

## **SAFEGUARDING POLICY**

This policy, and the way in which it operates, shall be reviewed annually.

Date adopted 1<sup>st</sup> December 2020

Date of latest review January 2025

**Date of next review January 2026**

**Signed** R. Blain

**Name** Ray Blain

**Position** Operations Manager

**Date** 30<sup>th</sup> January 2025

This document contains:

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## 1. General Statement of Policy

1.1 CCSE believes that children and adults have the right to protection from abuse and should be able to live free from the fear of abuse.

1.2. CCSE is committed to ensuring that disclosures of abuse and safeguarding concerns are taken seriously and acted upon appropriately.

1.3. CCSE is committed to ensuring that our staff understand their roles and responsibilities, and are provided with appropriate information and training, in respect to safeguarding children and adults at risk.

## 2. Purpose

2.1. The purpose of this policy is to outline the duty and responsibility of CCSE in respect to safeguarding. The key objectives of this policy are to:

2.1.1. Explain the responsibilities of the Trustees, the Designated Safeguarding Lead (DSL), Safeguarding Team and workers in respect of the safeguarding of children and adults at risk.

2.1.2. Enable workers who receive disclosures of, witness, or suspect abuse to make informed and confident responses.

2.1.3. Ensure that prompt action is taken to minimise the risk of harm occurring from any further abuse.

2.1.4. Ensure that information relating to safeguarding is kept securely and only shared on a need-to-know basis.

## 3. Scope

3.1. Safeguarding is about protecting the safety, independence and wellbeing of people at risk of abuse, and is everybody's responsibility.

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3.2. This policy relates to all children, young people and adults who become known to the organisation through the course of its work and who may be at risk of abuse.

3.3. Assessing whether children or adults are experiencing abuse is the responsibility of professionals within the local authority. CCSE's role is therefore not to assess whether abuse has taken place, but to safeguard by informing the local authority if information becomes known to it, which could indicate that abuse may have taken place, or that a child or adult may be at risk of abuse.

3.4. For the purpose of this policy, a child is defined as a person under the age of 18 and an adult is defined as a person aged 18 years or over. A young person is a child aged 13 years and over.

3.5. For the purpose of this policy an adult at risk of abuse is defined as "someone who has care and support needs and is therefore unable to protect themselves from either the risk of, or the experience of, abuse or neglect<sup>1</sup>."

<sup>1</sup>(North East Lincolnshire Council website, "Safeguarding adults at risk")

## 4. Responsibilities

### 4.1 Safeguarding Team/Designated Safeguarding Lead

4.1.1 The Safeguarding Team will be made up from members of the Senior Leadership Team, this will include:

- Amanda Carroll (Trustee Lead for Safeguarding)
- Ray Blain (Operations Manager) (Designated Safeguarding Lead)
- Kerry Hillman (Community Manager) (Deputy Safeguarding Lead)
- Shane Hillman (Education Manager)
- Paul Weeks (Sports Manager)

4.1.2. CCSE's Trustees delegate overall responsibility for safeguarding to the Safeguarding Officer.

4.1.3 The Safeguarding Team is responsible for implementing arrangements for safeguarding the welfare of children and adults at risk throughout the organisation.

4.1.4 The Safeguarding Team is responsible for dealing with all instances relating to safeguarding children or adults at risk that arise. The Designated Safeguarding Lead will then respond to all safeguarding concerns and make appropriate referrals to the local authority.

4.1.5. The Designated Safeguarding Lead should ensure that the Trustees receive necessary reports on safeguarding issues and may call a special meeting of the Board of Trustees, where a safeguarding matter requires the Trustees' urgent attention.

4.1.6. In the absence of the Designated Safeguarding Lead, the Deputy Designated Safeguarding Lead is responsible.

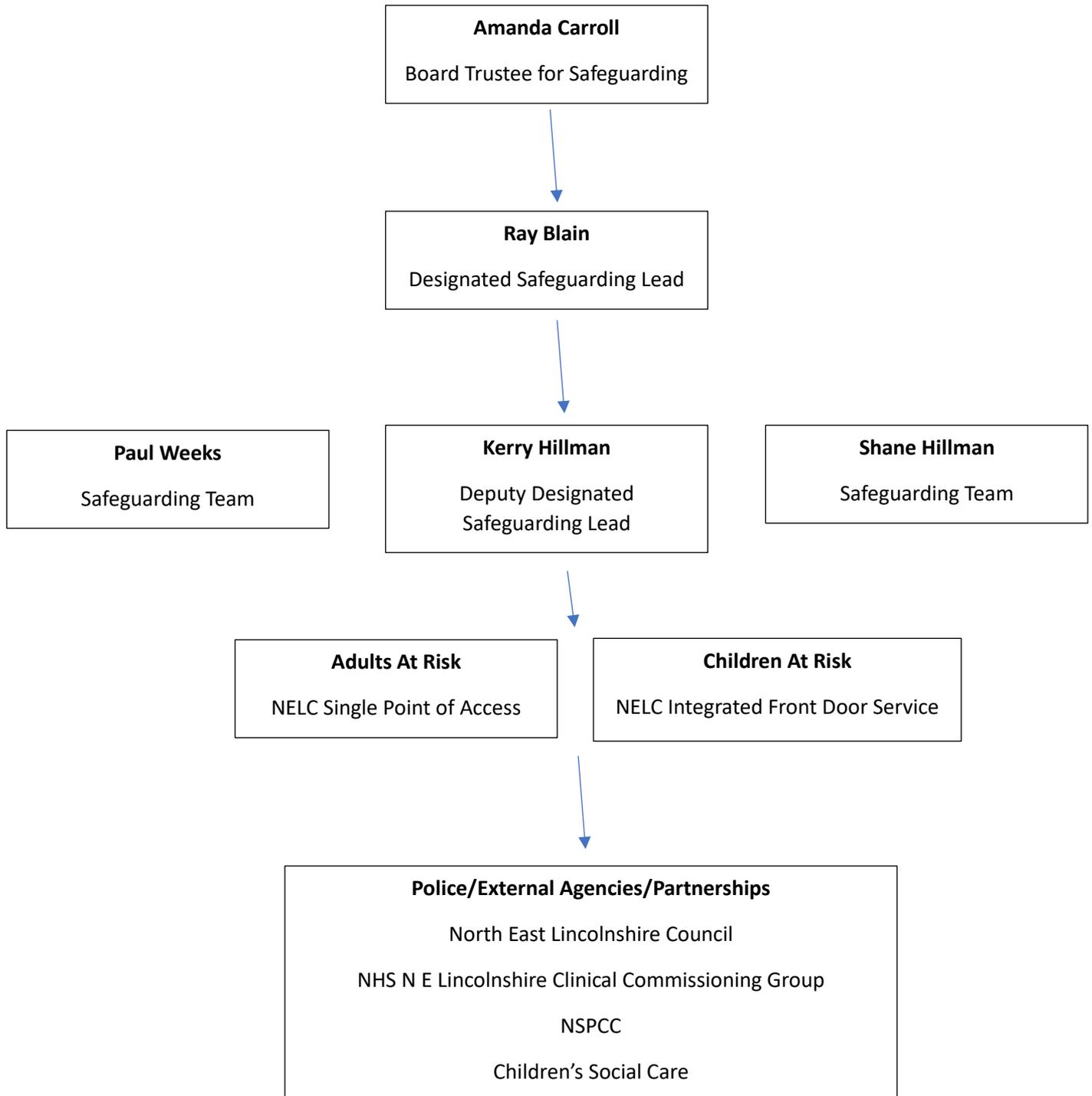
4.1.7. The Safeguarding Team will meet each month to discuss all safeguarding issues and incidents within that monthly period. A comprehensive report will be prepared for the Chief Executive (Andy Cox) to share with the board of trustees at each trustee meeting.

### 4.2. Workers

4.2.1. All workers have a duty to promote the welfare of children and adults at risk. It is everybody's responsibility to recognise the signs of, and to report abuse wherever it is seen, suspected or disclosed. Workers must also respond appropriately to any disclosure and take any immediate action necessary to protect children and adults at risk.

4.2.2. All workers will have access to the Safeguarding flowchart which will help them to understand the reporting procedures in place if any issues arise. All workers must complete a Safeguarding incident report form and give this to a member of the Safeguarding team on the same working day.

4.3 Safeguarding Structure Flowchart



## 5. Information

5.1. All workers will be provided with information to enable them to recognise possible signs of abuse and respond appropriately. This information will form appendices to this Safeguarding Policy. It is the responsibility of the Designated Safeguarding Lead to ensure this information is kept up to

date. It is the responsibility of all workers to familiarise themselves with this information, particularly the information in Appendix 5 - Types and indicators of abuse.

5.2. The Designated Safeguarding Lead should complete training on safeguarding children and adults once every 2 years.

## 6. Safeguarding within the context of CCSE work

6.1. The majority of direct work with service-users is done in the context of our open-access drop-in service. This is a public space, and there are always at least two workers present.

6.2. CCSE run services for children and young people, children and young people attend the open-access centre, either with a parent/carer or, in the case of young people, as an unaccompanied representative of a community group.

6.3. CCSE may provide one-to-one advice sessions to young people. Should a CCSE worker provide an advice session to a young person, there must be at least one other person present in the room at all times (another young person, an accompanying adult, or another CCSE worker). Such a session would be exceptional, as our services are generally aimed at and used by adults, and young people organising a group together will usually be referred to a suitable youth service or organisation.

6.4. The roles of CCSE workers does fall within the legally defined eligibility criteria for requesting Enhanced Disclosure and Barring Service (DBS) checks (as outlined in the DBS eligibility guidance). CCSE does, therefore, request Enhanced DBS disclosures for workers.

6.5. CCSE workers build up long-term working relationships with members of community groups who use our services regularly. It is therefore possible that disclosures of abuse could be made to CCSE workers, or that possible indicators of abuse may be observed by CCSE workers.

## **7. Confidentiality and information sharing**

7.1. CCSE staff have a responsibility to share information about children and adults at risk if that information may indicate that the child or adult at risk is experiencing abuse.

7.2. If a disclosure is made to a worker, or a worker has a concern about the welfare of a child or adult at risk, the worker should follow CCSE procedure in the event of a disclosure or safeguarding concern (Appendix 1). This includes ensuring that the person making a disclosure is aware that the worker may need to share the information and cannot promise to keep it secret.

7.3. Information should only be shared on a strictly need-to-know basis. This means:

7.3.1. The worker who receives the information should inform the Designated Safeguarding Lead on the same working day. If the worker who receives the information is the Designated Safeguarding Lead, they should inform another member of the Safeguarding Team.

7.3.2. The Designated Safeguarding Lead and the Safeguarding Team will discuss the concern and decide whether to inform the relevant Safeguarding Team at NEL Council. The decision about whether to make a referral should be based on the following:

7.3.2.1. The welfare of the child or adult at risk is paramount. Protecting the welfare of the person who may be experiencing abuse should be the only consideration when deciding whether a referral is needed.

7.3.2.2. If the Designated Safeguarding Lead and/or the Safeguarding Team is in any doubt as to whether a referral is needed, a referral should be made.

7.3.2.3. It is not the role of CCSE workers to assess whether abuse has taken place. A referral should be made if information is known that indicates that abuse may have taken place.

7.3.3. In the event of a disclosure, efforts should be made to get informed consent from the person making the disclosure before a referral is made to the local Safeguarding Team. However, a referral may be made without consent if the person does not give consent and there are concerns about the welfare of a child or adult at risk.

7.4. Information should not be shared with other CCSE workers or Trustees as a matter of course. Any information that is shared should be on a strictly need-to-know basis and kept to a minimum. Unlike most areas of CCSE work, it is not necessary or appropriate for all workers to be informed on the details of safeguarding concerns.

7.5. In the event of a disclosure, the person who made the disclosure should be kept informed about what information has been shared and with whom.

## **8. Record keeping**

8.1. In the event of a disclosure or safeguarding concern, a detailed written record must be made by the person who receives the information, as soon as possible, and always on the same day, following CCSE procedure for recording concerns and disclosures (Appendix 2).

8.2. These records must be stored securely, in a locked drawer or password protected file, indefinitely.

8.3. CCSE workers may not access these records except on a need-to-know basis.

## **9. Escalation Process (with timeframes)**

An escalation process for a safeguarding policy ensures that any concerns related to the welfare of children, vulnerable adults, or at-risk individuals are addressed appropriately, systematically, and promptly. The process typically involves escalating the issue to higher levels of authority if initial actions or responses are not adequate. Here's is CCSE's framework for an escalation procedure in safeguarding:

### 9.1 Initial Concern Reporting (as soon as an incident or disclosure is made)

- **Who can report:** Any employee, volunteer, or external partner who identifies a safeguarding concern or has suspicion about potential harm or abuse.
- **How to report:** Reporting should be done immediately to the designated safeguarding lead (DSL) or a member of the safeguarding team.
- **What to report:** Describe the concern in as much detail as possible, including the context, date, time, and individuals involved. Please complete a safeguarding concern form.

### 9.2 Initial Review by Designated Safeguarding Lead (DSL)/Safeguarding Team (within 24 hours of disclosure)

- **Action by DSL:** The DSL assesses the situation and gathers any necessary information. This could involve speaking to the individual involved or to others who may have relevant information.
- **Decision:** Based on the initial review, the DSL decides whether immediate intervention is needed or if further investigation is required.

### 9.3 Decision to Escalate or Act (within 24 hours of disclosure)

#### If the risk is immediate:

- Contact emergency services (e.g., police or social services) if there's an immediate threat of harm.
- Ensure the safety and protection of the individual(s) concerned.

#### If the concern requires further investigation:

- The DSL may escalate the concern to relevant external authorities, such as social services or regulatory bodies.

### 9.4 External Reporting (within 48 hours of disclosure)

If internal escalation does not resolve the situation, or if the matter requires independent oversight, external agencies may be involved, such as:

- Local safeguarding boards or partnerships
- Social services
- Police (for criminal matters)
- Ofsted or other regulatory bodies
- Child Protection Helplines or hotlines

### 9.5 Documenting and Monitoring (within 72 hours of disclosure and on-going)

- Ensure all actions taken are carefully documented, including reports made, conversations held, and decisions reached at each level of escalation.
- Regularly monitor the progress of the safeguarding issue and follow up as necessary.

### 9.6 Final Action and Resolution (within 72 hours of disclosure and on-going)

- After external agencies intervene, a decision should be made on how to proceed.
- This could include placing protective measures, referring the individual to appropriate services, or taking disciplinary actions if the issue involves an internal party (such as staff or volunteers).
- Ongoing support for the individual(s) affected should be offered, ensuring that there is follow-up in terms of safety and well-being.

## 8. Review and Feedback (within 1 week of disclosure)

- After resolving the issue, conduct a review of the case to ensure all safeguarding protocols were followed.

- Use the findings to update or improve safeguarding policies and training to prevent similar concerns in the future.

### **10. Reviewing this policy**

10.1. This policy and its appendices will be reviewed by the Designated Safeguarding Lead every 12 months.

## **Appendix 1 - Procedure in the event of a disclosure or safeguarding concern**

It is important that children, young people and adults at risk are protected from abuse. All complaints, allegations or suspicions must be taken seriously, including those received anonymously. This procedure must be followed by workers whenever a disclosure of abuse is made or when there is a suspicion of abuse.

### **1. In the event of a disclosure**

- Reassure the person concerned.
- Listen to what they are saying.
- Record what you have been told/witnessed as soon as possible.
- Remain calm and do not show shock or disbelief.
- Tell them that the information will be treated seriously.
- Do not start to investigate or ask detailed or probing questions. Only ask questions to clarify the basic facts of what they are already telling you. Do not promise to keep it a secret.

### **2. Make sure the individual is safe**

If the person is in immediate danger, the police or ambulance must be called straight away on 999. Ensure prompt action is taken to minimise the risk of harm from any further abuse, maltreatment or neglect. This is particularly important if:

- the person remains in or is about to return to the place where the alleged abuse occurred.
- the alleged abuser is likely to have access to the person or others who might be at risk.

### **3. Record the information**

Make a full record of the disclosure, allegation or incident as soon as possible, within one working day. Refer to Appendix 2. Recording concerns and disclosures.



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### 4. Report to Designated Safeguarding Lead

Report the disclosure or concern to the Designated Safeguarding Lead immediately or as soon as possible within one working day. In the first instance this may need to be done verbally. If the Designated Safeguarding Lead is unavailable, report to a member of the Safeguarding Team. Do not report the information to more than one worker, and do not circulate it to the workers' group.

### 5. Support the individual

Keep in contact with the person who made the disclosure, or you have the concern about, and ensure they know they can contact you again. Ask for their permission before sharing information, but make sure they know you may have to share it without permission. Keep them informed about who the information has been shared with.

### Appendix 2 - Recording concerns and disclosures.

It is important to ascertain and establish the basic facts, based on evidence of what is seen, heard or smelled and to make careful notes, clearly distinguishing fact from opinion. A full record of the disclosure, allegation or incident must be recorded as soon as possible and always on the same day.

Print, sign, date and time the record. A copy should be stored by the Designated Safeguarding Lead in a secure place in line with CCSE Safeguarding Policy.

If writing by hand, use black ink so that documents can be photocopied if necessary. If you make a mistake, put a line through it -do not use correction fluid.

Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court (although this is unlikely).

#### What to include

- Exactly what the person has told you, or exactly what you have witnessed. Do not include opinions or assumptions.
- A description of any injuries observed and the exact location of the injuries. Give as much detail as possible.
- Any immediate actions that you have taken to reduce risk.
- The name of the person making the disclosure and, where different, the name of the child, young person or adult at risk who has allegedly been abused.
- Where and when disclosure was made, including date, time and the names of others present. If you witnessed abuse, write down the date, time and place that it happened.

Also include any of this information that is known to you:

- When and where the alleged abuse took place, including date(s) and time(s).
- Whether anybody else was present when the alleged abuse took place or was involved in the abuse.

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- Details about the alleged perpetrator (including name, address, place of work).



### Appendix 3 - Reporting a safeguarding concern to the local authority.

Information relating to safeguarding children and adults at risk should be reported to the relevant Safeguarding Team. Decisions about whether to make a referral should be made in line with CCSE Safeguarding Policy, and always from the position that the welfare of the child or adult at risk is paramount.

It is generally the responsibility of the Designated Safeguarding Lead to make a referral and to communicate with the local authority. However, if the Designated Safeguarding Lead is not available, or another worker believes a referral should be made and the Designated Safeguarding Lead has not made one, any worker who is concerned should make a referral.

Information in the written record should be used to make the referral. However, do not delay making the referral if a written record is not yet complete – it can be sent later.

For adults at risk contact NELC Council single point of access on 01472 256256 (open 24 hours/7 days a week) or e-mail [focus@nhs.net](mailto:focus@nhs.net) more information can also be found here - [Social Work – Focus](#)

For children contact NELC Integrated Front Door Service on 01472 326292 (Option 2, Option 2) (Monday to Thursday 8.30am to 5pm and Friday 8.30am – 4.30pm) or e-mail [NELCchildrensfrontdoor@nelincs.gov.uk](mailto:NELCchildrensfrontdoor@nelincs.gov.uk)

Children's Social Care also run the Emergency Duty Team (EDT), which you can contact on 01472 326292 (option 2). - This service is an EMERGENCY ONLY service open from 5pm to 8:30am, Monday to Thursday and 4.30pm Friday to 8.30am Monday.

If you have an immediate concern about somebody's safety, contact the police on 999.

When the concerns relate to a person who lives or receives services in another local authority area, both local authority Safeguarding Teams must be informed.

Where a Safeguarding Alert is made by telephone, the Designated Safeguarding Lead must make a written record of the date and time of the referral and the name and position of the person to whom the matter was reported.

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Where a Safeguarding Alert is sent by email, the Designated Safeguarding Lead must check that the report has been received by the Safeguarding Team.

The Designated Safeguarding Lead is responsible for keeping workers and volunteers appropriately informed and up to date on what is expected of them as any investigation proceeds; and for ensuring that they are aware of their rights to representation when being interviewed; and for ensuring they receive ongoing personal support.

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### **Appendix 4 - Dealing with allegations made against a worker or trustee.**

Anyone wishing to make an allegation about a member of CCSE worker or a committee member, either in relation to any suspicion, allegation or incident of abuse or non-adherence to these procedures should report it to the Designated Safeguarding Lead in the first instance. Concerns about the Designated Safeguarding Lead should be reported to Amanda Carroll, Trustee with responsibility for safeguarding, by calling 07827 951126.

Allegations against members of staff or Trustees should be dealt with according to:

- CCSE Safeguarding Policy
- CCSE Equalities Policy

The protection and welfare of children and adults at risk should be considered paramount when making decisions regarding managing allegations against members of staff and trustees.

### Appendix 5 - Types and indicators of abuse

Abuse, mistreatment and neglect can be passive or active; it can consist of a single act or repeated acts. It may be physical, verbal or psychological, or it may occur when a vulnerable person is persuaded to enter into a relationship to which he or she has not consented or cannot consent.

Abuse can vary from treating someone with disrespect in a way that significantly affects the person's quality of life, to causing actual physical suffering or failing to prevent harm. It is behaviour towards a person that can be either deliberate or an act of neglect or an omission to act, perhaps as a result of ignorance, or lack of training, knowledge or understanding.

Individuals may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. Anyone can be a perpetrator of abuse; it could be a paid carer, volunteer or a health or social care worker; a relative, friend, neighbour or an occasional visitor; another resident or service user, or someone who is providing a service.

#### Abuse of children

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. 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 another child or children.

#### Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of or deliberately induces illness in a child.

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### Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse.
- Serious bullying (including cyberbullying).
- Causing children frequently to feel frightened or in danger.
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### Sexual Abuse

Sexual abuse involves forcing or inciting a child or young person into sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse 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

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place online, and technology can be used to facilitate offline abuse. Sexual abuse can be perpetrated by any adult regardless of gender. Professionals should also be aware that children can perpetrate sexual harm and harmful sexual behaviour intervention would need to be considered.

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

- A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching.
- Sexual activity with a child under 16 is also an offence.
- It is an offence for a person to have a sexual relationship with a 16- or 17-year-old if they hold a position of trust or authority in relation to them.
- Where sexual activity with a 16- or 17-year-old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered.
- Non-consensual sex is rape whatever the age of the victim; and
- If the victim is incapacitated through drink or drugs, or the victim or their family has been subject to violence or the threat of violence, they cannot be considered to have given true consent; therefore, offences may have been committed.

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### Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse towards a parent, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent 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 caregivers);
- Ensure access to appropriate medical care or treatment.

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

Childhood obesity alone is a concern but not usually a child protection concern. This can change in the context of escalating health concerns when the parents are not engaging with or seek to undermine the support being offered to them. Obesity usually exists in a wider context of concerns about neglect or emotional abuse so practitioners should consider what else is going on in the child's life.

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic abuse in the household or a cluster of problems faced by the adults.

### Domestic abuse

The Domestic Abuse Act 2021 says that behaviour is 'abusive' if it consists of any of the following:

- Physical or sexual abuse.
- Violent or threatening behaviour.



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- Controlling or coercive behaviour.
- Economic abuse.
- Psychological, emotional or other abuse.

It does not matter whether the behaviour consists of a single incident or a course of conduct. The perpetrator of the abuse and the victim of the abuse have to be aged 16 or over and are 'personally connected' as intimate partners, ex-partners, family members or individuals who share parental responsibility for a child. There is no requirement for the victim and perpetrator to live in the same household.

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

Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.

Domestic abuse in teenage relationships is just as severe and has the potential to be as life threatening as abuse in adult relationships.

### Sexual Abuse

Including rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.

Possible indicators of sexual abuse include: bruising, particularly to the thighs, buttocks and upper arms and marks on the neck; bleeding, pain or itching in the genital area; unusual difficulty in walking or sitting; infections, unexplained genital discharge, or sexually transmitted diseases; pregnancy in a woman who is unable to consent to sexual intercourse; the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude; incontinence not

related to any medical diagnosis; self-harming; poor concentration, withdrawal, sleep disturbance; excessive fear/apprehension of, or withdrawal from, relationships; fear of receiving help with personal care; reluctance to be alone with a particular person.

### Child on Child Sexual Violence and Sexual Harassment

Keeping Children Safe in Education Part five: Child on Child Sexual Violence and Sexual Harassment sets out how schools and colleges should respond to all signs, reports and concerns of child-on-child sexual violence and sexual harassment, including those that have happened outside of the school or college premises, and/or online.

Sexual violence and sexual harassment can occur between two or more children of any age and sex, from primary through to secondary stage and into college. It can occur also through a group of children sexually assaulting or sexually harassing a single child or group of children. 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.

### Sexual Violence

Child on child sexual violence refers to sexual offences under the Sexual Offences Act 2003 as described below:

**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: they intentionally touch another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

NOTE- Schools and colleges should be aware that sexual assault covers a very 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.

### Sexual Harassment

Child on child sexual harassment means 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of school/college. 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 clothes and appearance and calling someone sexualised names.
- Sexual jokes or taunting.
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes. Schools and colleges should be considering when any of this crosses a line into sexual violence – it is important to talk to and consider the experience of the victim.
- Displaying pictures, photos or drawings of a sexual nature.
- Upskirting (this is a criminal offence); and

Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

- Consensual and non-consensual sharing of nude and semi-nude images and/or videos. Taking and sharing nude photographs of under 18s is a criminal offence.
- Sharing of unwanted explicit content.
- Sexualised online bullying.
- Unwanted sexual comments and messages, including, on social media.
- Sexual exploitation; coercion and threats; and



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- Coercing others into sharing images of themselves or performing acts they're not comfortable with online.

It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

### Harm Outside the Home

Working Together to Safeguard Children recognises that, as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), exploitation by criminal gangs and organised crime groups such as serious youth violence and county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

### Technology Assisted Abuse

Technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse and other risks online as well as face to face. In many cases abuse and other risks will take place concurrently both online and offline.

Children can also abuse other children online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography, to those who do not want to receive such content. Children can also be groomed online and through social media by

people coercing or manipulating them to sexually or criminally exploit them or seeking to radicalise them.

### Psychological and Emotional Abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, enforced social isolation or withdrawal from services or supportive networks.

Possible indicators of psychological and emotional abuse include: an air of silence when a particular person is present; withdrawal or change in the psychological state of the person; insomnia; low self-esteem; uncooperative and aggressive behaviour; change of appetite, weight loss/gain; signs of distress: tearfulness, anger.

### Financial or Material Abuse

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators of financial or material abuse include: missing personal possessions; unexplained lack of money or inability to maintain lifestyle; unexplained withdrawal of funds from accounts; the person allocated to manage financial affairs is evasive or uncooperative; the family or others show unusual interest in the assets of the person; recent changes in deeds or title to property; rent arrears and eviction notices; disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house; unnecessary property repairs.

## THE TRIN CENTRE



### Neglect and Acts of Omission

Including failure to meet medical or physical care needs, failure to provide access to appropriate health, social-care or educational services, withholding of necessities of life, such as medication, clothing, adequate nutrition and heating, failure to give privacy and dignity.

Possible indicators of neglect or acts of omission include: poor environment – dirty or unhygienic; poor physical condition and/or personal hygiene; pressure sores or ulcers; malnutrition or unexplained weight loss; untreated injuries and medical problems; inconsistent or reluctant contact with medical and social care organisations; accumulation of untaken medication; uncharacteristic failure to engage in social interaction; inappropriate or inadequate clothing.

### Modern slavery

Types of modern slavery include human trafficking; forced labour; domestic servitude; sexual exploitation; debt bondage – being forced to work to pay off debts that realistically they never will be able to.

Possible indicators of modern slavery include: signs of physical or emotional abuse; appearing to be malnourished, unkempt or withdrawn; isolation from the community, seeming under the control or influence of others; living in dirty, cramped or overcrowded accommodation and or living and working at the same address; lack of personal effects or identification documents; always wearing the same clothes; avoidance of eye contact, appearing frightened or hesitant to talk to strangers; fear of law enforcers.

### Discriminatory Abuse

Including racist or sexist abuse and abuse based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.

Possible indicators of discriminatory abuse include: the person appears withdrawn and isolated; expressions of anger, frustration, fear or anxiety; the support on offer does not take account of the person's individual needs in terms of a protected characteristic.

### Organisational and institutional abuse

This is systematic abuse by an organisation to service-users who are at risk. It includes failure to meet physical, medical, emotional and social needs.

Indicators of organisational or institutional abuse include people being hungry, cold, dirty or inappropriately dressed; people not receiving suitable medical care; absence of visitors; lack of social activities.

### Self-neglect

Self-neglect may require intervention if the person is unable to take care of themselves. Types of self-neglect include lack of self-care to an extent that it threatens personal health and safety; neglecting to care for one's personal hygiene, health, or surroundings; inability to avoid self-harm; failure to seek help or access services to meet health and social care needs; inability or unwillingness to manage one's personal affairs.

Possible indicators of self-neglect include very poor personal hygiene; unkempt appearance; lack of essential food, clothing or shelter; malnutrition and/or dehydration; living in squalid or unsanitary conditions; neglecting household maintenance; hoarding; collecting a large number of animals in inappropriate conditions; non-compliance with health or care services; inability or unwillingness to take medication or treat illness or injury.