to maintain an attitude at all times of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the best interests of the child.
- 1.5 If staff members are unsure about what they see or hear, they should always speak to the designated safeguarding lead (DSL) or, if not available, seek advice from the Locality and Community Support Service (LCSS).
- 1.6 We will keep all relevant records, interview and documents relating to children, their parents or allegations about staff, volunteers and trustees in confidential locked files available only to those who need to know.

2. What to do if you are concerned about a child



Step 1: Identifying the safeguarding concern

- 2.1 Staff, volunteers and trustees at the Maple Tree should be alert for signs that a child is suffering or has suffered abuse or neglect or has caused or are causing physical or sexual harm to others. A table of the definitions and indicators of abuse is included in Appendix 1.
- 2.2 You may find out because:
 - the child tells you something
 - you see or hear something that causes you concern
 - you see an injury that cannot be explained.
- 2.3 The Maple tree staff generally work with children who are too young to talk to staff. This means staff must be extra alert about signs and symptoms of abuse and carefully record and follow up any signs of abuse.
- 2.4 Many young children will have cuts and grazes from normal childhood injuries. If you notice any injuries to a child when first arriving at the centre you should talk to the parent about these and if necessary discuss with the DSL whether to record these. This should always be the case if any injuries do not appear to be

usual childhood injuries such as burns or scalds.

Step 2: Discussing the concern

- 2.5 Wherever possible and if time allows, seek help from the DSL who will give you guidance and advice on the next steps and will make or help you make any necessary referral.
- 2.6 Where the concern arises from a child, the initial response should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:
 - clarify the concerns
 - offer reassurance about how the child will be kept safe
 - explain what action will be taken and within what timeframe.
- 2.7 It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.
- 2.8 If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.
- 2.9 If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. It should be explained to the child that whilst their view will be taken into account, we have a responsibility to take whatever action is required to ensure the child's safety and the safety of other children. See Appendix 2 for more information on confidentiality.
- 2.10 As soon as possible after the disclosure, record any details and discuss with the DSL time allows.
- 2.11 Wherever possible and time allows, talk to the child's parents about your concerns and any referral unless to do so would place the child at an increased risk of harm. Any discussion held with the parent(s) (where deemed appropriate) should also be recorded and signed and kept in a separate confidential file. (

Steps 3-4: Thresholds for need

- 2.12 If you have **concerns** about a child (as opposed to a child being in immediate danger) you will need to decide what action to take. Where possible, there should be a conversation with the DSL to agree a course of action, although any staff member can make a referral to children's social care.
- 2.13 If the concern is not immediate or you or the DSL is unsure about whether to make a referral, you may find it helpful to refer to the Oxfordshire Threshold of

Needs tool http://www.oscb.org.uk/wp-content/uploads/Oxfordshire-Threshold-of-Needs_Final.pdf or seek advice from the LCSS.

- 2.14 If possible and time allows, the DSL will decide whether the threshold for referral is reached and if necessary make the referral. If anyone other than the designated safeguarding lead makes the referral they should inform the DSL, as soon as possible.
- 2.15 If your concerns are immediate and urgent action is needed do not delay in making a referral. If you have concerns about a child, gather any necessary information and take steps to assess and where necessary report the concern. Do not delay or assume someone else will deal with or report the concern if you do not.
- 2.16 The Maple Tree expects all members of staff to co-operate with the police/Oxfordshire children's social care/Oxfordshire Safeguarding Children Board in any way necessary to ensure the safety of the children.

Step 5-6: Making a referral

- 2.17 If possible report the concerns initially to the DSL who will make any referral. If it is not possible to involve the DSL and not urgent, you may consult report your concerns yourself to the LCSS who will also give advice on a 'no names' basis.
- 2.18 If it needs immediate action, report the concerns to the Multi-agency Safeguarding Hub (MASH).
- 2.19 If the child is in immediate danger report the matter to the police on **999**.
- 2.20 Make sure you make a record of your concerns, the steps you have taken, any other information you hold and any agreed decisions or actions.
- 2.21 When making a referral you will be asked for the following information:
- Full names, dates of birth and gender of all child/ren in the household
 - Family address and (where relevant) school / nursery attended
 - Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents
 - Names and date of birth of all household members, if available
 - Ethnicity, first language and religion of children and parents
 - Any special needs of children or parents
 - Any significant/important recent or historical events/incidents;
 - Cause for concern including details of any allegations, their sources, timing and location
 - Child's current location and emotional and physical condition
 - Whether the child needs immediate protection
 - Details of alleged perpetrator, if relevant

- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP)
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known.

2.22 Do not delay making the referral if you do not have all the information if the child may be at an increased risk of harm.

2.23 Other information may be relevant and some information may not be available at the time of making the referral.

2.24 You or the DSL should inform parents/carers about any referral unless to do so would place the child at further risk of harm.

To report a new concern

2.25 If there is an immediate concern, contact the Multi-Agency Safeguarding Hub (MASH). MASH is the front door to Children's Social Care for all child protection and immediate safeguarding concern, for example:

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

2.26 You should call the MASH immediately Tel: **0333 014 3325 or 0345 050 7666** (The latter number will take you through to Customer Services who will ask a series of questions and triage into MASH where safeguarding concerns are raised).

2.27 The Oxfordshire MASH Referral Form (MASH Enquiry online referral form) may be used by professionals only to refer children to social services. Or you can email a report to MASH on the secure email on: mash-childrens@oxfordshire.gcsx.gov.uk

2.28 If you have a concern about a child/family but it is not an immediate safeguarding concern, you should refer to the Threshold of Needs matrix which can be found at, http://www.oscb.org.uk/wp-content/uploads/Oxfordshire-Threshold-of-Needs_Final.pdf. This tool is designed to support professionals to make decisions as to whether contact should be made with Children's Social Care.

2.29 If after consulting the Threshold of Need, you still have concerns that do not require an immediate safeguarding response, you should contact the Locality and Community Support Service (LCSS) and request a 'no names' consultation (meaning you don't give the child's name). You can then discuss the situation

with them and they will advise you on what to do next. If a referral needs to be made they will advise you of this.



- 2.30 LCSS South (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): **0345 241 2608**
- 2.31 If you have a concern out of office hours call Emergency Duty Team on **0800 833 408**
- 2.32 We will follow all guidance, instructions and requests from the relevant professionals

Step 7: Referrals on open cases

- 2.33 If you want to speak to someone about an already open case contact the relevant Children's Social Care Team. If you do not have the name and contact details for the relevant Social Worker, contact MASH on **0345 050 7666**.
- 2.34 If after a referral the child's situation does not appear to be improving the DSL (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.
- 2.35 If early help is appropriate the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.
- 2.36 If early help and or other support is appropriate the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving.
- 2.37 We will follow all guidance, instructions and requests from the relevant professionals.

3. Allegations against others working with children

- 3.1 The Maple Tree takes all allegations of abuse by those who work with our children seriously, whether they are paid staff members, trustees or volunteers. We will report any such concern to our DSL, and if not available (or is the subject of the allegation) to the trustee responsible for safeguarding. The DSL will then refer the matter to the Local Authority Designated Officer (LADO) for advice and guidance.
- 3.2 This procedure should be followed where there is an allegation or concern that a person who works with children has:
- behaved in a way that has harmed a child, or may have harmed a child
 - possibly committed a criminal offence against or related to a child

- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.
- 3.3 To report an allegation or concern about a person in a position of trust, please contact the LADO and Safeguarding Team on **01865 810603** or email: LADO.safeguardingchildren@oxfordshire.gov.uk
 - 3.4 We will follow all guidance, instructions and requests from the relevant professionals
 - 3.5 The Maple Tree reserves the right to suspend any member of staff during an  investigation and to ban volunteers and trustees from the premises. We retain the right to dismiss any member of staff in connection with founded allegations following an inquiry. Unfounded allegations will result in all rights being re-instated.
 - 3.6 We will notify the Disclosure and Barring Service (DBS) of any founded allegation to ensure their records are updated in line with our DBS policy and procedures.
 - 3.7 We will keep all records until the person reaches normal retirement age or for 10 years if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary re-investigation 

4. Whistleblowing

- 4.1 All our staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in our safeguarding procedures and that such concerns will be taken seriously by the Maple Tree trustees.
- 4.2 We have appropriate whistleblowing procedures in place for such concerns to be raised with the trustees.
- 4.3 Where a staff member or volunteer feels unable to raise an issue with the trustees or feels that their genuine concerns are not being addressed, they should seek help from the NSPCC whistleblowing helpline. Staff can call: **0800 028 0285** – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

5. Supporting those working with children

- 5.1 The Maple Tree recognises that staff involved in identifying concerns, making referrals or in an allegation about themselves or a colleague need to feel emotionally safe.

- 5.2 It is important that all staff supporting children are able to discuss safeguarding concerns with the Designated Safeguarding Lead and with their line manager in regular supervision.
- 5.3 Appropriate support, including counselling if needed, will be offered where needed during a safeguarding incident and afterwards.

6. Monitoring and Review

- 6.1 We will review these procedures at least annually, after any update by Oxfordshire Safeguarding Children Board and after any safeguarding incident.
- 6.2 All trustees, staff and volunteers have access to these procedures and sign to say they have read and understood its contents.
- 9.3 The Maple Tree will complete an annual self-assessment to appraise their safeguarding practice against OSCB standards, as set out in www.oscb.org.uk/

Signed

Date

Appendix 1

Definitions and indicators of abuse

The table below outlines the main categories of abuse as defined by *Working Together to Safeguard Children* (DfE 2018). All staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

Type of Abuse	<u>Possible Indicators</u>
<p><u>Neglect</u></p> <p>The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</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 care-givers); or • ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<p>Signs that may indicate a child is living in a neglectful situation:</p> <ul style="list-style-type: none"> • excessive hunger • poor personal hygiene • frequent tiredness • inadequate clothing • frequent lateness or non-attendance at school • untreated medical problems • not brought • poor relationships with peers • compulsive stealing and scavenging • rocking, hair twisting and thumb sucking • running away • loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight • low self esteem • poor dental hygiene
<p><u>Physical Abuse</u></p> <p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be</p>	<p>Signs that may indicate physical abuse:</p> <ul style="list-style-type: none"> • Physical signs that do not tally with the given account of occurrence,

<p>caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.</p>	<ul style="list-style-type: none"> • conflicting or unrealistic explanations of causer • repeated injuries • delay in reporting or seeking medical advice.
<p><u>Sexual Abuse</u></p> <p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not, the child is aware of what is happening.</p> <p>The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.</p> <p>They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	<p>Signs that may indicate sexual abuse:</p> <p>Changes in:</p> <ul style="list-style-type: none"> • Behaviour • Language • Social interaction • Physical wellbeing <p>It is almost important to recognise there may be <u>no signs</u>.</p>
<p><u>Emotional Abuse</u></p> <p>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another</p>	<p>Signs that may indicate emotional abuse:</p> <ul style="list-style-type: none"> • Lack of self-confidence/esteem • Sudden speech disorders • Self-harming (including eating disorders) • Drug, alcohol, solvent abuse • Lack of empathy (including cruelty to animals)

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

<p>exploitation does not always involve physical contact; it can also occur through the use of technology.</p>	<p>person themselves or family/friends</p> <p>If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited please contact the Kingfisher Team on 01865 309196. Out of hours calls will divert to Thames Valley Police Referral Centre.</p>
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Other type of abuse

Child exploitation

Child exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.

Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').

It also finds that the age of those involved is getting younger, with children as young as 12 being targeted. Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.

While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.

Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

Domestic abuse

Defined as, "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can

encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional”.

Forced marriage

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

FM is very different to an arranged marriage where both parties give consent.

Modern slavery and human trafficking

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.

The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.

Indicators of Modern Slavery can include:

- Lack of access to legal documents (e.g. passports)
- Appearance (malnourished, unkempt, etc)
- Untreated or unexplained injuries
- Attitude (withdrawn, frightened, unable to speak for themselves)
- Indebtedness or in a situation of dependence
- Frequent changes of location or restrictions on movement

Female genital mutilation

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

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

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing oxfordrose.clinic@nhs.net or calling 01865 222969.

Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website

Self-harm

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

Self-harm can involve:

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

Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Changes in activity and mood
- Increased isolation from friends and family
- Talking about self-harming or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Giving away possessions

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

Peer-on-peer abuse

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

Prevent-extremism

The Counter-Terrorism and Security Act 2015 places a safeguarding duty on settings to have "due regard to the need to prevent people from being drawn into terrorism".

Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

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

Indicators may include:

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

To report concerns about child radicalisation:

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

Appendix 2

Confidentiality and data protection

Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It is important to respect the wishes of a child or any person who does not consent to share confidential information. With very young children it is not possible to gain their consent and informed consent may be obtained from the child's parent, unless to do so would place the child at an increased risk of harm.

If we have not been given consent to share information, we may still lawfully go ahead if the child is experiencing, or is at risk of, significant harm (see Appendix 2 on information sharing).

Child protection concerns, disclosures from children or safeguarding allegations made against a staff member, volunteer or trustee must not be discussed across the workforce as a whole. This information should be shared solely with our Designated Safeguarding Lead, Children's Social Care and/or the Local Area Designated Officer (LADO) as appropriate.

Personal information shared by a child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child.

Seven golden rules for information sharing

1. Remember that the Data Protection Act 1998, the General Data Protection Regulations 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the

facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix 3 Contact details

The Maple Tree

Designated safeguarding lead

Name: Hayley Hayle

hayley@mapletree.org.uk

01865 236700

Deputy safeguarding lead

Name(s): Melanie Kinghan

Melanie@mapletree.org.uk

01865 236700

Trustee lead for safeguarding and child protection

Name: Liz Elsom

liz@mapletree.org.uk

07917002939

NSPCC

The NSPCC gives help and support with child protection issues.

NSPCC helpline on **0808 800 5000** or get help via email on help@nspcc.org.uk

Oxfordshire

Immediate danger

If you think a child is in immediate danger, call the police on 999.

Immediate concern

If you have a concern about a child, call the Multi-agency Support Team (MASH) on **0345 050 7666**.

Multi-Agency Safeguarding Hub Office hours (8.30am – 5pm, Monday to Thursday, 8.30am – 4pm, Friday)

Outside office hours: Emergency Duty Team: **0800 833 408**

Or you can email a report to MASH using the secure email address on: mash-childrens@oxfordshire.gcsx.gov.uk

A special helpline is available if you are concerned that a child you know is being sexually exploited. Contact the Kingfisher Team on: **01865 309196**.

No names consultation - Locality and Community Support Service (LCSS)

If you are unsure whether to make a referral, you can contact the LCSS and request a 'no names' consultation (meaning you don't give the child's name).

You can then discuss the situation with them and they will advise you on what to do next. If a referral needs to be made they will advise you of this.

LCSS South: **0345 241 2608**

Concerns about a professional or volunteer - Local Authority Designated Officer (LADO)

For concerns about adults working with children call the LADO on **01865 810603** or email: LADO.safeguardingchildren@oxfordshire.gov.uk

