

September 2024



Safeguarding & Child Protection Policy

Issue date: September 2024

SAFEGUARDING & CHILD PROTECTION POLICY ISSUES AND UPDATES

PAGES	ISSUE	DATE
ALL	Reference to student changed to participant throughout	30/06/2023
3	Updated KCSIE 2023	30/06/2023
12	Risk reduction – rewording	30/06/2023
14	Multi-agency strategy meetings, named DSL will be in attendance	03/07/2023
20	s/he changed to them, their and or they.	03/07/2023
ALL	Review of whole policy	22/07/2024
ALL	'Abuse, neglect' changed to "Abuse, neglect and exploitation" throughout in line with KCSIE 2024	22/07/2024
4	Updates to reflect 2024 changes in guidance and policy	22/07/2024
6	Updates to staff changes within the Deputy Safeguarding Team	22/07/2024
7	5:9 – content added 'or there is significant risk surrounding the child'	22/07/2024
8	Revision of section 7.4: Trustee involvement updated too strategic rather than operational.	22/07/2024
8	7.5 added - we also hold termly review meetings with the DSL to discuss incidents, areas for improvement and lessons learnt.	22/07/2024
9	8.2.1 – Revisions of policies due to name changes and inclusion of GDPR & H&S	22/07/2024
12	16.2 – removed Suffolk link and update to link for Northamptonshire.	22/07/2024
15	20.2 – name change from Catherine Deans to Jordan Letts	22/07/2024
15	21.2 – updated all links in table, new links sourced from KCSIE 2024.	22/07/2024

The following policy has been approved by the Trustee appointed for Safeguarding and Senior Leadership Team and the Board of Trustees.

The policy will be reviewed on an annual basis unless circumstances arise requiring the policy to be reviewed earlier.

Approved by Board of Trustees: July 2024

Board signatory: Sarah Mills

Planned review: July 2025

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PART ONE: SAFEGUARDING POLICY

Approved by Board of Trustees: July 24.

Board signatory: Jon Drown

Planned review: July 2025

1.0 INTRODUCTION

1.1 Safeguarding and promoting the welfare of children is defined as –

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Acting to enable all children to have the best outcomes.
Children include everyone under the age of 18.

1.2 Northampton Saints Foundation is committed to safeguarding and promoting the welfare of all its participants. We believe that:

- All children/young people have the right to be protected from harm, abuse and neglect;
- That every child/ participant has the right to an education and participants need to be safe and to feel safe in the Foundation;
- Participants need support that matches their individual needs, including those who may have experienced abuse;
- All children/young people have the right to express their views, feelings and wishes and voice their own values and beliefs;
- All children/young people should be encouraged to respect each other's values and support each other;
- All children/young people have the right to be supported to meet their emotional and social needs as well as their educational needs – a happy, healthy, sociable participants will achieve better educationally;
- The Foundation must contribute to the prevention of abuse, victimisation, bullying (including homophobic, bi-phobic, trans-phobic and cyber-bullying), exploitation, extreme behaviours, discriminatory views and risk-taking behaviours; and
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.

1.3 Northampton Saints Foundation will fulfil their local and national responsibilities as laid out in the following documents: -

- [Keeping Children Safe in Education \(2024\)](#)
- [Working Together to Safeguard Children 2023](#)
- [Guidance for Safer Working Practice for those working with children and young people in education settings addendum \(April 2020\)](#)
- [What to do if you are worried a child is being abused: Advice for practitioners \(2015\)](#)

2.0 OVERALL AIMS

2.1 This policy will contribute to the protection and safeguarding of our young people and promote their welfare by:

- Clarifying standards of behaviour for staff and young people.
- Contributing to the establishment of a safe, resilient and robust ethos in the Foundation, built on mutual respect and shared values;
- Encouraging young people. and parents to participate;

- Alerting staff to the signs and indicators that all may not be well;
- Developing staff awareness of the causes of abuse;
- Developing staff awareness of the risks and vulnerabilities their young people face;
- Addressing concerns at the earliest possible stage; and
- Reducing the potential risks young people face of being exposed to violence, extremism, exploitation, discrimination or victimisation.

2.2 This policy will contribute to supporting our young people by:

- Identifying and protecting the vulnerable;
- Identifying individual needs as early as possible; and
- Designing bespoke plans to meet the education, health and care needs.

2.3 This policy will contribute to the protection of our young people by:

- Including appropriate work within the curriculum;
- Implementing Child Protection Policies and procedures; and
- Working in partnership with young people, parents/carers and other agencies.

2.4 This policy extends to any establishment our Foundation commissions to deliver education to our young people on our behalf including alternative provision settings.

- The Trustee Board will ensure that any commissioned agency will reflect the values, philosophy and standards of our Foundation. Confirmation should be sought from the Foundation that appropriate risk assessments are completed, and ongoing monitoring is undertaken.

3. KEY PROCESSES

3.1 All staff must be aware and adhere of the guidance issued by the Northamptonshire & Milton Keynes Safeguarding Children Board and threshold guidance.

4.0 EXPECTATIONS

4.1 All staff and volunteers will:

- Be familiar with this Safeguarding Policy;
- Understand their role in relation to safeguarding;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.
- All Trustees must be subjected to an enhanced DBS.
- Be involved, where appropriate, in the implementation of individual Education Programmes, Early Help Assessments and support plans, Child in Need plans and inter-agency Child Protection plans;
- Be alert to signs and indicators of possible abuse (See Appendix 1 for current definitions and indicators).
- Record concerns and give the record to the Designated safeguard lead (DSL), or deputy DSL, and
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix 2 - you must inform the DSL immediately and provide a written account before the close of the academic day.

4.2 All staff will receive annual Safeguarding training and update briefings as appropriate. Key staff will undertake more specialist safeguarding training as agreed by the Trustee Board.

5.0 THE DESIGNATED SAFEGUARDING LEAD (DSL)

5.1 Our DSL on the Senior Leadership Team is **Jordan Letts**. (Jordan.Letts@northamptonsaintsfoundation.org - 07713 783505). Whilst the activities of the DSL can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding and child protection remains with the DSL. This responsibility should not be delegated.

5.1.1 The deputy DSLs will support the DSL within the role and deputise when the DSL is not on-site. These are as follows:

Name & Job role	Email	Phone number	Location
<i>Dawn Bere</i> Youth Counsellor & Mental Health Lead	Dawn.Bere@northamptonsaintsfoundation.org	07752446190	ALL
<i>Emilie Harbottle</i> Inclusion Manager	Emilie.Harbottle@northamptonsaintsfoundation.org	07591641456	ALL
<i>Francis Banks</i> Engage Manager	Francis.Banks@northamptonsaintsfoundation.org	07743979919	ALL
<i>Craig Phillips</i> Employability Lead	Craig.Phillips@northamptonsaintsfoundation.org	07305092353	ALL

5.2 Trustees should ensure an appropriate senior member of staff, from the Foundation leadership team is appointed to the role of DSL. This should be explicit in the role-holder's job description.

5.3 Any steps taken to support a child who has a safeguarding vulnerability must be reported to the lead DSL in our Foundation; the DSL will go through the relevant actions to ensure all steps are covered.

5.4 Safeguarding and Child Protection information will be dealt with, in a confidential manner. Staff will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to support an individual child and/or family. A written record will be made of what information has been shared, with whom, and when.

5.5 Safeguarding records will be stored securely in a central place separate from academic records. Individual files will be kept for each child: the Foundation will not keep family files. Files will be kept for at least the period during which the child is attending the Foundation, and beyond that in line with current data legislation and guidance.

5.6 Access to records by staff other than by the DSL, Deputy DSL will be restricted, and a record will be kept of who has had access to them.

- 5.7 Parents/carers will be aware that information may be held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications with parents will be in line with any home school policies and give due regard to which adults have parental responsibility.
- 5.8 Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.
- 5.9 If it would be appropriate to share any information with the new placement or school in advance of a child leaving. For example, information that would allow the new placement or school to continue supporting victims of abuse and have that support in place for when the child arrives or there is significant risk surrounding the child.
- 5.10 Our DSL and any deputies must undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated every two years.
- 5.11 In addition to their formal training as set out above, their knowledge and skills should be updated, (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at regular intervals, and at least annually, to keep up with any developments relevant to their role.
- 5.12 When a DSL resigns their post or no longer has Child Protection responsibility, there should be a full face-to-face handover/exchange of information with the new post holder.
- 5.13 In exceptional circumstances, when a face-to-face handover is unfeasible, the Head of Foundation will ensure that the new post holder is fully conversant with all procedures and case files.

6.0 THE DESIGNATED MEMBER OF STAFF FOR LOOKED AFTER AND PREVIOUSLY LOOKED AFTER CHILDREN

- 6.1 The Managing Director (Catherine Deans) must appoint a designated member of staff and should work with referring agencies/education providers to promote the educational achievement of registered young people who are looked after and previously looked after.
- 6.2 The designated member of staff must have appropriate training and the relevant qualifications and experience. The designated Member of staff is:

Jordan Letts – Head of Foundation

7.0 THE TRUSTEE BOARD

- 7.1 The Trustee Board are the accountable body and must ensure that they comply with their duties under legislation.
- 7.2 The Trustee Board will ensure that:

- Trustees should ensure that there are appropriate policies and procedures in place in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare;
- The Foundation operates "Safer Recruitment" procedures and ensures that appropriate checks are carried out on all new staff.
- At least one senior member of the Foundation leadership team acts as a DSL, and at least a further deputy DSL is appointed.
- That appropriate time is made available to the DSL and deputy DSL(s) to allow them to undertake their duties; their role should be explicit in their job description;
- ALL Foundation staff who work with children undertake safeguarding training on an annual basis with additional updates as necessary within a 2-year framework and a training record maintained.
- Temporary staff and volunteers are made aware of the Foundation arrangements for safeguarding & child protection and their responsibilities;
- The Foundation remedies any deficiencies or weaknesses brought to its attention without delay; and
- The Foundation has procedures for dealing with allegations of abuse against staff/volunteers.

7.3 The Trustee Board should review all policies/procedures that relate to safeguarding and child protection annually.

7.4 The nominated Trustee's for Safeguarding at the Foundation is **Sarah Mills** - The Nominated Trustee is responsible for liaising with the Head of Foundation over all matters regarding safeguarding and child protection issues. The role is strategic rather than operational – they will not be involved in all individual concerns about young people.

7.4.1 The nominated Trustee will receive safeguarding training relevant to the governance role and this will be updated every 2 years.

7.5 The nominated Trustee will liaise with the Foundation Managing Director/ DSL to report relevant safeguarding issues to the Trustee Board at each meeting. In addition to board meetings, we also hold termly review meetings with the DSL to discuss incidents, areas for improvement and lessons learnt.

7.5.1 The Foundation has clear operational guidance on how its staff are governed with respect to any allegations of abuse of members of staff, visitors, volunteers, or Trustees. If any offence is alleged, it will be investigated in the first instance by Anna Kennedy – Head of HR & Learning and Development.

In the event of an allegation of abuse of members of staff, visitors, volunteers, or Trustees being brought against the Foundation Managing Director, this will be escalated to the Chair of the Foundation Trustee Board to be further investigated, before presenting his / her findings to the Trustee Board; in conjunction with Anna Kennedy – Head of HR & Learning and Development in order to determine next steps.

7.6 A member of the Trustee Board is nominated to be responsible for liaising with the Children's Trust in the event of allegations of abuse being made against the Foundation Managing Director.

8.0 A SAFER FOUNDATION CULTURE

SAFER RECRUITMENT AND SELECTION

- 8.1.1 The Foundation is aware of 'Keeping Children Safe in Education' and follow Safer Recruitment practices, including scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional references, checking previous employment history date and job title while ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and appropriate checks including criminal record checks and barred list (DBS checks).
- 8.1.2 All recruitment materials will include reference to the Foundations commitment to safeguarding and promoting the wellbeing of young people.
- 8.1.3 Relevant staff will have undertaken appropriate training in Safer Recruitment. One of the above will be involved in all staff / volunteer recruitment processes and sit on the recruitment panel.

INDUCTION

- 8.2.1 All staff must be aware of systems within their Foundation which support safeguarding, and these should be explained to them as part of staff induction. This should include:
- Safeguarding & Child Protection Policy
 - Behaviour Policy
 - NSF Code of Conduct for All Staff
 - Access to My Concern with the tool guide
 - Explanation of their role in safeguarding, including the identities of the DSL and any deputies
 - Copies of all policies including a link to "Keeping Children Safe in Education 2024"
 - GDPR training
 - Health & Safety training

STAFF SUPPORT

- 8.3.1 We recognise the stressful and traumatic nature of safeguarding and child protection work. We will support staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.
- 8.3.2 Regular supervision will be offered to the Lead DSL within Foundation, usually half-termly and may be extended to other members of staff as deemed appropriate by the Foundation.

9.0 THE USE OF REASONABLE FORCE

- 9.1 There are circumstances when it is appropriate for staff in Foundation to use reasonable force to safeguard children and young people. Relevant staff are trained in Team Teach protocol, The term 'reasonable force' covers the broad range of actions used by staff that involves a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a participant needs to be restrained to prevent violence or injury. 'Reasonable' in these circumstances means 'using no more force than

is needed'. The use of force may involve either passive physical contact, such as standing between young people or blocking a participant's path, or active physical contact such as leading a participant by the arm out of the classroom. Departmental advice for Foundations is available here:

[Use of reasonable force in schools](#)

- 9.2 Our Foundation will not have a 'no contact' policy as this could leave our staff unable to fully support and protect their young people.
- 9.3 When using reasonable force in response to risks presented by incidents involving children including any with SEN or disabilities, or with medical conditions, staff should consider the risks carefully.
- 9.4 They should also consider their duties under the Equality Act 2010 in relation to making reasonable adjustments, non-discrimination and their Public Sector Equality Duty.
- 9.5 Our Foundation will, by planning positive and proactive behaviour support, for instance through drawing up individual behaviour plans for more vulnerable children, and agreeing them with parents and carers, will reduce the occurrence of challenging behaviour and the need to use reasonable force.

10.0 OUR ROLE IN THE PREVENTION OF ABUSE

- 10.1 We will provide opportunities for young people to develop skills, concepts, attitudes, and knowledge that promote their safety and well-being.
- 10.2 All our policies which address issues of power and potential harm, for example Anti-Bullying, Discrimination, Equal Opportunities, Handling, Positive Behaviour, will be inter-linked to ensure a whole Foundation approach.
- 10.3 Our safeguarding policy cannot be separated from the general ethos of the Foundation which should ensure that young people are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

11.0 WHAT WE WILL DO WHEN WE ARE CONCERNED

- 11.1 Where unmet needs have been identified for a participant but there is no evidence of a significant risk, the DSL will add the participant to our records of children with a safeguarding vulnerability, and support Foundation staff to deliver an appropriate Early Help response.
- 11.2 At this stage, simple reasonable adjustments within the educational setting may be all that is needed to address the unmet needs and after reviewing the participant may need no further response.
- 11.3 Should the professional opinion of the DSL indicate that a multi-agency Early Help response is required in order to meet the unmet safeguarding need, the DSL will generally lead on this.

11.4 If concerns increase a referral to the Multi-Agency Safeguarding Hub (MASH) and Child Protection Team may be required. Local authorities can also refer to these forms as Multi-Agency Referral Forms (MARF). The area DSL will lead on this in the first instance, however other members of the Safeguarding team and Staff may do so as appropriate. (For further information see 'Foundation Procedures, Making a Referral').

13.0 RISK REDUCTION

13.1 The Foundation Trustees, the Foundation Managing Director and the DSL will assess the level of risk within the Foundation and put actions in place to reduce that risk. This may include consideration of the SEND policy, the use of Foundation premises by external agencies, integration of young people by gender identification and special educational needs, anti-bullying policy and other issues specific to the Foundation's profile, community, and philosophy. To this end, we may carry out open-source due diligence checks on all speakers invited to our Foundation.

13.2 This risk assessments will be reviewed as part of the annual policy review undertaken by the Foundation.

RESPONSE

13.3.1 The Foundation has "due regard to the need to prevent people being drawn into terrorism" (section 26, Counter Terrorism and Security Act 2015). This is known as The Prevent Duty. All staff undertake Prevent training every three years.

13.3.2 There is no single way to identify an individual who is likely to be susceptible to an extremist ideology. Specific background factors may contribute to vulnerability, and these are often combined with specific needs for which an extremist group may appear to provide answers, and specific influences such as family, friends and online contacts. The use of social media has become a significant feature in the radicalisation of young people.

13.3.3 Staff within our Foundation will be alerted to changes in a child's behaviour or attitude which could indicate that they are in need of help or protection.

13.3.4 When any member of staff has concerns that a participant may be at risk of radicalisation or involvement in terrorism, they should speak to DSL or Managing Director

13.3.5 Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

14.0 CHILDREN WHO GO MISSING FROM EDUCATION

14.1 A child going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding risks, including abuse and neglect, which may include sexual abuse or

exploitation; child criminal exploitation; mental health problems; substance abuse and other issues. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of them going missing in future.

- 14.2 Our Foundation will request access to two or more emergency contact numbers for each young person. It is good practice to give our Foundation additional options to contact a responsible adult when a child missing education, is also identified as a welfare and/or safeguarding concern.
- 14.3 The Foundation commits to notify the school or college of any participant who fails to attend before 11am within each delivery day, attendances will be reported upon daily.

PART TWO – THE KEY PROCEDURES

16.0 RESPONDING TO A CONCERN

16.1 *Emergency Response*

If a child is at imminent risk of significant harm/immediate danger you should call 999 in the first instance (for police or ambulance).

16.2 Non-Emergency Response

If there is no risk of immediate danger you must notify their education setting and aid with the submission within a maximum 24-hour period, this should be done in consultation with the referring agency or education provision. Details of delivery locations can be found in the links below:

Northamptonshire Local Authority – [MASH](#)
Milton Keynes Local Authority – [MARF](#)

- 16.2.1 Parents/carers should be informed if a referral is being made except if this would increase risk. However, inability to inform parents for any reason should not prevent a referral being made to children’s social care via if you believe the child is at risk of harm. It would then become a joint decision with Children’s Social Care about how and when the parents should be approached and by whom.

HOW TO MAKE A REFERRAL

- 16.1 If it is believed a referral is necessary the Foundation/DSL would consult with the referring agency or education provider, formulate a plan appropriate to the individual needs and inform appropriate agencies jointly or separately as required.
- 16.2 Social Care – submit a referral form of concern unless it is an emergency (see above) via secure email where consideration will be given to the referral via the MASH / MARF screening processes.

- 16.3 Accurately record the action agreed following the referral, including if no further action is to be taken and the reasons for this decision, noting with whom discussions were held.

INVOLVING PARENTS AND CARERS

- 16.5.1 We will discuss any Safeguarding or Child Protection concerns with referring agencies or education providers before approaching other agencies and will seek their consent to making a referral to another agency. However, if the Foundation safeguarding team feel incidents have not been dealt with appropriately then we will make a direct referral.

17. MULTI-AGENCY WORK

- 17.1 We work in partnership with other agencies to promote the best interests of our children as a top priority in all decisions and actions that affect them. The Foundation will, where necessary, liaise with these agencies. Where the child already has a Social Worker or Family Support Worker, the request for support should go immediately to the team involved, or in their absence to their team manager.
- 17.2 The invited DSL will participate in a multi-agency safeguarding strategy meeting, usually by conference phone, adding Foundation held data and intelligence to the discussion so that the best interests of the child are met.
- 17.3 We will co-operate with any Child Protection enquiries conducted by Children's Social Care: The Foundation will ensure representation at appropriate inter-agency meetings such as Our Family Plan, Children in Need, Initial and Review Child Protection Conferences, and Core Group meetings.
- 17.4 We will provide reports as required for these meetings. If the Foundation is unable to attend, a written report will be sent and shared with at least 24 hours prior to the meeting.
- 17.5 Where a young person is subject to an inter-agency Child Protection plan or a multi-agency risk assessment conference (TAC) meeting, the Foundation will contribute to the preparation, implementation, and review of the plan as appropriate.

18. OUR ROLE IN SUPPORTING CHILDREN

- 18.1 Our Foundation staff will offer appropriate support to individual young people who have experienced abuse, who have abused others (peer on peer abuse) or who act as Young Carers in their home situation.
- 18.2 The Foundation would follow a safeguarding action plan devised by involved agencies, implemented, and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings. A copy of the plan will be kept in the child's safeguarding record.
- 18.3 Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the Foundation community through a multi-agency risk assessment. Within our Foundation we will ensure that the needs of

children and young people who abuse others will be considered separately from the needs of their victims.

18.4 We will ensure the Foundation works in partnership with parents / carers and other agencies as appropriate.

19.0 RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF

19.1 This procedure must be used in any case in which it is alleged that a member of staff, Trustee, visiting professional or volunteer has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child; or
- Behaved in a way that indicates s/he is unsuitable to work with children.
- Any actions in line with (Appendix 3)

19.2 Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in Foundation to abuse children.

19.3 All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately.

19.3.1 Allegations or concerns about staff, colleagues and visitors must be reported directly to the Foundation Managing Director who will liaise with the Designated Safeguarding Lead, who will decide on any action required.

19.3.2 If the concern relates to a senior member of staff, it must be reported immediately to the Chair of the Trustee Board, who will liaise with the Designated Safeguarding Lead, and they will decide on any action required.

20.0 CHILDREN WITH ADDITIONAL NEEDS

20.1 Northampton Saints Foundation recognises that all children have a right to be safe. Some children may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug/alcohol abusing parents, etc.

20.2 When the Foundation is considering suspending, either for a fixed term or permanently, a vulnerable participant or one who is the subject of a Child Protection plan or where there is an existing Child Protection file, we will call a multi-agency risk-assessment meeting prior to making the decision to suspend. In the event of a one-off serious incident resulting in an immediate decision to suspend, this will be reported to the Head of Foundation – Jordan Letts.

21.0 LINKS TO ADDITIONAL INFORMATION ABOUT SAFEGUARDING ISSUES AND FORMS OF ABUSE

<http://northamptonshirescb.proceduresonline.com>

21.1 Staff who work directly with children, and their leadership team should refer to this information

21.2 Guidance on children in specific circumstances found in Annex A of KCSIE- 24, and additional resources as listed below:

Issue	Guidance	Source
Abuse	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/	NSPCC
Bullying	https://learning.nspcc.org.uk/child-abuse-and-neglect/bullying	NSPCC
Children and the courts	Standards for children in the youth justice system 2019 (accessible version) - GOV.UK (www.gov.uk)	Safeguarding Network
Missing from Education, Home or Care	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care_3_.pdf	Department for Education
Family Members in prison	https://www.nicco.org.uk/	Barnardo's in partnership with Her Majesty's Prison and Probation service (HMPPS) advice
Drugs	https://www.pshe-association.org.uk/curriculum-and-resources/resources/drug-and-alcohol-education-%E2%80%94-teacher-guidance	DfE & ACPO
Domestic Abuse	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/	NSPCC
Child Exploitation	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/	NSPCC
Homelessness	https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities	Department for Levelling Up
Health & Wellbeing	https://learning.nspcc.org.uk/child-health-development/promoting-mental-health-wellbeing	NSPCC
On-line safety	https://www.saferinternet.org.uk/	UK Safer Internet Centre
Private fostering	https://www.gov.uk/government/publications/children-act-1989-private-fostering	Home Office
Radicalisation	https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/protecting-children-from-radicalisation/	NSPCC
Serious Violence	https://www.gov.uk/government/publications/serious-violence-strategy	Home Office
Gangs and Youth Violence	https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy	Home Office
Mental Health	https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/	NSPCC

APPENDIX 1

DEFINITIONS AND INDICATORS OF ABUSE

1. NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment.

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor Foundation attendance or often late for Foundation ;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from Foundation; or
- The child is left at home alone or with inappropriate carers.

2. PHYSICAL ABUSE

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or

- Isolation from peers.

3. SEXUAL ABUSE

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

4. EXPLOITATION

Child Sexual Exploitation occurs when a participant, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/participant performing sexual activities, or another person performing sexual activities on the child/participant.

The presence of any significant indicator for sexual exploitation should trigger a referral to Local Authority/ Children’s Trust Children’s Trust. The significant indicators are:

- Having a relationship of concern with a controlling adult or participant (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast-food outlets.
- Missing for periods of time (CSE and County Lines)

5. EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. 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.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. RESPONSES FROM PARENTS/CARERS

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household;

- Evidence of coercion and control.

7. DISABLED CHILDREN

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

APPENDIX 2

DEALING WITH A DISCLOSURE OF ABUSE

When a participant tells me about abuse, they have suffered, what should I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell them you are pleased they are speaking to you.
- Never enter into a pact of secrecy with the child. Assure them that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell them that you believe them. Children very rarely lie about abuse; but they may have tried to tell others and not been heard or believed.
- Tell the child that it is not their fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that they have a right to be safe and protected.
- Do not tell the child that what they experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what they have told you. It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.
- If the disclosure relates to a physical injury do not photograph the injury but record in writing as much detail as possible.

NB, it is disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards

You should not deal with this yourself. Clear indications or disclosure of abuse must be reported to Local Authority/ Children's Trust without delay, by the Foundation Managing Director, DSL or in exceptional circumstances by the staff member who has raised the concern.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a participant who has been abused can be traumatic for the adults involved. Support for you will be available from your DSL or Head Teacher/Principal.

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APPENDIX 3

ALLEGATIONS ABOUT A MEMBER OF STAFF, TRUSTEE OR VOLUNTEER

1. Inappropriate behaviour by staff/volunteers could take the following forms:
 - **Physical**
For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling.
 - **Emotional**
For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.
 - **Sexual**
For example, sexualised behaviour towards a participant, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault and rape.
 - **Neglect**
For example, failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
 - **Spiritual Abuse**
For example, using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.
2. If a child makes an allegation about a member of staff, Trustee, visitor or volunteer the Foundation Managing Director must be informed immediately. The Foundation Managing Director must carry out an urgent initial consideration in order to establish whether there is substance to the allegation.
3. The Foundation Managing Director should exercise and be accountable for their professional judgement on the action to be taken as follows:
 - If the actions of the member of staff, and the consequences of the actions, raise credible Child Protection concerns the Foundation Managing Director will notify the Children's Trust Designated Officer. The Designated Safeguarding Lead will liaise with the Chair of Trustees and advise about action to be taken and may initiate internal referrals within Local Authority/ Children's Trust Children's Trust to address the needs of children likely to have been affected.
 - If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the participant. These should be addressed through the Foundation's own internal procedures.
 - If the Foundation Managing Director decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child safeguarding file. The allegation should be removed from personnel records.
4. Where an allegation has been made against the Foundation Managing Director, then the Chair of the Trustee Board takes on the role of liaising with the Designated Safeguarding Lead in determining the appropriate way forward. For details of this specific procedure see the Section on **Allegations against Staff and Volunteers** in the Procedures of Local Authority/ Children's Trust Safeguarding Children Board.