

# CHILD PROTECTION AND SAFEGUARDING POLICY

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## PURPOSE

The purpose of this policy is to ensure that Real Life Education take action in a timely way to safeguard and promote children's welfare. That all staff are aware of their safeguarding responsibilities and the Real Life Education adopts KCSIE and local procedures as benchmark guidance for a non-school AP and staff are properly trained in recognising and reporting safeguarding issues.

## SCOPE

This policy applies to Real Life Education staff (employees, agency workers, contractors, casual staff and volunteers).

## SAFEGUARDING COMMITMENT

As an organisation that prioritises the safeguarding of children and all vulnerable people, Real Life Education is committed to providing a safe environment across all we do by actively adopting strategies that embed a culture of zero tolerance for abuse of any kind.

## RESPONSIBILITIES

Safeguarding and child protection is everyone's responsibility. This policy applies to all staff, volunteers and those in leadership at RLE and is consistent with the procedures of the 3 safeguarding partners. Real Life Education shares significant safeguarding information with carers and the commissioners/LA the same day. Our policy and procedures also apply to extended provision and off-site activities.

RLE plays a crucial role in preventative education. This is in the context of an approach to preparing young people for life in modern Britain, and a culture of zero tolerance of sexism, misogyny/misandry, homophobia, biphobia, transphobia and sexual violence/harassment.

This will be underpinned by our:

- Behaviour policy
- Planned programme of mentoring sessions, which are inclusive and delivered regularly, tackling issues such as:
  - Boundaries and consent
  - Stereotyping, prejudice and equality
  - Body confidence and self-esteem
  - How to recognise an abusive relationship (including coercive and controlling behaviour)
  - The concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so-called honour-based violence such as forced marriage and FGM and how to access support
  - What constitutes sexual harassment and sexual violence and why they are always unacceptable
  - Healthy and respectful relationships

### **Responsibilities of All Staff and Volunteers**

All staff and volunteers are responsible for safeguarding children and young people and must act in accordance with this policy and national safeguarding guidance.

All staff will:

- Receive role-appropriate safeguarding induction and training, including familiarity with relevant safeguarding guidance as determined by the Leadership team or Designated Safeguarding Lead (DSL)
- Confirm annually that they have read and understood the organisation's safeguarding expectations
- Act promptly on any safeguarding concerns, never promising confidentiality, and explain next steps to the child or young person
- Record concerns accurately and report them to the DSL on the same day

All staff are expected to be familiar with:

- The organisation's safeguarding systems, including this safeguarding policy, the staff code of conduct, behaviour expectations, online safety arrangements, and the role of the DSL and Deputy DSL

- Early Help processes and their role in identifying emerging concerns and sharing information appropriately
- How referrals to children's Social Care are made and the potential outcomes of statutory assessments
- How to respond appropriately if a child discloses abuse or neglect, including maintaining appropriate confidentiality and involving the DSL
- The signs and indicators of abuse, neglect, and exploitation, including child-on-child abuse, sexual and criminal exploitation, grooming, domestic abuse, FGM, radicalisation, and serious violence
- New and emerging safeguarding risks, including online harm, social media, and technology-facilitated abuse
- The importance of reassuring children and young people that they are being taken seriously and will be supported
- That harm can occur in any context, including within the family, in the community, or online
- That some children and young people may be more vulnerable to harm due to additional needs, identity, or lived experience
- That children may experience multiple and overlapping safeguarding concerns
- What to look for when identifying children who may need early help, targeted support, or protection

### **The Designated Safeguarding Lead (DSL)**

The Designated Safeguarding Lead (DSL) is part of the organisation's leadership team and has overall responsibility for safeguarding and child protection.

The DSL is available during provision hours to advise staff on safeguarding concerns and ensures that significant incidents or risks are shared with the commissioning body on the same day, in line with agreed communication protocols.

When the DSL is unavailable, the Deputy DSL will act as cover. Where neither is available (for example during out-of-hours activity), safeguarding responsibility will be assumed by a member of the senior leadership team or directors.

The organisation ensures the DSL is provided with sufficient time, training, funding, and resources to fulfil the role effectively.

The DSL's responsibilities include:

- Providing advice and guidance to staff on safeguarding and child protection
- Working with partner agencies and contributing to assessments and multi-agency discussions
- Making referrals to children's Social Care, the Police, Channel, or the Disclosure and Barring Service where required, and supporting staff involved in referrals
- Maintaining oversight of safeguarding concerns, patterns, and emerging risks
- Having a clear understanding of harmful sexual behaviour and appropriate responses
- Ensuring staff receive appropriate safeguarding and Prevent training
- Understanding the organisation's online safety, filtering, and monitoring arrangements

The DSL will also:

- Liaise with local authority safeguarding professionals and relevant officers as appropriate
- Maintain awareness of local responses to sexual violence and harassment
- Ensure appropriate specialist support is identified and accessed for children and young people affected by harm, including both those harmed and those who may have caused harm
- Ensure children and young people have appropriate support, including access to an appropriate adult where required during police involvement

### **Senior Leadership Team / Directors**

The Senior Leadership Team (SLT) and Directors hold strategic responsibility for safeguarding and ensure that child protection is embedded across all aspects of the organisation's work.

They will:

- Promote a whole-provision safeguarding culture, ensuring safeguarding underpins policies, procedures, and day-to-day practice
- Approve and review this safeguarding policy regularly, ensuring compliance with legal and

regulatory requirements

- Maintain oversight of safeguarding arrangements and hold the Operations Director accountable for effective implementation
- Ensure the organisation meets its duties under relevant legislation, including human rights and equality law, and works in line with local multi-agency safeguarding arrangements
- Appoint a senior leadership or board-level lead (separate from the DSL) to monitor the effectiveness of safeguarding arrangements
- Ensure all staff and volunteers receive appropriate safeguarding training, including online safety, which is kept up to date in line with safeguarding partner guidance

The SLT / Directors will ensure:

- The DSL has sufficient authority, capacity, training, and resources to fulfil the role effectively
- Safeguarding, including online safety, is integrated across all relevant policies and practice
- Clear procedures are in place to manage safeguarding concerns about staff, volunteers, or contractors, including concerns that do not meet the harm threshold, and that commissioners are informed where required
- Safeguarding arrangements reflect the additional vulnerabilities that may affect children and young people with Special Educational Needs & Disabilities (SEND) or medical or physical health needs
- Proportionate online safety, filtering, and monitoring arrangements are in place and reviewed for effectiveness, with staff aware of their roles and responsibilities

Where services or activities are delivered by another organisation on behalf of the provision, the SLT / Directors will:

- Seek assurance that appropriate safeguarding policies and procedures are in place
- Ensure effective information-sharing and liaison arrangements regarding safeguarding concerns

Where an allegation is made against a senior leader or director (e.g. Operations Director) will act as the case manager, as appropriate.

All members of the SLT / Directors are expected to be familiar with relevant national safeguarding

guidance and are supported to fulfil their safeguarding responsibilities through training and governance oversight.

### **The Operations Manager/Director**

The Operations Manager/Director is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers:
  - Are informed of our systems that support safeguarding, including this policy, as part of their induction
  - Understand and follow the procedures included in this policy, particularly those concerning referrals of cases of suspected abuse and neglect
- Communicating this policy to carers when a young person joins the provision and via the RLE website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate (see appendix 3)
- Making decisions regarding all low-level concerns, though they may wish to collaborate with the DSL on this

### **DEFINITIONS**

**Safeguarding and promoting the welfare of children** means:

- Providing help and support to meet the needs of young people as soon as problems emerge
- Protecting young people from maltreatment whether that is within or outside the home, including online
- Preventing impairment of young people's mental and physical health or development
- Ensuring that young people grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all young people 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** includes 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 (LA)
- Integrated care boards (previously known as clinical commissioning groups) for an area within the LA
- The chief officer of police for a police area in the LA area

**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 is appropriate and which terms to use on a case-by-case basis.

## **POLICY**

### **Aims**

The service aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff are aware of their statutory responsibilities with respect to safeguarding

- Staff are properly trained in recognising and reporting safeguarding issues

## **Equality statement**

Some children have an increased risk of abuse, both online and offline, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs and/or disabilities (SEND) or health conditions
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language (EAL)
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of female genital mutilation (FGM), sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after
- Are missing or absent from education for prolonged periods and/or repeat occasions

## **Confidentiality**

- Confidentiality and data protection within Real Life Education are covered in detail in our Data Protection Policy. The principles below outline how information is shared for safeguarding purposes within the organisation and with relevant safeguarding partners and agencies, where appropriate.
- Timely information sharing is essential to effective safeguarding
- It is important to follow up on any communications/alert/referral with organisations e.g. Social Care to ensure they have been received and recorded.
- 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 the 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; or if to gain 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
- If a victim asks RLE not to tell anyone about the sexual violence or sexual harassment:
  - There is no definitive answer, because even if a victim does not consent to sharing information, staff may still lawfully share it if there's another legal basis under the 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 that:
    - 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 local authority children's social care
    - 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 includes 7 'golden rules' for sharing information, and is available to 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 (or deputy)
- Confidentiality is also addressed in this policy with respect to record-keeping in section 15, and allegations of abuse against staff

### **One-to-One Situations (Supervision Arrangements)**

Real Life Education does not work on a one-to-one basis. Our model of delivery requires a minimum of two staff members present when working with a single child or young person.

In the event that a child or young person requires additional support, supervision, or intervention, this will be provided with two staff present at all times, wherever reasonably practicable.

Staff must ensure that:

- Situations where a child or young person is supported separately from a group are planned, proportionate, and transparent
- Interactions take place in visible or open environments where possible
- Other staff are aware of where the interaction is taking place and its purpose
- Any significant or unusual incidents are recorded and shared with the DSL
- Staff do not arrange to meet children or young people alone off-site or outside provision hours

If circumstances arise where the 2:1 model cannot be maintained, this must be treated as exceptional, kept time-limited, and reported to the DSL immediately, with appropriate safeguards put in place.

### **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 special educational needs (whether or not they have a statutory education health and care (EHC) plan)
- 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/goes missing from education, care or home
- 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 missing education, or persistently absent from school, or not in receipt of full-time education
- Has experienced multiple suspensions and is at risk of, or has been permanently excluded

Staff, volunteers and Senior Leadership Team/Directors must 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 to mean "the DSL (or deputy DSL)".

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

Make a referral to local authority children's social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm, or is in immediate danger. **Anyone can make a referral.**

Tell the DSL as soon as possible if you make a referral directly.

**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 will have to pass this information on. Do not promise to keep it a secret
- 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 local authority children's social care and/or the police directly, 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.

### **If you discover that FGM has taken place or a young person 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 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 young person has already been subjected to FGM, and factors that suggest a young person may be at risk, are set out in appendix 4 of this policy.

**Any members of staff** 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 DSL, personally. This is a mandatory statutory duty, and members of staff will face disciplinary sanctions for failing to meet it.

Unless they have been specifically told not to disclose, they should discuss the case with the DSL and involve local authority children's social care as appropriate.

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

The duty for members of staff mentioned above does not apply in cases where a young person is *at risk* of FGM or FGM is suspected but it is not known to have been carried out. Staff should not examine young people.

**Any member of staff** who suspects a young person is *at risk* of FGM or suspects that FGM has been carried out should speak to the DSL and follow our local safeguarding procedures.

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

Figure 1 below, 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. Speak to a member of the leadership team and/or take advice from local authority children's social care. 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.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

### **Early Help assessment**

If an Early Help assessment is appropriate, the DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as

the lead practitioner.

We will discuss and agree, with statutory safeguarding partners, levels for the different types of assessment, as part of local arrangements.

The DSL will keep the case under constant review and the provision will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

### **Referral**

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly, you must tell the DSL as soon as possible.

The local authority 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 with the local authority if this information is not made available, and ensure outcomes are properly recorded.

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

Local procedures for referral and escalation can be found here:

<https://lancashiresafeguardingpartnership.org.uk/p/safeguarding-children/childrens-policies-and-procedures>

### **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. Speak to a member of the leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above). Inform the DSL or deputy 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 or Channel, the government's programme for identifying

and supporting individuals at risk of becoming involved with or supporting terrorism, or the local authority children's social care team.

The DfE also has a dedicated telephone helpline, 020 7340 7264, which staff can call to raise concerns about extremism with respect to a young person. You can also email [counter.extremism@education.gov.uk](mailto: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

### **If you have a concern about mental health**

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

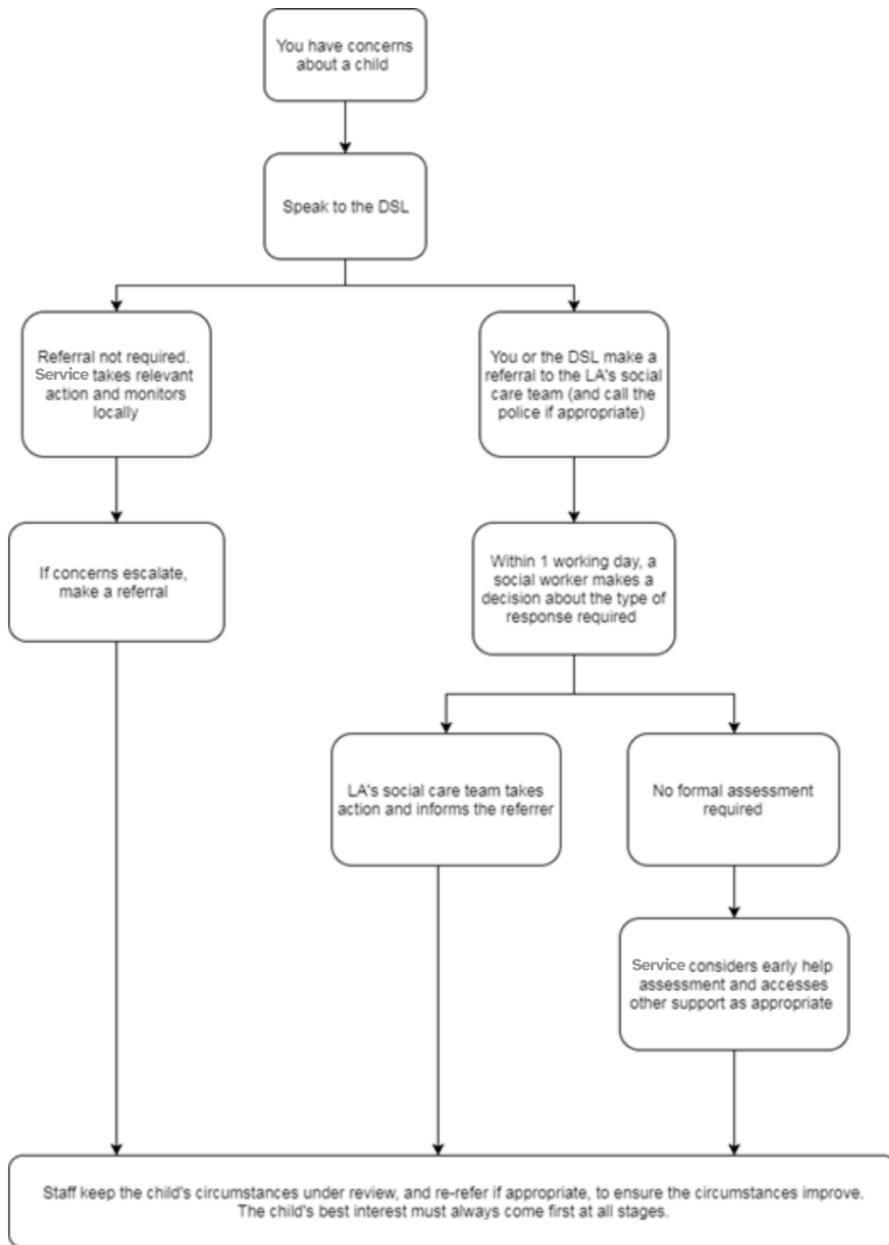
Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps above.

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 from harm, or in immediate danger)

(Note – if the DSL is unavailable, this should not delay action. See above for what to do.)



## Concerns about a staff member, agency staff, volunteer or contractor

If you have concerns about a member of staff (including agency staff, volunteer or contractor), or an allegation is made about a member of staff (including agency staff, volunteer or contractor) posing a risk of harm to children, speak to the lead as soon as possible. If the concerns/allegations are about the lead, speak to a representative of the Senior Leadership Team/Directors.

The Lead/Senior Leadership Team/Directors representative will then follow the procedures set out in appendix 3, if appropriate.

Where you believe there is a conflict of interest in reporting a concern or allegation about a member of staff (including consultants, volunteers or contractors) to the lead, report it directly to the local authority designated officer (LADO).

If you receive an allegation relating to an incident where an individual or organisation was using the provision premises for running an activity for children, follow our Real Life Education safeguarding policies and procedures, informing the LADO, as you would with any safeguarding allegation.

### **Allegations of abuse made against other young people**

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”, as this can lead to a culture of unacceptable behaviours and an unsafe environment for young people.

We also recognise the gendered nature of child-on-child abuse. However, all child-on-child abuse is unacceptable and will be taken seriously.

Most cases of young people hurting other young people will be dealt with under our provision’s behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put young people in the service at risk
- Is violent
- Involves young people being forced to use drugs or alcohol
- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

See appendix 4 for more information about child-on-child abuse.

### **Child-on-Child Abuse and Harmful Behaviour Between Young People**

Our approach:

We recognise that children and young people can experience harm from peers in a range of

settings, including therapeutic, educational, and community environments. All concerns are taken seriously and responded to in line with Working Together to Safeguard Children, with the child's safety, wishes, and wellbeing at the centre of our practice.

We aim to create safe, inclusive spaces where children and young people feel able to share concerns and are confident they will be listened to and supported.

## **Responding to concerns or allegations**

If a concern or allegation of harm between children or young people arises:

- Staff must record the concern and report it immediately to the Designated Safeguarding Lead (DSL).
- Staff must not investigate the matter themselves.
- The DSL will assess risk and seek advice from children's social care and/or the police where there is a safeguarding or criminal concern.
- Any immediate protective measures within our provision will be put in place. Where statutory actions are required (e.g. suspension or exclusion), these remain the responsibility of the commissioning school, setting, or local authority.
- A proportionate risk assessment and support plan will be developed for all children and young people affected.

Where appropriate, referrals to CAMHS or other specialist services will be made.

## **Supportive and preventative practice**

We are committed to reducing the risk of peer-on-peer harm by:

- Challenging harmful, sexualised, or discriminatory language and behaviour
- Promoting respectful relationships, boundaries, and consent through our work
- Ensuring children and young people know how to report concerns and feel safe doing so
- Reassuring those who disclose that they are being taken seriously
- Remaining alert to patterns of concern that may indicate wider safeguarding risks

Staff are trained to understand:

- Indicators and signs of child-on-child abuse
- That concerns may be communicated indirectly (e.g. behaviour, third-party reports)
- That some children may face barriers to disclosure due to vulnerability or additional needs
- That harmful behaviour may indicate unmet needs or experiences of harm

All staff understand their responsibility to act on concerns and to share them promptly with the DSL.

### **Sharing of Nudes and Semi-Nudes (Youth-Produced Sexual Imagery)**

If staff become aware of an incident involving the sharing of nude or semi-nude images or videos:

- The incident must be reported immediately to the DSL.
- Staff must not view, copy, store, share, delete, or request access to the imagery.
- Staff should reassure the young person that support is available and explain that the concern must be passed on to keep them safe.

The DSL will assess risk and make referrals to children's social care and/or the police where required, in line with national safeguarding guidance. All decisions will be recorded.

### Recording, information sharing, and working with others

- All safeguarding concerns and actions are accurately recorded.
- Parents or carers will usually be informed unless doing so would increase risk.
- We work collaboratively with statutory and specialist partners to safeguard children and young people.
- Decisions are made on a case-by-case basis, prioritising safety and wellbeing.

### **Online safety**

We recognise the role of digital technology in children and young people's lives and its relevance to safeguarding. We promote safe and responsible use of technology and have clear processes for

identifying, responding to, and escalating online safety concerns.

### **The 4 key categories of risk**

Our approach to online safety is based on addressing the following categories of risk:

- **Content** – being exposed to illegal, inappropriate or harmful content, such as pornography, fake news, racism, misogyny, self-harm, suicide, antisemitism, radicalisation and extremism
- **Contact** – being subjected to harmful online interaction with other users, such as peer-to-peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes
- **Conduct** – personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography), sharing other explicit images and online bullying; and
- **Commerce** – risks such as online gambling, inappropriate advertising, phishing and/or financial scams

### **To meet our aims and address the risks above, we will:**

Aim to educate young people about online safety. For example:

- The safe use of social media, the internet and technology
- Keeping personal information private
- How to recognise unacceptable behaviour online

How to report any incidents of cyber-bullying, ensuring young people are encouraged to do so, including where they're a witness rather than a victim

- Train staff, as part of their induction, on safe internet use and online safeguarding issues including cyber-bullying, the risks of online radicalisation, and the expectations, roles and responsibilities around filtering and monitoring. All staff members will receive refresher training as required and at least once each academic year
- Educate carers about online safety via our website, communications sent directly to them and during parents' contact. We will also share clear procedures with them so they know how to raise concerns about online safety
- Make sure staff are aware of any restrictions placed on them with regards to the use of their mobile phone and cameras, for example that:
  - Staff are allowed to bring their personal phones to work for their own use, but will limit

such use to non-contact time when young people are not present

- Staff will not take pictures or recordings of young people on their personal phones or cameras
- Carry out an annual review of our approach to online safety, supported by an annual risk assessment that considers and reflects the risks faced by the RLE community
- Provide regular safeguarding and children protection updates including online safety to all staff, at least annually, in order to continue to provide them with the relevant skills and knowledge to safeguard effectively
- Review the child protection and safeguarding policy, including online safety, annually and ensure the procedures and implementation are updated and reviewed regularly

This section summarises our approach to online safety and mobile phone use. For full details about our policies in these areas, please refer to our online safety policy.

### **Artificial intelligence (AI)**

Generative artificial intelligence (AI) tools are now widespread and easy to access. Staff, young people and carers may be familiar with generative chatbots such as ChatGPT and Google Bard.

Real Life Education recognises that AI has many uses, including enhancing teaching and learning, and in helping to protect and safeguard young people. However, AI may also have the potential to facilitate abuse (e.g. bullying and grooming) and/or expose young people to harmful content. For example, in the form of 'deepfakes', where AI is used to create images, audio or video hoaxes that look real.

Real Life Education will treat any use of AI to access harmful content or bully young people in line with this policy and our anti-bullying and behaviour policies.

Staff should be aware of the risks of using AI tools whilst they are still being developed and should carry out risk assessments for any new AI tool being used by the RLE.

### **Notifying parents or carers**

Where appropriate, we will discuss any concerns about a child with the child's carers and the residential home DSL. The DSL will normally do this in the event of a suspicion or disclosure. The Real Life Education also notifies the commissioner/LA the same day for significant incidents/risks, agreeing next steps and lead professional.

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

If we believe that notifying the carers would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

### **Pupils with special educational needs, disabilities or health issues**

We recognise that young people with SEND or certain health conditions can face additional safeguarding challenges. Children with disabilities are more likely to be abused than their peers. Additional barriers can exist when recognising abuse, exploitation and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- Pupils being more prone to peer group isolation or bullying (including prejudice-based bullying) than other young people
- The potential for young people with SEN, disabilities or certain health conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in managing or reporting these challenges
- Cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours or the consequences of doing so

Any abuse involving young people with SEND will require close liaison with the DSL (or deputy) and the SENCO.

### **Young people with a social worker**

We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

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 young person has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the young person's safety, welfare and educational outcomes. For example, it will inform decisions about:

- The provision of pastoral and/or academic support

### **Looked-after and previously looked-after children**

We will ensure that staff have the skills, knowledge and understanding to keep looked-after

children and previously looked-after children safe. In particular, we will ensure that:

- Appropriate staff have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements
- The DSL has details of children's social workers and relevant virtual school heads

### **Young people who are lesbian, gay, bisexual or gender questioning**

We recognise that young people who are (or who are perceived to be) lesbian, gay, bisexual or gender questioning (LGBTQ+) can be targeted by other children. See our behaviour policy for more detail on how we prevent bullying based on gender or sexuality.

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 young people, 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 young person, we will take a cautious approach as there are still unknowns around the impact of social transition, and a young person may have wider vulnerability, such as complex mental health and psychosocial needs, and in some cases, autism spectrum condition (ASC) and/or attention deficit hyperactivity disorder (ADHD).

We will also consider the broad range of their individual needs, in partnership with their carers (other than in rare circumstances where involving carers would constitute a significant risk of harm to the young person). We will also include any clinical advice that is available and consider how to address wider vulnerabilities such as the risk of bullying.

Risks can be compounded where children lack trusted adults with whom they can be open. We therefore aim to reduce the additional barriers faced and create a culture where young people can speak out or share their concerns with members of staff.

### **Complaints and concerns about RLE's safeguarding policy.**

#### **Complaints against staff**

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff.

## **Other complaints**

Complaints that do not involve child protection will be handled under the Real Life Education Complaints Policy.

## **Whistle-blowing**

Real Life Education's whistle-blowing policy is available on request and via our website.

## **Record-keeping**

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the rationale for those decisions, must be recorded in writing. This should include instances where referrals were or were not made to another agency such as local authority children's social care or the Prevent programme, etc. If you are in any doubt about whether to record something, discuss it with the DSL.

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

Concerns and referrals will be kept in a separate child protection file for each child.

Any non-confidential records will be readily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left the provision. Significant safeguarding information relevant to the commissioner's duties is shared securely and the same day where risk dictates. For transfers between providers, the Real Life Education supports the commissioner to ensure timely, secure file transfer to the receiving destination.

In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving provision and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.

In addition:

- Our Safer Recruitment Policy sets out our policy on record-keeping specifically with respect

to recruitment and pre-appointment checks

- Our Allegations Policy sets out our policy on record-keeping with respect to allegations of abuse made against staff

## Training

### All staff

All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures and online safety, to ensure they understand RLE's safeguarding systems and their responsibilities, and can identify signs of possible abuse, exploitation or neglect.

This training will be regularly updated and will:

- Be integrated, aligned and considered as part of the whole-organisation safeguarding approach and wider staff training, and planning
- Be in line with advice from the 3 safeguarding partners
- Include online safety, including an understanding of the expectations, roles and responsibilities for staff around filtering and monitoring
- Where relevant support the expectation that all staff members:
  - Manage behaviour effectively to ensure a good and safe environment
  - Have a clear understanding of the needs of all young people

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, e-bulletins and staff meetings).

Contractors who are provided through a private finance initiative (PFI) or similar contract will also receive safeguarding training.

Volunteers will receive appropriate training, if applicable. Volunteers receive role-appropriate safeguarding induction (Part 1 or Annex A as directed) before unsupervised activity.

### The DSL and deputy

The DSL and deputy will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They, or any other designated Prevent lead, will also undertake more in-depth Prevent awareness training, including on extremist and terrorist ideologies.

### **The Senior Leadership Team/Directors**

All Senior Leadership Team/Directors members receive training about safeguarding and child protection (including online safety) at induction, which is regularly updated. This is to make sure that they:

- Have the knowledge and information needed to perform their functions and understand their responsibilities, such as providing strategic challenge

A Director may be required to act as the 'case manager' in the event that an allegation of abuse is made against the Lead, they receive training in managing allegations for this purpose.

### **Recruitment – interview panels**

At least 1 person conducting any interview for any post at the provision will have undertaken safer recruitment training. This will cover, as a minimum, the contents of Keeping Children Safe in Education, and will be in line with local safeguarding procedures.

See our Safer Recruitment policy for more information about our safer recruitment procedures.

### **Staff who have contact with young people and families**

All staff who have contact with children and families will have supervision which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues.

## **POLICY CONTEXT**

### **Real Life Education (RLE) Policy Statement - Holistic Support Packages in Residential Settings**

RLE delivers under its own policy suite and governance, and in partnership with the residential setting; when working with a child placed in the home, RLE follows the home's local procedures (for example safeguarding, missing from care, behaviour and any physical intervention approach, health and safety, emergency response and complaints).

Real Life Education (RLE) services complement school and alternative provision by offering holistic, wrap-around support that enhances stability, safety, wellbeing and personal development for young people, while supporting

staff teams and the wider residential environment.

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 learning opportunities, establishing prosocial support networks and strengthening 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, which is delivered through a mentoring approach, all services operate with appropriate clinical oversight, and a separate clinical or therapeutic package can be provided where required.

RLE is not a school, not registered with the Department for Education (DfE) and does not deliver statutory full-time education.

The [Commissioning School/Academy/Local Authority/Residential Care Provider] retains full responsibility for the pupil's admission, roll, attendance, full-time education and for meeting any special educational needs/EHCP requirements.

Practice is aligned to the DfE non-school AP voluntary standards and Working Together to Safeguard Children; where RLE interfaces with education settings it mirrors Keeping Children Safe in Education expectations.

Whenever possible RLE attends and contributes to PEPs. RLE links each 'REAL Learning Plan' to PEP/EHCP outcomes, provides engagement updates as agreed, and escalates safeguarding concerns on the same day through the agreed routes (including LADO where applicable).

Information is recorded securely and shared lawfully, proportionately and promptly with the home, the child's school/Virtual School and the placing authority. Serious incidents and allegations are responded to immediately; the residential home remains responsible for any Ofsted notifications relating to the children's home, with RLE supplying timely records to support that process.

[This context should be read alongside the Children's Homes (England) Regulations and Quality Standards, Ofsted's SCCIF for children's homes, the home's local policies and procedures, and RLE's policy suite.]

This policy relates to the following legislative requirements, standards and internal documents:

<b>Legislation/Standards</b>	<ul style="list-style-type: none"><li>• Department for Education's (DfE's) statutory guidance and .</li><li>• DfE Non-school alternative provision: voluntary national standards (31 Aug 2025) — adopted as Real Life Education benchmarks ahead of mandation;</li><li>• Out-of-school settings (OOSS) safeguarding code (as applicable to AP context)</li><li>• The Children Act 1989 (and 2004 amendment)</li><li>• Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015,</li><li>• Statutory guidance on FGM,</li><li>• The Rehabilitation of Offenders Act 1974,</li><li>• Schedule 4 of the Safeguarding Vulnerable Groups Act 2006,</li><li>• Statutory guidance on the Prevent duty,</li><li>• The Human Rights Act 1998,</li><li>• The Equality Act 2010,</li><li>• The Public Sector Equality Duty (PSED),</li></ul>
<b>Related Forms &amp; Documents</b>	<ul style="list-style-type: none"><li>• Anti-Bullying Policy</li><li>• Behaviour Policy</li><li>• Drugs and Alcohol Policy</li><li>• E-Safety Policy</li></ul>

- Safeguarding Statement of Intent
- Safer Recruitment Policy
- Managing Allegations Policy
- Complaints Policy
- Attendance Policy (AP interface)
- Physical Intervention Policy
- Online Safety

## VERSION CONTROL

We will review our documentation regularly and we reserve the right to amend our policies and procedures at any time.

<b>Version</b>	<b>Date</b>	<b>Change Summary</b>	<b>Author/ Reviewer</b>	<b>Approved by:</b>
1	01/01/2024	Initial	Kelly Walne	Adam Walne
2	15/08/2024	Initial Updated Version	Nitisha Jiwa	Adam Walne
3	22/9/25	Review/Reworded	Mark Wrangles	Jordan Turner
4	November 2025	DDSL new contact added (Hannah Wicks)	Kelly Walne	Adam Walne
6	19/01/2026	Reviewed/Reworded	Kelly Walne/Paula Corredor Lopez/Mark Wrangles	Jordan Turner

These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education.

### **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**

This section is based on annex A of the Council of Internet Safety's .

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. This includes providing same-day information to the commissioning school/LA, who lead statutory register actions and Children Missing From Education (CME) escalation. The Real Life Education contributes to enquiries and records contact attempts and risks.

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 from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is

suffering or likely to suffer from harm, or 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:

- Appearng 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.

Our provision has a zero-tolerance approach to sexual violence and sexual harassment. We recognise that even if there are no reports, that does not mean that this kind of abuse is not happening.

Child-on-child abuse is most likely to include, but may not be limited to:

- 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 young person's own 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 does not 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 is not 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.

If police are called to an incident of domestic abuse and any children in the household have experienced the incident, the police will inform the key adult in school (usually the designated safeguarding lead) before the child or children arrive at school the following day.

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 and deputy will be aware of contact details and referral routes in to 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 young person is at risk of FGM.

Indicators that FGM has already occurred include:

- A young person confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/young person already being known to social services 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 young person 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 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 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 young person is being forced into marriage, they will speak to

the young person about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the young person about the concerns in a secure and private place
- Activate the local safeguarding procedures and refer the case to the local authority's designated officer
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk)
- Refer the young person to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate

### **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.

Organisations have a duty to prevent children from becoming involved with or supporting terrorism. The DSL, or designated Prevent lead, will undertake in-depth Prevent awareness training, including on extremist and terrorist ideologies. They will make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of children in our provision from becoming involved with or supporting terrorism. This assessment will be based on an understanding of the potential risk in our local

area, in collaboration with our local safeguarding partners and local police force.

We will ensure that suitable internet filtering is in place, and equip our young people to stay safe online at school and at home.

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 young people' behaviour.

The government website and charity say that signs that a young person 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 young person, 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 provision.

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 upskirting. 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 this policy, as appropriate.

### **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 young person being involved in, or at risk of, serious violence, they will report this to the DSL.

**Important contacts**

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Jordan Turner	jordanturner@reallifeeducation.co.uk
Deputy DSL	Hannah Wicks	hannahwicks@reallifeeducation.co.uk
Local authority designated officer (LADO)		Lancashire - 01772 536 694 - <a href="mailto:LADO.Admin@lancashire.gov.uk">LADO.Admin@lancashire.gov.uk</a>
Channel helpline		020 7340 7264