

# Abolicao Oxford Kids' Capoeira Group

## 2020/21 Child Protection and Safeguarding Policy for

Consistent with Keeping Children Safe in Education 2019

**N.B. This policy is a framework and should be seen as a starting point for development to fit your school's individual context. Prior to being adopted, each section should be reviewed to determine if it is appropriate for your setting. If more or less information is required, it is the responsibility of the school to make those amendments.**

**This document is based on guidance from the 2019 KCSiE and Working Together documents. If the Government re-issues this guidance during the 2019/20 period, please ensure that your policy is compliant with any changes. KCSiE highlights the importance of the frontline members/volunteers in developing the group's policy. As part of the review process, we strongly recommend that those who are working with your children have a say in the development of your policy and that this can be evidenced.**

**Published 31 August 2020 to be reviewed by July 2021**

Date agreed and ratified by Governing Body:.....

The policy must be reviewed and updated at least annually and/or following any updates to national and local guidance and procedures.

Key Personnel	Name (s)	Contact details
Designated Safeguarding Lead (DSL)	Rachel Regan	07525212074 <a href="mailto:rachelregan2001@yahoo.co.uk">rachelregan2001@yahoo.co.uk</a>

<p>Education Safeguarding Advisory Team / Local Authority Designated Officers (LADOs)</p>	<p>Alison Beasley Donna Crozier Sandra Barratt Charlotte Allen</p>	<p>01865 810603 <a href="mailto:Lado.safeguardingchildren@oxfordshire.gov.uk">Lado.safeguardingchildren@oxfordshire.gov.uk</a></p>
<p>Locality Community Support Service (LCSS) worker</p>		
<p>Multi Agency Safeguarding hub (MASH)</p>	<p>Katrina Johnson</p>	<p>0345 050 7666</p>
<p>Out of hours Emergency Duty Team (EDT)</p>		<p>08450 507666</p>
<p>Police</p>		<p>101 or in emergencies 999</p>

**ABOLICAO OXFORD KIDS' CAPOEIRA GROUP** recognises its responsibility for safeguarding and child protection.

## **1. Introduction**

This policy has been developed in accordance with the principles established by the Children Act 1989; and in line with the following:

- “Keeping Children Safe in Education” 2019”
- “Working Together to Safeguard Children 2019”
- Oxfordshire Safeguarding Children Board guidelines

At **ABOLICAO OXFORD KIDS' CAPOEIRA GROUP** our members/volunteers take seriously its responsibility under Section 11 of the Children Act and duties under “Working Together to Safeguard Children 2018” to safeguard and promote the welfare of children; to work together with other agencies to ensure adequate arrangements exist within our setting to identify and support those children who are suffering harm or are likely to suffer harm.

We recognise that all our members have a full and active part to play in protecting our pupils from harm, and that the child’s welfare is our paramount concern.

Our group should provide a safe, caring, positive and stimulating environment that promotes the social, physical and moral development of the individual child free from discrimination or bullying where children can learn and develop happily.

This policy applies to all our members & volunteers working within our group.

This policy has been written in line with Keeping Children Safe in Education 2019

This policy should be read alongside KCSIE 2019.

All members will sign to confirm they have read and understood this policy.

## **2. Policy Statement**

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of ‘it could happen here’ where safeguarding is concerned.

The purpose of this policy is to provide members and volunteers with the framework they need to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst

### 3. Definitions

**Safeguarding and promoting the welfare of children** is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

**Child protection** is an aspect of safeguarding but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **members** applies to all those working for or on behalf of the group, in any capacity. This also includes parents.

**Child** refers to all young people who have not yet reached their 18<sup>th</sup> birthday. On the whole, this will apply to all students in our group; however, the policy will extend to visiting children and students from other establishments.

**Parent** refers to birth parents and other adults in a parenting role for example, adoptive parents, step parents, guardians and foster carers.

**Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

**DSL** refers to Designated Safeguarding Lead.

**DDSL** refers to Deputy Designated Safeguarding Lead.

**OSCB** refers to Oxfordshire Children Safeguarding Board.

**LCSS** refers to Locality Community Support Service.

**MASH** refers to Multi Agency Safeguarding Hub.

**DO** refers to the Designated Officer, also referred to as Local Authority Designated Officer (LADO)

#### **4. The aims of these procedures are:**

- To provide members/volunteers with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the group.
- To demonstrate our commitment to protecting children.

#### **5. Principles and Values**

Children have a right to feel secure and cannot learn effectively unless they do so.

All children have a right to be protected from harm.

All members of the group/volunteers have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the group/school or in the community, taking into account *contextual safeguarding*, (Annex 6) in accordance with the guidance.

We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.

Whilst the group will work openly with parents as far as possible, it reserves the right to contact Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.

We will always act in the best interests of the child and ensure that our decisions around safeguarding take a child-centred and coordinated approach.

#### **6. Leadership and Management**

We recognise that anxiety around child protection can compromise good practice and so have established clear lines of accountability, training and advice to support the process and individual members.

In this group, any individual can contact the Designated Safeguarding Lead (DSL) if they have concerns about a young person.

Our group members take responsibility for safeguarding, ensuring the **DSL and the DSL team are fulfilling their role.**

#### **7. Record Keeping**

- Members will record any welfare concerns that they have about a pupil on the **record of concern form/ electronic recording system/email** and pass them without delay to the DSL. Records will be completed as soon as possible after the

incident/event, using the child's words and facts and will be signed and dated by the member of the group.

- All safeguarding concerns, discussions and decisions (and justifications for those decisions) will be recorded in writing. If members of the group are in any doubt about recording requirements, they should discuss their concerns with the DSL.
- **Incident/Welfare concern forms are kept *in the electronic recording system (Google Docs/forms for Abolicao Oxford Kids' Capoeira Group)***
- Safeguarding records are kept for individual children and are maintained separately from all other records relating to the child in the group. Safeguarding records are kept in accordance with General Data Protection Regulations (GDPR) and are retained centrally and securely by the DSL. Safeguarding records are shared with members on a 'need to know' basis only.
- Detailed guidance on Record Keeping is found in a separate document "Guidelines for Safeguarding Record Keeping in Schools".

## 8. Confidentiality and Information Sharing

- **Abolicao Oxford, Kids' Capoeira Group** recognises that all matters relating to child protection are confidential. The DSL will only disclose information about a pupil to other members of members/volunteers on a 'need to know' basis.
- All members/volunteers in the group must be aware that whilst they have duties to keep any information confidential, they also have a professional responsibility to share information with other agencies to safeguard children.
- All members/volunteers must be aware that they cannot promise a child they will keep secrets which might compromise the child's safety or wellbeing.
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.
- DfE Guidance on Information Sharing (July 2018) provides further detail. <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- OSCB provides advice on the Seven Golden Rules of Information Sharing <https://www.oscb.org.uk/wp-content/uploads/2019/07/The-Seven-Golden-Rules-for-Info-Sharing.pdf>

## 9. Training

All members/volunteers are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately.

Our DSL undergoes training to provide them with the knowledge and skills required to carry out their role. Our DSL and any members of our DSL team undergo their DSL training every 2 years through the OSCB to enable them to fulfil their role.

Training is provided for all members/volunteers to a generalist level every **3 years, regular updates around safeguarding are shared with members/volunteers regularly.**

Separate training is provided to all new members/volunteers on appointment as part of their induction process.

Any update in national or local guidance will be shared with members/volunteers in committee meetings. This policy will be updated during the year to reflect any changes brought about by new guidance.

## **10. Safeguarding Children with Special Educational Needs and Disabilities**

Abolicao Oxford Kids' Capoeira Group acknowledges that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges as they may have an impaired capacity to resist or avoid abuse.

Abolicao Oxford Kids' Capoeira Group will ensure that children with SEN and disabilities, specifically those with communication difficulties, will be supported to ensure that their voice is heard and acted upon.

Group members /volunteers are encouraged to be aware that children with SEN and disabilities can be disproportionately impacted by safeguarding concerns such as bullying. All group members/volunteers will be encouraged to appropriately explore possible indicators of abuse such as behaviour/mood change or injuries and not to assume that they are related to the child's disability and be aware that children with SEN and disabilities may not always outwardly display indicators of abuse.

## **11. Reporting and referring concerns**

KCSIE 2019 states: "No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In our group we recognise the importance of sharing information and reporting concerns to help ensure children are protected.

The following procedures apply to all members/volunteers working in Abolicao Oxford Kids' Capoeira Group and will be covered by training to enable members/volunteers to understand their role and responsibility.

The aim of our procedures is to provide a robust framework which enables group members/volunteers to take appropriate action when they are concerned that a child is being harmed or is at risk of harm.

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

All members/volunteers are aware that very young children with those with disabilities, special needs or with language delay may be more likely to communicate concerns with behaviours rather than words. Additionally, members/volunteers will question the cause of knocks and bumps in children who have limited mobility.

**If a member/volunteer of the group suspects abuse, spots signs or indicators of abuse, or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information either through the Google Form or email
2. Report it to the DSL immediately.
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available.
4. Make an accurate factual record as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - Dates and times of their observations
  - Dates and times of any discussions in which they were involved
  - Any injuries
  - Explanations given by the child / adult
  - What action was taken
  - Any actual words or phrases used by the child
  - Any questions the members/volunteers member asked (remembering not to ask any leading questions)

**The records must be signed and dated by the author (or equivalent on electronic based records).**

5. In the absence of the DSL, be prepared to refer directly to Children's Social Care (and the police if appropriate), if there is the potential for immediate significant harm or to carry out a no names consultation with LCSS, if appropriate.

**Following a report of concerns, the DSL must:**

1. Decide whether there are sufficient grounds for suspecting significant harm, in which case a referral must be made to Children's Social Care and the police if it is appropriate. The rationale for this decision should be recorded by the DSL.
2. Normally the group should try to discuss any concerns about a child's welfare with the family and where possible, seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the

parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account.

3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Children's Social Care via MASH, sharing:
  - i. the known facts
  - ii. any suspicions or allegations
  - iii. whether or not there has been any contact with the child's family.

The MASH can be contacted by phone on **0345 050 7666**.

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken.
5. When a pupil/student needs *urgent* medical attention and there is suspicion of parental abuse causing the medical need, the DSL should seek immediate advice from the MASH about informing the parents, remembering that parents should normally be informed if a child requires urgent hospital attention. However, as in all cases, if it is felt this could put the child more at risk then all action should be taken in the best interests of the child.
6. If there is not considered to be a risk of significant harm, the DSL will either actively monitor the situation, consider the Early Help process or contact the LCSS for a no names consultation.

All contact details are in ANNEX 8.

## 12. Multi-agency Working

**Abolicao Oxford Kids' Capoeira Group** recognises and is committed to its responsibility to work with other professionals and agencies in line with statutory guidance.

The group is not the investigating agency when there are child protection concerns. We will, however, contribute to the investigation and assessment processes as required. **Abolicao Oxford Kids' Capoeira Group** recognises the importance of multi-agency working

- The DSL will work to establish strong and co-operative relationships with relevant professionals in other agencies.

## 13. Safer Recruitment

- **Abolicao Oxford Kids' Capoeira Group** is committed to ensuring the development of a safe culture and that all steps are taken to recruit members and volunteers who are safe to work with children.
- **Abolicao Oxford Kids' Capoeira Group** is responsible for maintaining accurate Single Central Records (SCR) in line with statutory guidance.

- We are also committed to supporting the statutory guidance from the Department for Education on the application of the Childcare (Disqualification) Regulations 2009 and related obligations under the Childcare Act 2006 in schools.
- We advise all members/volunteers to disclose any reason that may affect their suitability to work with children, including convictions, cautions, court orders, reprimands and warnings.

#### **14. Allegations against members/volunteers or volunteers**

This procedure should be used in all cases in which it is alleged a member of members/volunteers or volunteer in a school, or another adult who works with children has:

- **behaved in a way that has harmed a child, or may have harmed a child;**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.**

In dealing with allegations or concerns against an adult, members/volunteers must:

- Report any concerns about the conduct of any member or volunteer to the DSL as soon as possible.
- If an allegation is made against the group leader, the concerns need to be raised with the Designated Officer for Oxfordshire, who should be contacted directly.
- There may be situations when the DSL will want to involve the police immediately, for example, if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the DSL, they will contact the LADO on 01865 810603 or [lado.safeguardingchildren@oxfordshire.gov.uk](mailto:lado.safeguardingchildren@oxfordshire.gov.uk) as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.

In liaison with the LADO, the group will determine how to proceed and if necessary, a referral will be made to the MASH and/or the police.

The named Designated Officer (LADO) for Oxfordshire County Council is Alison Beasley.

The Designated Officer or a member of the team, will assess the information provided and advise on next steps, in line with KCSIE 2019 part 4, and Oxfordshire County Council's Designated Officers' local procedures.

#### **15. Whistleblowing in a Safeguarding Context**

**Whistleblowing** is a term that is used when members/volunteers want to report a concern within their organisation that involves their manager or a person

senior to them in the organisation which may prevent them from following the normal reporting systems.

There are a limited number of areas that can be called Whistleblowing, and the policy protects members/volunteers from being punished for raising concerns.

Within *Abolicao Oxford Kids' Capoeira Group*, the group leader, Rachel Regan, is the DSL and responsible for all members/volunteers. If you are concerned that any member/volunteer within the group is not following safeguarding processes or behaving in a way that is placing children at risk, you should, in the first place, make the Group Leader aware.

If you would prefer to raise your concerns outside of the group then you are able to contact the NSPCC whistleblowing line on 0800 028 0285 or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) for national organisations or make contact with Oxfordshire County Council.

If you believe that a member/volunteer of the group is harming a child (an allegation) and this has been reported to the DSL and no/ insufficient action has been taken, or the member/volunteer you have concerns about is the DSL/ Group Leader, then you are able to contact the Designated Officers team (LADO) on 01865 810603 or email [lado.safeguardingchildren@oxfordshire.gov.uk](mailto:lado.safeguardingchildren@oxfordshire.gov.uk)

If you believe that a child is being abused by individuals outside the group, you can make a referral to Children's Social Care by calling the MASH on : **0345 050 7666** (office hours) or **08450 507666** (outside of office hours).

Further guidance for members/volunteers can be accessed through:

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2> and through the NSPCC website <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

## **Related Safeguarding Policies**

This policy should be read in conjunction with the policies as listed below:

- Use of Physical Intervention for the purpose of instruction in Capoeira
- Online Safety and Social Media
- Anti-Bullying
- Data Protection and Information Sharing
- Image Use
- Health and Safety /Risk Assessments/CV19
- First Aid and Accident

## **POLICY REVIEW**

As a group, we review this policy at least annually in line with DfE, OSCB and OCC requirements and other relevant statutory guidance.

**Date approved by group:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Date reviewed by group:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

## **Annex 1**

### **Roles and Responsibilities within [Abolicao Oxford Kids' Capoeira Group](#)**

#### **1) Members/Volunteers responsibilities**

All members/volunteers have a key role to play in identifying concerns early and in providing help for children. To achieve this, they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the group who they can approach if they are worried or have concerns.
- Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If the DSL is not contactable immediately a DDSL should be informed.
- Be prepared to refer directly to Social Care, and the police if appropriate, if there is a risk of significant harm and the DSL or DDSL is not available.
- Follow the allegations procedures, as set out in this policy and KCSIE 2019, if the disclosure is an allegation against a member of members/volunteers.

- Follow the procedures set out by the Oxfordshire Safeguarding Children Board (OSCB) and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to 'keep a secret'.
- Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and DDSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policy, the Members/volunteers Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.

## **2) Members responsibilities:**

- Contribute to inter-agency working in line with Working Together to Safeguard Children 2019 guidance.
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Be alert to the various factors that can increase the need for early help as written in KCSIE 2019.
- Working with Children's Social Care, supporting their assessment and planning processes including the group's attendance at conference and core group meetings and the contribution of written reports for these meetings.
- Carry out tasks such as training of members, safer recruitment and maintain records
- Provide support and advice on all matters pertaining to safeguarding and child protection to all members/volunteers
- Treat any information shared by members/volunteers or pupils with respect and follow agreed policies and procedures.
- Ensure that allegations or concerns against members/volunteers are dealt with in accordance with guidance from Department for Education (DfE) and the OSCB procedures.

## **3) DSL responsibilities** *(to be read in conjunction with DSL role description in KCSiE)*

The DSL will:

- Refer cases to MASH, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Ensure that the group members/volunteers are clear on fulfilling its safeguarding responsibilities set out in legislation and statutory guidance.
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member/volunteer knows who the DSL and the DDSL are, have an awareness of the DSL role and know how to contact them.
- Ensure all members/volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the headteacher.

- Ensure training occurs regularly, with at least annual updates so that members/volunteers can fulfil their responsibilities knowledgeably.
- Ensure any members /volunteers outside the agreed training schedule receive induction prior to commencement of their duties.
- Keep records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- Be aware of the training opportunities and information provided by OSCB to ensure members/volunteers are aware of the latest local guidance on safeguarding.
- Develop, implement and review procedures within the group that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Meet any other expectations set out for DSLs in KCSiE 2019.

## **ANNEX 2**

### **Dealing with disclosures**

#### **All members/volunteers should ensure:**

A member/volunteer who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals, to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All members/volunteers should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all members/volunteers have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

#### **Guiding principles: the seven R's:**

##### **Receive**

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

##### **Reassure**

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

##### **Respond**

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened.

- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of members/volunteers. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of members/volunteers

### **Report**

- Share concerns with the DSL as soon as possible - do not delay
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services department directly

### **Record**

- If possible, make some very brief notes at the time, and record them as soon as possible on the Google Form or email
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

### **Remember**

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

### **Review processes (led by DSL)**

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

## **Annex 3**

### **Abuse and Neglect**

Knowing what to look for is vital to the early identification of abuse and neglect. **All members/volunteers** should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. If unsure, they should **always** speak to the designated safeguarding lead (or deputy).

**All** volunteers/members should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

### **Definitions and Indicators of abuse and neglect**

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child

by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**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.

### **Indicators of physical abuse / factors that should increase concern**

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

**In the social context of the group, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:**

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adult words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

### **You should be concerned if the child or young person:**

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Link to OSCB guidance on physical abuse <https://www.oscb.org.uk/safeguarding-themes/physical-abuse/>

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and 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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, although it may occur alone.

## **Indicators of emotional abuse**

### **Developmental issues**

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

### **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

### **Emotional responses**

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ("I deserve this")
- Fear of parents being contacted
- Self-disgust

- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

Most harm is produced in *low warmth, high criticism* homes, not from single incidents. Emotional abuse is difficult to define, identify/recognise and/or prove. Emotional abuse is chronic and cumulative and has a long-term impact.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Link to OSCB guidance on emotional abuse <https://www.oscb.org.uk/safeguarding-themes/emotional-abuse/>

Link to OSCB guidance on Domestic Abuse <https://www.oscb.org.uk/safeguarding-themes/domestic-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. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education see ANNEX 4.

#### **Characteristics of child sexual abuse:**

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

#### **Indicators of sexual abuse**

##### **Physical observations**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls

- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

### **Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity. Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour,
- Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed

Link to OSCB guidance on sexual abuse <https://www.oscb.org.uk/safeguarding-themes/sexual-abuse/>

**Neglect:** 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, for example, 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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **NSPCC research has highlighted the following examples of the neglect of children under 12:**

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if You're Worried a Child is Being Abused* DfE 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Link to the OSCBB guidance on Neglect : <http://www.oscb.org.uk/safeguarding-themes/neglect/> the OSCB have also created a neglect toolkit: <https://www.oscb.org.uk/wp-content/uploads/2019/07/Child-care-and-development-checklist-neglect-toolkit-2019-update.docx>

Neglect is often linked to other forms of abuse, so any concerns school members/volunteers have should at least be discussed with the DSL.

## **Indicators of neglect**

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself. The OSCB neglect toolkit provides a more detailed list of indicators of neglect and is available to all members/volunteers

### **Physical indicators of neglect**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

**Behavioural indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food

## **ANNEX 4**

### **Peer on peer abuse**

**All members/volunteer** should be aware that children can abuse other children (often referred to

as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

**All members/volunteers** should be clear as to the group's policy and procedures with regards to peer on peer abuse. **Our group uses the OCC Peer on Peer guidance.**

### **Sexual violence and sexual harassment between children**

Our group follows the DFE policy on sexual violence and sexual harassment between children in schools and colleges. <https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges>

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

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 as well as their emotional well-being. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and school and college members/volunteers are supported and protected as appropriate.

**Our group uses the Brooks sexual behaviours traffic light tool.**

**“The tool uses a traffic light system to categorise the sexual behaviours of young people and is designed to help professionals:**

- **Make decisions about safeguarding children and young people**

- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour”

[https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool?gclid=EAlalQobChMIkILdmLGy5AIVDLTtCh10vwo5EAAYASAAEgImM\\_D\\_BwE](https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool?gclid=EAlalQobChMIkILdmLGy5AIVDLTtCh10vwo5EAAYASAAEgImM_D_BwE)

## **ANNEX 5**

### **Online Safety**

**If schools choose to integrate online safety within the child protection policy (and not have a separate policy) then Governing bodies and proprietors will need to ensure that there is sufficient depth of information provided within this section.**

- It is recognised by **Abolicao Oxford Kids' Capoeira Group** that the use of technology presents challenges and risks to children and adults both inside and outside of the group's context

- The DSL has overall responsibility for online safeguarding within the school.
- **Abolicao Oxford Kids' Capoeira Group** identifies that the issues can be broadly categorised into three areas of risk:
  - **content:** being exposed to illegal, inappropriate or harmful material
  - **contact:** being subjected to harmful online interaction with other users
  - **conduct:** personal online behaviour that increases the likelihood of, or causes, harm.
- The DSL and members have read annex C regarding Online Safety within 'Keeping Children Safe in Education' 2019.
- **Abolicao Oxford Kids' Capoeira Group** recognises the specific risks that can be posed by mobile phones and cameras and in accordance with KCSIE 2019 and EYFS 2019 (**remove reference for schools without EYFS provision**) has appropriate policies in place that are shared and understood by all members of the school community. Further information about specific approaches relating to this can be found in the schools **Online Safety Policy, Acceptable Use Policy and Image Use Policy** which can be found *in the members/volunteers room/ office/ members/volunteers intranet/ website etc. If the school does not have separate policies relating to the use of mobile phones and devices then this information should be detailed within the Child Protection Policy.*
- [Name of School] will ensure that appropriate filtering and monitoring systems are in place when pupils and members/volunteers access school systems and internet provision.
- [Name of School] acknowledges that whilst filtering and monitoring is an important part of schools online safety responsibilities, it is only one part of our approach to online safety. Pupils and adults may have access to systems external to the school control such as mobile phones and other internet enabled devices and technology and where concerns are identified appropriate action will be taken.

[Name of School] will ensure a comprehensive whole school curriculum response is in place to enable all pupils to learn about and manage online risks effectively and will support parents and the wider school community (including all members of members/volunteers) to become aware and alert to the need to keep children safe online.

## **ANNEX 6**

### **Safeguarding issues**

**All** members/volunteers should have an awareness of safeguarding issues which can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) can put children in danger.

#### **Serious violence**

All members/volunteers should be aware of indicators, which may signal that children are at risk

from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

All members/volunteers should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office's Preventing youth violence and gang involvement <https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence> and its Criminal exploitation of children and vulnerable adults: county lines guidance <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

### **Upskirting**

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence.

### **So-called 'honour-based' violence (including Female Genital Mutilation and Forced Marriage)**

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

### **Female Genital Mutilation**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and is a form of child abuse with long-lasting harmful consequences.

Whilst **all** members/volunteers should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific **legal duty on teachers**. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher **must** report this to the police.

### **Contextual safeguarding**

Safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside the school or college. **All** members/volunteers, but especially the designated safeguarding lead (and deputies) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors so it is important that schools and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse. Additional information regarding contextual safeguarding is available here: <https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding>

Link to OSCB guidance on contextual safeguarding <https://www.oscb.org.uk/safeguarding-themes/contextual-safeguarding/>

## **Child sexual exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- 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);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Link to OSCB guidance on CSE <https://www.oscb.org.uk/safeguarding-themes/child-exploitation-modern-slavery/> and the CSE screening tool <https://www.oscb.org.uk/wp-content/uploads/2019/07/Child-Exploitation-Screening-Tool.pdf>

## **Child criminal exploitation: county lines**

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity, drug networks or gangs to groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Link to OSCB guidance on child criminal exploitation <https://www.oscb.org.uk/safeguarding-themes/child-exploitation-modern-slavery/child-drug-exploitation-county-lines/>

**Further information around safeguarding issues can be found in KCSIE 2019 ANNEX A and on the OSCB website.**

## **ANNEX 7**

### **Members/volunteers Induction, Awareness and Training**

- All members/volunteers have been provided with a copy of Part One of “*Keeping Children Safe in Education*” (2019) which covers safeguarding information for all members/volunteers. Group leaders will read the entire document. Group leaders and all members/volunteers who work directly with children will access Annex A within Keeping Children Safe in Education 2019. Members /volunteers have signed to confirm that they have read and understood Part One and Annex A. **(kept in the Abolicao Oxford Kid’s Capoeira files/folder).**
- The DSL will ensure that all new members/volunteers (including temporary members/volunteers) are aware of the group’s safeguarding processes.
- All members/volunteers (including temporary members/volunteers) will receive training to ensure they are aware of a range of safeguarding issues.

- All members /volunteers (including temporary members/volunteers) will receive regular safeguarding and child protection updates, at least annually.
- All members/volunteers (including temporary members/volunteers) will be made aware of the group's expectations regarding safe and professional practice via the members/volunteers behaviour policy (or code of conduct) and Acceptable Use Policy.
- The DSL will keep records detailing safeguarding training undertaken by all members/volunteers and will maintain up to date register of who has been trained.

## **ANNEX 8**

### **Contacts/links**

MASH	<b>0345 050 7666</b>	<a href="http://www.oscb.org.uk/concerned-about-a-child/">http://www.oscb.org.uk/concerned-about-a-child/</a>
Out Of Ours Emergency Duty Team	<b>0800 833 408</b>	
LCSS North	<b>0345 2412703</b>	<a href="mailto:LCSS.North@oxfordshire.gov.uk">LCSS.North@oxfordshire.gov.uk</a>
LCSS Central	<b>0345 2412705</b>	<a href="mailto:LCSS.Central@oxfordshire.gov.uk">LCSS.Central@oxfordshire.gov.uk</a>
LCSS South	<b>0345 2412608</b>	<a href="mailto:LCSS.South@oxfordshire.gov.uk">LCSS.South@oxfordshire.gov.uk</a>
Designated Officer (LADO)	<b>01865 810603</b>	<a href="mailto:Lado.safeguardingchildren@oxfordshire.gov.uk">Lado.safeguardingchildren@oxfordshire.gov.uk</a>
Kingfisher Team (CSE)	<b>01865 309196</b>	
Police: Emergency Non-emergency	999 101	

OSCB		<a href="https://www.oscb.oxfordshire.gov.uk">oscb.oxfordshire.gov.uk</a>
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Information sharing advice: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

What to do if you are worried a child is being abused: <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

NSPCC: <https://www.nspcc.org.uk/>

Whistleblowing guidance: <https://www.gov.uk/whistleblowing>

MASH leaflet for parents: <https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/childrenfamilies/MashLeafletForParents.pdf>