

Safeguarding and Child Protection Policy

Founder	Freya Howard
Staff members with responsibilities	Designated Safeguarding Lead (DSL): Freya Howard
Dates adopted by Play Refuge	Spring 2026
Date for policy review	Spring 2027 (Unless new legislation or incident review requires amendment)

Important contacts

Role/Organisation	NAMES	Contact details
Overall Designated Safeguarding Lead (DSL)	Freya Howard	freya@playrefuge.co.uk
Warwickshire Family Connect		01926 414144 (Monday to Thursday, 8.30am to 5.30pm and Friday, 8.30am to 5.00pm) 01926 886922 (out of hours) https://www.warwickshire.gov.uk/childprotection
Local authority designated officer (LADO) team		01926 745376 lado@warwickshire.gov.uk
If you have an urgent child safeguarding concern,	Family Connect	Please call Family Connect on 01926 414144 and choose the professional option. Lines are open from: - Monday to Thursday: 9:00am – 5:30pm - Friday: 9am – 5:00pm
Channel helpline (prevent strategy)	Channel	020 7340 7264

1. Overview

1.1 Safeguarding¹ is at the heart of what we do and fundamental to our existence as a play therapy provider. We are ambassadors for play therapy and for safeguarding. We know what to do if we have concerns about a child².

1.2 The purpose of this policy is to set out the Play Refuge's approach to safeguarding children.

1.3 It applies to everyone working and volunteering for Play Refuge or acting for or on our behalf and provides the framework to help us safeguard children. It describes some corporate and directorate safeguarding responsibilities so that you know who to ask for decisions or advice when you need to.

2. Our approach to safeguarding

The Play Refuge has adopted the Child Safe Organisation framework as a driver for embedding a safeguarding culture through the Society. This enables us to promote a culture of openness and trust and ensures that safeguarding is at the heart of everything we do.

Our Child Safe Organisation framework is based on principles. These are informed by the United Nations Convention on the Rights of the Child, relevant legislation, and guidance, and by the Play Refuge's values, behaviours and understanding of best practice.

CHILD SAFE ORGANISATION PRINCIPLES

- o **Safeguarding children comes first and is embedded in organisational leadership, governance, and culture** – This means the best interests of the child are paramount in considerations about their welfare and protection, including when to maintain confidence and when to share information about them.
- o **Children are listened to, informed about their rights, participate in decisions affecting them and are taken seriously** – Children have a right to participate in decisions about their lives. Their views, wishes, feelings and experiences are evident in our work with them.
- o **Families and communities are informed about and involved in promoting the safeguarding of children and young people** – Working together with children and young people, their parents, carers, and other agencies is

¹ Definitions: Safeguarding children is the action we taken to promote the welfare (or wellbeing) of children and protect them from harm. Child protection is part of the safeguarding continuum and focusses on the activity that is undertaken to protect individual children identified as suffering or likely to suffer significant harm.

² Child: This policy is in respect of all children. A child includes babies, children, and young people from pre-birth up to 18 years. In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the Children and Young People (Scotland) Act 2014, includes all children and young people up to the age of 18. Where a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each person's needs and circumstances.

essential to promoting children's welfare and wellbeing and ensuring their protection.

- o **Equality is upheld, and diverse needs are respected in policy and practice** – All children have a right to protection from harm and abuse, regardless of age, ability, gender, racial heritage, religious beliefs, sexual orientation, identity, or additional vulnerabilities, including protected characteristics.
- o **People working for us are suitable and supported to promote the safeguarding of children in their work** – All those who work for or on behalf of Play Refuge, including staff and volunteers, are required to abide by the organisation's safeguarding policies, including the Code of Conduct.
- o **Staff and volunteers are equipped with the knowledge, skills, and awareness to safeguard children and young people through ongoing learning and training** – All staff and volunteers are required to complete local authority mandatory safeguarding training.
- o **Policies and procedures document how the organisation is safe for children and young people, physically and online** – There is a suite of policies, procedures and guidance that is monitored, reviewed and updated every year.

3. Definitions

Safeguarding and promoting the welfare of children means:

- 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
- Taking action to enable all children to have the best outcomes

Child protection is part of this definition and refers to activities undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Abuse is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and 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. Appendix 1 defines neglect in more detail.

Sharing of nudes and semi-nudes (also known as sexting or youth-produced sexual imagery) is where children share nude or semi-nude images, videos or live streams. This also includes

pseudo-images that are computer-generated images that otherwise appear to be a photograph or video.

Children include everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- **The local authority:** Warwickshire County Council
- **The integrated care board:** NHS Coventry and Warwickshire Integrated Care Board
- **The chief officer of police:** David Gardner, Acting Chief Constable of Warwickshire Police

Victim is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim or would want to be described that way. When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.

Alleged perpetrator(s) and **perpetrator(s)** are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour can be harmful to the perpetrator too. We will decide what's appropriate and which terms to use on a case-by-case basis.

4. The 'building blocks' of our safeguarding work

Play Refuge safeguarding comprises the following seven key areas of activity referred to as our building blocks:

CULTURE AND VALUES

Safeguarding is at the heart of the culture and values of the Play Refuge. Our culture supports, enables, and mandates our approach to safeguarding. Our values embody our charity and reflect what we stand for. Value-based framework sets out what we do for children and young people and the expectations of staff and volunteers.

Our Child Safe Organisation framework acts as a driver to embed a safeguarding culture across the whole organisation.

Lead director: Founder

SAFE RECRUITMENT

We apply a fair and consistent approach to recruitment to draw our workforce from the widest pool and select the best people on merit. As an organisation committed to safeguarding children and young people at risk, we have a robust recruitment policies and procedures to ensure that we appoint staff and volunteers that are

appropriately qualified and have the skills and knowledge to deliver a quality service. It minimises the risk of engaging anyone, as a staff member or volunteer, who may pose a risk to children and young people.

Lead director: Founder

EFFECTIVE POLICIES PROCEDURES AND GUIDANCE

We have safeguarding policies, procedures and guidance that set out the Play Refuge's expectations of staff and volunteers. These are reviewed and updated every year. Policies reflect new learning and are consistent with best safeguarding practice and legislation and guidance across the England.

Lead director: Founder

COMPETENT & CONFIDENT WORKFORCE

We provide mandatory safeguarding induction and refresher training and role-specific training. This includes the training and the development of our workforce within professional regulatory requirements. We ensure that our frontline and specialist staff and volunteers have the skills they require, and we support everyone in the NSPCC to trust their judgement and act on safeguarding concerns.

Lead director: Founder

ACTIVELY MANAGING SAFEGUARDING RISK

Managing risk is central to how we safeguard children and young people through our local services and helplines. We monitor safeguarding risk through our quality assurance processes, with overall responsibility for managing safeguarding as a strategic risk resting with the founder.

SUPERVISION AND ONE-TO-ONE MEETINGS

There is an expectation that all supervision and one-to-one meetings include safeguarding, proportionate to the role undertaken by staff and volunteers.

Lead director: Founder

5. Corporate policies and procedures, including mandatory reading

In addition to this policy, all staff and volunteers must read and understand the following corporate safeguarding policies and procedures and guidance.

THE MANDATORY READS ARE:

What to do if you have concerns about a child procedure

Code of Conduct

OTHER SIGNIFICANT SAFEGUARDING POLICIES, PROCEDURES AND GUIDANCE ARE:

Female Genital Mutilation Policy Procedure and Guidance

Online Safety Guidance

Radicalisation and Extremism Guidance

In addition to these corporate policies, procedures and guidance the founder may require staff and volunteers to read and understand their specific safeguarding procedures.

6. Roles and responsibilities

Safeguarding and child protection are **everyone's** responsibility. This policy applies to all current and future staff and volunteers in Play Refuge community and is consistent with local procedures.

All staff:

- must read, understand and the relevant parts of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually. All staff who work directly with children must read Part 1 and Annex B, with non-child facing staff in some circumstances just being advised to read the abridged Annex A.
- will sign a declaration annually to say that they have reviewed the guidance.

All staff will be aware of:

- Our systems which support safeguarding, including this safeguarding and child protection policy, the staff code of conduct, and the role and identity of the Designated Safeguarding Lead (DSL).
- The early support process in Warwickshire and their role in it, including identifying emerging needs, liaising with the DSL or Lead Deputy DSL, and sharing information with other professionals to support early identification, assessment and coordinated support.
- The process for making referrals to Warwickshire Family Connect where a child may need safeguarding support, statutory assessment or other targeted services, including the role they might be expected to play.
- **Contacting Warwickshire Family Connect on 01926 414144 (Monday to Thursday, 8.30am to 5.30pm and Friday, 8.30am to 5.00pm) or 01926 886922 (out of hours)**
<https://www.warwickshire.gov.uk/childprotection>

- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child-on-child abuse, child sexual exploitation (CSE), child criminal exploitation (CCE), indicators of being at risk from or involved with serious violent crime, FGM, radicalisation and serious violence (including that linked to county lines).
- New and emerging threats, including online harm, grooming, sexual exploitation, criminal exploitation, radicalisation, and the role of technology and social media in presenting harm.
- The importance of reassuring victims that they are being taken seriously and that they will be supported and kept safe.
- The fact that children who are (or who are perceived to be) lesbian, gay, bisexual or gender questioning (LGBTQ+) can be targeted by other children.
- The fact that children can be at risk of harm inside and outside of their home, at school and online.
- That a child and their family may be experiencing multiple needs at the same time.
- What to look for to identify children who need help or protection.

6.1 The designated safeguarding lead (DSL)

The Designated Safeguarding Lead (DSL) for Play Refuge is Freya Howard, who is also the Founder.

- The DSL has lead responsibility for child protection and wider safeguarding across Play Refuge.
- The DSL takes lead responsibility for child protection and wider safeguarding in Play Refuge.
- The DSL will be given the time, funding, training, resources and support to:
- Provide advice and support to other staff on child welfare and child protection matters.
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so.
- Contribute to the assessment of children.
- Refer suspected cases, as appropriate, to the relevant body (Warwickshire Family Connect, the Channel programme, the Disclosure and Barring Service, and/or the police), and support staff who make such referrals directly.
- Have a good understanding of harmful sexual behavior
- liaise with local authority case managers and designated officers for child protection concerns as appropriate.
- Be confident that they know what local specialist support is available to support all children involved (including victims and alleged perpetrators) in sexual violence and sexual harassment and be confident as to how to access this support.

- Be aware that children must have an ‘appropriate adult’ to support and help them in the case of a police investigation or search.

7. Confidentiality

Play Refuge has a separate Data Protection policy to which staff are expected to adhere, and which sets out the general operation of personal data handling.

With specific regard to safeguarding, staff should be aware of the following points which informs Play Refuge’s approach to confidentiality:

Timely information sharing is essential to effective safeguarding

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children

The Data Protection Act (DPA) 2018 and UK GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe

If staff need to share ‘special category personal data’, the DPA 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information without consent:

- if it is not possible to gain consent
- it cannot be reasonably expected that a practitioner gains consent
- if gaining consent would place a child at risk

Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child’s best interests. Be sensitively honest about with whom the information will need to be shared in the first instance.

If a victim of sexual violence or sexual harassment asks you not to tell anyone:

- There’s no definitive answer, because even if a victim doesn’t consent to sharing information, staff may still lawfully share it if there’s another legal basis under the UK GDPR that applies.
- The DSL will have to balance the victim’s wishes against their duty to protect the victim and other children.
- The DSL should consider the following:
 - Parents or carers should normally be informed (unless this would put the victim at greater risk).
 - The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to Warwickshire Family Connect.
 - Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. While the age of criminal responsibility

is 10, if the alleged perpetrator is under 10, the starting principle of referring to the police remains.

Regarding anonymity, all staff will:

- Be aware of anonymity, witness support and the criminal process in general where an allegation of sexual violence or sexual harassment is progressing through the criminal justice system.
- Do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, for example, carefully considering which staff should know about the report and any support for children involved.
- Consider the potential impact of social media in facilitating the spreading of rumours and exposing victims' identities.

The government's [information sharing advice for safeguarding practitioners](#) for sharing information, and will support staff who have to make decisions about sharing information

If staff are in any doubt about sharing information, they should speak to the DSL.

8. Recognising abuse and taking action

All staff are expected to be able to identify and recognise all forms of abuse, neglect and exploitation and shall be alert to the potential need for early help for a child who:

- Is disabled
- Has additional needs, developmental needs, or disabilities that may increase vulnerability
- Is a young carer
- Is bereaved
- Is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- Is frequently missing from home, care, education or other services
- Is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- Is at risk of being radicalised or exploited
- Is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse

- Is misusing drugs or alcohol
- Is suffering from mental ill health
- Has returned home to their family from care
- Is at risk of so-called 'honour'-based abuse such as female genital mutilation (FGM) or forced marriage
- Is a privately fostered child
- Has a parent or carer in custody or is affected by parental offending
- Is not in receipt of suitable education or is missing from education

Follow the procedures set out below in the event of a safeguarding issue.

Please note – in this and subsequent sections, you should take any references to the DSL.

8.1 If a child is suffering or likely to suffer harm, or is in immediate danger

Report the situation to the DSL straight away, who will support you in making a referral. If the harm or danger is immediate, make a referral to **Warwickshire Family Connect** and/or the police straight away. **Anyone can make a referral**, not just a DSL.

Tell the DSL (see section 5.2) as soon as possible if you make a referral directly.

Referrals should be made to Warwickshire Family Connect by phoning 01926 414144 (Monday to Thursday, 8.30am to 5.30pm and Friday, 8.30am to 5.00pm). Outside these hours, contact the Emergency Duty Team on 01926 886922.

<https://www.warwickshire.gov.uk/childprotection>

If you are aware a child may live out of area, you can enter their home postcode at this link and will be provided with the correct phone number for making a referral:

<https://www.gov.uk/report-child-abuse-to-local-council>

8.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you may need to pass the information on in order to keep them safe. Do not promise to keep it a secret. If helpful, remind them of the confidentiality agreement in language they will understand, for example: "Do you remember me saying that everything said or that happens in this playroom is

private, but not a secret? You can choose whether to tell other people about these sessions, but I will not be telling other people about these sessions with others, unless I am worried about your safety or someone else's safety, when I may need to talk to a trusted adult. That may need to happen today."

- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it
- Sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate, make a referral to Warwickshire Family Connect and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so. Aside from these people, do not disclose the information to anyone else unless told to do so by a relevant authority involved in the safeguarding process.

Bear in mind that some children may:

- Not feel ready, or know how to tell someone that they are being abused, exploited or neglected
- Not recognise their experiences as harmful
- Feel embarrassed, humiliated or threatened. This could be due to their vulnerability, disability, sexual orientation and/or language barriers
- None of this should stop you from having a 'professional curiosity' and speaking to the DSL if you have concerns about a child.

8.3 If you discover that FGM has taken place or a child is at risk of FGM

Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a child has already been subjected to FGM, and factors that suggest a child may be at risk, are set out in appendix 4 of this policy.

Any therapist who either:

- Is informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

Must immediately report this to the police, personally. This is a mandatory statutory duty for teachers. At Play Refuge, therapists and other staff must also follow this policy, speak to the DSL without delay, and make any required safeguarding referral.

Unless they have been specifically told not to disclose by the police or social care, they should also discuss the case with the DSL and contact Warwickshire Family Connect as appropriate.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a **child under 18** must speak to the DSL and follow our local safeguarding procedures.

The duty for therapists mentioned above does not apply in cases where a child is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine children.

Any member of staff who suspects a child is *at risk* of FGM or suspects that FGM has been carried out should speak to the DSL, follow our local safeguarding procedures and contact Warwickshire Family Connect as appropriate.

8.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer harm, or is in immediate danger)

Figure 1 below, before section 7.7, illustrates the procedure to follow if you have any concerns about a child's welfare.

Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Seek advice from Warwickshire Family Connect and, where necessary, take immediate protective action. You can also seek advice at any time from the NSPCC helpline on 0808 800 5000. Share details of any actions you take with the DSL as soon as practically possible.

Early help assessment

If early support is identified as appropriate for a child with unmet needs, and there is no evidence that the child is suffering or likely to suffer significant harm, the DSL will oversee an appropriate early support response in line with Warwickshire's Spectrum of Support and local Families First arrangements.

The child or young person's voice must remain central to all assessment, planning and review, with practice focused on identifying strengths, needs and the support required.

In Warwickshire, early support is recorded through the Early Support and Family Help Assessment guidance, with the level of assessment guided by the child's needs and concerns.

Staff may be required to contribute to an early support assessment and plan, share information with other professionals, and in some cases take on the role of lead practitioner where this is appropriate.

Play Refuge will work with Warwickshire's safeguarding partners and other relevant agencies in line with local arrangements to ensure children receive the right support, from the right service, at the right time.

If a higher level of support is needed, including targeted family help or a statutory social care response, the DSL will consult with or refer to Warwickshire Family Connect and seek advice as appropriate.

The DSL will then oversee the agreed support from Play Refuge as part of the multi-agency safeguarding response and any ongoing organisation-based support for the child and family.

The DSL will keep the case under review and, if the child's situation is not improving or risk increases, will consider further consultation with or referral to Warwickshire Family Connect. Timescales, actions and outcomes will be monitored and reviewed.

Referral

- If a child is in immediate danger, the police should be contacted.
- Otherwise, if it is appropriate to refer the case, this should be done to Warwickshire Family Connect. A member of the DSL team will make the referral or support you to do so.
- If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.
- Warwickshire Family Connect will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up if this information is not made available, and ensure outcomes are properly recorded.

If, following contact with Warwickshire Family Connect, it is identified that the child or family needs either targeted family help or a statutory social care response, the DSL will provide the required information promptly and support any agreed next steps.

If the child's situation does not seem to be improving after the referral, the DSL who made the referral must follow the local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

If the child's situation does not seem to be improving after the referral, the DSL who made the referral must follow Warwickshire's safeguarding escalation procedures to ensure concerns are addressed and the child's situation improves.

Safeguarding Children

8.5 If you have concerns about extremism

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Seek advice from Warwickshire Family Connect and make a referral directly if appropriate (see 'Referral' above). Inform the DSL as soon as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include the police, [Channel](#), the government's programme for identifying and supporting individuals at risk of becoming involved with or supporting terrorism, or Warwickshire Family Connect.

The DfE also has a dedicated telephone helpline, 020 7340 7264, which staff can call to raise concerns about extremism in relation to a child. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

8.6 If you have a concern about mental health

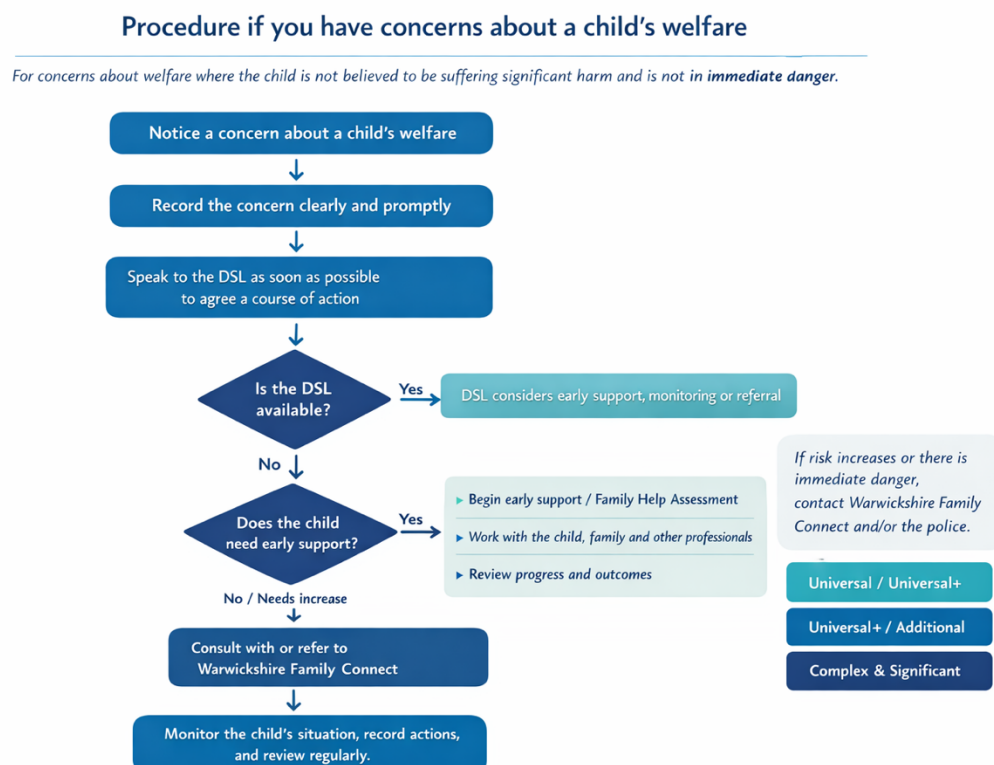
Mental health concerns can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff will be alert to behavioural signs that suggest a child may be experiencing a poor mental health or be at risk of developing one.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action.

If you have a mental health concern that is **not** also a safeguarding concern, speak to the DSL to agree a course of action.

Figure 1. Procedure if you have concerns about a child's welfare (as opposed to believing a child is suffering or likely to suffer harm, or is in immediate danger)



8.7 Concerns about a staff member or volunteer

If you have concerns about a member of staff, or an allegation is made that a member of staff poses a risk of harm to children, speak to the Founder as soon as possible. If the concerns or allegations are about the DSL, follow the escalation route set out in the Staff Code of Conduct and the local authority procedures.

The DSL will then follow the procedures set out in the Staff Code of Conduct if appropriate.

Where you believe there is a conflict of interest in reporting a concern or allegation about a member of staff to the DSL report it directly to the Warwickshire LADO team (see 'Important Contacts' above).

8.8 Notifying parents or carers

Where appropriate, we will discuss any concerns about a child with the child's parents or carers as part of Warwickshire's early support and safeguarding arrangements. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents or carers about any such concerns following consultation with the DSL.

If we believe that notifying the parents or carers would increase the risk to the child, we will discuss this with Warwickshire Family Connect before doing so.

9. Children with a social worker

Children may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm and can affect wellbeing, relationships, emotional regulation and engagement with services.

The DSL and all members of staff will work with and support social workers to help protect vulnerable children.

Where we are aware that a child has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the child's safety, welfare and overall outcomes. For example, it will inform decisions about:

Responding to unauthorised absence or missing sessions where there are known safeguarding risks

10. Children who are lesbian, gay, bisexual or gender questioning

We recognise that Children who are (or who are perceived to be) lesbian, gay, bisexual or gender questioning (LGBTQ+) can be targeted by other children.

We also recognise that LGBTQ+ children are more likely to experience poor mental health. Any concerns should be reported to the DSL.

When families/carers are making decisions about support for gender questioning children, they should be encouraged to seek clinical help and advice. This should be done as early as possible when supporting pre-pubertal children.

When supporting a gender questioning child, we will take a cautious, child-centred approach and consider any wider vulnerabilities, including mental health, neurodevelopmental needs, and safeguarding risks.

We will also consider the broad range of the child's individual needs, in partnership with their parents or carers where appropriate, and with any relevant professional advice where available.

Risks can be compounded where children lack trusted adults with whom they can be open. We therefore aim to reduce the additional barriers faced.

11. Complaints and concerns about Play Refuge safeguarding policies

11.1 Complaints against staff

Complaints against staff that are likely to require a child protection investigation and will be handled in accordance with our procedures for dealing with allegations of abuse made against staff, set out in the Staff Code of Conduct Policy.

11.2 Other complaints

Other complaints relating to safeguarding will be managed in line with Play Refuge's Complaints Policy. Members of staff receiving such a complaint must ensure that the DSL is made aware of the complaint at Stage 1 so that they can oversee the complaint's resolution from the outset.

11.3 Whistle-blowing

The safeguarding of children is the utmost priority. Staff are reminded that if their concern relates to insufficient action over a child safeguarding concern and they have already raised their concerns with the DSL, they can make direct contact themselves with Social services (see section 7.4 above). Likewise, if staff's concern relates to the conduct of a member of staff from a safeguarding perspective, then the procedures in section 7.7 should be followed.

12. Record-keeping

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Any paper records are held in a locked filing cabinet in the office of the Founder.

Records will include:

- A clear and comprehensive summary of the concern

- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome

Any hard-copy records relating to concerns and referrals will be kept in a locked filing cabinet in the Founder's office and disposed of in accordance with UK GDPR.

Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

13. Training

16.1 All staff

All staff members will undertake safeguarding and child protection training at induction, to ensure they understand Play Refuge's safeguarding systems and their responsibilities, and can identify signs of possible abuse, exploitation or neglect.

All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of becoming involved with or supporting terrorism, and to challenge extremist ideas.

Staff will also receive regular safeguarding and child protection updates, including on online safety, as required but at least annually (for example, through emails and staff meetings).

Volunteers will receive appropriate training, if applicable.

Appendix 1. Types of abuse

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by 1 definition or label. In most cases, multiple issues will overlap.

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.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse 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

Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate

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

Seeing or hearing the ill-treatment of another

Serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

Physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing

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.

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 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)

Ensure access to appropriate medical care or treatment

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

Appendix 2. Specific safeguarding issues

Assessing adult-involved nude and semi-nude sharing incidents

All adult-involved nude and semi-nude image sharing incidents are child sexual abuse offences and must immediately be referred to police/social care. However, as adult-involved incidents can present as child-on-child nude/semi-nude sharing, it may be difficult to initially assess adult involvement.

There are two types of common adult-involved incidents: sexually motivated incidents and financially motivated incidents.

Sexually motivated incidents

In this type of incident, an adult offender obtains nude and semi-nudes directly from a child or young person using online platforms.

To make initial contact, the offender may present as themselves or use a false identity on the platform, sometimes posing as a child or young person to encourage a response and build trust. The offender often grooms the child or young person on social media, in chatrooms or on gaming platforms, and may then move the conversation to a private messaging app or an end-to-end encrypted (E2EE) environment where a request for a nude or semi-nude is made. To encourage the child or young person to create and share nude or semi-nude, the offender may share pornography or child sexual abuse material (images of other young people), including AI-generated material.

Once a child or young person shares a nude or semi-nude, an offender may blackmail the child or young person into sending more images by threatening to release them online and/or send them to friends and family.

Potential signs of adult-involved grooming and coercion can include the child or young person being:

- Contacted by an online account that they do not know but appears to be another child or young person
- Quickly engaged in sexually explicit communications, which may include the offender sharing unsolicited images
- Moved from a public to a private/E2EE platform
- Coerced/pressured into doing sexual things, including creating nudes and semi-nudes
- Offered something of value such as money or gaming credits
- Threatened or blackmailed into carrying out further sexual activity. This may follow the child or young person initially sharing the image or the offender sharing a digitally manipulated image of the child or young person to extort 'real' images

Financially motivated incidents

Financially motivated sexual extortion (often known as 'sextortion') is an adult-involved incident in which an adult offender (or offenders) threatens to release nudes or semi-nudes of a child or young person unless they pay money or do something else to benefit them.

Unlike other adult-involved incidents, financially motivated sexual extortion is usually carried out by offenders working in sophisticated organised crime groups (OCGs) overseas and are only motivated by profit. Adults are usually targeted by these groups too.

Offenders will often use a false identity, sometimes posing as a child or young person, or hack another young person's account to make initial contact. To financially blackmail the child or young person, they may:

- Groom or coerce the child or young person into sending nudes or semi-nudes and financially blackmail them
- Use images that have been stolen from the child or young person taken through hacking their account
- Use digitally manipulated images, including AI-generated images, of the child or young person
- The offender may demand payment or the use of the victim's bank account for the purposes of money laundering.
- Potential signs of adult-involved financially motivated sexual extortion can include the child or young person being:
- Contacted by an online account that they do not know but appears to be another child or young person. They may be contacted by a hacked account of a child or young person
- Quickly engaged in sexually explicit communications which may include the offender sharing an image first
- Moved from a public to a private/E2EE platform
- Pressured into taking nudes or semi-nudes
- Told they have been hacked and they have access to their images, personal information and contacts
- Blackmailed into sending money or sharing bank account details after sharing an image or the offender sharing hacked or digitally manipulated images of the child or young person

Children who are absent from education

A child being absent from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.

There are many circumstances where a child may be absent or become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect

- Are at risk of forced marriage or FGM
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families

We will follow our procedures for unauthorised absence and for dealing with children who are absent from education, particularly on repeat occasions, to help identify the risk of abuse, exploitation and neglect, including sexual exploitation, and to help prevent the risks of going missing in future.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being absent, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering harm or neglect, we will follow local child protection procedures, including making an immediate referral to Warwickshire Family Connect and the police if the child is suffering or likely to suffer significant harm, or is in immediate danger.

Child criminal exploitation

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity. It may involve an exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Suffering from changes in emotional wellbeing
- Misusing drugs and alcohol
- Going missing for periods of time or regularly coming home late
- Regularly missing school or education

- Not taking part in education

If a member of staff suspects CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Child sexual exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity. It may involve an exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- Having an older boyfriend or girlfriend
- Suffering from sexually transmitted infections or becoming pregnant

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Child-on-child abuse

Child-on-child abuse is when children abuse other children. This type of abuse can take place inside and outside of school. It can also take place both face-to-face and online and can occur simultaneously between the 2.

Child-on-child abuse is when children abuse other children. This type of abuse can take place in many settings, including within services, in the community, and online. It can occur face-to-face and online and can happen simultaneously between the two.

Bullying (including cyber-bullying, prejudice-based and discriminatory bullying)

- Abuse in intimate personal relationships between children (this is sometimes known as 'teenage relationship abuse')
- Physical abuse such as 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)
- 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 nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim 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)
- Where children abuse their peers online, this can take the form of, for example, abusive, harassing, and misogynistic messages; the non-consensual sharing of indecent images, especially around chat groups; and the sharing of abusive images and pornography, to those who don't want to receive such content.

If staff have any concerns about child-on-child abuse, or a child makes a report to them, they will follow the procedures set out in section 7 of this policy, as appropriate.

When considering instances of harmful sexual behaviour between children, we will consider their ages and stages of development. We recognise that children displaying harmful sexual behaviour have often experienced their own abuse and trauma and will offer them appropriate support.

Domestic abuse

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse (abuse in intimate personal relationships between children) and child/adolescent to parent violence and abuse. It can be physical, sexual, financial,

psychological or emotional. It can also include ill treatment that isn't physical, as well as witnessing the 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.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socioeconomic status, sexuality or background, and domestic abuse can take place inside or outside of the home. Children who witness domestic abuse are also victims.

Older children may also experience and/or be the perpetrators of domestic abuse and/or violence in their own personal relationships. This can include sexual harassment.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children and affect their health, wellbeing, development and ability to learn.

The DSL will provide support according to the child's needs and update records about their circumstances.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The DSL deputies will be aware of contact details and referral routes into the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to local authority children's social care.

So-called 'honour-based' abuse (including FGM and forced marriage)

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing.

Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBA or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

FGM

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a child is at risk of FGM.

Indicators that FGM has already occurred include:

A child confiding in a professional that FGM has taken place

A mother/family member disclosing that FGM has been carried out

A family or child already being known to social care in relation to other safeguarding issues

A girl:

- Having difficulty walking, sitting or standing, or looking uncomfortable
- Finding it hard to sit still for long periods of time (where this was not a problem previously)
- Spending longer than normal in the bathroom or toilet due to difficulties urinating
- Having frequent urinary, menstrual or stomach problems
- Avoiding physical exercise or missing PE
- Being repeatedly absent from school, or absent for a prolonged period
- Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
- Being reluctant to undergo any medical examinations
- Asking for help, but not being explicit about the problem
- Talking about pain or discomfort between her legs

Potential signs that a child may be at risk of FGM include:

The girl's family having a history of practising FGM (this is the biggest risk factor to consider)

FGM being known to be practised in the girl's community or country of origin

A parent or family member expressing concern that FGM may be carried out

A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues

A girl:

- Having a mother, older sibling or cousin who has undergone FGM
- Having limited level of integration within UK society

- Confiding to a professional that she is to have a “special procedure” or to attend a special occasion to “become a woman”
- Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents/carers stating that they or a relative will take the girl out of the country for a prolonged period
- Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
- Being unexpectedly absent from school
- Having sections missing from her ‘red book’ (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of 1 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 can be physical or emotional and psychological.

It is also illegal to cause a child under the age of 18 to marry, even if violence, threats or coercion are not involved.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the ‘1 chance’ rule, i.e. we may only have 1 chance to speak to the potential victim and only 1 chance to save them.

If a member of staff suspects that a child is being forced into marriage, they will speak to the child about their concerns in a secure and private place where appropriate. They will then report this to the DSL.

The DSL will:

- Speak to the child about the concerns in a secure and private place, where appropriate
- Activate the local safeguarding procedures and refer the case to Warwickshire Family Connect or other relevant agencies as appropriate
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or fm@fco.gov.uk

Preventing radicalisation

Radicalisation refers to the process of a person legitimising support for, or use of, terrorist violence

Extremism is the promotion or advancement of an ideology based on violence, hatred or intolerance, that aims to:

- Negate or destroy the fundamental rights and freedoms of others; or
- Undermine, overturn or replace the UK's system of liberal parliamentary democracy and democratic rights; or
- Intentionally create a permissive environment for others to achieve the results outlined in either of the above points

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 of terrorism 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.

There is no single way of identifying an individual who is likely to be susceptible to radicalisation into terrorism. Radicalisation can occur quickly or over a long period.

Staff will be alert to changes in pupils' behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a pupil is being radicalised can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use

- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

If staff are concerned about a pupil, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Staff should **always** take action if they are worried.

Sexual violence and sexual harassment between children

Sexual violence and sexual harassment can occur:

Between 2 children of any age and sex

Through a group of children sexually assaulting or sexually harassing a single child or group of children

Online and face to face (both physically and verbally)

Sexual violence and sexual harassment exist on a continuum and may overlap.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school.

If a victim reports an incident, it is essential that staff make sure they 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 any form of abuse or neglect. Nor should a victim ever be made to feel ashamed for making a report.

When supporting victims, staff will:

- Reassure victims that the law on child-on-child abuse is there to protect them, not criminalise them
- Regularly review decisions and actions, and update policies with lessons learnt
- Look out for potential patterns of concerning, problematic or inappropriate behaviour, and decide on a course of action where we identify any patterns

- Consider if there are wider cultural issues within the school that enabled inappropriate behaviour to occur and whether revising policies and/or providing extra staff training could minimise the risk of it happening again
- Remain alert to the possible challenges of detecting signs that a child has experienced sexual violence, and show sensitivity to their needs

Some groups are potentially more at risk. Evidence shows that girls, children with SEN and/or disabilities, and lesbian, gay, bisexual and transgender (LGBT) children are at greater risk.

Staff should be aware of the importance of:

- Challenging inappropriate behaviours
- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- Challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them

If staff have any concerns about sexual violence or sexual harassment, or a child makes a report to them, they will follow the procedures set out in section 7 of this policy, as appropriate. In particular, section 7.8 and 7.9 set out more detail about our school's approach to this type of abuse.

Serious violence

Indicators which may signal that a child is at risk from, or involved with, serious violent crime may include:

- Increased absence from school
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self-harm or a significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts or new possessions (this could indicate that the child has been approached by, or is involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation (see above))
- Risk factors which increase the likelihood of involvement in serious violence include:
 - Being male
 - Having been frequently absent or permanently excluded from school
 - Having experienced child maltreatment
 - Having been involved in offending, such as theft or robbery

Staff will be aware of these indicators and risk factors. If a member of staff has a concern about a child being involved in, or at risk of, serious violence, they will report this to the DSL.

