

RLE Safeguarding Policy

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RLE Mission Statement

Real Life Education (RLE) provides a focus on a child's wellbeing through improving their future outcomes. This is achieved by placing an emphasis on developing a young person's resilience and wellbeing through educational opportunities, establishing prosocial support networks and increasing positive relationships through professional engagement with mentors and clinical provision.

Every young person supported by the service has access to a bespoke 4 phase L.I.F.E programme that is led via a mentoring approach that has clinical oversight. Additional opportunity is also provided to residential staff members through consultancy, supervision, and access to training.

RLE recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice in a way in which protects them. This includes knowledge of, and reporting of any abuse.

We recognise that:

- Safeguarding is everyone's responsibility.

- The welfare of the child/young person is paramount.
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.

RLE seek to uphold multi-agency working practices to ensure that safeguarding practices are aligned across services to protect the young person. Working in partnership with children/ young people, the local authority, their parents/ carers, Children's Safeguarding Boards and other agencies is essential in promoting young people's welfare.

Purpose of the Safeguarding Policy

- To provide clear insight into safeguarding measures that protect children and young people who receive RLE services.
- To provide volunteers and any workers we may employ in the future, with guidance on procedures they should adopt in the event that they suspect a child/ young person may be experiencing or be at risk of harm.
- To ensure volunteers and any other staff regularly update their Safeguarding training.

This policy applies to everyone including volunteers, sessional workers and associates, employees and consultants working on behalf of RLE.

Therapeutic & Clinical Provision

Clinical support is provided by the service through establishing an understanding in relation to a young person's unmet needs, areas of risk and responsivity matters that are imperative to formulating an understanding for their care. Through the service, individualised support and effective means to work with the young people in residential care is provided through review of the case, liaising with relevant professional services, review of relevant literature and collaborative working with the young person where appropriate. This is an evidence-based approach that allows for psychosocial factors that are functionally related to their behaviours to be addressed.

Contracted clients have access to RLE's clinical oversight and mentoring service that promotes wellbeing. This is achieved through tailoring support and alternative provision that is aligned with the clinical needs of the young person. The Clinical Director: Nitisha Jiwa holds clinical governance of this model.

The RLE Managing Director: Adam Walne has organisational oversight. Clinical support is provided through:

- Formulating an understanding of the young person's needs.
- Providing intervention where appropriate for the young person to address risk-related behaviours.
- Provide consultancy and supervision to residential staff members, managers and RLE mentors in order to ensure the needs of the young person are being met.
- Provide training that is specific to supporting the needs of the young person in our care.

Core Standards & Clinical Governance

The organisation's mission statement and provisions are aligned with a commitment to safeguarding and promoting the welfare of children and young people. Safeguarding is applied through the application of core standards and clinical governance frameworks that inform practice. This includes:

Core Standards

- **Adhering to legislation:** RLE will ensure that it complies with regulatory standards, organisational policies, and governmental guidelines that underpin practice within children's services such as residential units, fostering services, educational provisions within England. Clinical input will also be informed by HCPC and BPS guidelines to ensure ethical practice.
- **Fitness to practice:** Those who provide clinical support will be required to evidence their competence, knowledge and professional practice through registration with a professional body. This will ensure that there is integrity and competency within the clinical input provided.
- **Safeguarding from abuse & safety provisions:** RLE will ensure that appropriate safeguarding practice is in place so that children and young people do not receive unsafe care or treatment that places them at risk of potential harm. RLE will also carry out a duty to ensure that staff members have the appropriate knowledge, qualifications, experience, competence and skills to keep children and young people safe.
- **Complaints:** RLE will ensure that the systems in place for handling complaints are followed by staff to make sure that all complaints are monitored and considered seriously, handled and responded to sensitively with oversight from managerial support. Complaint's investigation will be comprehensive and conducted within a 4-week time frame, including informing the complainant about the outcome of their complaint. Any areas of learning will be identified and discussed so that appropriate action can be taken.
- **Whistleblowing:** Where concerns are raised, staff members at RLE have a duty of care to raise these as outlined within a robust whistleblowing protocol. We encourage the active reporting of any concerns raised by our staff, our customers and third parties and we ensure that all such concerns are addressed in a timely manner. Any learning from such reports will be embedded into continuing professional development and will inform professional practice.
- **Equality:** RLE is committed to anti-discriminatory practice, placing an emphasis on supporting the wellbeing and safety of all children. To provide support that is aligned with their needs, RLE will consider the young person's protected characteristics to ensure that they receive appropriate support for barriers they may face.
- **Staff development:** RLE will ensure that staff members comply with the core standards of practice within the organisation through supervision, monitoring and training. Supervision and training related to safeguarding takes place on a monthly basis. Information sheets are provided and briefings occur with RLE staff members on a weekly basis alongside this.
- **Individualised care:** RLE will meet the individual needs of each young person in order to uphold dignity and respect.
- **Confidentiality:** Consent where appropriate will be gained from the young person to share information with professional agencies involved in the young person's care. In order to safeguard young people, information will be shared where there are concerns about the safety of the young person and/ or others.

Clinical Governance

To ensure a robust quality of care and safety for young people, clinical governance frameworks will be adhered to in clinical practice. The 7 pillars of clinical governance include:

- 1. Clinical effectiveness:** To ensure that clinical assessment and intervention leads to the best outcomes for young people, clinical guidelines and evidence-based practice approaches will be applied. Feedback and literature will be used to continuously improve clinical practice.
- 2. Risk Management:** Potential risks will be continuously reviewed to ensure that there is minimal risk to a young person's safety when engaging with clinical support.
- 3. Patient and public involvement:** To improve the quality of service, feedback will be gained from key stakeholders and young people to ensure best practice.
- 4. Audit:** Clinical practices will be evaluated through peer supervision.
- 5. Staff management:** To ensure all staff members are competent and adhere to professional standards, supervision and ongoing training opportunities will be provided.
- 6. Education and training:** Staff will be provided with the necessary knowledge and skills to perform effectively through providing professional development opportunities.
- 7. Information management:** Handling young person data and clinical data will be managed through holding this securely, in line with governmental standards and organisational policy. To ensure that records are accurate and up to date, a contemporaneous approach to notetaking is implemented.

Safeguarding Framework

The safeguarding policies and procedures apply to all children and young people (under the age of 18 years old) that RLE come into direct contact with or receive information of indirectly, from a third-party source. Safeguarding protocol will be followed where there are concerns that a young person has suffered or may be at risk of harm from individuals such as:

- A parent or individual with parental responsibility.
- A member of a fostering household.
- An adult known to the young person.
- A professional who has contact with the young person through their employment.
- Another young person.
- Those involved in organised abuse.

Individuals who are at risk or harm or who have self-reported harm from members of the public who are not known to them fall outside of these procedures. However, to enforce a duty of care response, in such cases the police will be informed as soon as the alleged offence comes to light. The young person has a choice to make a statement to the police regarding the incident however, this does not impede on RLE's duty to report the incident. This will be shared with the young person sensitively, to promote safety. In such instances, staff members should consult with the designated safeguarding officer (DSO) or their line manager and there should be no delay in calling the police. Furthermore, the allegations should be reported and shared with the placing authority as a matter of urgency.

RLE will work in partnership with other agencies to ensure that the safety of the young person is a priority, in order to safeguard them and support their welfare.

Safeguarding young people is the responsibility of all individuals including RLE. RLE are committed to identifying and reporting safeguarding concerns to relevant professional agencies. The framework for safeguarding in the UK is guided by several laws, regulations, and guidelines of which RLE adhere to. This includes key legal frameworks such as:

- **Children Act 1989 and 2004:** Establishes the duty of local authorities to safeguard and promote the welfare of children. RLE are supportive of this through information-sharing processes in life with safeguarding young people who they work with or have third-party knowledge of.
- **Working Together to Safeguard Children 2018:** A comprehensive guide for inter-agency working to safeguard and promote the welfare of children.
- **The Education Act 2002:** Places duties on educational institutions to ensure the welfare of students. Such legislation informs alternative educational provisions as provided by RLE.
- **Keeping Children Safe in Education 2014:** Legal duties that are to be followed in order to safeguard children and young people, under the age of 18 years old in education provisions.
- **Safeguarding Vulnerable Groups Act 2006:** Establishes the framework for vetting and barring individuals unsuitable to work with children. At the point of recruitment, safeguarding expectations are clearly outlined in the job descriptions and person specification to highlight the potential staff members safeguarding responsibilities. In line with RLE recruitment policies, staff members will be subject to the Enhanced Disclosure and Barring Service (DBS) to ensure safe recruitment decisions, alongside a probationary period of working for new staff members.

In line with the legislation, RLE are committed to following the key principles of safeguarding within practice including:

- **Best Interests of the Child:** All actions taken must prioritise the best interests of the child.
- **Protection from Harm:** Identifying and preventing abuse, neglect, and exploitation.
- **Right to Participation:** Children and young people should be listened to and have their views considered in decisions that affect them.

Definitions of Abuse

Child abuse encompasses a range of harmful behaviours directed at children, typically involving physical, emotional, sexual abuse, or neglect. Child abuse can be perpetrated across a number of contexts including:

1. Physical Abuse

- **Definition:** Physical abuse involves causing physical harm to a child. This can include hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm. It may also involve fabricating the symptoms of, or deliberately inducing, illness in a child. Female genital mutilation (FGM) is also considered an act of physical abuse in the UK as it is a violation of the child's right to life, their bodily integrity as well as of their right to health. FGM comprises of procedures involving the partial or total removal of the external female genitalia or any other injury to

the female genital organs for non-medical reasons. Furthermore, domestic abuse and exposure to intimate partner violence is included in this definition.

- **Indicators:** Unexplained bruises, fractures, burns, bite marks, and other injuries; a child may also be fearful of certain adults or reluctant to go home. Additionally, the indicators of FGM may also mirror symptoms of sexual abuse including vaginal blood loss, challenges in maintaining their personal hygiene and a need to visit the toilet regularly.

2. Emotional Abuse

- **Definition:** Emotional abuse is the ongoing emotional maltreatment of a child. It can involve conveying to a child that they are worthless, unloved, inadequate and/or only valued when they meet the needs of another person. It may also involve inappropriate or unrealistic expectations, as well as preventing the child from having normal social interactions. Furthermore, domestic abuse and exposure to intimate partner violence is included in this definition.
- **Indicators:** Developmental delays, low self-esteem, withdrawal, depression, and signs of emotional distress such as anxiety or an overly compliant attitude.

3. Sexual Abuse

- **Definition:** Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This includes both physical contact activities (such as sexual touching or rape) and non-contact activities (such as involving children in looking at or producing sexual images or encouraging children to behave in sexually inappropriate ways).
- **Indicators:** Knowledge or behaviour inappropriate for the child's age, physical symptoms such as pain or itching in the genital area, stomach pain or the presence of sexually transmitted infections.

4. Neglect

- **Definition:** 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. This can include failing to provide adequate food, clothing, shelter, medical care, or supervision.
- **Indicators:** Poor hygiene, untreated medical issues, inadequate clothing, frequent absence from school, and malnutrition.

5. Child Sexual Exploitation (CSE)

- **Definition:** A form of sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate, or deceive a child into engaging in sexual activity. This often involves gifts, money, or affection in exchange for sexual activities.
- **Indicators:** Sudden changes in behaviour, unexplained gifts or money, relationships with older individuals, and withdrawal from family and friends.

6. Child Trafficking & Modern Slavery

- **Definition:** The recruitment, transportation, transfer, harbouring, or receipt of children for the purpose of exploitation. Exploitation can include forced labour, sexual exploitation, forced marriage and/ or involvement in criminal activities.
- **Indicators:** A child appearing fearful, avoiding authorities, or having a significantly altered lifestyle with evidence of movement between locations.

7. Child Criminal Exploitation (CCE)

- **Definition:** Situations where children and young people are manipulated, coerced, or deceived into criminal activities by others, often adults. This exploitation often involves an imbalance of power, where the perpetrator exerts control over the child, which can be through physical violence, threats, emotional manipulation, or other forms of coercion.
- **Indicators:** The sudden acquisition of wealth or possessions, becoming secretive, absenteeism from school or changes in educational performance, weapon possession, substance possession, missing episodes, new relationships with older individuals or groups, evidence of physical assault or unexplained injuries.

8. Child Abuse related to Extremism

- **Definition:** This refers to the exploitation of children within the context of extremist activities. This can involve exposing children to extremist ideologies, grooming them to engage in extremist behaviours, or using them to further the goals of extremist groups.
- **Indicators:** A child being found in the possession of extremist literature/ propaganda, isolation from family and friends, expression of extremist views or justifying violence for ideological reasons, a sudden change in beliefs.

Where there are concerns related to extremism, a PREVENT referral will be submitted to the local authority and police service by RLE. Oversight of the referral will be held by the DSO/ Managing Director and DDSL. This is a counter-terrorism strategy which specifically responds to ideological challenges and prevents individuals from being drawn to terrorism (HM Government, 2011). The Counter Terrorism and Security Act (2015) specifies that organisations such as children's care providers exercise their functions in relation to preventing young people from being drawn to terrorism.

9. Online Abuse

- **Definition:** Abuse that takes place on the internet or through mobile technology. It can involve sexting (sending, receiving or sharing explicit messages, photographs or images; see further guidance in Appendix 1), sexual exploitation, cyberbullying, or grooming (building an emotional connection to exploit the child).
- **Indicators:** Secretive behaviour about online activities, sudden changes in online behaviour, engaging in sexualised messages, and exposure to inappropriate content.

Exposure to and/ or being the victim of abuse directly and indirectly can increase can increase a child and young person's emotional wellbeing and vulnerability towards other forms of abuse including self-injury/ suicidal ideation, grooming and exploitation.

Incidents of Missing

Children of missing status are at a heightened risk of exploitation related to sexual exploitation, labour trafficking, involvement in group membership and involvement in acquisitive offending. Hill, Richards and Reddington (2016)¹ and OFSTED (2013) have recognised a number of safeguarding issues that arise from young people going missing or absconding from their place of residence. This includes:

1. Increased Vulnerability

- **Lack of Basic Needs:** Children who are of missing status often lack access to food, shelter, and money. Such factors increase their susceptibility to offers of help from exploitative individuals who may provide these necessities in exchange for control over the child.
- **Emotional Distress:** Running away is frequently associated with emotional and psychological issues, such as low self-esteem, trauma, or mental health problems. Exploiters often prey on these vulnerabilities, offering perceived love, protection, and/or stability.

2. Absence of Support Systems

- **Isolation:** Children of missing status are typically isolated from their usual support networks, including family, friends, and school. This isolation makes it harder for them to seek help or for others to identify and intervene in exploitative situations.
- **Invisibility:** Many children who are missing avoid contact with authorities out of fear of being returned home or to a residential placement. This invisibility can leave them in the hands of exploiters for extended periods.

3. Exposure to Risk Related Environments

- **Homelessness:** Transitional living situations allow access from exploiters. Streets, shelters, and transient accommodations can be hotspots for recruitment into exploitation.
- **Unsupervised Settings:** Children of missing status often spend time in unsupervised or unsafe environments, where they are more likely to encounter individuals involved in criminal activities or trafficking.

4. Manipulation and Grooming

- **False Promises:** Exploiters may initially present themselves as protectors or benefactors, providing the child with attention, affection, gifts, or a place to reside. Over time, these relationships can become coercive and controlling.
- **Grooming Processes:** Grooming can involve building a relationship of trust and dependency, which is then exploited. Children may be coerced into criminal activities, sexual exploitation, or forced labour through threats, violence, or manipulation.

5. Criminal Exploitation

¹ Hill, L., Taylor, J., Richards, F., & Reddington, S. (2016). 'No-one runs away for no reason: Understanding safeguarding issues when children and young people go missing from home. *Child Abuse Review*, 25(3), 192-204.

- **County Lines:** Children of missing status are utilised within drug trafficking models, as they are in need of financial wealth and support in hiding from emergency services.
- **Forced Labour:** Children of missing status in need of financial stability can be exploited into working in illegal or exploitative conditions without adequate pay or safety measures.

6. Sexual Exploitation

- **Sexual Abuse and Trafficking:** Children of missing status are at high risk of being sexually exploited. This can involve being coerced into prostitution, pornography, or sexually abusive relationships.
- **Survival Sex:** Some children of missing status engage in 'survival sex' to secure basic needs including food and shelter. This exchange of sex for necessities often occurs under coercive or manipulative circumstances.

RLE promotes safeguarding for children at risk of missing by being aware of their increased vulnerabilities, and sharing concerns with appropriate agencies if they believe a young person may go missing from home or local authority care. If an RLE staff member is concerned about a young person's welfare, they will firstly make contact with the RLE DSO (Nitisha Jiwa) or the Deputy (Craig Copczack) who will have oversight of further communication.

Roles & Responsibilities in Relation to Safeguarding

Local Authority Designated Safeguarding Officer (LADO)/Designated Officer (DO)

To ensure the responsible management and oversight of allegations related to abuse made against adults who work with children, RLE has a commitment to reporting to LADO/ DO when allegations are made by young people. The LADO/DO's primary function is to ensure that allegations are handled properly and in a timely manner, protecting the welfare of children while also ensuring fair treatment of the accused individuals. The LADO/ DO's role is crucial in maintaining the integrity of safeguarding practices and ensuring that concerns are dealt with efficiently and effectively. The LADO/DO ensures effective management and oversight of individual cases from all partner agencies including RLE, when it is determined that the allegation meets the safeguarding thresholds. Key responsibilities of a LADO/ DO include:

1. **Management of Allegations:** The LADO/DO is responsible for coordinating the response to allegations made against individuals who work with children, including teachers, social workers, volunteers, and others in similar roles. They assess whether the allegations meet the threshold for further investigation and coordinate the next steps, which may involve police, social services, or other relevant bodies.
2. **Advice and Guidance:** The LADO/DO provides advice and guidance to employers, voluntary organizations, and agencies about handling allegations. They help determine whether an allegation should be reported to the police or if other actions, such as internal disciplinary procedures, are appropriate.
3. **Ensuring a Fair Process:** The LADO/DO ensures that the process for dealing with allegations is fair and transparent, safeguarding the rights of both the child and the accused adult. They ensure that all actions are compliant with statutory requirements and guidance, such as "Working Together to Safeguard Children."

- 4. Record Keeping:** Maintaining records of allegations and the outcomes of investigations is a crucial part of the LADO/DO's role. These records help monitor patterns and trends and provide a basis for future safeguarding efforts.
- 5. Liaison with Other Agencies:** The LADO/DO liaises with various agencies, including the police, social services, and regulatory bodies, to ensure a coordinated response. They also work with local safeguarding children partnerships to share information and improve safeguarding practices.
- 6. Training and Development:** The LADO/DO may also be involved in providing or facilitating training for organisations and individuals on safeguarding and managing allegations.

RLE will gain involvement from LADO/DO when an allegation or concern arises that suggests an adult who work with young people has:

- Behaved in a way that has harmed, or may have harmed, a child.
- Possibly perpetrated a criminal offense against, or related to, a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

When a concern does not meet the safeguarding threshold, the RLE designated safeguarding officer (DSO) will seek guidance and advice from LADO/ DO regarding the actions RLE should take, which may include conducting disciplinary proceedings in line with RLE policy and/ or completing an internal management investigation.

It is in the LADO/DO's role to also provide guidance to the DSO in relation to the possibility of making a referral to the DBS where concerns have been raised about the safeguarding conduct of a staff member. The LADO/DO will therefore provide guidance to RLE on necessary actions that may involve the inclusion of contacting the DBS to play the individual on the children's barred list/ adults barred list and/ or submitting a referral to a professional body in which the individual is registered to such as the HCPC, Education Welfare Council (EWC), Teaching Regulation Agency (TRA), NHS England and/ or Social Work England.

RLE: Designation Safeguarding Officer (DSO)

Nitisha Jiwa (RLE Clinical Director) holds the DSO role and is responsible in liaising with the LADO/DO as well as other agencies when safeguarding concerns are raised. This is in line with legislative guidance (Working Together to Safeguard Children, 2018). In the absence of the service DSO, the DDSL, Craig Copzcack will provide a point of contact for this role.

If there is reason to believe a child is at imminent risk of harm, the DSO/DDSL will ensure immediate referral to Children's Social Care and gain Police involvement.

The DSO ensures that RLE's safeguarding policies and procedures are available to staff members, have read the policies in line with this prior to commencing their role and are implemented via the DSO. To enable staff members to fulfil their safeguarding duty, training will be provided continuously, and any legislative amendments will be disseminated across the staffing team and updated within the safeguarding policy.

Children's Safeguarding Assurance Partnership (CSAP)- Multi-agency arrangements: It is the responsibility of the DSO to promote the sharing of information appropriately through relevant inter-agency working, in order to promote and safeguard the welfare of a child.

Information related to safeguarding will be shared where appropriate with relevant agencies such as the local authority, police/ probation services, healthcare professionals, complex safeguarding teams.

RLE staff members

All staff members have a responsibility to promote and maintain the welfare of children and young people through upholding safeguarding practices. Staff members are provided with training that enables them to recognise indicators of abuse and are provided with the information and training to identify their actions in response to safeguarding concerns. They have a duty to report any concerns in a timely manner to ensure safety. Staff members are provided with clear guidance via the safeguarding policy and procedures which are reviewed in light of legislative changes, as well as guidance from the DSO/DDSL.

RLE staff members, volunteers and mentors will avoid transporting children and young people – REAL LIFE EDUCATION LTD services do not require any staff/volunteers to transport any children or young people.

RLE staff members, volunteers and mentors will not knowingly place him / herself in a situation where the staff member/volunteer/mentor is alone with a child or young person and will endeavour to ensure, as far as possible, that there is another adult in attendance at any meetings.

Recording protocols

In line with data protection principles, records containing personal information will be:

- Adequate, relevant and not excessive for the purpose(s) for which they are held
- Accurate and up to date
- Only kept for as long as is necessary (Information Commissioner's Office, 2021).

The introduction of the General Data Protection Regulation (GDPR) in 2018 does not change the way child protection records should be stored and retained.

Records for young people will be held in accordance with statutory guidelines. As noted within the NSPCC guidance, the retention and storage of child protection records in England and Wales should be 7 years after the last contact with the young person. When the retention period is finished, electronic confidential records will be destroyed in the presence of a member of the organisation. A reputable confidential waste service will be entrusted with the destruction of physical confidential material pertaining to the case.

There are exemptions to data storage in which RLE will work in accordance with and revise the dates in which files are retained in light of this. As noted within NSPCC guidance for England and Wales (2022), this includes instances such as:

- Child welfare concerns in which referrals to children's social care services or the police have been made. In such cases the referral should be acknowledged and retained alongside other information regarding the young person and these records should be retained for a period of 7 years after the last contact.

- Child welfare concerns that your organisation decide, after consultation, do not necessitate a referral to children's social care or the police. In such circumstances the organisation should make a record of the concern and the outcome- destroying the record a year after the child ceases to use the service.
- Concerns regarding people (paid or unpaid) who work with children and young people where there are concerns related to the risk of harm. In such instances records should be retained until the adult reaches normal retirement age or for 10 years if that is longer.
- Disclosure and Barring Service (DBS) disclosures obtained as part of the vetting process: The disclosure form must be destroyed after 6 months. However, it is advisable for the organisation to keep a record of the date of the check, the reference number and the decision regarding appointment.

Young person disclosure

Where a young person makes a disclosure of abuse, formal protocols should be undertaken including the reporting of information verbatim and ensuring that the young person is aware of how the information will be shared. The record must include details of the date, time, location, and circumstances in which the disclosure was made. The record should be made as soon as possible after the information has been received, and within 24 hours of the incident coming to light. This should be recorded on a disclosure reporting form (see appendix 2)

Where disclosures are made, the following guidelines must be adhered to ensure such disclosures are made safely:

1. Create a Safe Environment

- **Privacy and Confidentiality:** Ensure that conversations are held in a private, safe space where the child feels secure and protected from potential harm or embarrassment.
- **Trust and Rapport:** Build trust with the child by showing empathy, being patient, and listening without judgment. Consistency in your interactions helps foster a sense of safety.

2. Use Age-Appropriate Language

- Speak in a way that is appropriate to the child's age and understanding. Avoid complex language or legal terms that may confuse or intimidate them.

3. Be Non-Judgmental and Calm

- React calmly and maintain a neutral demeanour, regardless of what the child shares. Avoid showing shock, disbelief, or anger, as this might discourage them from continuing to talk.

4. Listen Actively

- Pay close attention to what the child says and how they say it. Use active listening techniques like nodding, maintaining eye contact (if culturally appropriate), and giving verbal acknowledgments.
- Allow the child to speak at their own pace without interruption. Silence can be powerful in giving them the space to gather their thoughts.

5. Reassure and Support

- Reassure the child that they are not to blame and that they did the right thing by speaking up. Express belief in what they are saying.
- Avoid making promises you cannot keep, such as "everything will be okay" or "this won't go further." Instead, reassure them that the information will be handled carefully and with their safety in mind.

6. Avoid Leading Questions

- Use open-ended questions like "Can you tell me what happened?" or "How did that make you feel?" rather than leading questions that suggest specific answers or influence the child's response.
- Avoid pressing for details that the child is not ready or able to share.

7. Document the Disclosure

- After the conversation, promptly document what the child said using their own words as much as possible. Include the context and any relevant observations (e.g., the child's demeanour or physical state).

8. Follow Protocols

- Follow your organization's or local authority's safeguarding procedures for reporting disclosures. This often involves informing a designated safeguarding lead or a child protection officer.
- Ensure that any immediate safety concerns for the child are addressed, such as arranging a safe environment away from the abuser.

9. Provide Emotional Support and Next Steps

- Offer comfort and support to the child, letting them know they are not alone and that there are people who will help protect them.
- Explain, in an age-appropriate way and in a manner that is sensitive to the young person's responsivity needs, what will happen next, such as talking to a professional or contacting child protection services. This helps reduce anxiety and uncertainty.

10. Maintain Confidentiality

- Respect the child's privacy and confidentiality. Share information only with those who need to know for the protection and welfare of the child, in line with safeguarding policies.

After receiving a report of a concern, or allegation of abuse or harm, the DSO must firstly take any steps necessary to protect the child or young person from imminent risk of harm. They should follow the local safeguarding partnership procedures in the area in which the setting is located. These procedures will normally require the DSO to contact the relevant LADO/DO or the Children's Services Social Work Team dependent on the type of allegation. The DSO should ensure that the appropriate responsible adult is notified immediately. If staff become concerned about possible abuse/exploitation through their observations of children and young people in contact with other adults (professional or otherwise) they should record the details of the date, time, location, and circumstances in which the concerns arose and what it was about the

interaction that caused concern. Again, this record should be made no later than the end of the day or within 24 hours of the cause for concerns/allegations being raised. The information should be shared immediately with the appropriate adult and DSO.

Safeguarding: Consideration of protected characteristics

Protected characteristics are defined by the Equality Act (2010), in the UK. Young people who have protected characteristics may require specific support in order to ensure their safety. At RLE we are committed to applying appropriate provisions that enhance our safeguarding measures for vulnerable groups. In light of this, we endeavour to support the continued professional development of staff members through regular training opportunities for all staff members where the unique safeguarding needs of children with protected characteristics are explored. Additionally, we advocate for multi-disciplinary collaboration to provide holistic support and the DSO regularly monitors and evaluate safeguarding practices to ensure that they are effective in protecting all children. By recognising and addressing the specific needs of children with protected characteristics, safeguarding efforts can be more effective and inclusive, ensuring that all children are protected from harm and supported in their development. To effectively support them, we will aim to:

1. Disability

- **Accessibility:** Safeguarding materials and reporting mechanisms will be accessible to children with disabilities. This includes providing information in various formats (e.g., Braille, sign language, easy read, assistive technology approaches).
- **Training:** Staff members will receive training to recognize and respond to signs of abuse in children with disabilities, who may communicate differently or have unique needs.

2. Race and Ethnicity

- **Cultural Sensitivity:** RLE respect and hold an awareness of cultural differences in child-rearing practices and communication styles. Staff members have an understanding of how cultural factors may influence a child's behaviour or willingness to disclose abuse.
- **Language Barriers:** Translation and interpretation services will be provided to ensure children can communicate effectively about safeguarding issues.
- **Addressing Discrimination:** There will be vigilance towards racism and discrimination, both within the safeguarding process and in the child's environment to prevent concerns of this nature impeding upon the safeguarding process.

3. Religion or Belief

- **Respect for Beliefs:** Understanding and respect will be given to the child's religious beliefs or belief systems, and how these might impact their experience of abuse or their willingness to disclose it.
- **Collaboration with Religious Leaders:** Work with religious leaders and communities to sensitively communicate about safeguarding matters will take place.

4. Sex and Gender

- **Gender Sensitivity:** As noted within the literature, boy and girls may experience and disclose abuse differently due to societal norms and expectations (Wiesel & First, 2018).² In light of this, a sensitive approach to safeguarding will take place to ensure that all children receive equal support and protection in a non-discriminatory manner.
- **Empowerment:** During incidents of safeguarding RLE will ensure that children understand their rights, regardless of their gender.

5. Gender Reassignment

- **Inclusive Environment:** RLE aim to create a safe and inclusive environment where transgender and non-binary children are supported.
- **Confidentiality:** Respect will be given to the child's privacy and confidentiality, especially regarding their gender identity, and ensure that their biological sex is not shared without their consent.

6. Sexual Orientation

- **Acceptance and Support:** A supportive environment for children of all sexual orientations will be created through inclusive practice. Any instances of homophobic bullying or discrimination will be addressed promptly and effectively in line with the allegation's procedures.
- **Inclusive Education:** Information will be included about diverse sexual orientations in safeguarding education to foster understanding and acceptance.

7. Age

- **Developmentally Appropriate:** Safeguarding measures and communication will be tailored so they are appropriate for the child's age and developmental stage.

Responding to allegations against a person in a position of trust who holds a professional role in the young person's care

Professional abuse refers to any allegation made against a person or people who work with children and young people. Keeping Children Safe in Education: England (2019), and Working Together to Safeguard Children (2018), highlights the requirement for organisations and agencies working with children and young people to have clear policies when responding to allegations against people who work with children. In line with the legislation (Working Together to Safeguard Children, 2018), it is recognised that an allegation may relate to:

- Behaviour that has harmed a child or may harm a child.
- The possible perpetration of an offence a child.
- Behaviour that poses a risk or possible risk of harm to the child.

In line with guidance, any allegations must be reported to the DSO (Nitisha Jiwa) or in their absence, the DDSL (Craig Copzcack). As well as informing the LADO/DO who hold responsibility for the oversight and management of any allegations towards adults who work with young

² Lev-Wiesel, R., & First, M. (2018). Willingness to disclose child maltreatment: CSA vs other forms of child abuse in relation to gender. *Child Abuse & Neglect*, 79(1), 183-191.

people. Due to the nature of the work undertaken by RLE, there are heightened vulnerability factors towards the children. Therefore, a 'safety first' approach will be applied to any expressions of concern regarding allegations. This involves safeguarding the young person during the process of investigation by removing contact between the young person and the accused (see the process summary in Appendix 3).

Where allegations are raised with regards to staff members, every effort will be made to ensure that the matter is concluded promptly and within a reasonable timeframe. The conclusion of investigations however is subject to the nature of the allegations and criminal proceedings which may coincide. The criminal investigation cannot be jeopardised by pre-emptive disciplinary investigation which might alert key witnesses to the potential lines of enquiry.

Written guidance is available for staff members which provides information on how they can access support during any investigation that may be necessary. Full details can be found in RLE's Disciplinary Guidance.

Defensible decision-making

The decision related to reporting allegations externally will be reviewed based upon the type of allegation itself. In all circumstances however, decision-making will align with legislative regulations, guidance and safe working practices. If the allegations do not require investigation from external bodies such as the police or children's social care services, the DSO will review the nature of the allegations and discuss further actions with the wider RLE directorate team. Where an internal approach is taken, the organisation will consider options from no further action being taken to a comprehensive investigation taking place, that actions future proceedings. In instances such as the latter, the DSO and where necessary in consultation with the Clinical Director agree, how and by whom the investigation will take place. This should normally be undertaken by RLE. However, based on the nature and complexity of the allegation, RLE may commission an independent investigation.

Child on child abuse

Safeguarding allegations can be raised concerning incidents involving one child against another. Safeguarding issues may include forms of bullying, physical abuse, sexual exploitation, exploitation into group membership, emotional abuse, financial abuse, and coercive control, exercised between children and young people and within children's relationships (both intimate and non-intimate).

When an allegation is made by a young person against another, members of staff should consider whether the nature of the allegation is a complaint or safeguarding concern. Where staff members are unsure, guidance will be sought from the DSO (Nitisha Jiwa) and all safeguarding concerns in relation to this subject matter will be raised via the DSO. The DSO must alert and report the allegation to the appropriate authority for both young people. to assess and determine appropriate actions. If the allegation relates to potential criminal activity, the police should be contacted at the earliest opportunity.

The DSO must consider completing a risk assessment including a safeguarding risk assessment to take account of any preventative strategies needed. This should be used to inform an interim

supervision plan. Any supervision plan must address the resources necessary to keep all children and young people safe including increased staffing. The supervision and or care plan must be monitored and updated as necessary and should include evaluation of the effectiveness of the plan and risk assessment.

A record of the allegation must be made but no attempt at this stage should be made to investigate the circumstances. The records should include details of the date, time, location and circumstances in which the allegation was made. The record, should, as far as possible, be a verbatim account of what the child/young person has said. Staff should not infer meaning from the young person's account, rephrase this into adult language or make attempts to censor it. In addition to this, it should be legible, clear, concise, and free from jargon and abbreviations.

It is important that the child or young person is kept informed and updated of all action and progress of the concern/allegation. At conclusion the child and or young person must be informed of the outcome verbally and confirmed in writing. With a copy of the records placed on their case file. However, this is the responsibility of the appropriate body such as the client's DSO. It does not fall within the responsibility of RLE unless asked to participate and support the discussions with the children or young persons.

Safeguarding in relation to crisis

RLE are not a crisis intervention service. As such, appropriate signposting will take place by staff members to support client's in working with children in crisis as a means to support safeguarding efforts. This includes recommendations for the young person to gain support through:

- Emergency response services: 999/112.
- CRISIS CAMHS.

If a child has presented in crisis prior to meeting with a member of RLE, this will be risk assessed to determine if it is appropriate for an RLE staff member to provide therapeutic support.

Appendices

Appendix 1: Procedures for dealing with incidents of sexting

Dealing with incidents of sexting abuse involving children in the UK requires a sensitive and multi-faceted approach that prioritizes the child's safety and well-being. Handling incidents of sexting abuse involving children in the UK requires a collaborative effort between the child, those with parental responsibility, educators, law enforcement, and support services. Prioritizing the child's safety, providing emotional support, and taking appropriate legal and educational actions are crucial steps in addressing and preventing such incidents. All staff members within RLE will be made aware of how to recognise and refer any disclosures of incidents involving sexual imagery. This will be supported via training opportunities as well as liaising with the DSO during times in which concerns are raised. At the point of concerns being raised and/ or a disclosure being made, the following process will be undertaken by the organisation:

1. Initial Review: Consideration of the evidence

- Establish if there is an imminent risk to the child/ young person.
- Determine if a referral should be made to the police/ parent/ children's social care.
- If it is necessary to view the imagery to safeguard the child/young person – in most cases, imagery should not be viewed.
- Consider what further information is necessary to aid an appropriate response.
- Consider if the imagery has been shared publicly and widely, making note of the services and/ or platforms in which it has been shared.
- Whether immediate action should be taken to delete or remove images from devices or online services in consultation with DSO, police and others.
- Any relevant facts and knowledge of vulnerability factors about the children/young people involved which influences risk assessment protocols.

A referral to the police and/ or children's social care will be made at this point if:

- The incident involves an adult.
- There is reason to believe that imagery has been developed in the context of grooming, blackmail, coercion or there are concerns in relation to the young person's capacity to consent due to cognitive functioning needs.
- The imagery disclosed depicts sexual and/ or violence risk and offending behaviours.
- The imagery content depicts sexual acts which are not aligned with the young person's developmental stage.
- The imagery involves any sexual act.
- We have reason to believe a child/young person is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting with suicidal ideation or self-injury.

Decisions where police involvement and children social care involvement is not gained can only be made if the DSO is confident that: None of the above factors apply. If this is the case, the staff member and DSO may decide to respond to the incident without involving the police but should alert the child's responsible parent/ guardian and social worker for their consideration. However, all parties should be aware that if further information comes to light, this will be reviewed and the incident may be escalated.

The decision to respond to the incident without involving the police or children's social care would be made in cases when the DSO and professional agencies involved in the case are confident that they have enough information to assess the risks to children and young people involved, and the risks can be managed with support and the implementation of risk/ behavioural management processes.

Appendix 2: Disclosure reporting form

Your information					
Name					
Address					
Contact Number(s)					
Email					
Name of Organisation				Your Role	
Personal information - child/young person					
Name				Date of birth	
Gender - please circle	Male	Female	Non-Binary	Another Description (please state)	
Is there any information about the child that would be useful to consider? <i>E.g., MH concerns, risk related behaviours, areas of safeguarding concern already known</i>					
Contact information - parent/guardian/carer					
Name(s)					
Address					
Contact Number(s)					
Email					
Have they been notified of this incident? - please circle	No	Please explain why this decision has been taken			
	Yes	Please give details of what was said/actions agreed			
Incident details*					

Date and time of incident			
Please circle one:	I am reporting my own concerns	I am responding to concerns raised by someone else - please fill in their details:	
Name of person raising concern		Role or relationship with child	
Contact number(s)			
Email			
Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)			

****Attach a separate sheet if more space is required (e.g., multiple witnesses)***

Childs account of the incident

Name of witness (and date of birth, if a child)		Role or relationship to the child	
Address			
Contact Number(s)			
Email			
Details of any person involved in this incident or alleged to have caused the incident/injury			
Name of witness (and date of birth, if a child)		Role or relationship to the child	
Address			
Contact Number(s)			

Email		
Please provide details of action taken to date		
Has the incident been reported to any external agencies? Please circle	No	Yes - please provide further details
Name of organisation/agency		
Contact Person		
Contact Number(s)		
Email		
Agreed action or advice given following consultation with the DSO		
Declaration		
Your signature		
Print name		
Today's date		

Appendix 3: *Responding to allegations: Process summary*

