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**Safeguarding Policy**

This guidance is principally intended for any employees, freelance staff or volunteers managed by Fireflies Forest School who are likely to have regular contact with children and/or vulnerable adults through their volunteering work.

We aim to safeguard the welfare of all who participate in Fireflies Forest School sessions. In order to give protection from potential and actual abuse or harm it is important that all concerned have a basic understandable of the issues involved and that procedures are in place that are understandable and easy to implement by anyone providing a service to young people.

Fireflies is committed to creating an environment that enables children to learn develop and express themselves in a safe, understanding and encouraging environment. Parents and Settings trust us to look after their Young people, to care for them, to give encouragement and to keep them safe.

We need to ensure that we honour their trust. Fireflies Safeguarding Policy arises from the following principle: Everybody regardless of age, disability, gender or ethnic origin have a right to be protected from all forms of harm, abuse, neglect and exploitation.

“It is not our responsibility as members of Fireflies to decide whether or not abuse or harm is occurring, but it is our responsibility to act on any concerns and do something about it.”

**Legal Framework and Definition of Safeguarding**

* Children Act 1989 and 2004
* Childcare Act 2006 (amended 2018)
* Safeguarding Vulnerable Groups Act 2006
* Children and Social Work Act 2017
* The Statutory Framework for the Early Years Foundation Stage (EYFS) 2021
* Working Together to Safeguard Children 2018
* Keeping Children Safe in Education 2020
* Data Protection Act 2018
* What to do if you’re worried a child is being abused 2015
* Counter-Terrorism and Security Act 2015.
* Inspecting Safeguarding in Early years, Education and Skills settings 2019
* Prevent Duty 2015

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

* Protecting children from maltreatment
* Preventing the impairment of children’s health or development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
* Taking action to enable all children to have the best outcomes.

*(Definition taken from the HM Government document ‘Working together to safeguard children 2018).*

**What is safeguarding**

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment and preventing impairment of children’s health or development. Safeguarding ensures that children can grow up in circumstances consistent with the provision of safe and effective care, enable those children to have optimum life chances and to enter adulthood successfully.

Fireflies Forest School Safeguarding Children policy & Vulnerable Adults gives clear procedures on responding to concerns regarding the safeguarding and protection of children, young people and vulnerable adults. Combined with the associated procedures, and guidance, the policy provides a structure for volunteers that may come across concerns of this nature within the context of their work.

All volunteers likely to undertake regulated activity with young people under 18 or classified as a vulnerable adult are required to undergo a Disclosure Barring Service check (DBS).

**Other definitions**

A child is defined as anyone who has not reached their 18th birthday. Children’ therefore means ‘children and young people.

A vulnerable adult someone 18 or over who is unable to care independently for themselves or unable to protect themselves against significant harm or exploitation. This could be due to a physical or learning disability, illness or injury or mental health issues; old age; substance addiction; domestic violence or abuse or other reasons. It can be a temporary or a permanent condition.

Child or young person or vulnerable adult protection is a part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

**Policy Intention**

To safeguard children and promote their welfare we will:

* Create an environment to encourage children to develop a positive self-image
* Provide positive role models and develop a safe culture where staff, Volunteers and Students are confident to raise concerns about professional conduct
* Ensure all staff, Volunteers and Students are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take
* Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
* Provide a safe and secure environment for all children
* Promote tolerance and acceptance of different beliefs, cultures and communities
* Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
* Always listen to children
* Provide an environment where we are confident to identify where children and families may need intervention and seek the help they need
* Share information with other agencies as appropriate.

We are aware that abuse does occur in our society, and we are vigilant in identifying signs of abuse and reporting concerns. We have a duty to protect and promote the welfare of children. When we are working on the frontline with children and families we are often the first people to identify a concern, observe changes in a child’s behaviour or receive information relating to indicators of abuse. We may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child’s behaviour which may indicate abuse.

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents, staff, volunteers and students to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for Children’s Social Care, family support, health professionals including health visitors or the police. All staff, volunteers and students will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

**We aim to:**

* Keep the child at the centre of all we do, providing sensitive interactions that develops and builds children’s well-being, confidence, and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships
* Ensure staff, volunteers and students are trained right from induction to understand the safeguarding and child protection policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children (peer on peer) through bullying or discriminatory behaviour.
* Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families, including the impact of toxic trio on children and Adverse Childhood Experiences (ACE’s).
* Ensure that all staff, volunteers, and students feel confident and supported to act in the best interest of the child; maintaining professional curiosity around welfare of children and share information and seek the help that the child may need at the earliest opportunity.
* Ensure that all staff and volunteers are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures, including thorough annual safeguarding newsletters and updates.
* Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Cambridgeshire County Council.
* Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest.
* Take any appropriate action relating to allegations of serious harm or abuse against any person working with children including reporting such allegations to relevant authorities including the local authority.
* Ensure parents are fully aware of our safeguarding and child protection policies and procedures when they register with our sessions and are kept informed of all updates when they occur.
* Regularly review and update this policy with staff, volunteers and students and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by Cambridgeshire County Council.

**Contact Telephone Numbers**

Local authority children’s social care team: **0345 0455203**

Local authority Designated Officer (LADO): **01223 727967**

Local Authority Referral Team**: 0300 1233155**

Local Authority Out of Hours Team**: 01733 234 724**

NSPCC:  **0808 800 5000**

Local Safeguarding Partner’s: **01223 703800**

Local Early Help Services: **01480 373522**

Emergency police: **999**

Non-emergency police: **101**

Government helpline for extremism concerns: **020 7340 7264**

Child exploitation and Online protection:[**https://www.ceop.police.uk/safety-centre/**](https://www.ceop.police.uk/safety-centre/)

**Indicators of Child Abuse**

* Failure to thrive and meet developmental milestones
* Fearful or withdrawn tendencies
* Unexplained injuries to a child or conflicting reports from parents or staff, volunteer or student.
* Repeated injuries
* Unaddressed illnesses or injuries
* Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

**Emotional states:**

* Fearful
* Withdrawn
* Low self-esteem.

**Behaviour:**

* Aggressive
* Oppositional habitual body rocking.

**Interpersonal behaviours:**

* Indiscriminate contact or affection seeking
* Over-friendliness to strangers including healthcare professionals
* Excessive clinginess, persistently resorting to gaining attention
* Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
* Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
* Coercive controlling behaviour towards parents or carers
* Lack of ability to understand and recognise emotions
* Very young children showing excessive comforting behaviours when witnessing parental or carer distress.

**What Is Abuse?**

Do not ever think that you could never be placed in the position of reporting child abuse or raising a safeguarding concern. The generic term ‘child abuse’ is used to describe various ways in which children are harmed or mistreated. There are many ways in which children can be harmed, all with a common factor that the child feels undervalued and worthless. Abuse can happen anywhere, but research indicates that the perpetrators of such abuse are likely to be known and trusted by the child.

**What are the signs of abuse?**

The signs of abuse are not always obvious, and a child or young person might not feel able to tell anyone what's happening to them. Sometimes, children don't even realise that what's happening to them is abuse. There are different types of abuse and the signs of abuse may depend on the type. For example, the signs that a child is being neglected may be different from the signs that a child is being abused sexually.

**Types of abuse:**

**Physical Abuse**

A form of abuse which 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.

All children can suffer injuries during their early years as they explore and develop. If an explanation of how a child received their injury doesn’t match the injury itself or if a child’s injuries are a regular occurrence or there is a pattern to their injuries, then we will report our concerns.

**Fabricated Illness**

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The parent or carer may seek out unnecessary medical treatment or investigation; they may exaggerate a real illness and symptoms or deliberately induce an illness through poisoning with medication or other substances or they may interfere with medical treatments. Fabricated illness is a form of physical abuse, and any concerns will be reported, in line with our safeguarding procedures.

**Female Genital Mutilation (FGM)**

FGM can also be known as Female Genital Cutting. FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death (definition taken from the Multi-Agency Statutory Guidance on Female Genital Mutilation).

The procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman’s first pregnancy and varies widely according to the community.

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause:

• Severe pain

• Shock

• Bleeding

• Infection such at tetanus, HIV and hepatitis B and C

• Organ damage

• Blood loss and infections

• Death in some cases

Any concerns about a child or family, will be reported to the children’s social care team in the same way as other types of physical abuse. We have a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18.

**Breast ironing/flattening**

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear, or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage.

Breast Ironing/Flattening is a form of physical abuse and can cause serious health issues such as:

* Abscesses
* Cysts
* Itching
* Tissue damage
* Infection
* Discharge of milk
* Dissymmetry of the breasts
* Severe fever.

Any concerns about a child or family, will be reported to the children’s social care team in the same way as other types of physical abuse.

**Sexual Abuse**

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. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.

Action must be taken if staff a volunteer or a student witnesses an occasion(s) where a child indicates sexual activity through words, play, drawing, has an excessive preoccupation with sexual matters; or has an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls/toys or in the role-play area with their peers; drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

If a child is being sexually abused staff, volunteers and students may observe both emotional and physical symptoms.

**Emotional signs:**

* Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
* Personality changes such as becoming insecure or clingy
* Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
* Sudden loss of appetite or compulsive eating
* Being isolated or withdrawn
* Inability to concentrate
* Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer
* Becoming worried about clothing being removed
* Suddenly drawing sexually explicit pictures or acting out actions inappropriate for their age
* Using sexually explicit language

**Physical Signs:**

* Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy

Any concerns about a child or family will be reported to the children’s social care team.

**Child sexual exploitation (CSE)**

*Keeping Children Safe in Education (2020)* describes CSE as: where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year old’s who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person’s immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

Signs and indicators may include:

* Physical injuries such as bruising or bleeding
* Having money or gifts they are unable to explain
* Sudden changes in their appearance
* Becoming involved in drugs or alcohol, particularly if you suspect they are being supplied by older men or women
* Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
* Using sexual language that you wouldn’t expect them to know
* Engaging less with their usual friends
* Appearing controlled by their phone
* Switching to a new screen when you come near the computer
* Nightmares or sleeping problems
* Running away, staying out overnight, missing school
* Changes in eating habits
* Talk of a new, older friend, boyfriend or girlfriend
* Losing contact with family and friends or becoming secretive
* Contracting sexually transmitted diseases.

**Emotional Abuse**

The persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve:

• Telling a child they are worthless, unloved or inadequate

• Valued only insofar as they meet the needs of another person

• Age or developmentally inappropriate expectations being imposed on a child

• Overprotection and limitation of exploration and learning

A child seeing or hearing the ill-treatment of another

• Serious bullying

• Causing a child to frequently feel frightened or in danger

• Exploitation or corruption of a child

Working Together to Safeguard Children (2018) defines emotional abuse as ‘the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development’. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs and indicators may include:

* Physical, mental and emotional development lags
* Sudden speech disorders
* Overreaction to mistakes
* Extreme fear of any new situation
* Neurotic behaviour (rocking, hair twisting, self-mutilation)
* Extremes of passivity or aggression
* Appear unconfident or lack self-assurance.

Action will be taken if the staff, volunteer or student has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection. Children may also experience emotional abuse through witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

**Neglect**

Working Together to Safeguard Children (2018) defines Neglect as ‘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 caregivers)

- Ensure access to appropriate medical care or treatment.

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

Signs may include a child persistently arriving unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them), or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child’s needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support from elsewhere. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

**Neglect may occur:**

• During pregnancy as a result of substance abuse

• Failure to provide adequate food and clothing

• Failing to provide shelter including exclusion from home or abandonment

• Failing to protect a child from physical harm or danger

• Failure to ensure adequate supervision (including the use of inadequate caregivers)

• Failure to ensure access to appropriate medical care or treatment

**Discriminatory Abuse**

Discriminatory Abuse includes racist, religious and sexist abuse including FGM, plus abuse based on a person’s disability.

**Common signs that may raise a concern**

Some common signs that there may be something concerning happening in a child’s life include:

• unexplained changes in behaviour or personality

• becoming withdrawn

• seeming anxious

• becoming uncharacteristically aggressive

• lacks social skills and has few friends, if any

• poor bond or relationship with a parent

• knowledge of adult issues inappropriate for their age

• running away or going missing

• always choosing to wear clothes which cover their body.

These signs don’t necessarily mean that a child is being abused, there could be other things happening in their life which are affecting their behaviour – but we can help you to assess the situation.

**Other signs could be:**

• Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries

• An injury for which the explanation seems inconsistent

• The child describes what appears to be an abusive act involving him or her

• Someone else (child or adult) expresses concern about the welfare of another child

• Distrust of adults, particularly those with whom a close relationship would normally be expected

• Difficulty in making friends

• Uncharacteristic eating disorders, depression and suicide attempts

You may also notice some concerning behaviour from adults who you know have children in their care, which makes you concerned for the child/children’s safety and wellbeing

**Peer-on-peer Abuse**

We are aware that peer-on-peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. We will report this in the same way we do for adults abusing children and will take advice from the appropriate bodies on this area; to support for both the victim and the perpetrator, as they could also be a victim of abuse. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

**Child Criminal Exploitation (CCE)**

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Some of the following can be indicators of CCE:

* Children who appear with unexplained gifts or new possessions.
* Children who associate with other young people involved in exploitation.
* Children who suffer from changes in emotional well-being.
* Children who misuse drugs and alcohol.
* Children who go missing for periods of time or regularly come home late; and
* Children who regularly miss school or education or do not take part in education.

If staff, volunteers or students have any concerns regarding CSE or CCE, they will be reported in the usual way.

**County Lines**

The National Crime Agency (NCA) describe county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of ‘deal line.’ Customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes.

Signs and indicators to be aware of include:

* Changes in the way young people you might know dress
* Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
* Missing from home or schools and/or significant decline in performance
* New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
* May be carrying a weapon
* Receiving more texts or calls than usual
* Sudden influx of cash, clothes or mobile phones
* Unexplained injuries
* Significant changes in emotional well-being
* Young people seen in different cars/taxis driven by unknown adults
* Young people seeming unfamiliar with your community or where they are
* Truancy, exclusion, disengagement from school
* An increase in anti-social behaviour in the community
* Unexplained injuries
* Gang association or isolation from peers or social networks.

**Cuckooing**

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing, often in multi-occupancy or social housing properties. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home. If we recognise any of these signs, we will report our concerns as per our reporting process.

If staff, volunteers or students have any concerns regarding county lines/cuckooing they will be reported in the usual way.

**Contextual safeguarding**-

As young people grow and develop, they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures, we will work in partnership with parents/carers and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

**Domestic Abuse / Honour Based Abuse / Forced Marriages**

We look at these areas as a child protection concern. Please refer to the separate policy for further details on this.

**Extremism – the Prevent Duty**

Under the Counter-Terrorism and Security Act 2015 we have a duty to safeguard at risk or vulnerable children under the Counter-Terrorism and Security Act 2015 to have “due regard to the need to prevent people from being drawn into terrorism and refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It’s a gradual process so young people who are affected may not realise what’s happening.

Radicalisation is a form of harm. The process may involve:

• Being groomed online or in person

• Exploitation, including sexual exploitation

• Psychological manipulation

• Exposure to violent material and other inappropriate information

• The risk of physical harm or death through extremist acts

We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

**SEND and disabled children**

It is a fundamental principle that disabled children have the same right as non-disabled children to be protected from [harm](https://www.safeguardingcambspeterborough.org.uk/glossary/harm/) and [**Abuse**](http://trixresources.proceduresonline.com/nat_key/keywords/abuse.html). However, in order to ensure that the welfare of disabled children is safeguarded and promoted, it needs to be recognised that additional action is required. This is because disabled children have additional needs related to physical, sensory, cognitive and/or communication requirements and many of the problems they face are caused by negative attitudes, prejudice and unequal access to things necessary for a good quality of life.

Disabled children are likely to have poorer outcomes across a range of indicators including low educational attainment, poorer access to health services, poorer health outcomes and a more focussed need to prepare for adulthood. They are more likely to suffer family break up and are significantly over-represented in the populations of [**Looked After Children**](http://trixresources.proceduresonline.com/nat_key/keywords/looked_after_child.html).

The reasons why disabled children are more vulnerable to [**Abuse**](http://trixresources.proceduresonline.com/nat_key/keywords/abuse.html) are summarised below:

* Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
* Their dependency on parents and carers for practical assistance in daily living including intimate personal care increases their risk of exposure to abusive behaviour;
* They may have speech, language and communication needs which may make it difficult to tell others what is happening;
* They often do not have access to someone they can trust to disclose that they have been Abused;
* They are especially vulnerable to bullying and intimidation;
* Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home but are particularly susceptible to possible [Abuse](https://www.safeguardingcambspeterborough.org.uk/glossary/abuse/) because of their additional dependency on residential and hospital staff for day to day physical needs.

Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of [Abuse](https://www.safeguardingcambspeterborough.org.uk/glossary/abuse/) and/or Neglect as the situation is often more complex. It is crucial that the disability is not allowed to mask or deter the need for an appropriate investigation of [**Child Protection**](http://trixresources.proceduresonline.com/nat_key/keywords/child_protection.html) concerns.

The following are some indicators of possible [Abuse](https://www.safeguardingcambspeterborough.org.uk/glossary/abuse/) or Neglect:

* A bruise in a site that might not be of concern on an ambulant child, such the shin, might be a concern on non-mobile child;
* Not getting enough help with feeding leading to malnourishment;
* Poor toileting arrangements;
* Lack of stimulation;
* Unjustified and/or excessive use of restraint;
* Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing;
* Unwillingness to try to learn a child’s means of communication;
* Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting, misappropriation of a child’s finances;
* Invasive procedures which are unnecessary or are carried out against the child’s will;
* If insufficient time is given for a child with restricted arm and hand movement to have an adequate lunch, the child could experience hunger or dehydration. The impact of such an experience is repeated over a number of days could be considerable;
* Removing batteries out of an electric wheelchair to restrict liberty solely for the convenience of staff might equate to a non-disabled child being locked in a room or having their legs tied.

The child’s preferred method of communication must be given the utmost priority.

The following questions should be asked when a referral is received concerning a disabled child:

* What is the disability, special need or impairment that affects the child? Ask for a description of the disability or impairment;
* How does the disability or impairment affect the child on a day-to-day basis?
* How does the child communicate? If someone says the child cannot communicate, simply ask the question: ‘How does the child indicate he or she wants something?
* How does the child show s/he is unhappy / in pain / have concerns?
* Has the disability or condition been medically diagnosed?

At Fireflies we will never discriminate against any child who has SEND. We will always strive to ensure our provision can support every child, no matter their needs to ensure they feel safe and can enjoy our sessions. If a child has any additional need their parents/guardians are asked to include this on their booking form so that we can ensure we can support them appropriately. Some children will also be able to receive funding to have a 1:1 during our sessions.

**Online Safety**

We take the safety of our children very seriously and this includes their online safety. Please refer to the Online Safety policy for further details.

**Adult sexual exploitation**

As part of our safeguarding procedures, we will also ensure that staff, volunteers and students are safeguarded from sexual exploitation.

**Up skirting**

Up skirting involves taking a picture of someone’s genitals or buttocks under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual. This is a criminal offence, and any such action would be reported following our reporting procedures.

**Child abuse linked to faith or belief (CALFB)**

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

* Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
* The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
* Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
* Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

**Reporting Procedures**

What should you do if you suspect abuse is taking place?

All staff, volunteers and students have a responsibility to report safeguarding/child protection concerns and suspicions of abuse. These concerns will be discussed with the designated safeguarding lead (DSL) as soon as possible.

* Staff, volunteers and students will report their concerns to the DSL **Jessica Brocklebank**
* Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely
* For children who arrive at a session with an existing injury, a form will be completed along with the parent’s/carers explanation as to how the injury happened. Staff, volunteers and students will have professional curiosity around any explanations given, any concerns around existing injury’s will be reported
* If appropriate, any concerns/or incidents will be discussed with the parent/carer and discussions will be recorded. Parents will have access to these records on request in line with GDPR and data protection guidelines.
* If there are queries/concerns regarding the injury/information given, then the following procedures will take place:

**The designated safeguarding lead will:**

* Contact the Local Authority children’s social care team to report concerns and seek advice immediately, or as soon as it is practical to do so. If it is believed a child is in immediate danger, we will contact the police. If the safeguarding concern relates to an allegation against an adult working or volunteering with children then the DSL will follow the reporting allegations procedure (see below)
* Record the information and action taken relating to the concern raised
* Speak to the parents (unless advised not do so by LA children’s social care team)
* The designated safeguarding lead will follow up with the Local Authority children’s social care team if they have not contacted the setting within the timeframe set out in Working Together to Safeguarding Children (2018). We will never assume that action has been taken.

Keeping children safe is our highest priority and if, for whatever reason, staff, volunteers and students do not feel able to report concerns to the DSL or deputy DSL they should call the Local Authority children’s social care team, the Police or the NSPCC and report their concerns anonymously.

**Responding to a spontaneous disclosure from a child**

If a child starts to talk openly about abuse they may be experiencing, then we will:

* Give full attention to the child or young person
* Keep body language open and encouraging
* Be compassionate, be understanding and reassure them their feelings are important using phrases such as ‘you’ve shown such courage today’
* Take time and slow down: show respect, pause and will not interrupt the child – let them go at their own pace
* Recognise and respond to their body language
* Show understanding and reflect back
* Make it clear you are interested in what the child is telling you
* Reflect back what they have said to check your understanding – and use their language to show it’s their experience
* Reassure the child that they have done the right thing in telling you. Make sure they know that abuse is never their fault
* Never talk to the alleged perpetrator about the child’s disclosure. This could make things a lot worse for the child.

*(Information taken from NSPCC)*

Any disclosure will be reported to the DSL and will be referred to the local authority children’s social care team immediately, following our reporting procedures.

**Recording Suspicions of Abuse and Disclosures**

Staff, volunteers and students should make an objective record of any observation or disclosure, supported by the designated safeguarding lead (DSL). This record should include:

* Child's name
* Child's address
* Age of the child and date of birth
* Date and time of the observation or the disclosure, location
* Exact words spoken by the child (word for word) and non-verbal communication
* Exact position and type of any injuries or marks seen
* Exact observation of any incident including any concern was reported, with date and time; and the names of any other person present at the time
* Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the DSL, dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse, it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly, and disclosure is not forced or words put into the child’s mouth. As soon as possible after the disclosure details must be logged accurately. It is not All Fireflies Forest Schools role to investigate, it is the role of statutory services to complete this.

Staff, volunteers and students involved in a safeguarding case may be asked to supply details of any information/concerns they have with regard to a child. We expect all members of our team to co-operate with the local authority children’s social care and police in any way necessary to ensure the safety of the children.

Staff, volunteers and students must not make any comments either publicly or in private about the supposed or actual behaviour of a parent, child or member of our team.

**Informing parents**

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the local authority children’s social care team/police does not allow this to happen. This will usually be the case where the parent or family member is the likely abuser or where a child may be endangered by this disclosure. In these cases, the investigating officers will inform parents.

**Confidentiality**

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the local authority. All staff, students and volunteers are bound by confidentiality and any information will not be discussed out of work, or this will become a disciplinary matter.

We have due regard to the data protection principles as in the Data Protection Act 2018 and General Data Protection Regulations (GDPR)[[1]](#footnote-1). These do not prohibit the collection and sharing of personal information, even without consent if this would put the child at further risk. We will follow the principles around data collection and information sharing, and ensure any information is recorded and shared in an appropriate way.

**Support to families**

We take every step in our power to build up trusting and supportive relations among families, staff, students and volunteers who attend our sessions.

We continue to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interest of the child.

**Record Keeping**

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate and in line with guidance of the local authority with the provision that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

We keep appropriate records to support the early identification of children and families that would benefit from support. Factual records are maintained in a chronological order with parental discussions. Records are reviewed regularly by the DSL to look holistically at identifying children’s needs.

**Allegations against adults working or volunteering with children**

If an allegation is made against a member of staff, student or volunteer or any other person who lives or works on the communal grounds regardless of whether the allegation relates to the communal premises or elsewhere, we will follow the procedure below.

An allegation against a member of staff, student, volunteer or any other person may relate to a person who has:

* behaved in a way that has harmed a child, or may have harmed a child;
* possibly committed a criminal offence against or related to a child;
* behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or
* behaved or may have behaved in a way that indicates they may not be suitable to work with children.

We will follow our own local safeguarding partner’s website information about how to report an allegation in order for this to be investigated by the appropriate bodies promptly. This includes:

* If as an individual, you feel this will not be taken seriously or are worried about the allegation getting back to the person in question then it is your duty to inform the local authority children’s social care team yourself directly
* The local authority children’s social care team will be informed immediately for advice and guidance
* A full investigation will be carried out by the appropriate professionals (local authority children’s social care team) to determine how this will be handled
* We will follow all instructions from the local authority and children’s social care team and ask all staff, volunteers, and students to do the same and co-operate where required
* Support will be provided to all those involved in an allegation throughout the external investigation in line with local authority children’s social care team support and advice
* We reserve the right to suspend any member of staff, volunteer or student during an investigation, Legal advice will be sought to ensure compliance with the law.
* All enquiries/external investigations/interviews will be documented and kept in a locked file for access by the relevant authorities
* Founded allegations will be passed on to the relevant organisations including the local authority children’s social care team and where an offence is believed to have been committed, the police will also be informed.
* Founded allegations will be dealt with as gross misconduct in accordance with our disciplinary procedures and may result in the termination of employment, Ofsted will be notified immediately of this decision along with notifying the Disclosure and Barring Service (DBS) to ensure their records are updated.
* We retain the right to dismiss any member of staff, volunteer and student in connection with founded allegations following an inquiry
* Unfounded allegations will result in all rights being reinstated

**Staffing and volunteering**

Our policy is to provide a secure and safe environment for all children. We follow safer recruitment practices including obtaining references and all staff, volunteers or students who will work with children will have enhanced criminal record checks from the Disclosure and Barring Service (DBS) before being able to carry out intimate care routines or have unsupervised contact with children.

We will obtain enhanced criminal records checks (DBS) for volunteers in the setting. Volunteers and visitors will never have unsupervised access to children.

All staff, volunteers and students will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children. During induction staff, volunteers and students will be given contact details for the local authority children’s social care team’s, the local safeguarding children partnership and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

Ongoing suitability of staff, volunteers and students is monitored through:

* annual declaration of suitability
* safeguarding competencies
* regular review of DBS using the online update service.

**Designated Safeguarding Lead**

We have named persons who take lead responsibility for safeguarding and co-ordinate child protection and welfare issues, known as the Designated Safeguarding Leads (DSL). If the DSL is not on site during a session, they will be contactable immediately at all times and can be contacted on 07557 282 113. The designated persons will receive comprehensive training at least every two years and update their knowledge on an ongoing basis, but at least once a year.

The DSL’s liaise with the local authority children’s social care team, undertakes specific training, including a child protection training course, and receives regular updates to developments within this field. They in turn support the ongoing development and knowledge of our team with regular safeguarding updates.

The Designated Safeguarding Lead (DSL) is: **Jessica Brocklebank**

**The role of the Designated Safeguarding Lead**

* Ensure that the safeguarding policy and procedures are reviewed and developed in line with current guidance; and develop staff, volunteer and student understanding of the settings safeguarding policies
* Take the lead on responding to information from our team relating to child protection concerns
* Provide advice, support and guidance on an on-going basis to staff, students and volunteers.
* To identify children who may need early help or who are at risk of abuse
* To help to ensure the right support is provided to families
* To liaise with the local authority and other agencies with regard to child protection concerns
* To ensure policies are in line with the local safeguarding procedures and details
* Disseminate updates to legislation to ensure all staff, volunteers and students are kept up to date with safeguarding practices

We have a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the DSL at the earliest opportunity.

**Early help services**

When a child and/or family would benefit from support but do not meet the threshold for Local Authority Social Care Team, a discussion will take place with the family around early help services.

Early help provides support as soon as a concern/area of need emerges, helping to improve outcomes and prevent escalation onto local authority services. Sometimes concerns about a child may not be of a safeguarding nature and relate more to their individual family circumstances. We will work in partnership with parents/carers to identify any early help services that would benefit your child or your individual circumstances, with your consent, this may include family support, foodbank support, counselling or parenting services.

If Fireflies staff are working for another organisation then they must also be aware of the procedures set out in the host settings safeguarding policy of the referring organisation and follow the procedures for reporting concerns to the setting or agency they are working within/ for. A report should still be shared with Fireflies DSL and logged appropriately. In the event of referral to Social Care, copies of all relevant correspondence, notes of dialogue, diagrams of any injury witnessed must also be passed to the DSL and or referring agency/ setting for filing. It is very important that any concerns on a child’s safety are logged using the form at the end of this document and handed/ sent to the DSL who will store these securely.

**Graphical user interface, text, application, chat or text message

Description automatically generated**

**Graphical user interface, application, Word

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**When should the LADO be contacted?**

It will be the DSL who uses the criteria above to decide whether the allegation falls into one or more of the three categories of 'harm', 'crime' or 'posing a risk'. If there is any doubt, the LADO will be contacted for advice.

**Action to take upon hearing an allegation against an adult who works with children**

There are likely to be two parallel processes, one relating to the management of the allegation against the adult(s), and the other focusing on the child(ren)

Follow the procedure on the flowchart poster: ‘Allegation against a person who works or volunteers with children … What to do’ It is equally important to ensure the safety of the child(ren) concerned, to ensure a medical assessment/intervention is implemented, as needed, and to secure any forensic evidence.

All actions and discussions should be accurately recorded. At this stage the welfare and safeguarding of the child(ren) is paramount. It is important that the person to whom the allegation is disclosed listens carefully and accurately records what has been said. There must be no discussion, particularly not with the alleged perpetrator(s) and no attempts to investigate the matter. Any such action may potentially undermine future formal investigations.

**How do I refer an allegation?**

Inform the Ofsted Registered Person\*

Who should:

• Contact the LADO, who will make a decision about all further action required

• Notify Ofsted \* If the Registered Person is the alleged perpetrator, the person informed of the allegation should seek advice immediately from the LADO without alerting the perpetrator. There may be up to three strands in the consideration of an allegation:

• A police investigation of a possible criminal offence

• Enquiries and assessment by children’s social care about whether a child is in need of protection or services

• Consideration by an employer of disciplinary action in respect of the individual. Guidance about information sharing If the LADO decides that the matter has met the allegations threshold, they will email the referrer a written referral form and request that it is completed and returned as a priority. The form will enable the LADO to ensure all the essential information is recorded. The LADO will give guidance about what the adult should be told, at what stage and by whom. It is important to give due consideration to the confidentiality of the adult and therefore details of the matter should not be disclosed or discussed with colleagues or outside agencies. The LADO will advise what information should be disclosed to the child(ren)’s family.

It is important not to compromise any formal investigation or breach confidentiality by staff disclosing information in an unplanned way without due consideration under allegations procedures.

What happens next? If the allegation leads to a police investigation, the LADO will chair an Allegation Management Meeting (AMM). The focus of an AMM is on the adult(s) against whom the allegation has been made. Depending on the circumstances of the case, the LADO will decide who is to attend the meeting, this will probably include: the employer, Senior Adviser Intervention and Safeguarding (Early Years Service), Ofsted, Police and Children’s Social Care. Alleged perpetrators do not attend AMMs.

The full meeting notes must never be shared with the alleged perpetrator, the LADO will prepare a redacted summary with third party information removed, if this is required. It is important that as much information as possible about the adult is available to the AMM. This is essential in order to assess risk appropriately.

The LADO therefore needs details in writing, prior to an AMM, of the accounts of the allegation taken at the time, of the adults records in terms of any previous allegations or concerns (if known), and how these were dealt with, of any training undertaken and when, of any other issues with the child or person making the allegation, and so on. The adult may be suspended from working or volunteering in their setting, pending the outcome of police or internal enquiries and it will be agreed during the AMM how and by whom the adult is offered appropriate support during the process.

**What happens following the investigation?**

The outcome of a police investigation may be a prosecution. If there is no further action resulting from the police investigation, or a police investigation was not required, then the employer of the adult will be required to undertake an internal investigation. This will identify what disciplinary action, if any, is required. Decisions may include, for example, immediate re-instatement of the adult, additional training, management advice and support, a formal warning or dismissal and de-registration (if applicable). Support and advice for the employer can be obtained if required from the Early Years Service. If the outcome of the internal investigation is that the adult is dismissed, then a referral must be made to the Disclosure and Barring Service (DBS). The LADO will retain records of the entire process

**Logging concerns about a childs safety and welfare**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child** | **Date of birth** | **Date and time from completed** | **From completed by** |
| **Reason (s) for reporting this incident?** | | | |
| Please fill in as much information as possible and ensure all recordings are factual. | | | |
| **What** |  | | |
| **Where** |  | | |
| **When** |  | | |
| Please note the action taken, including the names and organisation of anyone to whom information was passed. | | | |
| **Action** | | **Outcome** | |
| **Your Organisation and Role** | | **Your Signature** | |

All reports relating to safeguarding children should be completed in black ink and stored securely.

(Please attach any handwritten notes and body maps completed during disclosure)

**For DSL use only**

|  |  |
| --- | --- |
| Please note any further action taken, including the names, contacts and role of anyone to whom information was passed. | |
| Actions | Outcomes |

DSL may make a decision to refer the concern to relevant local safeguarding board/police/social services for investigation. All actions taken will be recorded on the safeguarding form and stored securely

No longer has concern

No action required: DSL completes safeguarding incident outcome form and saves securely in line with GDPR

DSL will participate in local safeguarding board/police investigation as required

DSL maintains contact with relevant safeguarding board/police/social services and records outcomes on safeguarding incident outcome form and safeguarding chronology

**What Volunteers need to do:**

• Know your role and responsibilities in relation to young people.

• Know who to contact to report and for advice on safeguarding issues. Volunteers and employees should discuss their concerns with Jessica Brocklebank in the first instance. However, if the concerns are about Jessica Brocklebank or they are unable to contact her they should contact the local safeguarding team, phone number is below.

• Maintain professional boundaries at all times. Avoid placing yourself into situations where your actions may be misinterpreted. Volunteers or employees shouldn’t spend excessive amounts of time alone with child or young person or vulnerable adult away from others, take young people alone on car journeys, or undertake any home visits.

All adults working or volunteering with Fireflies Forest School have a duty of care to be vigilant and respond appropriately to suspicions of poor practice, abuse or bullying. This does not mean that it is your responsibility to decide if a situation is poor practice, abuse or bullying, but it is your responsibility to report your concerns.

If someone discloses abuse to you, be sympathetic and supportive, but don’t agree to keep it confidential. Explain it is your duty to pass on information appropriately. Don’t risk putting yourself in difficulty or danger by attempting to investigate the case yourself or to challenge the alleged abuser follow the procedure below:

1. Discuss your concerns with your Manager (Jessica Brocklebank). If this is the person who is suspected of abuse, or if your manager/contact is not contactable, contact the local children's social care team. Jessica Brocklebank will report the concerns as soon as possible. This should normally be on the same working day, so do not delay in passing the information on.

2. Make a note of all events (with dates and times) and include what the child or young person or vulnerable adult has said (where this applies) and pass this information to your Volunteer Manager/contact. This information may be needed later.

In an emergency and where there is immediate risk to a child or young person or vulnerable adult; it is essential to avoid delay as inaction that may place the child or young person or vulnerable adult at further risk. Inform your Manager as soon as possible, who will in turn contact the Safeguarding Team.

Any volunteer or member of staff who finds that a child is telling them something which concerns them should:

1. Listen to the child, allowing them to lead the discussion

2. Keep calm and offer some reassurance and accept what the child says without challenge

3. Make NO promises. You cannot ‘keep a secret’. You should make it understood that there are limits to confidentiality at the start of the disclosure

4. Inform the designated member of staff : Jessica Brocklebank Keep an accurate, written record of the conversation including; the date, time, the location and what was said by the child and yourself. Keep it secure and hand the record to the designated member for child protection as soon as possible. Any suspicion of abuse will be promptly and appropriately dealt with.

Call 999 if the child is at immediate risk, or call [the police on 101](http://www.police.uk/contact/101/) if you think a crime has been committed.

All safeguarding concerns should be past onto the children's social care team at the council in Cambridgeshire

034 5045 5203 (Monday to Friday, 8am to 6pm)

017 3323 4724 (out of hours)

*Note - It is important to be aware that during Forest School sessions, children may become more confident and feel more secure. This, together with the development of risk taking skills, could increase the chance of disclosure about a safeguarding issue being made.*

Policy last edited: August 2022

Policy due to be updated: Termly: December 2022

Signed: J . Brocklebank

Date 01.08.22

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/721581/Information\_sharing\_advice\_practitioners\_safeguarding\_services.pdf [↑](#footnote-ref-1)