

2026 Child Protection & Safeguarding Policy

KEY CONTACTS

Lifespace Designated Safeguarding Leads (DSL)			
Lead (DSL)	Joanna Broughton	01789 297400	Safeguarding@Lifespace.org.uk
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Leadership			
CEO (DSL trained)	Lisa Carroll	01789 297400	admin@lifespace.org.uk

Board members with Safeguarding Responsibilities			
Chair	Mark Beardmore	01789 297400	admin@lifespace.org.uk
Safeguarding Lead	Chris Hall	01789 297400	admin@lifespace.org.uk

FOR ADVICE AND SUPPORT ABOUT ANY SAFEGUARDING MATTER

Call Family Connect on:

01926 414144

Lines are open from:

Monday to Thursday: 9:00am – 5:30pm, Friday: 9am – 5:00pm

If you cannot get through to Family Connect please email triagehub@Warwickshire.gov.uk giving basic details and the best number to call you back on. If it is **urgent** write '**urgent risk of (state the harm)**' in the subject line

If you believe that a child is at imminent risk, contact the police immediately on **999**.

If you need to speak to a Social Worker outside of the usual office hours, please contact the Emergency Duty Team on **01926 886922**.

Any further information or support is through the Education Safeguarding team as follows:

Email: educationsafeguarding@warwickshire.gov.uk

Telephone: 01926 743000 / 077477 58712

FURTHER INFORMATION, ADVICE AND SUPPORT

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TERMINOLOGY

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2026 as:

- 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 through a kinship care arrangement, whenever possible and where this is in the best interests of the children; and
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

Child protection refers to the processes undertaken to protect children who have been identified as suffering or are likely to suffer significant harm.

Significant harm is defined in section 31 of the Children Act 1989 as follows:

- "harm" means ill-treatment or the impairment of health or development
- "development" means physical, intellectual, emotional, social or behavioural development
- "health" means physical or mental health
- "ill-treatment" includes sexual abuse and forms of ill-treatment which are not physical.

Staff refers to all those working for or on behalf of Lifespace, full-time or part-time, temporary or permanent, in either a paid or voluntary capacity. This includes trustees.

Child/children includes everyone under the age of 18.

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

1 POLICY STATEMENT

This document describes Lifespace's Safeguarding policy and procedures for the protection of children at risk. The document applies to all Lifespace staff, including trainees trustees, volunteers, freelancers and consultants. They apply to all the charity's activities.

All adults who come into contact with children in their work have a duty of care to safeguard and promote their welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

The Children Act 2004 places a duty on organisations to safeguard and promote the wellbeing of children. This includes the need to make sure that all adults who work with or on behalf of children in organisations are competent, confident, and safe to do so (Working Together to Safeguard Children)

This policy is available on our website and all new staff are required to read it and confirm they have done so before commencing work. All staff must attend annual Safeguarding Training (or undertake on line equivalent) and re-read and confirm annually that they have read and understood this policy. Staff understanding will be demonstrated via a safeguarding quiz.

2 CHILD PROTECTION STATEMENT

We, the trustees and staff at Lifespace recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where all children (including those having protected characteristics under the Equalities Act 2010) are respected, valued, feel secure, are encouraged and given opportunities to talk to trusted adults who listen to them. We are alert to the signs of abuse, exploitation and neglect and follow our procedures to ensure that all children receive effective support, protection, and justice.

The procedures contained in this policy apply to all staff and are consistent with statutory guidance and those of the multi-agency safeguarding arrangements put in place by Warwickshire Safeguarding.

3 POLICY PRINCIPLES

- Safeguarding is everyone's responsibility.
- Lifespace's responsibility to safeguard and promote the welfare of children is of paramount importance.
- All children, regardless of age, gender, ability, culture, race, language, UK residence status, religion or sexual identity, have equal rights to be safe, feel safe, to protection and to have their welfare promoted.
- Lifespace is committed to safeguarding and promoting the welfare of children and expects all staff share this.
- All staff are carefully selected, and checked by the Disclosure and Barring Service, have two appropriate references and understand and accept their responsibility for the safety of children.
- All staff are expected to build trusted relationships with children, to take all welfare concerns seriously and act in the best interests of children; while remembering that they may not feel ready or know how to tell someone they are being abused, exploited, or neglected, and/or may not recognise their experiences as harmful.
- It is vital that all Lifespace staff are alert to the signs of abuse, exploitation and neglect; maintain a professional curiosity about children; are approachable and trusted by young people; listen actively to them and understand the procedure procedures for reporting any concerns.
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm at home, school or in the community.
- All staff members will maintain an attitude of 'It could happen here' where safeguarding is concerned. That includes incidents of child on child abuse.
- If, at any point, there is a risk of serious harm, a referral will be made to Children's Social Care and/or the Police immediately. **Anybody can make a referral.** If the child's situation does not appear to be improving, any staff member with concerns should press the Designated Safeguarding Lead (DSL) for re-consideration.
- If a member of staff remains concerned about a child, they should discuss these concerns with the DSL or DDSL or contact Families Connect on numbers given on cover sheet of this policy.
- Children and staff involved in child protection issues will receive appropriate support.
- This policy will be reviewed annually unless an incident, new legislation or guidance suggests the need for an interim review. Staff and trustees will be involved in reviewing and developing the policy.

4 POLICY AIMS

- To provide all staff with necessary information to meet their safeguarding and child protection responsibilities.
- To always act in the interests of the child.
- To ensure consistent good practice.
- To inform children, parents and other partner agencies about the charity's arrangements for safeguarding.
- To demonstrate the charity's commitment with regard to safeguarding and child protection to parents/carers, children and other partners.
- To respond swiftly and appropriately to all suspicions or allegations of abuse and to ensure that confidential information is restricted to the appropriate external agencies.
- To contribute to the charity's safeguarding portfolio.

5 SAFEGUARDING LEGISLATION AND GUIDANCE

The statutory guidance **Working Together to Safeguard Children (2026)** covers the legislative requirements and expectations of individual services (including schools and colleges) to safeguard and promote the welfare of children. It also provides the framework for the three local safeguarding partners (the local authority; a clinical commissioning group for an area, any part of which falls within the local authority; and the chief officer of Police for a Police area, any part of which falls within the local authority area) to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs. The guidance confirms that it applies, in its entirety, to all schools.

Keeping Children Safe in Education (KCSiE) (2026) highlights it is essential that **everybody** working in a school or college understands their safeguarding responsibilities. **All** staff who work directly with children must read Part One, of KCSiE. The CEO and DSL will keep a record of confirmation. This will be gathered through 121 Supervision sessions. Staff can find a copy of *Keeping Children Safe in Education 2026* in the Lifespace office or online here

https://assets.publishing.service.gov.uk/media/Keeping_children_safe_in_education_2026_.pdf

What to do if you're worried a child is being abused 2015 - Advice for practitioners is non-statutory advice which helps practitioners (everyone who works with children) to identify abuse, exploitation and neglect and take appropriate action – please see Child abuse concerns: guide for practitioners - GOV.UK (www.gov.uk).

6 ROLES AND RESPONSIBILITIES

A table of Lifespace Safeguarding Roles and Postholders can be found on the cover of this policy. The implementation of this policy is mandatory across all areas of Lifespace. Specific responsibilities are as follows:

6.1 DESIGNATED SAFEGUARDING LEAD (DSL)

- Is a senior member of staff from Lifespace's core team and therefore has the status, authority skills and experience to carry out the duties of the post, including committing resources, supporting and directing staff.
- Takes lead responsibility for safeguarding/child protection, which will not be delegated (although activities may be delegated to DDSLs). The role and responsibility are explicit in the role holder's job description.
- Is appropriately trained (including Prevent and online safety training), receives refresher training at 2-yearly intervals and regularly updates (at least annually) knowledge and skills; to keep up with relevant changes.
- Works closely with statutory/voluntary partners including those with designated responsibility for promoting children's mental health and emotional wellbeing.
- Acts as a source of advice, support and expertise to the Lifespace community
- Encourages a culture of listening to children and taking into account of their wishes and feelings
- Has an understanding of the local community-based Early Support and Family Help (names given to Early Help in Warwickshire) processes to ensure effective support, assessment and understanding of children's additional needs in order to inform appropriate provision of help, support and intervention to children and their families when their needs do not require statutory intervention.
- Has a working knowledge of multi-agency arrangements put in place by Warwickshire Safeguarding.
- Keeps detailed and accurate records of all concerns, ensuring such records are stored securely.
- Refers cases of suspected abuse, exploitation or neglect to Children's Social Care or the Police as appropriate; and, when a crime may have been committed, refers cases to the Police.
- Refers cases using the prescribed pro forma to Children's Social Care and the Prevent policing team for a joint

assessment when there is a concern that a child is at risk of radicalisation; and to the Channel panel if subsequently advised to do so.

- Ensures all staff confirm they have read and understand the *Child Protection and Safeguarding Policy*/other applicable policies.
- Seeks reassurance that all staff understand that if they have **any concerns** about a child's welfare, they should act on them immediately, either by speaking to the DSL (or a DDSL) or, in exceptional circumstances such as a child being at immediate risk and no DSL available taking responsibility to make a referral to Children's Social Care. Sees that all staff make a full record of **any** safeguarding concerns using a Green Form, and to, in accordance with any partnership agreement, share a copy, with the school DSL (if relevant) and the charity's DSL, and other safeguarding personnel as appropriate (Early Support Officer, Social Worker, MIND DSL).
- Has a working knowledge of relevant national guidance in respect of all issues highlighted within this policy
- Ensures all staff receive regular updated safeguarding training and keeps a record of attendance and training evidence.
- Appreciates the unique risks associated with online safety – including the increasing risks associated with Artificial Intelligence (AI) and ensures that staff are trained accordingly.
- Understands the relevance of data protection legislation and regulations, especially the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR) and the Data(Use and Access) Act 2025 in respect of safeguarding children.
- Secures that the *Child Protection and Safeguarding Policy* and procedures are reviewed and updated at least annually and that the most up-to-date version is available publicly, i.e., on the charity's website or by other means.
- Liaises with the nominated Trustee and CEO with topline information. Informs the CEO of any serious safeguarding enquiries, especially under section 47 of the Children Act 1989 and any Police investigations.
- Ensures schools/parents are aware of Lifespace's role in safeguarding and that referrals about suspected abuse, exploitation and neglect may be made.
- Is available during hours mentoring is taking place or nominates a DDSL to cover.

6.2 DEPUTY DESIGNATED SAFEGUARDING LEADS (DDSL)

- Are appropriately trained (including Prevent and online safety training) to the same standard as the DSL and supports the DSL with safeguarding matters as appropriate.
- In the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of children.
- The role and responsibility are explicit in all role holders' job descriptions.
- In the event of the long-term absence of the DSL, DDSLs will assume all the functions of the DSL as above.

6.3 BOARD OF TRUSTEES

- Have strategic responsibility for the charity's safeguarding arrangements and **must** have regard to statutory guidance, *Keeping Children Safe in Education (DfE 2026)*; and must have regard to that guidance, ensuring policies, procedures and training are effective and comply with the law including the Human Rights Act 1998 and the Equality Act 2010 at all times.
- Facilitates a whole charity approach to safeguarding, ensuring that safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development; and that ultimately, all systems, processes and policies operate with the best interests of children at their heart.
- Appoints a DSL who is a senior member of staff from the Lifespace Core Team and who undertakes training appropriate to the role and is given time, funding, resources, support and training, to carry out the role effectively.
- Ensures that the DSL and DDSL roles are explicit in the role holder's job description and that safeguarding responsibilities are identified explicitly in the job/role descriptions of every member of staff.
- Ensures the charity has policies and procedures in place to safeguard and promote children's welfare.
- Ensures that a DSL or DDSL is always available during delivery hours to discuss safeguarding concerns.
- Develops an induction strategy that ensures all staff, including the CEO, and temporary staff, are provided with copies of or access to this and all relevant policies on commencement in post.
- Ensures that Lifespace has procedures for dealing with allegations of abuse made against and about the conduct of staff (within the code of conduct policy); including allegations made against and about the CEO.
- Develops a training strategy that ensures all staff, including the CEO receive appropriate and regularly training (including online safety) and updates as required (at least annually) to provide them with the relevant skills and knowledge to safeguard children effectively in line with requirements. The training strategy will also ensure that the DSL/DDSLs receive refresher training and regular updates as defined under the DSL's duties above.
- Ensures that Lifespace contributes to inter-agency working and plans.

- Ensures that all trustees receive mandatory safeguarding and child protection (including online) training at induction which equips them with the knowledge to provide strategic challenge to test and assure themselves that

the safeguarding policies and procedures in place are effective and support the delivery of a robust whole charity approach to safeguarding. Their training will be updated regularly.

- Nominates a member (normally the Chair) to be responsible for liaising with the Local Authority and other agencies in the event of an allegation being made against the CEO.
- Identifies a named trustee to take leadership responsibility for the charity's safeguarding arrangements. That trustee will maintain regular contact with the DSL and will ensure that the Board receives regular reports.
- Ensures the charity's safeguarding, recruitment and allegations management procedures consider the procedures and practice of the Local Authority, local safeguarding partnership and national guidance.
- Ensures that the charity follows safer recruitment procedures and maintains the single central record in accordance with Part 3 of *Keeping Children Safe in Education 2026*.
- Part of the duties of the post involve contacting the Local Authority Designated Officer (LADO) on any matter that the DSL considers cannot be properly dealt with internally.

6.4 CHIEF EXECUTIVE OFFICER

- Ensures that the child protection policy and procedures are understood and implemented by all staff.
- Allocates sufficient time, training, support and resources, including cover arrangements, when necessary, to enable the DSL and DDSs to carry out their roles effectively, including the assessment of children and attendance at strategy discussions and other necessary meetings.
- Ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistleblowing procedure.
- Ensures that staff do everything they can to support when Children's Social Care become involved. In partnership with the DSL ensure that the charity follows safer recruitment procedures and maintains the single central record in accordance with Part 3 of *Keeping Children Safe in Education 2026*.
- Refers all allegations that a child has been harmed by or that children may be at risk of harm from a member of staff to the Local Authority Designated Officer (LADO) within 1 working day prior to an internal investigation.
- Ensures that anyone who has harmed or may pose a risk of harm to a child is referred to the Disclosure and Barring Service, as advised by the LADO.
- Refers to the Disclosure and Barring Service (DBS) whenever a decision is made to stop using the services of an individual (including supply staff and individuals not employed by the charity but working with children on) because they are considered to be a risk to children, as required by the *Protection of Freedoms Act 2012*.
- Appoints a case officer, from the core team, to investigate allegations concerning members of staff and/or act as a point of contact for the member of staff against whom the allegation is made.
- Responds to all concerns about conduct of staff (encompassing any breach of the code of conduct policy) in a timely and proportionate manner, taking advice from the LADO and our appointed HR advisor as appropriate.

6.5 STAFF TEAM

Employed staff are responsible for making sure that:

- Staff are able to discuss safeguarding, child protection and abuse issues confidentially and receive guidance and support on action if situations arise.
- The Safeguarding Policy is fully implemented locally and procedures to support the policy are set up as outlined, complied with and communicated.
- The referral of all safeguarding and child protection issues to the DSL/DDSs. This may be as simple as discussing a hypothetical issue to protect identities.
- Staff are aware of their roles and responsibilities under this policy.
- Staff undertake appropriate and required induction and refresher training at the required level annually.

All staff, paid or volunteer, are responsible for making sure that:

- Concerns are raised in accordance with this policy.
- That they attend and participate in training in order to refresh and enhance current learning.
- That they attend supervision, in line with the *Supervision Policy*, for their own wellbeing and to ensure a professional and high-quality delivery to children.

7 SAFER WORKING PRACTICE

The word "session" is used below to cover all delivery of our work.

- Staff must give due regard to issues of safety at all times. This includes carrying out appropriate risk assessments (see *Lifespace Health and Safety Policy*).
- Staff working with children should be appropriately trained and qualified to ensure the services we provide are safe. Each mentor has a supervisor who meets with them twice a term and who is available for guidance across the range of Lifespace's work including safeguarding. As well as an intensive induction course which includes training modules on Online safety, Suicide Prevention, Adverse Childhood Events and PREVENT, there is group supervision and training termly on specific issues for example, LGBTQ+, drug use and addiction.
- Staff are expected to promote, demonstrate and incorporate the values of fairness, trust and ethical practice, showing respect for all individuals regardless of age, development stage, ability, sex, sexual orientation or ethnicity throughout the session.

7.1 WORKING IN SCHOOLS

- Mentoring that takes place in schools is in a room or setting that is "overseen but not overheard" – mentors work with children on a one-to-one basis in an allocated room, signing in and out. School staff create appointments and/or have a list of appointments. If students "drop-in" without an appointment, details are shared as soon as possible.
- Staff should behave and dress in a manner as described in Lifespace's *Staff Behaviour "Code of Conduct" Policy*. Staff are responsible for familiarising themselves with building/facility safety issues, such as fire procedures, location of emergency exits, location of emergency telephones and first aid equipment. We will adhere to the school's and/or Lifespace's *Lone Working Policy*, whichever is most stringent.
- Each school team is responsible for completing a school orientation document detailing School specific information. This will be updated annually.

7.2 WORKING ONLINE AND/OR BY PHONE WHERE THE SCHOOL IS THE REFERRAL AGENCY

- Staff should ensure that additional consent from parents/carers and students has been granted, and the details logged in the Lifespace office. Staff should only use the contact information included in that consent i.e., should not email the student to ask for a phone number/another way to make contact.
- Staff should only use the nominated generic Lifespace account hello@ and student's school email address – both of which can be viewed by members of Lifespace and school staff.
- Staff will use a Lifespace owned device wherever possible and always a Lifespace account for the delivery of online sessions. Where possible, applications that facilitate the recording of sessions will be used subject to data protection and retention/storage guidelines. Lifespace's CEO will randomly sample recorded sessions in order to safeguard children and staff and to ensure that policies are being followed.
- Mentoring sessions are private but, as per the *Remote Mentoring Guidance* will be recorded (if mentee is under 18) to safeguard mentor and mentee. Notes will be taken by the mentor and the time and duration of the appointment will be recorded.
- It is important that all staff who interact with children online continue to look out for signs that a child may be at risk, distressed for some reason or vulnerable in some other way; and report and record any concerns to the DSL in the normal way. The DSL will respond to any such concern as they would any other safeguarding concern.
- In the case of the Youth Advisory Panel, the approach as for 16+ mentoring (see *Lifespace Child Protection and Safeguarding Policy* clause 7.4) will be adopted.
- Lifespace will ensure that online systems are used in line with privacy and data protection/GDPR requirements.
- Online sessions should be timetabled, and the CEO or DSL will be able to drop in at any time – the online version of entering a classroom for children welfare and safeguarding purposes.
- Staff delivering online/virtual sessions will be expected to display the same standards of dress and conduct that they would when working face to face modelling appropriate behaviour and presentation to children and parents. Staff members delivering sessions or communicating with children online/virtually will raise any issues in respect of inappropriate dress, setting, behaviour etc with the child and/or parent immediately and will end the online interaction if necessary. Any such incident will be recorded and reported to the DSL.
- If a staff member believes that a child or family member is recording a session or conversation without prior consent, the session will be brought to an end or the child will be logged out immediately.
- In **rare and exceptional circumstances** where staff urgently need to contact a child or parent by telephone and do not have access to a school-owned device, they will discuss this with a senior member of staff. If it is agreed there is no alternative to using a personally owned device, staff members will always use 'caller withheld' to ensure the children and/or parent is not able to identify the staff member's personal contact details.
- For a step-by-step guide, see *Remote Mentoring Guidance*.

- Staff receive advice regarding their personal online activity, use of social networking and electronic communication with children, about which there are strict rules. Please refer to the code of conduct policy. Staff found to be in breach of these rules may be the subject of a referral to the LADO and/or subject to disciplinary action.

7.3 WORKING WITH STUDENTS WHEN A PARENT, CARER OR ANOTHER AGENCY MAKES THE REFERRAL, INCLUDING EARLY SUPPORT/MHISC/ELEVATE/ECHO

- Whilst the majority of Lifespace staff make use of existing reporting pathways in the schools they work in, staff providing mentoring or training for children in different settings may not be able to make use of these pathways. In this instance they should follow the guidelines below.
- Make sure a direct referral mentoring request form has been completed and signed by the parent or carer with parental responsibility, and the details logged in the office. Staff should only use the contact information included in that consent i.e., should not email the student to ask for a phone number or another way to make contact and should only use a nominated Lifespace email that can be viewed by members of Lifespace staff.
- Face-to-face mentoring will take place in an agreed public or community place. Mentors will adhere to our *Lone Working Policy*.
- Mentors should be familiar with risk assessments appropriate to the setting for the mentoring whether in a Community Hub or a public space.
- Only young people of secondary school age (11 +) will be seen in a Community Hub unless parent remains on site.
- Children 9+ can be seen in public spaces with a parent on site.
- The mentor should be familiar with the safeguarding procedures to be followed in the event of a concern or disclosure when not in a school see Appendix 1.
- Lifespace should have two emergency contact numbers for mentees in these outer school settings.
- Parents/carers should be informed who the DSL is for the setting.
- There should always be two adults present within the setting.

7.4 SELF-REFERRALS FOR 16+

- Where young people, 16+ self-refer, they must supply contact information for two parents, carers or guardians.
- The parent, carer or legal guardian will be contacted in the event of a safeguarding concern or an emergency.
- In exceptional circumstances e.g. where there is suspected parental abuse, we will go directly to statutory services with any concerns.
- Only in the event of the young person not having a school or college email address can private emails may be used for appointment booking but NO personal information may be shared and NO online sessions will be permitted unless via a school/college email account for the mentee and a shared account for the mentor e.g. hello@lifespace.org.uk. For more information see *Remote Mentoring Guidance*.

7.5 GOOD PRACTICE TO PROTECT AGAINST ALLEGATIONS OF ABUSE

Staff should not:

- Spend excessive amounts of time alone with children.
- Take children to their own home.
- Offer a lift to a child.
- Share their personal contact information, including social media, with children.
- Bring gifts or items of a personal nature to the child.
- Accept gifts from a child, but if offered, declare in supervision.
- Do things of a personal nature for children e.g. lending them money

When occasions arise where these situations do occur they should be done with the full knowledge and consent of the CEO and/or the parents/carers of children at risk.

Staff should never:

- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments about or to a child even in fun.
- Let an allegation that a child makes during a session go unchallenged or unrecorded.

7.6 HELPING CHILDREN TO UNDERSTAND AND RECOGNISE RISK, IDENTIFY SUPPORT AND REPORT ABUSE

In schools children are taught to understand and manage risk through age-appropriate personal, social, health and economic (PSHE) programs; online safety curriculum; sex/relationships lessons; and through all aspects of school life.

Schools are encouraged to have systems in place that are “*well promoted easily understood and easily accessible for children to confidently report abuse knowing their concerns will be treated seriously*”

Lifespace staff should encourage young people to use our “Tell us how we are doing” card / QR code to report any concerns to us confidentially.

8 CODE OF CONDUCT

To meet and maintain our responsibilities towards children, we set out our expectations of staff in the code of conduct policy. In summary, our expectations include:

- treating all children with respect;
- setting a good example by conducting themselves appropriately;
- involving children in decisions that affect them;
- encouraging positive, respectful and safe behaviour among children;
- being a good listener;
- being alert to changes in children’s behaviour and to signs of abuse, exploitation and neglect;
- recognising that challenging behaviour and mental health difficulties may be an indicator of abuse, exploitation or neglect;
- reading and understanding the *Child Protection and Safeguarding Policy, Staff Behaviour “Code of conduct” Policy* on wider safeguarding issues, for example bullying, behaviour, physical contact, criminal and sexual exploitation, extremism, online safety and information-sharing;
- asking the child’s permission before initiating legitimate physical contact, such as administering first aid;
- being mindful that in most circumstances physical contact with a young person is inappropriate, (except a handshake), but that young children may initiate gestures such as a hug. This is best avoided (e.g. kindly using distraction of hugging a toy instead) and should be reported to school and Lifespace DSL to protect the mentor.
- maintaining appropriate standards of conversation and interaction with and between children and avoiding the use of sexualised or derogatory language;
- not participating in, tolerating or dismissing sexual violence or sexual harassment or sexual violence as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”;
- making clear that sexual violence and sexual harassment are not acceptable, will never be tolerated and are not an inevitable part of growing up;
- challenging behaviours (potentially criminal in nature) which constitute sexual harassment, such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts;
- being aware that the personal and family circumstances and lifestyles of some children and lead to an increased risk of abuse and exploitation;
- referring all concerns about a child’s safety and welfare to the Lifespace DSL and school/setting DSL or, if necessary, directly to the Police or Children’s Social Care;
- following our rules regarding communication and relationships with children, including via social media; and
- referring all allegations against members of staff or other adults that work with children and any concerns about staff conduct which breaches the code of conduct policy directly to the CEO; and any similar allegations against or concerns about the CEO directly to the chair of trustees.
- to embody the *Lifespace Charter*, which sets out how we will behave.

9 ABUSE OF POSITION OF TRUST

All staff are aware that inappropriate behaviour towards children is unacceptable and that their conduct towards children must be beyond reproach. In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means any sexual activity between a member of staff and a child under 18 may be a criminal offence, even if that child is over the age of consent.

10 PARTNERSHIP WORKING

Lifespace recognises that it has a duty of care to children when delivering collaborative work with statutory agencies. We will ensure that each collaboration clearly indicates which party is leading on Safeguarding reporting, whose monitoring system will be used and the mechanism for sharing relevant information.

Where we feel a partner agency may not adequately safeguard children we will ‘call out’ concerns and, where applicable, escalate as detailed in section 29.

11 CHILDREN WHO MAY BE PARTICULARLY VULNERABLE

Some children are more vulnerable to abuse, exploitation and neglect than others. Several factors may contribute to that increased vulnerability, including prejudice and discrimination; isolation; social exclusion; communication issues; a reluctance on the part of some adults to accept that abuse, exploitation and neglect can occur; as well as an individual child's personality, behaviour, disability, mental and physical health needs and family circumstances.

To ensure that all children receive equal protection, staff should be particularly aware of the vulnerability of those who:

- have a disability, special educational needs, mental health needs or certain medical or physical health conditions.
- do not have English as a first language; and/or who are:
- young carers.
- affected by parental substance misuse, domestic abuse and violence or parental mental health needs.
- asylum seekers.
- looked after by the Local Authority, otherwise living away from home or were previously looked after.
- in receipt of support and services from a social worker.
- vulnerable to being bullied or engaging in bullying behaviours.
- living away from home or in temporary accommodation.
- living transient lifestyles.
- living in chaotic and unsupportive home situations.
- missing education; or absent from education, particularly on repeat occasions and/or for prolonged periods.
- vulnerable to discrimination and maltreatment on the grounds of race, gender, ethnicity, religion, disability or sexuality (N.B. children who regard themselves or are perceived by other children as lesbian, gay, bi, trans or non-binary can be targeted by other children).
- at risk of child sexual exploitation (CSE) and/or child criminal exploitation.
- at risk from or are involved with serious violent crime.
- at risk of female genital mutilation (FGM).
- at risk of forced marriage.
- at risk of being drawn into extremism.

This list provides examples of additionally vulnerable groups and is not exhaustive.

12 CHILDREN WITH SPECIAL EDUCATIONAL NEEDS, DISABILITIES OR PHYSICAL HEALTH ISSUES

Children with special educational needs and/or disabilities (SEND) or certain medical or physical health conditions are more vulnerable to abuse, exploitation and neglect and can face additional safeguarding challenges both online and face to face. Additional barriers can exist when recognising abuse, exploitation and neglect experienced by this group of children, which can include:

- assumptions that indicators of possible abuse, exploitation or neglect such as behaviour, mood and injury relate to the child's special needs, disability or condition without further exploration;
- the potential for children with SEND or certain medical conditions being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children, possibly without outwardly showing any signs; and
- communication barriers and difficulties for children overcoming those barriers to report their experiences and for practitioners in understanding and managing the issues;
- children not understanding that what is happening to them is abuse;
- children are more likely to be dependent on adults for care, including intimate care for some children;
- higher likelihood that children are isolated from others;
- cognitive understanding may make it difficult for children to understand the difference between fact and fiction in online content; and they may then repeat the content or behaviours in school and suffer the consequences of doing so.

13 CHILDREN WITH MENTAL HEALTH NEEDS

All staff are trained to be aware that mental health problems can, in some cases, develop into safeguarding concerns which could include self-harm, signs of an eating disorder, suicidal ideation or suicide; and could also be an indicator that a child has suffered, is suffering or is at risk of suffering abuse, exploitation or neglect. Staff are not expected or trained to diagnose mental health conditions or issues but they will record and report any concerns about a child's mental health to the school/setting DSL and Lifespace DSL as with any other safeguarding concern.

Where children have suffered abuse, exploitation, neglect or other potentially traumatic adverse childhood experiences including child on child abuse, this can have a lasting impact throughout childhood, adolescence and into adulthood. Staff are trained to be aware of how these can impact children's mental health, behaviour, and education.

Children who are experiencing mental health problems are also more likely to experience isolation and to miss education, which can render them vulnerable to abuse including child on child abuse (online and face to face), grooming, exploitation and radicalisation.

Lifespace staff are well placed to notice any of the following indicators that a child may be struggling with their mental health:

- self-harming;
- child has an eating disorder;
- child is experiencing suicidal ideation and making plans to end their life;
- significant changes in behaviour;
- ongoing difficulty sleeping;
- withdrawing from social situations;
- child does not want to do things they usually like doing; and
- physical signs of self-harm or neglecting themselves.

We recognise that not every child who exhibits these behaviours is suicidal or has a mental health difficulty. However, by identifying these and other potential warning signs, we can identify children who may be struggling with their mental health and contemplating suicide and offer support and vital early intervention by safeguarding according to our process and using our *Suicide Prevention toolkit and Hope Plan*.

When concerns about a child's mental wellbeing/health are identified in a school, the school DSL (or a deputy) will contact parents/carers with a view to supporting the child's wellbeing, unless there is a reason to believe that doing so would place the child at additional risk. If these concerns are identified in a community setting a Lifespace DSL/DDSL may need to contact parents/carers with a view to supporting the child's wellbeing, unless there is a reason to believe that doing so would place the child at additional risk.

If there is reason to believe the child is in danger, in a school, the school will contact emergency services by calling 999 immediately; and/or arrange for the child to be taken to A&E immediately by a parent/carer or other suitable person. If not in a school, we may need to do this.

If the situation is not an emergency but the child needs urgent help with their mental health, in a school the DSL will ensure that an appropriate member of staff (e.g. the senior mental health lead) contacts NHS via NHS 111 online; or by calling 111 and selecting the mental health option. Not in a school, we need to liaise with families around this.

In summary, if a pupil's mental health is placing them at risk of significant harm, or may be a consequence of abuse, neglect or exploitation, it is a safeguarding matter.

All staff should also be familiar with the Suicide Prevention resources; *Lifespace Hope Plan and Toolkit*

13.1 CHILDREN WHO ARE QUESTIONING THEIR GENDER

A child who is questioning their gender may require sensitive, thoughtful and individualised support. Where a child tells a mentor that they are considering social transition, or requests changes such as the use of a different name or pronouns, the mentor must listen respectfully, avoid making promises or expressing a personal view, and explain that the information will need to be shared with the appropriate safeguarding lead. The mentor must record the conversation accurately and promptly inform both the school/setting DSL and the Lifespace DSL. Decisions about any proposed social transition are the responsibility of the school or college and should be considered cautiously and on a case-by-case basis, with the child's welfare and safeguarding at the centre.

Schools should seek the views of parents or carers and consider any relevant clinical advice, unless there is a genuine safeguarding reason why involving parents may place the child at risk. Mentors must not agree or implement changes independently, undertake an assessment of the child's gender identity, or treat gender questioning in itself as a safeguarding concern; however, any associated concerns — including distress, bullying, family conflict, self-harm or risk of harm — must be reported and responded to through normal safeguarding procedures.

14 BULLYING, CHILD ON CHILD ABUSE AND HARMFUL SEXUAL BEHAVIOUR

14.1 BULLYING

KCSiE 2026 states that “Bullying has a detrimental impact on young people’s mental health and their ability to thrive at school and college. Bullying can affect a child’s attainment and wellbeing. We are clear that all forms of bullying, for whatever reason, are unacceptable. Schools and colleges must take a strong, proactive stand against all forms of bullying, and schools and colleges should tackle bullying at the earliest opportunity to prevent it from escalating.”

And that, all staff should be aware that abuse, neglect, exploitation, and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap.”

Staff are therefore trained and expected to recognise that children with SEN/D; those experiencing medical problems or mental health challenges; and children who are lesbian, gay, bisexual, non-binary or are questioning their gender (or are perceived as such by other children, whether they are or not) can sometimes be vulnerable to discriminatory bullying, as can children from minority ethnic groups and those whose families have a different lifestyle or belief system from other families.

Similarly, staff are trained and expected to remain alert to the reality that children experiencing adverse issues including abuse, neglect, exploitation, radicalisation and accessing or being exposed to harmful content including financial abuse online; and those who abuse other children may become isolated and therefore more vulnerable to bullying.

Child-on-child abuse: staff are trained and expected to be aware that children can abuse other children (often referred to as child-on-child abuse, which includes bullying, harassment and violence); that it can happen both in school and outside and online; to recognise the indicators and signs of child-on-child abuse; and to identify it and respond to reports by pupils about themselves or other children as they would with any other safeguarding issue.

We recognise that, even if there are no reports of child-on-child abuse, it does not mean it is not happening. Mentors are expected to give pupils every opportunity to talk to them in the event they are experiencing anything causing them harm, distress or worry (both in school and offsite) and to report any concerns about child-on-child abuse (reported and suspected) to the school DSL (or a deputy DSL) and Lifespace DSL (or deputy DSL).

Keeping Children Safe in Education 2026 states child on child abuse most likely includes, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- abuse in intimate personal relationships between children (‘teenage relationship abuse’);
- physical abuse which can include hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
- serious physical assault and harm, or the threat of harm with a weapon;
- sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence);
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nudes and semi-nudes (NB ‘nudes and semi-nudes includes still pictures, videos, livestreams and AI generated material whether self-generated or created by others);
- upskirting, which typically involves taking a picture under a person’s clothing without permission, with the intention of viewing genitals or buttocks to obtain sexual gratification, or cause humiliation, distress or alarm;
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Different gender issues can be prevalent when dealing with child on child abuse, for example girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence. Whilst mindful of the particular vulnerability of women and girls to violence and sexual harassment, it is also recognised that boys as well as girls can be abused by members of the opposite as well as the same gender group.

14.2 HARMFUL SEXUAL BEHAVIOUR (HSB)

Children’s sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected behaviour to inappropriate, problematic, abusive and violent behaviour. Problematic, abusive and violent sexual behaviour is developmentally inappropriate, may cause developmental damage and is referred to as ‘Harmful sexual behaviour’ (HSB), which can occur online, face to face and also simultaneously between the two.

HSB can be displayed by and towards younger children, children of the same age, older children or adults. Children who are victims of HSB, sexual harassment or sexual violence, wherever it happens, are likely to find the experience stressful and distressing. It is likely to affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school/setting.

Children who display HSB are also harmed as a result. They may also be the victims of past or current abuse and trauma and the school will always ensure they are offered appropriate support as well as supporting victims. Whilst any report of HSB, sexual harassment or sexual violence will be taken seriously, it is recognised that girls are more likely to be the victims of sexual harassment and sexual violence and it is more likely to be perpetrated by boys. Children with disabilities are also three times more likely to be abused than their peers.

We recognise the progressive and escalatory nature of sexual harassment and misogyny; and , expect school staff always to intervene early by challenging behaviours, such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras, lifting up skirts and any expression of misogyny in order to contribute to reducing the risk of those behaviours escalating to more serious sexual harassment and/or sexual violence. Dismissing or tolerating such behaviours, risks normalising them.

HSB will therefore always be considered in a child protection context. The ages and developmental stages of children are critical factors when considering incidences of HSB. What might be considered normal sexual behaviour between two children of a similar age will be considered harmful if there is a significant age difference, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child may also abuse an older child, especially if they hold power over them, e.g. due to an older child having a disability or physical size.

It is important to consider the wider environmental factors and context within which child on child abuse occurs. Such factors may include the potential for bullying and child on child abuse to take place across a number of social media platforms and services; and for things to move from platform to platform online. There is also the strong potential for repeat victimisation in the future if abusive content continues to exist somewhere online. Online concerns can be especially complicated. Support is available from **The UK Safer Internet Centre** at 0344 381 4772 and helpline@saferinternet.org.uk and the **Internet Watch Foundation** at <https://www.iwf.org.uk/>.

Members of staff to whom such allegations are made should record their concerns in the usual way on a Green form and report them to the school and Lifespace DSL as soon as possible, as with any other safeguarding concern.

14.3 CHILD ON CHILD SEXUAL VIOLENCE AND HARASSMENT

This can occur between two children of any age and sex from primary through to secondary stage and between children of the opposite or the same sex. They can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Staff recognise that, although boys can experience sexual violence and sexual harassment, girls are more likely to be the victims and boys are more likely to cause this kind of harm to others. Some children may be more at risk of specific forms of sexual violence and sexual harassment such as homophobic, biphobic or transphobic bullying. Children who are lesbian, gay, bi, trans or non-binary can be targeted by other children, as can a child who is perceived by other children to be LGBT or non-binary (whether they are or not).

The initial response by Lifespace to a report from a child is incredibly important. The response can either encourage or undermine the confidence of future victims of sexual violence and sexual harassment to report abuse.

Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable. As with all other safeguarding issues, staff are trained and expected to maintain an attitude of '**It could happen here**' in relation to the possibility of sexual violence and sexual harassment happening within school or community settings. It is important that **all** victims are taken seriously and offered appropriate support; and that **any** report of sexual violence or sexual harassment is taken seriously.

Lifespace will respond to all reports and concerns of child on child sexual violence and sexual harassment, including those that have happened outside of Lifespace delivery, and or online.

14.4 WHAT IS SEXUAL VIOLENCE AND SEXUAL HARASSMENT?

Sexual Violence -this policy uses the definitions of sexual offences in the Sexual Offences Act 2003 as follows:

- **Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

- **Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- **Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents

(NB sexual assault covers a wide range of behaviour so a single act of kissing someone without consent or touching someone's bottom/breasts/genitalia without consent, can still constitute sexual assault).

- **Causing someone to engage in sexual activity without consent:** A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

Sexual Harassment between children is unwanted conduct of a sexual nature that can occur online and offline and both inside and outside school. Sexual harassment is likely to violate a child's dignity and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Sexual harassment can include:

- sexual comments, such as telling sexual stories, making lewd comments, making sexual remarks about clothing or appearance and using sexualised names;
- sexual 'jokes' or taunting;
- physical behaviour, such as deliberately brushing against someone, interfering with someone's clothes (NB this may cross a line into sexual violence – the school will listen to the victim and take her/his perspective and experience into account in deciding that);
- displaying pictures, photos or drawings of a sexual nature;
- upskirting (which is a criminal offence);
- online sexual harassment, which may occur independently or as a broader pattern of sexual harassment and/or sexual violence, which may include:
 - consensual and non-consensual making or sharing of nudes or semi-nude images;
 - sharing of unwanted explicit content;
 - sexualised online bullying;
 - unwanted sexual comments and messages including on social media;
 - sexual exploitation, coercion and threats; and
 - coercing others into sharing images of themselves or performing acts with which they are not comfortable online.

Sexual harassment creates a culture that, if not challenged, can normalise inappropriate behaviours and provide an environment that may lead to sexual violence.

14.5 WHAT IS CONSENT?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

- a child under the age of 13 can never consent to any sexual activity.
- the age of consent is 16.
- sexual intercourse without consent is rape.

15 HOW LIFESPACE WILL RESPOND TO REPORTS OF SEXUAL VIOLENCE AND HARASSMENT

While it is not possible to anticipate every particular set of circumstances and therefore what the response will be to every case, Lifespace will respond to reports of specific incidents of sexual violence and sexual harassment in accordance with Part 5 of *Keeping Children Safe in Education* 2026.

N.B. The terms 'victim' and 'perpetrator' are used within this policy because they are widely recognised, understood and helpful in delineating clear safeguarding responses to child-on-child abuse. However, we recognise that not everyone who has been subjected to abuse considers themselves a victim or would want to be described in that way. Mentors will bear those sensitivities in mind when managing and responding to any individual situation, particularly

when speaking in front of children; and will seek always to use terms with which children who have or may have suffered abuse are most comfortable. We also recognise that abusive behaviour will sometimes be harmful to the 'perpetrator' as well as the 'victim'.

All responses to disclosures of sexual violence will be reported to the Lifespace and school/setting DSL (or DDSL), using her/his professional judgement and supported by other agencies, such as Children's Social Care and the Police. The need for a risk and needs assessment in relation to reports of sexual harassment will be considered on a case-by-case basis. Advice may also be sought from Family Connect using the numbers given on the coversheet of this policy

16 SHARING OF NUDE AND SEMI-NUDE IMAGES AND VIDEOS

Children who share nude and semi-nude images and/or videos of themselves or their peers are breaking the law. However, as highlighted in national guidance, it is important to avoid criminalising children unnecessarily. The primary concern at all times will be the welfare and protection of children involved. We will work in partnership with external agencies with a view to responding proportionately to the circumstances of any incident.

The sharing of nude and semi-nude images and/or videos by children is a safeguarding issue and can be a sign that children are at risk. Children being coerced or pressurised by other children to create and share such images is a form of sexual harassment; and can also be part of a wider process of child on child abuse, grooming, criminal and/or sexual exploitation. However, Lifespace also recognises that children's motivation for sharing nude and semi-nude images and/or videos can also include flirting, developing trust in a romantic relationship, seeking attention, for a 'joke' or because they are too young to understand the risks involved in doing so.

Although technically an offence, such sharing of that kind of material of that nature is referred to as 'experimental' and it is usually not necessary or appropriate to criminalise children in those circumstances. The DSL will make a judgement about whether a reported incident of sharing nude and semi-nude images and videos is 'experimental' or 'aggravated'.

Lifespace is committed to providing an emotionally safe environment in order for children to be able to explore issues and ask staff for help when they need it. We also recognise that a child's circumstances, background or sexuality may make them additionally vulnerable to wanting to share nude and semi-nude images and/or videos consensually and/or to being pressured, manipulated or coerced into doing so. Those factors may include:

- being in care;
- having special educational needs or a disability;
- having been a victim of abuse, exploitation or neglect;
- having less direct contact with parents;
- lacking positive role models at home.

Where there are wider concerns about the care and welfare of a child or young person who has shared indecent images of themselves or other children, consideration will be given to referring to Children's Social Care.

If, at any point in the process, there is concern that a child has been harmed or is at risk of harm, a referral will be made immediately to Children's Social Care and/or the Police via Family Connect

The Police will always be informed when there is reason to believe that indecent images involve sexual acts. Children under the age of 13 are unable to consent to sexual activity so any imagery depicting under 13-year olds will therefore also be referred to the Police.

16.1 AGGRAVATED INCIDENTS

Aggravated incidents involve criminal or abusive elements beyond the creation, sending or possession of nude and semi-nude images and videos of children produced by children (i.e. under 18-year olds).

These include the involvement of adult offenders, e.g. adults attempting to develop relationships by grooming children and/or soliciting children to create and send indecent images to them; criminal or abusive behaviour by children such as sexual abuse, extortion, threats, deception or exploitation; malicious conduct arising from personal conflicts such as break-ups or fights among friends; coercion; an imbalance of power, e.g. an older child pressurising a younger or vulnerable child to create and share an indecent image; or reckless creation, sending or showing of images without the knowledge or against the will of a child who is pictured, causing that child harm.

Examples of aggravated incidents include:

- evidence of adult involvement in acquiring, creating or disseminating indecent images of children (possibly by an adult pretending to be a child known to the victim);
- evidence of coercing, intimidating, bullying, threatening and/or extortion of students by one or more other students to create and share indecent images of themselves;
- pressure applied to a group of children to create and share indecent images of themselves;

- pressurising a child who does not have capacity to consent (e.g., due to age, level of understanding or SEN) or with additional vulnerability to create and share indecent images of themselves;
- dissemination of indecent images of children to a significant number of others with an intention to cause harm or distress (possibly as an act of so-called 'revenge porn', bullying or exploitation);
- what is known about the imagery suggests the content depicts sexual acts which are unusual for the child's developmental stage or are violent;
- sharing of indecent images places a child at immediate risk of harm, for example the child is presenting as suicidal or self-harming.

Where there are abusive and/or aggravating factors, or wider concerns about the care and welfare of a child, Lifespace will refer incidents to Family Connect for advice about whether or not a response by the Police and/or Children's Social Care is required.

In the latter instance, the DSL will usually consult with the Police and/or Children's Social Care through Family Connect to check that no other relevant information is held by those agencies and to ensure an agreed response is documented before proceeding.

16.2 VIEWING IMAGERY

Lifespace staff should **not** view youth produced sexual imagery.

If delivering in school, staff must advise the school DSL immediately as they have additional responsibilities and powers. In all cases, staff must complete a green form and contact a Lifespace DSL immediately after the session.

17 SUPPORT FOR CHILDREN, FAMILIES AND STAFF INVOLVED IN A CHILD PROTECTION ISSUE

Child abuse, exploitation and neglect are devastating for the child and can also result in distress and anxiety for staff who become involved.

We will support children, where applicable their families, and staff by:

- taking all suspicions and disclosures seriously;
- nominating a link person (usually DSL) who will keep all parties informed and be the central point of contact;
- When a member of staff is the subject of an allegation made by a child separate link people will be nominated to avoid any conflict of interest;
- responding sympathetically to any request from children or staff for time out to deal with distress/anxiety
- maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals/agencies;
- storing records securely;
- offering details of helplines, counselling or other avenues of external support;
- following the procedures laid down in our child protection, whistleblowing, complaints and disciplinary policies
- co-operating fully with relevant statutory agencies.

18 COMPLAINTS PROCEDURE

Our *Complaints Policy* will be followed where a child, parent, co-worker, school or partner agency raises a concern about a staff member's poor practice towards a child that initially does not reach the threshold for child protection action. Poor practice examples include unfairly singling out a child or attempting to humiliate them, bullying or belittling a child or discriminating against them in some way. Complaints are managed by the CEO, other members of the core team and Trustees.

Complaints from staff are dealt with under the charity's *Complaints, Disciplinary and Grievance Policies*. Complaints which escalate into a child protection concern will automatically be managed under Lifespace's child protection procedures.

19 REPORTING CONCERNS ABOUT A COLLEAGUE OR OTHER ADULT WHO WORKS WITH CHILDREN (WHISTLEBLOWING)

Staff who are concerned about the conduct of a colleague, or any adult working in, with or on behalf of the charity, towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood a situation and they will wonder whether a report could jeopardise a colleague or other practitioner's career. All staff must remember that the welfare of the child is paramount.

The charity's **whistleblowing** procedure enables staff to raise concerns or allegations in relation to any colleague or adult as listed above, initially in confidence, and for a sensitive enquiry to take place.

Staff are trained and expected to report **all** concerns (including concerns that arise online and offsite) about poor practice or possible child abuse, exploitation or neglect by adults to the CEO to facilitate proactive and early intervention in order to maintain appropriate boundaries and a safe culture that protects children and reduces the risk of serious abuse. Those concerns include allegations of concerns that may meet the harm test as defined in *Keeping Children Safe in Education 2026*; and also anything – both serious and seemingly minor - contraventions of the school's staff behaviour policy (code of conduct), referred to in *KCSiE 2026* as 'low level concerns'.

There is no single way in which staff are required to report concerns of this nature. The most important thing is that the concern is brought to the attention of the CEO or nominated Trustee.

All concerns including '*low-level concerns*' should be recorded in writing, to include the details of the concern, the context in which they arose and the action taken; and that the name of the individual sharing their concerns should also be noted but that if the individual wishes to remain anonymous then that should be respected as far as is reasonably possible. NB The term '*low-level concern*' does not mean that the concern is insignificant, it simply means that the behaviour towards a child may not be deemed to meet the harm threshold or require referral to the Local Authority Designated Officer (LADO).

Written concerns should be passed directly to the CEO. Alternatively staff are free to approach the CEO directly to discuss their concerns. Concerns or complaints about the CEO should be reported to the Chair of Trustees, contact details for whom, are provided on the cover of this policy. Staff may also report concerns about suspected abuse, exploitation or neglect directly to Children's Social Care or the Police if they believe direct reporting is necessary to secure action to safeguard children.

Staff can also contact the Local Authority Designated Officer (LADO), who is responsible for the co-ordination of responses to allegations against people who work with children (see criteria, contact and referral details in section 20 below).

The NSPCC whistleblowing helpline is also available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 between 8.00a.m. and 8.00p.m., Monday to Friday or e mail help@nspcc.org.uk. Information is also available on the NSPCC website at <https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>.

Contact numbers for the LADO, Children's Social Care and the Police are displayed in the Lifespace office and included in the Mentor Handbook.

N.B. Staff are encouraged to feel confident to self-refer to the CEO where they have found themselves in a situation that could be misinterpreted or might appear compromising to others; or, on reflection they recognise their behaviour might be deemed to have contravened the Staff Behaviour (Code of Conduct) Policy and/or fallen below expected professional standards.

20 MANAGING ALLEGATIONS AGAINST STAFF

20.1 LIFESPACE STAFF

When an allegation is made against a member of staff set procedures must be followed. The full procedures for dealing with allegations against staff can be found in Part 4 of *Keeping Children Safe in Education 2026* and Warwickshire Safeguarding Partnership multi-agency safeguarding procedures *Allegations against staff or volunteers* – <https://westmids-warwickshire.trixonline.co.uk/chapter/allegations-against-staff-or-volunteers>

As required by *Keeping Children Safe in Education 2026*, all allegations in respect of an individual who works (permanently or temporarily) or volunteers at a school that fulfil any of the following criteria (the harm test) will be reported to the Local Authority Designated Officer (LADO) within one working day:

- 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 they 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 LADO team's contact number is **01926 745376**. Referrals to the LADO will be submitted on a Position of Trust Referral Form and sent to lado@warwickshire.gov.uk.

All allegations against former members of staff that meet the criteria will also be referred to the LADO in the first instance. On occasions, the LADO may not be able to advise about and/or co-ordinate the response to historical allegations because the current whereabouts of the former member of staff are unknown and/or it is unknown whether the individual is currently employed or volunteering in a role involving work with children. In any such circumstances and following advice from the LADO, the matter will be reported to the Police.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently

and to be kept informed of its progress. Suspension is not the default option and alternatives to suspension will always be considered. However, in some cases staff may be suspended when this is deemed to be the best way to ensure that allegations are investigated fairly, quickly and consistently and that all parties are protected. In the event of suspension, the school will provide support and a named contact for the member of staff.

Staff and trustees are reminded that publication of material that may lead to the identification of a staff member who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing, including content placed on social media sites. Lifespace will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

NB. it is the CEO's responsibility to contact and refer to the LADO when necessary. The only exceptions are when the allegation is against the CEO, in which instance the Chair of Trustees will undertake that responsibility; or when a member of staff is concerned that appropriate action has not been taken by the CEO, in which instance the member of staff should contact the LADO directly in order to safeguard children. The LADO's contact details are above.

In the event of a member of staff being dismissed or removed due to safeguarding concerns or they would have been had they not resigned, the school will fulfil its legal duty to make a referral to the Disclosure and Barring Service (DBS). Failure to refer when the criteria are met is a criminal offence.

Upon receipt of an allegation or concern about a member of staff's conduct that is in breach of the code of conduct policy but may not meet the harm test as above (defined in *Keeping Children Safe in Education 2026* as a 'low level concern'), the CEO will have a decision to make about an appropriate and proportionate response in order to maintain a safe environment for children.

In the event that the CEO is not certain whether or not the allegation/concern meets the harm test, they will always contact the LADO for advice. Once it has been established that the allegation or concern does not meet the harm test, actions are likely to include one or more of the following:

- Seeking advice from the charity's HR advisor about whether or not the allegation/ concern warrants action including the possibility of an internal investigation subject to the charity's disciplinary or capability procedures. That will include establishing whether or not it is necessary and proportionate to suspend the member of staff in the first instance in order to maintain the integrity of any investigation.
- If the allegation/concern does not warrant formal action or investigation, speaking to the member of staff and any other individuals as necessary to clarify the nature of the issues.
- Providing the member of staff with informal management advice. A written record will be made, shared with the member of staff and placed on their personnel file subject to HR advice and the charity's record retention policy.
- Consideration of the need to amend policies, procedures and staff training; and/or briefing all staff to remind them of relevant aspects of policies with particular reference to the *Staff Behaviour (Code of Conduct) Policy*.

Written records of all concerns and the response to them will be retained securely in compliance with the Data Protection Act 2018.

Concerns about external staff, other third-party providers and contractors **will** be notified to their employers so that any potential patterns of inappropriate behaviour can be identified; but the charity will take responsibility for undertaking any investigation of concerns that arise in the conduct of charity business.

20.2 SCHOOL STAFF

There are a number of scenarios whereby Lifespace might hear about behaviour of adults / staff in schools; which is concerning; mentors may witness it themselves or mentees might disclose to us. There are 3 levels of concerns; 2 of which are defined in KCSIE; behaviour that meets the 'harm threshold' and 'low level concerns' (i.e. behaviour that does not meet the harm threshold but represents a breach of staff Code of Conduct). We may also witness or be told about behaviour that is 'out of character' but does not meet either threshold.

Whether witnessed by us or disclosed to us by a student, any behaviour that meets the 'harm threshold' must be reported to the Head Teacher as a matter of urgency, verbally and followed up via a yellow form (if the Head Teacher requests it). If the behaviour relates to the Head Teacher it should be relayed to the Chair of Governors. This information should be shared with Lifespace DSL as soon as possible. If no yellow form is requested by school, for the purpose of record keeping, staff should use our own form <https://forms.cloud.microsoft/e/5Q1GUfsNaj>

If such behaviour which meets the 'harm threshold' is reported to us by a student, we should also complete a green form as a matter of urgency, but, mindful that this will go to the DSL, we should avoid naming the member of staff, rather reference them as 'a member of staff' and note that further information has been shared with Head Teacher

Whether witnessed by us or disclosed to us by a student, any behaviour that breaches the school Staff Code of Conduct must be shared with the Lifespace DSL via the form <https://forms.cloud.microsoft/e/5Q1GUfsNaj> for discussion with the Lifespace DSL/CEO in terms of the best way to address but it should be disclosed to the Head Teacher

unless it relates to the Head Teacher, in which case it should be relayed to the Chair of Governors. NB In a small number of cases, school policies state that 'low level concerns' should be shared with the DSL, as opposed to the Head Teacher. A review of the specific school policy should form part of the internal Lifespace discussion

If such behaviour which breaches Staff Code of Conduct is reported to us by a student, we should also as above discuss completion of a green form, but, mindful that this will go to the DSL, we should avoid naming the member of staff, rather reference them as 'a member of staff' and note that further information has been shared with Head Teacher unless the DSL has been informed as per the school policy above.

In the situation where we are concerned about a member of staff who just 'does not seem themselves' the mentor should discuss with their supervisor / Head of Delivery about the best way to support; this might be a direct conversation or via another more senior member of staff. It is important that we consider our role and support but 'stay in our lane' by which we mean being mindful of our role to engage with and support school or college safeguarding policies and procedures.

21 STAFF TRAINING

It is important that all staff have training to enable them to recognise when a child is upset, worried anxious or in any way different from their usual presentation as a foundation for their understanding of the possible signs of abuse, neglect, exploitation and radicalisation both within and outside home environments; and to know what to do if they have a concern.

New staff, who will have direct contact with children will receive an explanation during their induction to include:

- the charity's *Child Protection and Safeguarding Policy*
- signs and symptoms of abuse, exploitation and neglect
- online safety
- child on child abuse
- 'children' includes everyone under the age of 18
- extra-familial harms including criminal and sexual exploitation; county lines; trafficking and modern slavery; honour and faith-based abuse; serious violence; domestic abuse within intimate teenage relationships (including physical, sexual and emotional abuse; stalking, criminal and financial exploitation); and radicalisation;
- responding to disclosure of abuse, exploitation or neglect by a child
- reporting and recording arrangements including allegations against and 'low level concerns' about the conduct of staff and visiting professionals
- the staff code of conduct policy
- the identity and role of the DSL and all Deputy DSLs
- the importance of **always** speaking to a DSL (or a deputy) if they are ever unsure about a child's safety, welfare or any other safeguarding issue

NB all of the above will be explained **before** a new member of staff or trustee has direct contact with children. The *Child Protection and Safeguarding Policy & Summary*, *Staff Behaviour Policy "Code of Conduct" & Summary*, and *Lone Working Policy* will be sent with the letter confirming an appointment with a written requirement that the individual reads the policies in advance of starting work. The individual will be given an opportunity to clarify any issues on their first day at work and then asked to sign to confirm that they have read and understood all policies and undertake to comply with them.

All staff, including the CEO and trustees will receive appropriate and regularly updated safeguarding and child protection training and thematic updates including online safety as required (at least annually) and regular discussions at staff meetings, to provide them with the requisite skills and knowledge to safeguard children effectively in line with statutory guidance, this policy and any requirements of the Safeguarding Partnership.

The DSL and DDSLs will attend training for newly appointed DSLs to provide them with the knowledge and skills required to carry out the role; and refresher training every two years. The DSL and DDSLs will also undertake Prevent awareness training. Training will provide the DSL and DDSLs with a good understanding of the DSL role, in accordance with Annex B of *Keeping Children Safe in Education 2026* and will include the processes, procedures and responsibilities of other agencies, particularly Children's Social Care. In addition, the DSL and DDSLs will update their knowledge and skills at least annually to keep up with any developments relevant to their role and will be supported to access inter-agency training as part of their continuing professional development.

All Trustees will receive appropriate safeguarding and child protection (including online safety) training at induction to equip them with the knowledge to provide strategic challenge to test and assure themselves that the charity's

safeguarding policies and procedures are effective and support the delivery of a robust whole charity approach to safeguarding. That training will be updated regularly (at least every 3 years). The Trustee with responsibility for safeguarding will have/maintain DSL training or equivalent (refreshed every 2 years).

22 SAFER RECRUITMENT AND EMPLOYMENT

Our charity endeavours to ensure that we do our utmost to employ only 'suitable' staff and allow only 'suitable' volunteers to work with children. Safer recruitment means that all applicants will:

- complete an application form which includes their employment history and explains any gaps in that history;
- provide two referees, including at least one who can comment on the applicant's suitability to work with children, and one from current or most recent employer if possible;
- provide evidence of identity and qualifications;
- if offered employment, be checked in accordance with the Disclosure and Barring Service (DBS) regulations as appropriate to their role. This will include:
 - an enhanced DBS check and a barred list check for those engaged in Regulated Activity, which includes all employed staff and unsupervised volunteers;
 - an enhanced DBS check without a barred list check for all volunteers not involved in Regulated Activity but who have the opportunity of regular contact with children;
 - an enhanced DBS check for all Trustees (not including associate members), which will only include a barred list check for Trustees involved in Regulated Activity;
- if offered employment, provide evidence of their right to work in the UK;
- be interviewed by a panel of at least two core staff/Trustees, if shortlisted.
- At least one member of each recruitment panel will have attended safer recruitment training.

The charity will also:

- ensure that every job description and person specification includes a description of the role holder's responsibility for safeguarding;
- send a criminal record self-disclosure pro forma to all shortlisted candidates, who will be asked to submit the completed self-disclosure for the attention of the interview panel before the date of interview;
- explore any convictions, cautions and other relevant issues disclosed by the candidate at interview;
- ask at least two value-based questions at interview for every about the candidate's attitude to safeguarding and motivation for working with children;
- consider carrying out an online search in respect of all shortlisted candidates in order to identify any information about incidents or issues of concern that are publicly available online, which the charity might want to explore with the candidate at interview (N.B. recruitment materials will make an explicit statement about the charity's policy in relation to online searches so that all applicants are fully informed. Online searches will only seek to identify information that is publicly available and will not include proactive searches of candidates' social media accounts);
- explore any issues arising from online searches with the candidate at interview;
- verify the preferred candidate's mental and physical fitness to carry out their work responsibilities;
- obtain references for all shortlisted candidates, including, where applicable, internal candidates;
- carry out additional or alternative checks for applicants who have lived or worked outside the UK;

All new members of staff will undergo an induction that includes familiarisation with the charity's *Child Protection and Safeguarding Policy*, *Staff Behaviour "Code of Conduct" Policy*, *Lone Working Policy* and other issues as identified in this policy and identification of their child protection training needs.

The charity maintains a single central record of recruitment checks undertaken.

23 RECORD KEEPING

The charity will:

- keep clear detailed written records of concerns about children (noting the date, event and action taken), even where there is no need to refer the matter to Children's Social Care immediately;
- keep records in a meticulous chronological order, either on paper or electronically;

- ensure all records are kept secure and in locked locations;
- the DSL will consider whether it is appropriate to share any information with statutory partners as applicable.

Staff will record any safeguarding or child protection observations or concerns about a child by completing a green form (see Appendix 2 and 3). This will be applicable whether a child accesses school or community provision. The same format will be used by staff to record and report any observations or concerns that suggest a child might benefit from Early Help.

Staff are trained and expected to make a full record of all conversations with children relating to safeguarding concerns, whether or not the child makes some form of disclosure.

Such records will include, in addition to the name and age of the child, timed and dated observations describing the child's behaviour, appearance, statements/remarks made to staff or other children and observations of interactions between the child, other children, members of staff and/or parents/carers that give rise to concern. Where possible and without interpretation, the exact words spoken by the child or parent/carer will be recorded. Records will be signed, dated and timed by the member of staff making the record.

Records of safeguarding/child protection observations or concerns can be completed electronically or as a paper version but it is most important that one consistent system for the recording of concerns is readily accessible to every member of staff irrespective of role and that all records are passed to the Designated Safeguarding Lead.

The DSL is responsible for ensuring that the record of all concerns, discussions, decisions made and the rationale for those decisions – including decisions about making and not making referrals to partner agencies such as children's social care, the Police or the Prevent program – provides unequivocal clarity about the nature of concerns and the action taken by the charity in response to safeguard the child when the file is read retrospectively. This will also help if/when responding to any complaints about the way a case has been managed by Lifespace; or in the event of needing to share the record with partner agencies (for example in support of a referral to Children's Services or in a child protection conference); or if the record is required as evidence in any Court proceedings.

The Data Protection Act 2018 and GDPR do not prevent Lifespace staff from sharing information with relevant agencies without the consent of parents, where that information may help to protect a child.

24 CONFIDENTIALITY AND INFORMATION SHARING

Lifespace will manage and share confidential information about children in line with *Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers (HMG 2018)* - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

In making decisions about whether or not to share information about children for safeguarding purposes, the charity will take particular account of the '*The seven golden rules for sharing information (including personal information)*', as follows:

1. All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them. *The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA) provide a framework to support information sharing where practitioners have reason to believe failure to share information may result in the child being at risk of harm.*
2. When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why. *You are not required to inform them, if you have reason to believe that doing so may put the child at increased risk of harm (e.g., because their carer(s) may harm the child, or react violently to anyone seeking to intervene, or because the child might withhold information or withdraw from services).*

You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm. *You need a lawful basis to share information under data protection law, but when you intend to share information as part of action to safeguard a child at possible risk of harm, consent may not be an appropriate basis for sharing. It is good practice to ensure transparency about your decisions and seek to work cooperatively with a child and their carer(s) wherever possible. This means you should consider any objection the child or their carers may have to proposed information sharing, but you should consider overriding their objections if you believe sharing the information is necessary to protect the child from harm.*

3. Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case. *Do not leave a child at risk of harm because you have concerns you might be criticised for sharing information. If staff have such concerns, they are trained to speak to the DSL or a deputy*

DSL. The DSL will seek advice, which may include contacting the school's legal advisor or Children's Social Care or following the NSPCC's safeguarding guidance.

4. When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser or one of their associates.
5. Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services. *Sharing information with a third party rarely requires you to share an entire*

record or case-file – you must only share information that is necessary, proportionate for the intended purpose, relevant, adequate and accurate.

6. Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information. When a partner agency requests information from the charity and the DSL decides not to share it, the DSL will explain why they chose not to do so and will reconsider their decision if the requestor shares new information that might cause them to regard the information the school holds in a new light. The DSL will record the rationale for their decision and be prepared to explain their reasons if they are asked.

All staff are trained to understand that child protection issues warrant a high level of confidentiality, not only out of respect for children, family and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

The Data Protection Act 2018 (DPA) and the GDPR places duties on Lifespace and individual staff to process personal information fairly and lawfully and to keep the information they hold safe and secure. However, neither the DPA or GDPR prevent or limit the sharing of information for the purposes of keeping children safe. *Keeping Children Safe in Education* (DfE 2026) states clearly that “*Fears about sharing information **must not** be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children*”.

Staff will ensure confidentiality protocols are adhered to and information is shared appropriately. If in any doubt about confidentiality, staff will seek advice from the DSL, CEO or outside agency as required.

It is reasonable for staff to discuss day-to-day concerns about children with colleagues in order to ensure that children's general needs are met. However, staff should report all child protection and safeguarding concerns to the DSL or CEO or – in the case of concerns about the CEO – to the chair of trustees. The person receiving the referral will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Keeping Children Safe in Education 2026 emphasises that the DSL or a DDSL should always be available to discuss safeguarding concerns but in exceptional circumstances where neither the DSL or DDSL is available, that should not delay appropriate action being taken and staff should speak to the CEO or take advice from Children's Social Care.

The GDPR and the DPA do not prevent staff from sharing information with relevant agencies for the purposes of keeping children safe and promoting their welfare. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. The DSL will normally obtain consent from the child and/or parents to share sensitive information with outside agencies. Where there is good reason to do so, the DSL may share information *without* consent and will record the reason for not obtaining consent.

Any child, or parent wishing to access the safeguarding records will need to submit a subject access request in writing to the charity for consideration. Access to the record will then be arranged but records may be redacted in line with the requirements of the General Data Protection Regulation (GDPR) if releasing information would place the child, or any other person, at risk of significant harm.

Information sharing will take place in a timely and secure manner and where: it is necessary and proportionate to do so; and the information to be shared is relevant, adequate and accurate. Information sharing decisions will be recorded, whether the decision is taken to share.

All staff must be aware that they cannot promise a child/parent to keep secrets. All safeguarding and child protection information will be handled in line with the principles of the Data Protection Act 2018, which require that sensitive information is:

- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- kept no longer than necessary
- processed in accordance with the data subject's rights
- secure.

All written child protection and safeguarding information will be stored in a locked facility and any electronic information will be password protected. Child protection records will only be made available to relevant individuals with a valid professional reason to see them; parents/carers subject to a subject access request; and children upon request, subject to consultation with parents/carers and partner agencies as deemed appropriate by the DSL.

Every effort will be made to prevent unauthorised access to sensitive information. Any sensitive information that needs to be stored on portable devices such as laptop computers or tablets or on portable media such as a CD or flash drive will be password protected or encrypted and kept in locked storage.

The charity's policies on *Confidentiality* and *Data Protection & GDPR* are available on request.

25 OFFSITE ARRANGEMENTS

All offsite activities are subject of a risk assessment to satisfy health and safety and safeguarding requirements. When children attend offsite activities, including day and residential visits and work-related activities, the charity will ensure that effective child protection and whistleblowing arrangements are in place.

When services or activities are provided by Lifespace under the direct supervision or management of staff, our *Child Protection and Safeguarding Policy* will apply.

26 PHOTOGRAPHY, VIDEOGRAPHY AND IMAGES

The use of photography/videography is NOT permitted within mentoring provision but may, from time to time, be used within wider charity purposes.

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse and exploit children through taking or using images, so we must ensure that we have some safeguards in place. The increasing misuse of artificial intelligence (AI) by some individuals to generate child sexual abuse images further highlights the need for those safeguards

To protect children we will:

- seek their consent for photographs or video images to be taken;
- seek parental consent;
- ensure children are appropriately dressed; and
- encourage children to tell us if they are worried about any photographs/images that are taken of them.

Furthermore, when using images for publicity purposes (e.g., on our website or social media), we will:

- obtain a signed photo/video release form
- avoid naming children when possible;
- if it is necessary to name children, use first names rather than surnames;
- if children are named, avoid using their image;
- establish whether the image will be retained for further use, where and for how long;
- ensure that images are stored securely and used only by those authorised to do so.

Staff should assess very carefully with taking photographs or video images; and publishing them is absolutely necessary and or in their best interests.

For the protection of children and staff, only charity owned equipment will be used to record and store images taken by staff. Please seek guidance from a Core Team colleague before obtaining any images.

27 ONLINE SAFETY

Children commonly use electronic equipment including tablets, computers and mobile phones on a daily basis to access the internet and share content and images via social networking sites such as Snapchat, Instagram, TikTok, Facebook and Twitter. Online gaming with linked chat function is also popular with many children.

Those technologies and the internet are a source of education as well as communication, entertainment and fun. Unfortunately, however, some adults and young people will use those technologies to harm children and the use of technology has become a significant component of many safeguarding issues.

Technology often provides the platform that facilitates harm through child criminal and sexual exploitation; county lines activity; radicalisation; sexual predation; child on child abuse including sexual harassment and cyber bullying.

The breadth of issues within online safety is considerable and ever evolving, but can be categorised into four risks:

- **content:** being exposed to illegal, inappropriate or harmful content; for example: pornography, racism, misogyny, self harm, suicide, anti-Semitism, radicalisation, extremism, extreme sexual or physical violence misinformation, disinformation (including fake news) and conspiracy theories;
 - **contact:** being subjected to harmful online interaction with other users; or generative AI applications that simulate this for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes;
 - **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example: making, sending and receiving explicit images, including those generated by AI and online bullying; and
-
- **commerce** - risks such as online gambling, inappropriate advertising, phishing and/or financial scams. NB if a school or Lifespace has any reason to believe that a pupil/student or member of staff is at risk from phishing, a report will be made to the anti-phishing working group (<https://apwg.org/>).

The charity's *Online Safety Policy* explains our approach to keeping children safe and the safe use of technology including ways to report any harmful, distressing or abusive online content, contact, conduct or commercial activity.

Cyberbullying, online sexual harassment and non-consensual sharing of nude and semi-nude images and/or videos will be treated as seriously as any other type of bullying or sexual harassment and will be managed through our anti-bullying procedures (see '*Bullying, child on child abuse and harmful sexual behaviour*' section 14)

28 CHILD PROTECTION PROCEDURES

28.1 RECOGNISING ABUSE, NEGLECT AND EXPLOITATION

To ensure that children are protected from harm, we need to understand what types of behaviour constitute abuse, neglect and exploitation. Abuse and neglect are forms of maltreatment of children. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone.

All staff are trained to understand that children can be at risk of harm inside and outside of school, inside and outside of home, and online. Exercising professional curiosity and knowing what to look for is vital for the early identification of abuse, neglect and exploitation so that staff are able to identify situations in which children may be in need of help or protection.

All staff are aware that abuse, neglect, exploitation, and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap. All staff are trained to consider whether children are at risk of abuse or exploitation in situations outside their families including online.

Abuse, neglect and exploitation are forms of maltreatment of children (see Child sexual exploitation and child criminal exploitation below). Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child alone at home without adult supervision.

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 community setting 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 by another child or children. Children may also cause harm to other family members, often referred to as child to parent or care giver abuse.

Staff are trained to understand and recognise indicators of all four categories of abuse as defined below:

28.2 FORMS OF ABUSE

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 (this used to be called Munchausen's Syndrome by Proxy but is now more usually referred to as fabricated or induced illness).

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and 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 verbal abuse, such as persistent criticism, belittling,

or name-calling, as well as 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, although it may occur alone.

Sexual Abuse

Involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault

by penetration (for example rape or penetration with an object) 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 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.

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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment; or
- Provide suitable education.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions taken from Working together to safeguard children, DFE 2026

28.3 INDICATORS OF ABUSE

Physical signs define some types of abuse, for example bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For those reasons it is vital that staff are also aware of the range of behavioural indicators of abuse, exploitation and neglect; and report any concerns to the Designated Safeguarding Lead.

It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.

A child who is being abused, exploited or neglected may:

- have bruises, bleeding, burns, fractures or other injuries;
- show signs of pain or discomfort;
- keep arms and legs covered, even in warm weather;
- be concerned about changing for PE or swimming;
- look unkempt and uncared for; including dirty, damaged, unsuitable or ill-fitting clothing; smell of urine, faeces, body odour, vomit, or cannabis
- change their eating habits;
- have difficulty in making or sustaining friendships;
- appear fearful;
- be reckless with regard to their own or other's safety;
- self-harm;
- miss school and/or arrive late without explanation; and/or persistently;
- show signs of not wanting to go home;
- display a change in behaviour; e.g. from quiet to aggressive, or happy-go-lucky to withdrawn;
- challenge authority;

- become disinterested in their schoolwork;
- be constantly tired or preoccupied;
- be wary of physical contact;
- be involved in, or particularly knowledgeable about drugs, drug taking and/or alcohol misuse;
- display sexual knowledge or behaviour beyond normally expected for their age and/or development;
- acquire gifts such as money/mobile phone from new 'friends' or adults recently acquainted with the family; and/or
- appear overly anxious about receiving messages on or preoccupied with a mobile phone or other internet-enabled device

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw and each small piece of information will help the DSL to decide how to proceed.

It is very important that staff report all of their concerns, however minor or insignificant they may think they are – they do not need 'absolute proof' that the child is at risk.

28.4 IMPACT OF ABUSE

The impact of child abuse, neglect and exploitation should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach and the rest of their childhood and their adulthood may be characterised by one or more of the following: anxiety, depression or other mental health difficulties, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships, unfulfilled potential and long-term physical health difficulties.

28.5 TAKING ACTION

Any child in any family could become a victim of abuse, exploitation or neglect. Staff should always maintain an attitude of "It could happen here". That includes the likelihood that child on child abuse happens anywhere.

Key points for staff to remember when taking action are:

- in an emergency take the action necessary to protect the child, for example, call 999;
- report your concern to the DSL as quickly as possible – immediately when there is evidence of physical or sexual abuse or exploitation and certainly by the end of the day.
- do not start your own investigation; share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family;
- complete a record of concern, using the Green Form; and
- seek support for yourself if you are distressed or need to debrief.

28.6 IF A MEMBER OF STAFF IS CONCERNED ABOUT A CHILD'S WELFARE

There will be occasions when staff suspect a child may be at risk without unequivocal evidence. The child's behaviour or normal presentation may have changed; their artwork could be unusual or bizarre; they may write stories or poetry that reveal confusion or distress; or staff may notice physical but inconclusive signs. In these circumstances, staff will try to give the child opportunity to talk while remembering that children may not feel ready or know how to tell someone that they are being abused, exploited or neglected; and/or may not recognise their experiences as harmful.

The signs that staff notice may be due to a variety of factors, for example a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. Staff are encouraged and supported to ask children if they are OK, if there is anything the child would like to talk to them about and if they can help in any way. Staff are trained to do this by asking appropriate open questions which do not lead the child in any particular direction but invite the child to talk about anything if they wish to.

Staff are expected to use a Green Form to record these early concerns and should make a full record of all conversations with children relating to safeguarding concerns, whether or not the child makes some form of disclosure. If the child does begin to reveal that they are being harmed, staff should follow the advice below. Following an initial conversation with the children, if the member of staff remains concerned, they should discuss their concerns with the DSL.

Concerns which do not meet the threshold for child protection intervention should be managed through the Early Help by school and Family Connect.

28.7 IF A CHILD DISCLOSES ABUSE, EXPLOITATION OR NEGLECT TO A MEMBER OF STAFF

It takes a lot of courage for a child to disclose that they are being abused, exploited or neglected. They may feel ashamed, particularly if the abuse or exploitation is sexual. Their abuser may have threatened what will happen if they

tell. They may have lost all trust in adults. Or they may believe, or have been told, that the abuse or exploitation is their own fault. Sometimes they may not be aware that what is happening is abusive.

If a child talks to a member of staff about any risks to their safety or wellbeing including child on child abuse, **the staff member will need to let the children know that they must pass the information on** – staff are not allowed to keep unsafe secrets. The point at which they tell the children this is a matter for professional judgement. If they jump in immediately the children may think that they do not want to listen but if left until the very end of the conversation, the children may feel that they have been misled into revealing more than they would have otherwise.

If children have been completing the Taking Care curriculum (or similar) at school, they will have been taught about confidentiality and will generally understand the concept of safe and unsafe secrets. They should have a good

knowledge and understanding of why staff cannot keep some information confidential but also know that information is passed on to specific people on a 'need to know' basis only.

Staff are trained to explain the limits of confidentiality in session 1, and will detail this in the Mentor Mentee Agreement. If the young person is happy to agree then mentoring will commence.

The caveats to confidentiality are (1) if a child is at risk of harm to themselves (2) at risk of harm to other people (3) at risk of harm from other people with whom they have regular contact, within or outside of home.

During their conversations with pupils about potential safeguarding concerns, staff are trained and expected to:

- allow the child to speak freely;
- remain calm and not overreact – the child may stop talking if they feel they are upsetting their listener;
- give reassuring nods or words of comfort – 'I'm glad you told me'/'Thank you for telling me'; 'You're doing very well'; 'I believe you'; 'What happened to you is not your fault'/'This isn't your fault'; 'I'm going to do what I can to help you';
- not be afraid of silences – staff must remember how hard this must be for the child;
- **under no circumstances** ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what does the child's mother think about it; (however, it is reasonable to ask questions to clarify understanding and to support a meaningful referral if that is required, e.g. 'when did this happen', 'where did this happen?')
- at an appropriate time tell the child that in order to help them, the staff member must pass the information on;
- not offer physical comfort. It may be anything but comforting to a child who has been abused;
- avoid admonishing the child for not disclosing earlier. Saying things such as 'I do wish you had told me about this when it started' or 'I can't believe what I'm hearing' may be the staff member's way of being supportive but may be interpreted by the child to mean that they have done something wrong;
- tell the child what will happen next;
- In a school report verbally to the school DSL write up their conversation as soon as possible on a Green Form and pass it to the school DSL and send a copy to safeguarding@lifespace.org.uk and call Lifespace DSL as soon as possible.
- In a community setting report verbally to Lifespace DSL and discuss next steps
- if the child has made an allegation against a member of school staff see section 20.2
- seek support if they feel distressed or need to debrief.
- a Green form is included in Appendix 2
- the Lifespace Safeguarding Flow Process chart is included in Appendix 1

28.8 NOTIFYING PARENTS

The charity will normally seek to discuss any concerns with the host school who would have a statutory responsibility to the child. For community based delivery we would normally seek to discuss concerns about a child with their parents/ carers. This must be handled sensitively and, where applicable, the DSL will make contact with the parent/ carer in the event of a concern, suspicion or disclosure.

Other staff should not notify parents/carers unless they are explicitly asked to do so by the DSL.

Our focus is the safety and wellbeing of the child. Therefore, if the charity believes that notifying parents/carers could increase the risk to the child or exacerbate the problem or create an undue delay, advice will be sought first from Children's Social Care.

29 MAKING A REFERRAL TO CHILDREN'S SOCIAL CARE

The DSL will make a referral to Children's Social Care (and if appropriate the Police) if it is believed that a child is suffering or is likely to suffer significant harm.

The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child or create undue delay. *Keeping Children Safe in Education 2026* also emphasises that **all** staff should be aware of the process for making referrals to Children's Social Care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.

Where working within a school setting, this is likely to be undertaken by the school DSL although Lifespace has a responsibility to ensure that this has been acted upon. Staff **must always** report this to a Lifespace DSL to ensure that we fulfil this responsibility.

29.1 STATUTORY ASSESSMENTS

Child in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children Suffering Or Likely To Suffer Significant Harm

Local authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect; female genital mutilation or other honour or faith based abuse; and extra-familial threats like radicalisation and sexual exploitation and criminal exploitation.

29.2 SUBMITTING CHILD PROTECTION REFERRALS

Staff should ordinarily follow the reporting procedures outlined in this policy, i.e. a referral is most likely to be made by a school DSL, however, as highlighted above, **all** staff should be aware of the early help process and understand their role in it; and **all** staff should be aware of the process for making referrals to Children's Social Care and for statutory assessments under the Children Act 1989.

Any member of staff may therefore refer their concerns directly to Children's Social Care and/or the Police if:

- the situation is an emergency and the DSL, DDSL, CEO and/or Chair of Trustees are all unavailable;
- they are convinced that a direct report is the only way to ensure the child's safety; or
- for any other reason they make a judgement that a direct referral is in the best interests of the child.

In any of those circumstances, staff may make direct child protection referrals and share information without being subject of censure or disciplinary action. However, staff should inform the DSL and/or CEO at the earliest opportunity that they have made a direct referral unless in their judgement doing so would increase the risk of harm to the child.

If in any doubt, members of staff may consult Family Connect using details on the cover sheet of this policy.

Staff should also refer to the Lifespace Safeguarding Flowchart, Appendix 1 of this document.

N.B. If a child is already the subject of an open case to Children's Social Care, the DSL may have the name and contact details of the allocated social worker. Further child protection concerns about any child in those circumstances must be referred directly to the allocated social worker, **not** to the Family Connect. Again, where there is an immediate concern about a child's safety, the DSL should contact the social worker by telephone in the first instance. Any difficulties in contacting the social worker must be escalated to their line manager, **not** to Family Connect.

Outside of office hours, immediate concerns about a child should be referred to the Emergency Duty Team on telephone number 01926 886922.

If staff are ever concerned that a child is in immediate danger, they will contact the Police by dialling 999.

29.3 WHAT WILL CHILDREN'S SOCIAL CARE DO?

The Warwickshire Safeguarding procedures state that callers to Family Connect will speak with a trained Child and Family Advisor or a social worker in the Triage Hub and enquiries will be triaged and directed to the appropriate service, ensuring a seamless process and a proportionate, timely response to children's needs. Family Connect also incorporates the Safeguarding Hub (MASH) a partnership between Warwickshire County Council, Warwickshire police, the National Health Service (NHS) and other key partner agencies.

Children's Social Care should acknowledge receipt and make a decision about the type of response that is required within 1 working day of a referral; and should let the referrer know the outcome. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- whether the child is in need, and should be assessed under section 17 or offered support through Family Help
- there is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm; and whether enquiries must be made and the child assessed under section 47;

- any services are required by the child and family and what type of services; and
- further specialist assessments are required to help the local authority to decide what further action to take.

Lifespace will follow up if this information is not forthcoming and if, after a referral, the child's situation does not appear to be improving, the charity will consider following the Safeguarding Partnership Practitioner Escalation Protocol (<https://www.safeguardingwarwickshire.co.uk/safeguarding-adults/i-work-with-adults/practitioner-escalation-protocol>) to ensure the referred concerns have been addressed and, most importantly, that the child's situation improves.

While every effort will be made to resolve concerns via informal discussion, the charity will always complete the *Escalation Monitoring Form* (appendix 1 – [Escalation Protocol Monitoring Form](#)) when following the Practitioner Escalation Protocol. The DSL will share the completed form with the appropriate manager in Children's Social Care and a copy will be placed on the child's safeguarding file.

If Children's Social Care decide to carry out a statutory assessment, Lifespace staff will do everything they can to support that assessment, led and supported by the DSL (or DDSL) as required.

30 SERIOUS VIOLENCE

All staff are made aware of indicators that children may be at risk from or are involved with serious violent crime; and are trained to record and report any concern about children at risk of or involved in perpetrating serious violence as with any other safeguarding concern. Indicators may include increased school absence; a change in friendships or relationships with older individuals or groups, a significant decline in performance; signs of self-harm or a significant change in wellbeing; and/or signs of assault or unexplained injuries. Unexplained gifts could also indicate that children have been approached by or are involved with individuals associated with criminal gangs and/or criminal exploitation.

All staff are trained to be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male; having been frequently absent or permanently excluded from school, having experienced child maltreatment; and/or having been involved in offending, such as theft or robbery.

31 EXTRA-FAMILIAL HARMS (CONTEXTUAL SAFEGUARDING)

Safeguarding incidents and/or behaviours can be associated with factors both outside children's home environments, outside school and online. The DSL, DDSLs and all staff will consider the context within which such incidents and/or behaviours occur. Contextual safeguarding means that assessments of children should consider wider environmental factors present in a child's life that are a threat to their safety and/or welfare.

Staff will listen to children and be vigilant about any signs or indicators that would suggest children may be at risk in the community and/or online and will share intelligence with the Police in order to prevent children suffering harm.

Some extra-familial harms are likely to constitute significant harm and will therefore be referred to Children's Social Care as necessary. Lifespace will provide as much information as possible when asked to do so as part of a police investigation and/or when making referrals to Children's Social Care, thus allowing any investigation or assessment to consider all the available evidence and the full context of any abuse or exploitation.

32 CHILD SEXUAL EXPLOITATION AND CHILD CRIMINAL EXPLOITATION

Both CSE and CCE are forms of abuse that occur when an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in criminal or 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; and/or
- c. through violence or the threat of violence.

All forms of child exploitation can be committed or facilitated by an organised network or gang; and the victim may identify as being part of this group. The victim may have been sexually and/or criminally exploited even if the sexual/criminal activity appears consensual. CSE and CCE do not always involve physical contact; they can also occur through the use of technology.

CCE and CSE can affect children, both male and female, and can include 16 and 17-year olds who can legally give consent to have sex and children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. This may constitute modern slavery.

In accordance with [Modern slavery: how to identify and support victims - GOV.UK](#), with school will make both child protection and modern slavery referrals when a child is identified as a potential victim of CCE and/or CSE.

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or penetration with an object) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. CSE may also include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health.

It may also be linked to other criminal activity including trafficking and illegal drugs. Drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Victims may not recognise that as trafficking when it happens to them.

Criminal exploitation of children can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence. It can be perpetrated by individuals or groups; males or females; and young people or adults. It is typified by some form of power imbalance in favour of those perpetrating the exploitation.

As well as age, the power imbalance can also be due to other factors including gender, cognitive ability, physical strength, status and access to economic or other resources.

Children are often unwittingly drawn into sexual and/or criminal exploitation through grooming behaviour that may include the offer of friendship and care, gifts, drugs, alcohol and sometimes accommodation.

Child criminal exploitation may include activities such as:

- a child travelling outside the area in which she/he lives to transport, distribute or sell drugs or money for others by whom they are being exploited. This form of criminal activity and exploitation is **county lines** (see below);
- a child committing crimes on behalf of or at the behest of others because they, their friends or relatives have been threatened, deceived or manipulated;
- a child being forced or manipulated to shoplift or pickpocket;
- a child being forced or manipulated to threaten other children or adults;
- a child being forced or manipulated to commit acts of serious violence;
- a child being forced or manipulated to commit some form of vehicle crime;
- a child being forced or manipulated to work in a cannabis factory;
- a child being forced or manipulated to commit crime in order to settle actual or fabricated debts;
- gang membership, which may lead to the child being exploited to do something illegal or dangerous in return for kudos/status in the gang;
- a child being encouraged or manipulated to commit crime via social media;
- a child receiving food, money, kudos or status in return for storing a weapon or drugs for others.

NB it is important to be aware that boys and girls can suffer CCE although their experience may be very different. Furthermore, boys and girls who suffer criminal exploitation are likely to be at greater risk of sexual exploitation.

All staff are trained to be vigilant about and report indicators of CSE and CCE including:

- children appearing with money, clothes, mobile phones, etc. without plausible explanation;
- children who associate with other children involved in exploitation;

- children having 'boyfriends', 'girlfriends' or associations with significantly older or controlling individuals or groups; children frequenting areas known for sex work and/or criminal activity;
- children who associate with gangs and/or become isolated from their peers/social networks;
- children self-harming or presenting with significant changes in emotional well-being;
- children receiving excessive texts/phone calls and/or multiple callers (unknown adults or peers) to children;
- concerning use of internet or other social media by children;
- increasing secretiveness around children's behaviours;
- children displaying sexual behaviours beyond expected sexual development for their age and/or with sexually transmitted infections and/or becoming pregnant;
- children misusing alcohol and/or other drugs;
- children self-harming or presenting with significant changes in their emotional well-being;
- children returning home or arriving at school under the influence of drugs and/or alcohol;
- children who go missing for periods of time or regularly come home late; and are subsequently found in areas away from their home;
- children who regularly miss school or education, have unexplained absences or do not take part in education;
- children being exposed to, perpetrating or alleged to be the perpetrator of serious levels of violence (e.g. knife crime); and/or being manipulated or forced into excessive violence towards others by somebody who is exploiting them (for further information see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf);
- evidence or suspicions of children suffering physical or sexual assault.

Although the following vulnerabilities increase the risk of CSE and/or CCE, it must be remembered that not all children with these indicators will be exploited and child sexual and criminal exploitation can occur without any of these issues:

- having a prior experience of neglect, physical and/or sexual abuse;
- lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- recent bereavement or loss;
- social isolation or social difficulties;
- absence of a safe environment to explore sexuality;
- economic vulnerability;
- homelessness or insecure accommodation status;
- connections with other children who are being sexually and/or criminally exploited;
- family members or other connections involved in adult sex work and/or other criminal activity;
- having a physical or learning disability;
- being looked after (particularly those in residential care and those with interrupted care histories);
- issues/anxieties about sexual identity.

School settings teach children about consent and the risks of sexual and criminal exploitation in the PSHE and SRE curriculum. A common feature of sexual and criminal exploitation is that the child often does not recognise the coercive nature of the relationship and does not see her/himself as a victim. The child may initially resent what she/he perceives as interference by staff but staff must act on their concerns, as they would for any other type of abuse.

It should be acknowledged that victims of both CCE and CSE are not always recognised and can be criminalised for actions they take whilst under coercion despite professionals continuing to encounter cases where children are manipulated, groomed, and exploited without fully understanding the abuse they are experiencing.

The vulnerabilities of children who are criminally and sexually exploited is recognised and they will always treat them as victims. It is not possible for a child to consent to be exploited, abused or trafficked, and they may not recognise that it is happening to them

All staff are trained to report all concerns about CSE and CCE to the DSL immediately. The DSL will consider the need to make a referral to Children's Social Care via the Children and Family Connect (see sections 28 & 29 above) as with any other child protection concern and with particular reference to Safeguarding Partnership procedures. Parents will be consulted and notified as above.

Following a referral to Children's Social Care, a Multi-Agency Child Exploitation (MACE) meeting may be convened under Safeguarding Partnership inter-agency safeguarding procedures. The school may be asked to attend and

share information at MACE meetings as required. Parents and children will be invited to attend MACE meetings by Children's Social Care as appropriate.

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other forms of "deal line".

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move (and store) drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and families) if they attempt to leave the county lines network.

A number of the indicators for CCE and CSE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that a child may be involved in county lines are:

- child receives requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs
- child is exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection
- child is found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity
- child owes a 'debt bond' to their exploiters
- child has a bank account/s used to facilitate drug dealing.

More information at: <https://www.childrenssociety.org.uk/information/professionals/resources/county-lines-toolkit> and <https://assets.publishing.service.gov.uk/HOCountyLinesGuidanceSept2018.pdf>

33 HONOUR OR FAITH BASED' ABUSE

Honour or faith-based' abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of a family and/or community. Such crimes include Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving honour often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

While not honour-based abuse as such, the charity recognises that, since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial 'marriages' as well as legal marriages.

Staff are expected to report any information or concern that comes to their attention that indicates a child is in any way being encouraged, persuaded, groomed, coerced or threatened - or is engaging in any plans - to take part in any form of marriage before their eighteenth birthday; to the DSL as with any other safeguarding concern.

All forms of so-called HBA are abuse (regardless of the motivation) and staff will record and report any concerns about a child who might be at risk of HBA to the Designated Safeguarding Lead as with any other safeguarding concern. The DSL will consider the need to make a referral to the Police and/or Children's Social Care as with any other child protection concern; and may also contact the Forced Marriage Unit on 020 7008 0151 or via email at fmufco.gov.uk for advice as necessary.

Further information is available at: assets.publishing.service.gov.uk/government/Forcedmarriageguidance17.03.22

33.1 FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is a criminal offence. It is child abuse and a form of violence against women and girls and will be treated as such by Lifespace. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. The practice, which is most commonly carried out without anaesthetic, can cause intense pain and distress with long-lasting harmful consequences, including difficulties in childbirth.

The World Health Organisation estimates that four million girls undergo some form of FGM every year in Africa alone. It is practised in 30 countries in Africa and some in the Middle East and Asia. FGM is also found in the UK amongst members of migrant and refugee communities. UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani. FGM typically takes place between birth and around 15 years old. However, it is believed that the majority of cases happen between the ages of 5 and 8.

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both. It is also an offence for a UK national or UK resident (even in countries where FGM is not illegal) to perform FGM abroad; assist a girl to perform FGM on herself outside the UK; and assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or UK resident. (See <https://www.gov.uk/government/publications/female-genital-mutilation-guidelines> for further information).

Factors that may indicate a child may be at risk of FGM include:

- child's family have a low level of integration into UK society;
- child's mother and/or a sister have/has undergone FGM;
- FGM is known to be practised in the family's country of origin;
- child is withdrawn from PSHE;
- it is known that a female elder from the family's country of origin is visiting the family;
- child being taken on a long holiday to the country of origin;
- staff hear or overhear talk about a 'special' procedure to become a woman.

Indications that FGM may already have taken place may include a child:

- having difficulty or looking uncomfortable when walking, sitting or standing;
- spending longer than normal in the bathroom or toilet due to difficulties urinating;
- spending long periods of time away from a classroom during the day with bladder or menstrual problems;
- having frequent urinary, menstrual or stomach problems;
- having prolonged or repeated absences from school, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return;
- being reluctant to undergo normal medical examinations;
- confiding in a member of staff without being explicit about the problem due to embarrassment or fear;
- talking about pain or discomfort between her legs.

If staff have a concern that a girl may be at risk of FGM or they suspect may already have suffered FGM, they will record their concern and inform the DSL immediately (as they would any other child protection concern) and the DSL who will support them in making a direct report to the Police by calling 101 or, where there is a risk to life or likelihood of serious immediate harm, by dialling 999 immediately. In any case, reports to the Police, and a child protection referral, will be made as soon as possible after discovering a child has suffered FGM and by the close of the working day at the latest.

For information teachers are subject to a statutory duty to report to the police personally where they discover e.g. by means of a disclosure that an act of FGM appears to have been carried out on a girl who is under 18. This is known as mandatory reporting.

Further information about FGM can be found at:

https://assets.publishing.service.gov.uk/government/uploads/FGM_The_Facts_A6_v4_web.pdf

33.2 FORCED MARRIAGE

Forcing a person into a marriage is a crime under s.121 of the Anti-Social Behaviour, Crime and Policing Act 2014. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats and coercion may include physical, psychological, financial, sexual and emotional pressure; and also physical or sexual abuse. A lack of full and free consent can be where a person does not consent or where they cannot consent (e.g. if they have learning disabilities). Nevertheless, some perpetrators use perceived cultural practices to coerce a person into marriage. Schools can play an important role in safeguarding children from forced marriage.

In a forced marriage situation, children may be married at a very young age, and well below the age of consent in England. School staff will be particularly alert to suspicions or concerns raised by a child about being taken abroad and not being allowed to return to England.

Since June 2014 forcing someone to marry has been a criminal offence in England and Wales under s.121 of the Anti-Social Behaviour, Crime and Policing Act 2014 – see <https://www.gov.uk/forced-marriage> and <https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage/multi-agency-statutory-guidance-for-dealing-with-forced-marriage-and-multi-agency-practice-guidelines-handling-cases-of-forced-marriage-accessible> for further information).

While not honour-based abuse as such, the charity recognises that, since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial 'marriages' as well as legal marriages.

Staff are expected to report any information or concern that comes to their attention that indicates a child is in any way being encouraged, persuaded, groomed, coerced or threatened - or is engaging in any plans - to take part in any form of marriage before their eighteenth birthday; to the DSL as with any other safeguarding concern.

34 PROTECTING CHILDEN FROM RADICALISATION AND EXTREMISM

Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Radicalisation is the process of a person legitimising support for, or use of, terrorist violence.

A new definition of extremism was published in March 2024. Extremism is the promotion or advancement of an ideology based on violence, hatred or intolerance, that aims to:

- a. negate or destroy the fundamental rights and freedoms of others; or
- b. undermine, overturn or replace the UK's system of liberal parliamentary democracy and democratic rights; or
- c. intentionally create a permissive environment for others to achieve the results in (1) or (2).

Some children may be susceptible to extremist ideology and radicalisation. Protecting children from the risk of radicalisation is part of the charity's wider safeguarding duties.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Extremism is the vocal or active opposition to fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. Even very young children have been exposed, in rare circumstances, to extremism at home and elsewhere including online.

As children get older, they look for adventure and excitement and they may start to ask questions about their identity and belonging. During that stage of their development they may be susceptible to extremist groups that may claim to offer answers, identity and a social network apparently providing a sense of belonging, even if they are not otherwise vulnerable. Many of those extremist groups make sophisticated use of the internet and social media to target children and spread their ideology, making some children more susceptible to being influenced by extremist ideas. Children who feel isolated or disaffected in some way are particularly vulnerable to radicalisation as they are other forms of abuse and exploitation.

During the process of radicalisation, it is possible to intervene to prevent susceptible young people being radicalised. Lifespace recognises the importance of providing a safe space for children to discuss controversial issues; and building their resilience and the critical thinking skills they need in order to challenge extremist perspectives.

However, the DSL (or DDSL) will make appropriate referrals to the Police PREVENT team and Channel programme in respect of any child whose behaviour or comments suggest that they are vulnerable to being radicalised and drawn into extremism and terrorism in order to ensure that children receive appropriate support.

The charity will treat any concerns about possible radicalisation identified as with any other safeguarding or child protection issue unless there is reason to believe that doing so would place the child at risk; and will also support parents/carers who raise concerns about their children being vulnerable to radicalisation.

As part of the charity's overall safeguarding arrangements and ongoing action plan for improvement, the DSL will consider identified local issues; intelligence from children, parents, staff and partner agencies; and new information from national issues and learning to review practice and procedures in order to keep children safe.

Referrals to the Prevent team will be made using the Prevent Referral Form, which can be downloaded from <https://www.safeguardingwarwickshire.co.uk/images/downloads/Prevent-Referral-form-to-CHANNEL.pdf>

Any queries about any issue in relation to preventing radicalisation and extremism; or any difficulties in accessing or completing the form can be addressed by calling **01386 591816**.

35 CHILDREN WHO ARE LOOKED AFTER, WERE PREVIOUSLY LOOKED AFTER OR WHO HAVE A SOCIAL WORKER

The most common reason for children becoming looked after is as a result of abuse or neglect. Children who were previously looked after potentially remain vulnerable.

35.1 CHILDREN WITH A SOCIAL WORKER

Lifespace recognises that when a child has a social worker, that may be due to the child experiencing abuse and/or exploitation and/or neglect and/or complex family circumstances; and that she/he may therefore be more vulnerable to harm than other children as well as facing barriers to educational attainment in relation to attendance, learning, behaviour and poor mental health issues. The charity will take those issues and needs into account when making plans to support children who have a social worker.

35.2 CARE LEAVERS

Local authorities have ongoing responsibilities to children who cease to be looked after and become care leavers. That includes keeping in touch with them, preparing an assessment of their needs and appointing a Personal Advisor who develops a pathway plan with the child. This plan describes how the local authority will support the care leaver to participate in education or training. The school DSL will have details of the local authority Personal Advisor appointed to guide and support all care leavers; and should liaise with them as necessary regarding any issues of concern affecting a care leaver.

35.3 KINSHIP CARE INCLUDING PRIVATE FOSTERING ARRANGEMENTS

Kinship care is any situation in which a child is being raised in the care of a friend or family member who is not their parent. The arrangement may be temporary or longer term. A full definition of kinship care can be found on page 159-160 of Working Together to Safeguard Children 2026

A private fostering arrangement is defined in Working Together as a form of kinship care that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18 if the child has a disability) by someone other than a parent or close relative*, in their own home, with the intention that it should last for 28 days or more. Children looked after by the local authority or who are placed in a residential school, children's home or hospital are not considered to be privately fostered.

For information parents and private foster carers both have a legal duty to inform Children's Social Care in the relevant Local Authority at least six weeks before the arrangement is due to start. Not to do so is a criminal offence, Schools have a mandatory duty to report to Children's Social Care in the local authority when they are aware or suspect that a child is subject to a private fostering arrangement.

*A close relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and stepparents; it does not include great-aunts or uncles, great grandparents or cousins.

36 DOMESTIC ABUSE

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Many children see, hear or experience the effects of domestic abuse between family members at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse).

Exposure to domestic abuse and/or violence can have a detrimental and long-term impact on a child's health, well-being, development, and ability to learn. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

The Domestic Abuse Act 2021 (Part 1) defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

- a. physical or sexual abuse;
- b. violent or threatening behaviour;
- c. controlling or coercive behaviour;
- d. economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and
- e. psychological, emotional or other abuse.

People are 'personally connected' when they are, or have been, married to each other or civil partners; have agreed to marry or become civil partners; have been in an intimate relationship with each other; have shared parental responsibility for the same child; or they are relatives.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person. (The definition can be found here:

<https://www.legislation.gov.uk/ukpga/2021/17/part/1/enacted>)

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background. It can take place inside or outside the home.

All concerns about children being affected by domestic abuse will be reported to the DSL. The DSL will respond to the report by consulting Children's Social Care in order to establish whether a referral is required or the situation should be managed by discussion with parents/carers and possibly the offer of early help.

The National Domestic Abuse helpline can be called free of charge and in confidence, 24hrs a day: 0808 2000 247.

For information, some schools participate in Operation Encompass whereby they work in partnership with Warwickshire Police and Warwickshire Children's Services to support pupils who are affected by domestic abuse. When the police attend any instance of domestic abuse in any household in which a pupil of the school lives, the headteacher and DSL will be informed on the morning of the next school day in order that they can best support the child.

37 HOMELESSNESS

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The DSL (and any deputies) refer any concerns to the *Local Housing Authority* so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into Children's Social Care where a child has been harmed or is at risk of harm.

In most cases staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised that in some cases 16 and 17-year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these children and the DSL (or a deputy) will ensure appropriate referrals are based on the child's circumstances.

38 CHILDREN WITH FAMILY MEMBERS IN PRISON

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. Lifespace will seek to support children in this position through pastoral care, early help and discussions with parents/carers and other family members as appropriate.

39 ELECTIVE HOME EDUCATION

Keeping Children Safe in Education 2025 acknowledges that "Many home educated children have a positive learning experience. We would expect the parents' decision to home educate to be made with their child's best education at the heart of the decision. However, this is not the case for all. Elective home education can mean that some children are not in receipt of suitable education and are less visible to the services that are there to keep them safe and supported in line with their needs".

40 RELATED LIFESPACE DOCUMENTS

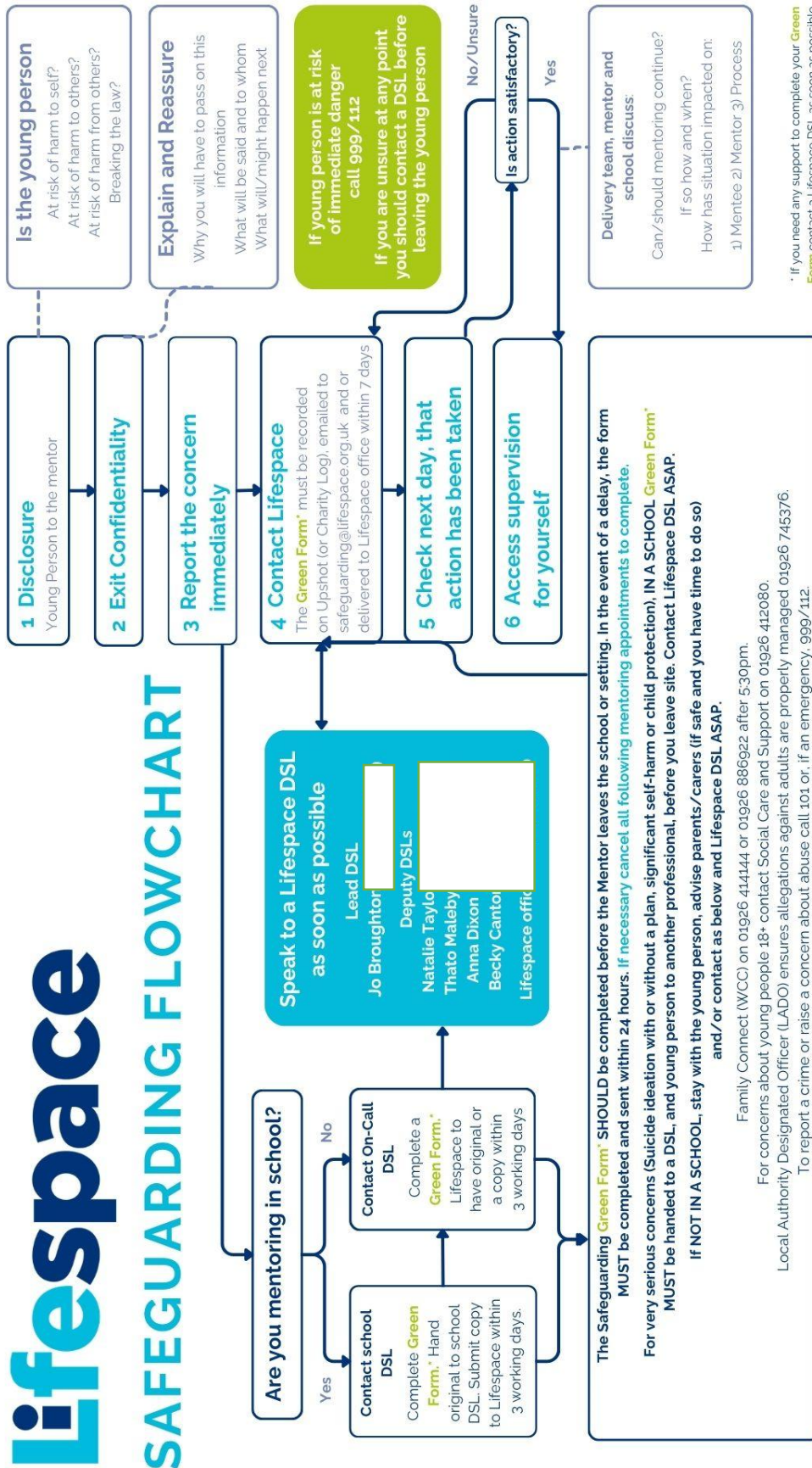
- Bullying Policy
- Complaints Policy
- Disciplinary Policy
- Grievance Policy
- Lone Working Policy
- Online Safety Policy
- Staff Behaviour Policy "Code of Conduct"
- Supervision Policy
- Whistleblowing Policy
- Recruitment Policy
- Hope Plan Mentor Support Toolkit & Flow Chart

41 REFERENCE SOURCES

This policy has been developed in accordance with the principles established by the Children's Act 1989, the Education Act 2002 and the Children's Act 2004 and in line with the following government publications and other statutory guidance:

- Keeping Children Safe in Education (DfE 2026)
- Working Together to Safeguard Children (DfE 2026)
- Warwickshire Safeguarding Partnership multi-agency safeguarding procedures
- <https://westmidlands.procedures.org.uk/>
- Safeguarding Children - Information and Record Keeping (WCC Education Safeguarding Service)
- What to do if You're Worried a Child is being Abused 2015 - Advice for Practitioners (HMG 2015)
- Children missing education - Statutory guidance for local authorities (DfE 2016)
- Sharing nudes and semi-nudes – Advice for education settings working with children and young people (UK Council for Child Internet Safety 2020)
- Guidance for Safer Working Practices for Adults who work with Children and Young People in Education Settings DCSF (Oct 2015, updated May 2019)
- Local Safeguarding Boards (29th September 2019, combined responsibility for safeguarding children and adults under the guidance of Working Together 2018 and the Care Act 2014)
- Sexting in schools and colleges: responding to incidents and safeguarding young people (UK Council for Child Internet Safety 2017)

Appendix 1 – LIFESPACE SAFEGUARDING FLOW CHART





Logging a concern about a child's safety and welfare

The Designated Safeguarding Lead must be informed **immediately** about **all** disclosures by a child of abuse and **any** situation where a child may be at **immediate risk of harm**. **DO NOT DELAY**, inform DSL immediately and follow up with the green form or electronic record afterwards.

This form should then be completed and passed to the DSL as soon as possible after the DSL has been informed). Remember this form may be used as evidence/ FOI; record factually & quote where possible.

Pupil's Name:	Date of Birth:	Year Group:	Form:
Date:	Time (of writing this record):		
Name of person completing this form (please print):			
Name:	Signature:	Job Title:	
Reason(s) for recording the incident/concern (headline): Child / young person may be at risk of harm due to:			
Where? did the incident take place? (Be as precise as possible about exactly where the incident occurred on/offsite):			
When? Date & time of incident and when did the concern arise?			
What happened? Who else was involved? Which adults or children witnessed the incident or may be involved? What (exactly) raised your concern? See/ hear/other What are the child/young person's views & feelings if known? <i>Please record any direct disclosures /statements/ comments using the child or adult's exact words in quotation marks.</i>			
NB if additional pages are used, these must be attached securely to this form			
Professional opinion: Your professional opinions, impressions & worries are important. Facts should be recorded in the box above but please record your opinions, impressions and worries here and state what has led you to form them (e.g. something you have noticed, feel or suspect).			
Action taken, including names of everyone spoken to about the incident/concern:			
Name of Designated Safeguarding Lead this form was passed to:			
Date and time the incident/concern was shared with Designated Safeguarding Lead:	Date:	Time:	

Please check to make sure your report is clear; and will be clear to someone else reading it next year

OFFICIAL

Form C 12/22 (GREEN FORM to be printed on green paper) – This form must be completed in black ink
NOW PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD FOR COMPLETION OVERLEAF (NB by end of working day at latest if child is not at immediate risk of harm)
 (Following sections to be completed by Designated Safeguarding Lead)

Time & date information received by DSL and from whom	Time	Date	Received from:
Any advice sought by DSL (date, time, name, role, organisation & advice given)			
DSL's analysis of presenting issues/concerns and advice received			
Action taken (Consultation with Education Lead or referral to Children & Families Family Connect or local Children's Services team or Early Help? If decision not to refer, state reason. Monitoring advice given to appropriate staff? Follow up needed? When?			
Note time/date/names/ who information shared with & when etc. Remember to apply GDPR principles			
Outcome (Include names of individuals /agencies who have given you information regarding outcomes or actions from any referral (if made)			
Parents informed?	Reasons if not?		
Yes	NO		
Where can additional information regarding child/ incident be found? (e.g. DSL file, serious incident book, bound book for Team Teach/ positive handling incidents)			
Signed			
Printed Name			
Date			

Date/time/how member of staff submitting this form received acknowledgement & feedback about action taken from DSL (please circle as appropriate)	Date:	Time:	
Face to face	Phone call	e-mail (copy retained)	Other
Signature of reporting Member of Staff	Signature of reporting Member of Staff	Evidence kept?	Evidence Kept?

Appendix 3 - COPY OF GREEN FORM – COMPLETED FOR EXAMPLE

Form C 12/22 (GREEN FORM to be printed on green paper) – This form must be completed in black ink

Logging a concern about a child's safety and welfare



The Designated Safeguarding Lead must be informed **immediately** about all disclosures by a child of abuse and any situation where a child may be at **immediate risk of harm**. **DO NOT DELAY**, inform DSL **immediately** and follow up with the green form or electronic record afterwards.

This form should then be completed and passed to the DSL as soon as possible after the DSL has been informed). Remember this form may be used as evidence/ FOI; record factually & quote where possible.

Pupil's Name:	Date of Birth:	Year Group:	Form:
Date:	Time (of writing this record):		
Name of person completing this form (please print):			
Name:	Signature:	Job Title:	
Reason(s) for recording the incident/concern (headline): Child / young person may be at risk of harm due to: <i>Headline in a few words about nature of the concern, e.g. 'concern about child's physical presentation'; 'unpleasant smell'; 'child hungry'; 'Comment by child to member of staff'; 'Comment by child to another child'; 'concerns re: child's behaviour'; 'child's comments in a lesson/during play'; 'interactions between child and parent' 'indirect disclosure raising concern about possible physical abuse/sexual abuse/emotional abuse/neglect' 'direct disclosure of physical abuse/sexual abuse/emotional abuse/neglect'</i>			
Where? did the incident take place? (Be as precise as possible about exactly where the incident occurred on/offsite): <i>Where and when did it take place? Give specific details so that another reader could identify the place.</i> When? Date & time of incident and when did the concern arise? <i>Date, time and where whatever is being recorded was seen or heard</i>			
What happened? Who else was involved? Which adults or children witnessed the incident or may be involved? What (exactly) raised your concern? See/ hear/other What are the child/young person's views & feelings if known? <i>Please record any direct disclosures /statements/ comments using the child or adult's exact words in quotation marks.</i> <i>Facts should be recorded in this box. What exactly was seen, heard, smelt or said that has raised concern? Facts for which there is demonstrable evidence should be recorded as such, e.g. the child was crying, the child's clothes smelled of urine, the child said ".....", the child has a bruise on the left cheek of her/his face. Names details of others involved or witnesses (children or staff/other adults present?) Has there been a previous incident(s)? Who was involved? Record direct disclosures/statements/comments using child's or adult's exact words within quotation marks.</i> <i>NB if additional pages are used, these must be attached securely to this form</i>			
Professional opinion: Your professional opinions, impressions & worries are important. Facts should be recorded in the box above but please record your opinions, impressions and worries here and state what has led you to form them (e.g. something you have noticed, feel or suspect). <i>It is important and reasonable to record professional opinions, impressions and worries that fall short of facts but these must be recorded as such, e.g. "I formed the impression that the child was frightened because....."; "In my opinion, the child was not provided with adequate care before coming to school because"; "I was concerned that mother had been drinking alcohol and should not be driving the children home because I could smell alcohol and her speech was slurred". Add any additional information the member of staff/volunteer considers relevant and necessary for DSL to know in order to safeguard child and decide most appropriate response.</i>			
Action taken, including names of everyone spoken to about the incident/concern: <i>Clear statement of what the member of staff recording the concern did in response, e.g. reassure child, tell parent they would have to record and report what parents had told them, discuss with any other colleagues, inform DSL. Any checks with the class teacher, any relevant or recent concerns? Referred to DSL.</i>			
Name of Designated Safeguarding Lead this form was passed to:			
Date and time the incident/concern was shared with Designated Safeguarding Lead:	Date:	Time:	

Please check to make sure your report is clear; and will be clear to someone else reading it next year
NOW PLEASE PASS THIS FORM TO YOUR DESIGNATED SAFEGUARDING LEAD FOR COMPLETION OVERLEAF (NB by end of working day at latest if child is not at immediate risk of harm)
 OFFICIAL

Form C 12/22 (GREEN FORM to be printed on **green paper**) – This form **must** be completed in **black ink**
(Following sections to be completed by Designated Safeguarding Lead)

Time & date information received by DSL and from whom	Time <i>Time DSL green form received from person recording the concern</i>	Date <i>Date green form received from person recording the concern</i>	Received from: <i>Who is the person recording the concern?</i>
Any advice sought by DSL (date, time, name, role, organisation & advice given)	<i>Details of whoever DSL speaks to after receipt of green form, e.g., parents/carers; Front Door Children and families advisor; social worker in locality Children's Social Care team; Police Officer; health professional</i>		
DSL's analysis of presenting issues/concerns and advice received	<i>DSL's analysis of information presented by member of staff on front of green form in context of previous green forms submitted about the same child and DSL's knowledge of the child's circumstances. Does information on its own or in combination with other information already known indicate that the child is suffering significant harm? WSCP Spectrum of support</i>		
Action taken (Consultation with Education Lead or referral to Children & Families Family Connect or local Children's Services team or Early Help? If decision not to refer, state reason. Monitoring advice given to appropriate staff? Follow up needed? When?	<i>If information on its own or in combination with other information already known indicates that the child is suffering significant harm, refer to Children and Families Family Connect. If there is evidence of physical or sexual abuse and/or child is there likely to be at immediate risk of significant harm now or at the end of her/his school day, telephone Family Connect on 01926 414144. If risk is low: Discuss with parents; consider any early help/support that school may be able to offer; consider whether referral to single agency (e.g. school counsellor, School Nurse, Educational Psychologist) is appropriate; Discuss with parents/young person whether initiation of an Early Help Pathway to Change would be useful in order to ensure child's needs are properly understood and to co-ordinate support. Call 01926 412 412 and consult with your locality Early Help Targeted Support Officer. Monitor and record monitoring arrangements If unsure what early help would be appropriate, if it is refused or has been offered before and proved ineffective, seek advice from locality Family Support Worker Helpline.</i>		
Note time/date/names/ who information shared with & when etc. Remember to apply GDPR principles			
Outcome (Include names of individuals /agencies who have given you information regarding outcomes or actions from any referral (if made)	<i>Outcome of all of above including names of individuals/agencies who have given you information regarding outcome of any referral (if made)</i>		
Parents informed?	Reasons if not?		
Yes	NO		
<i>Explanation/ justification for why parents/ carers were not informed</i>			
Where can additional information regarding child/ incident be found? (e.g. DSL file, serious incident book, bound book for Team Teach/ positive handling incidents)	<i>Make sure school has a consistent location.</i>		
Signed			
Printed Name			
Date			

Date/time/how member of staff submitting this form received acknowledgement & feedback about action taken from DSL (please circle as appropriate)		Date: Circle one of the options below to show how DSL gave feedback to person who submitted the Green Form. If face to face, person must sign to confirm.	Time:
Face to face	Phone call	e-mail (copy retained)	Other
Signature of reporting Member of Staff	Signature of reporting Member of Staff	Evidence kept?	Evidence Kept?

OFFICIAL

This Policy is communicated to all staff, trustees suppliers and sub-contractors. It will be published on our website and made available to interested parties.

Date of Issue: August 2026	Joanna Broughton	DSL
	Chris Hall	SG Trustee
Date of Next Review: August 2027		
Policy Owner	Designated Safeguarding Lead	