



Oasis Community Partnerships Safeguarding and Child Protection Policy

Oasis Community Hub: Waterloo

Key Information:

Organisation: Oasis Community Hub Waterloo

Address: 1 Kennington Road, London, SE1 7QP

e-mail: welcome@oasiswaterloo.org

Charity number: 1136965

Company number: 7237305

Insurance: Ansvar CCP 2172083

Head Office: 1 Kennington Road, London, SE1 7QP

Designated Safeguarding Lead: Danielle Welch

Deputy Safeguarding Leads: Nathan Jones and Felicity Maries

Date: 1st September 2019

Date for review: 1st August 2020

Key Contacts:

Local area safeguarding board: 020 7926 4881

Local authority designated officer (LADO): 020 7926 4679 / 07720 828 700

Multi-agency safeguarding hub (MASH): www.lambethscb.org.uk

Early help/CAF team: 020 7926 3100 / 020 7926 5555

Local police prevent officer:

Thirtyone:eight helpline: 0303 003 1111

NSPCC: 0808 800 5000

Childline: 0800 1111

Contents NEED TO FIX

2.	<i>Policy Purpose</i>	3
3.	<i>Procedures in respect of Child Abuse:</i>	4
6.	<i>SAFEGUARDING CHILDREN</i>	6
10.	<i>FEMALE GENITAL MUTLIATION</i>	9
14	<i>Online Safety</i>	11
15	<i>Training and Development of staff</i>	12
16	<i>Allegations against Members of Staff</i>	12
17	<i>Suitability of staff and safe recruitment practices</i>	13
18	<i>Confidentiality and Record Keeping</i>	13
19	<i>Early Years Settings within Hubs</i>	15
20	<i>Health and Safety</i>	15
21	<i>Safeguarding children who are vulnerable to extremism; The Prevent duty</i>	16
22	<i>Working with Offenders</i>	17
	<i>Appendix 1 – Key information for all staff</i>	19
	<i>Appendix 3 - The Oasis 9 Habits</i>	28
	<i>Appendix 4 – Roles & responsibilities within Oasis Community Partnerships</i>	29
	<i>Appendix 5 – Change Control</i>	31

2. Policy Purpose

2.1 The central purpose of Oasis is to transform communities so that they are safe and healthy places to be and to live. Oasis realises that it cannot make a commitment of this kind without first being committed to the safeguarding and safekeeping of its children and young people.

2.2 Safeguarding and promoting the welfare of children is **everyone's responsibility** who works or volunteers in OCP. Consequently, everyone who comes into contact with our children has a role to play in safeguarding and child protection. In doing so, all staff and volunteers should make sure their approach is child-centred. This means that they should consider, at all times, **what is in the best interests of the child**.

2.3 It is important to remember that each Hub should follow the guidance of their local multi-agency safeguarding arrangements (MASA) and implement their systems and protocol for referring families for early help and reporting child protection concerns. The MASA will be able to ensure that each Hub is aware of issues within the community that are relevant to them. DSL's should ensure that all staff are aware of those issues and systems for reporting and provide local safeguarding updates

2.4 As proprietor, Oasis Community Learning (OCP) fully recognises its responsibilities for safeguarding children. Their welfare and safety is at the heart of our vision. In this policy, a 'child' means all children and young people under 18 years of age.

2.5 This policy sets out how the Hub will have been developed to protect children, referencing key documents including:

- Keeping Children Safe in Education: Statutory Guidance for Hubs and Colleges, updated September 2019, DfE
- Working Together to Safeguard Children, July 2018, HM Government
- Inspecting safeguarding in maintained Hubs and academies, September 2019, Ofsted
- Inspecting safeguarding in safeguarding in early years, education and skills settings, September 2019, Ofsted
- The current Oasis E-Safety Policy
- Education for a Connected World, UKCCIS 2018
- Multi-agency Statutory Guidance on Female Genital Mutilation, April 2016, HM Government.
- Protecting Children from Radicalisation: the prevent duty, August 2015, DfE
- The Independent Hub Standards, 2015, DfE
- Competence Still Matters: Safeguarding training for all employees and volunteers 2014, LSCB
- Mental Health and Behaviour in Hubs: Departmental Advice, 2014
- The Children Act 1989 and 2004 and The Education Act 2002
- Thirtyone:eight guidance

2.6 In accordance relevant law and guidance this policy sets out our procedures for safeguarding and child protection. It applies to **all Oasis Community Partnerships staff** (central and Hub-based), trustees, and volunteers working at the Hub.

2.7 The Hub recognises that some children are living in circumstances that may make them more vulnerable to abuse, neglect or poor outcomes. Some may need early help or intervention from other organisations in order to overcome problems and keep them safe. Please see pages 30 & 31, for **Looked After Children** and/or those with **Special Educational Needs or Disabilities**.

3. Procedures in respect of Child Abuse:

3.1 Child abuse exists where children have been physically or emotionally abused or severely neglected. Abuse of children who attend our settings are likely to be noticed by staff and volunteers. It is essential, therefore that all those whose work brings them into contact with children and their families are effectively trained in the key signs of child abuse.

3.2 This Hub has the role of recognising and responding to potential indicators of abuse and neglect, all other action should be taken by those with statutory powers to help the child. Early contact and close liaison with such agencies are therefore regarded as essential by the Hub

3.3 In the event of an actual or suspected case of child abuse by adults, parents, teachers or any other adult, it is the responsibility of staff to **report this to the Designated Safeguarding Lead (DSL) as soon as possible.**

3.4 The Designated Safeguarding Lead (DSL) is responsible for ensuring that children are identified and the appropriate agency involved.

3.5 The Designated Safeguarding Lead (DSL) will attend any reviews called by the Local Authority, and may call on appropriate members of staff for reports.

3.6 It is important that if staff overhear children discussing 'abuse' or 'neglect' that this information is relayed for investigation

3.7 Safeguarding and child protection concerns should be considered when planning any off-site or residential visits.

This means that in our Hub we will all know the signs of child abuse and are aware of the procedures that we must follow to safeguard the child

All our staff will read:

- *Appendix 1 of this policy, and*

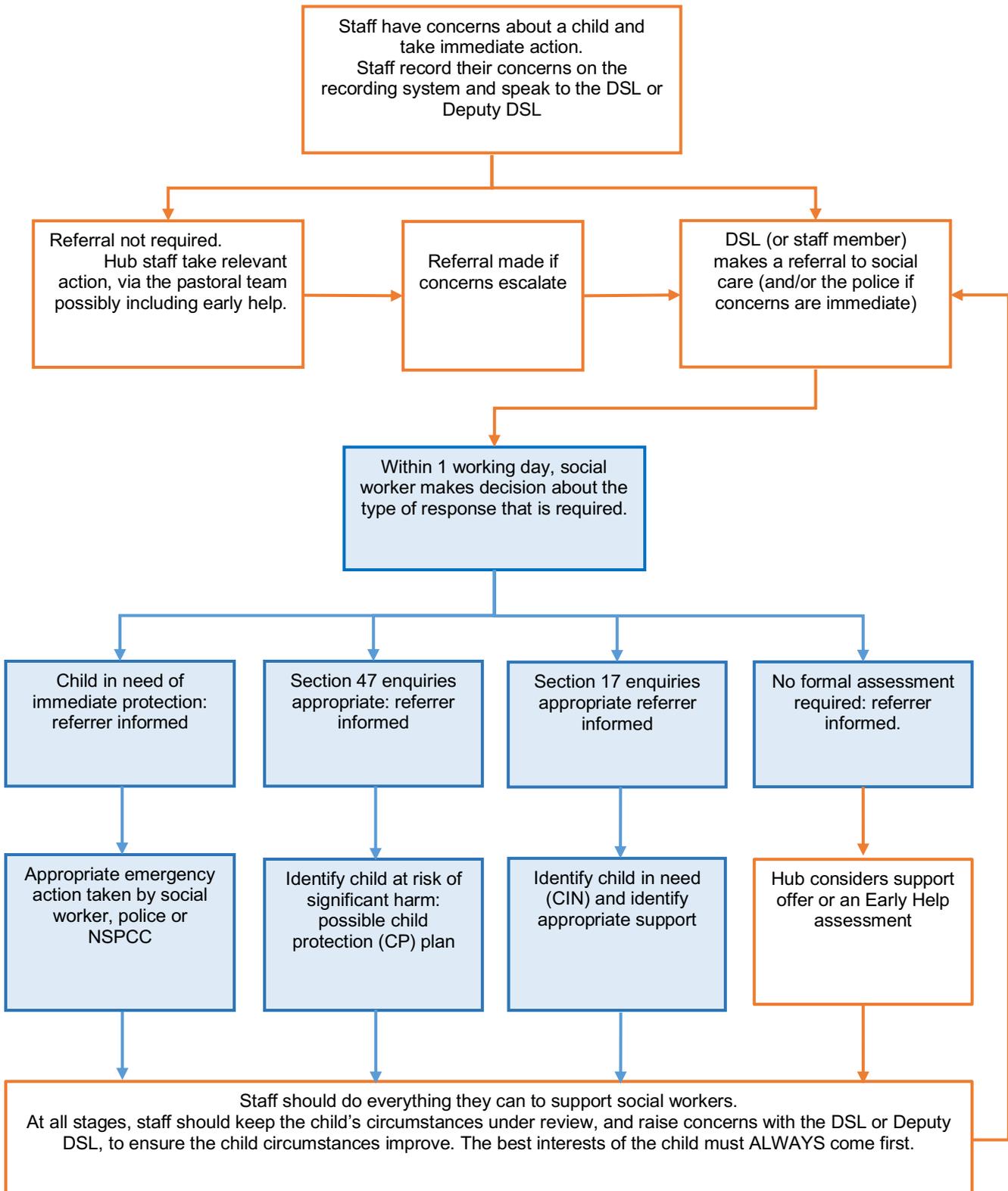
And we will keep records of this within our Hub

Our DSL team is listed on page 4.

All our staff will use the OCP Safeguarding reporting systems to record their concerns about a child but will also discuss their concerns with the DSL

In our Hub, before any off-site activity, safeguarding records will be checked so that staff are aware of essential information relating to the children in their care.

4. Flow chart for staff actions:



5. In our Hub we recognise that because of the day to day contact with children, staff and volunteers are well placed to observe signs of harm, abuse, neglect, victimisation and /or exploitation. Therefore we will all ensure arrangements are in place to safeguard and promote the welfare of children by:

- Maintaining an environment where all children feel secure, are encouraged to talk, and are listened to
- Ensure all children know the adults in the Hub who they can approach if they have worries
- Teaching children to keep themselves safe from all forms of abuse including; child sexual exploitation, female genital mutilation, forced marriage, extremism, radicalisation, and peer on peer abuse.

5.1 And we will support our staff by:

- Providing effective, ongoing training and development for all staff
- Addressing concerns and making robust referrals to other agencies, at the earliest possible stage
- Developing effective links with relevant agencies in all matters regarding safeguarding and child protection
- Monitoring and supporting children who are subject to child protection plans, contributing to the implementation of the plan
- Keeping meticulous, written records of concerns about children, even where there is no need to refer the matter immediately (dates, times, person/s responsible and actions) ensuring all records are kept securely
- Ensuring the suitability of all staff through safe recruitment practice
- Ensuring all Oasis staff and volunteers understand their responsibilities with regard to safeguarding and child protection
- Ensuring that parents and carers have an understanding of the responsibility placed on the Hub and its staff for safeguarding and child protection
- Maintaining clear procedures for reporting allegations against staff members

5.2 Oasis Community Partnerships (OCP) recognises that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The Hub may be the only stable, secure and predictable element in the lives of children at risk. The Hub will support all children through:

- Appropriate staff conduct, in line with the policy
- Relevant curriculum design and implementation to teach s children about staying safe at all times, including when they are online
- Daily practice underpinned by the Oasis ethos, vision, values and '9 Habits' found in APPENDIX 4
- Consistent implementation of the Hub's Health & Safety, Safer recruitment, and online safety policies and related practice
- Close liaison with other agencies such as OCL/Academies, social services, Child and Adult Mental Health Service, the Education Welfare and Psychology Services

6. SAFEGUARDING CHILDREN

6.1 Contextual Safeguarding

It is important to consider the context in which Hub safeguarding must be considered, including the social setting beyond Hubs that s children live within.

Within our Hub our DSLs will consider the contextual safeguarding in their early working in any safeguarding process.

6.2 Safeguarding covers a broad range and aims to achieve the following:

- Protecting children from maltreatment

This means that in our Hub we:

- Preventing impairment of children’s health and/or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Undertaking that role so as to enable children to have optimum life chances, so they can enter adulthood successfully

- *Recognises the importance of information sharing between professionals and other agencies as vital in identifying and tackling all forms of child abuse*
- *Will ensure any fears about sharing information **will not be allowed** to stand in the way of protecting the safety and welfare of any or our children*

6.3 Safeguarding covers more than the contribution made to child protection in relation to individual young people. It also encompasses issues such as:

- Staff conduct,
- Health and safety,
- Bullying
- Online safety,
- Arrangements for meeting the medical needs, providing first aid and/or intimate care,
- Building security,
- Alcohol, drugs and substance misuse,
- Positive behaviour management
- Physical intervention and restraint (reasonable force)

In our Hub all these policies are accessible for staff and parents to read.

We will record when staff have been given a policy and expect them to adhere to it.

Staff will be able to go to their line manager for support if they don’t understand the policy.

7. DATA PROTECTION & SHARING SAFEGUARDING INFORMATION - GDPR

In our Hub the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 will not prohibit information about children being shared with specific authorities if it is for the purposes of safeguarding children and individuals at risk.

Information that could be relevant to keeping a child safe will be shared so that informed decisions can be made about a child’s welfare. We recognise that we have a duty of care for our children and safeguarding is of utmost importance to us.

GDPR does not ‘trump’ safeguarding. Processing safeguarding data is necessary for compliance with our legal obligation to which OCP is subject. Therefore, consent is not needed for the effective sharing of safeguarding information with relevant authorities.

8. It is important that all our staff know how to deal with a disclosure of abuse or neglect.

Remember - If a child chooses to confide in you it means they trust you and want you to help them. Dealing with a disclosure may be frightening, but you should also feel privileged that the child has chosen you to talk to.

a. If you see or hear something that concerns: **b. Dealing with disclosures of abuse**

- *Don’t ignore it*
- *Don’t feel silly – if it worries you, someone else needs to know*

- *Always listen carefully and quietly – do not press for any evidence at all*
- *Remain calm and reassuring – do not dismiss the disclosure – do not show distress or concern*
- *Do not refute or try to belittle the allegation*

- If it is related to a child being at risk – see the DSL, or Deputy DSL immediately and definitely before the child goes home that day
- Upload all information to the safeguarding reporting system and seek advice immediately from your DSL
- If it is something related to safeguarding, but not a child whose safety is immediately at risk, make a record and inform the DSL.
- All staff may raise concerns directly with Children’s Services. If they feel an incident is not being dealt with appropriately, or they are unable to locate relevant staff
- Concerns about adults in the Hub should be made directly to the Hub Leader.
- Show that you care through open and reassuring facial and body language
- Do not interrogate or ask leading questions (it could later undermine a case)
- Ensure you take a written verbatim account of the child’s disclosure using the appropriate Disclosure Form and record keeping system

c. At this point, take the following steps: **d. With the DSL, prepare a detailed report itemising:**

- Explain to the child that the disclosure must be reported – emphasise your trust in them.
- Do not promise to keep the allegation secret or that ‘everything will be alright’
- Reassure by telling the child that they have done the right thing in telling you, do not offer physical reassurance
- Do not admonish in any way e.g., ‘I wish you had told me sooner’
- Inform the DSL initially verbally
Under no circumstances, discuss the matter with any other person - if the allegations prove to be untrue, any such discussion would be deemed defamatory.
- The information revealed by the child with absolutely no **opinion**
- Actions taken by yourself, including when the suspicions were reported, to whom the suspicions were reported and follow-up action taken within the Hub
- Date and sign any written record of events and action taken and keep confidential and secure
- All records must be kept securely in the designated locked filing cabinet for safeguarding.

9.0 There may be safeguarding issues that are specific to the local area or population that need to be identified in partnership with the **Multi-Agency Safeguarding Arrangements (MASA)** and or other agencies such as gang membership, FGM, CSE, extremism and the safeguarding of vulnerable adults.

This means that in our Hub all staff will be made aware of specific issues relating to locality that could impact the safety of children.

We will have a comprehensive training plan to keep staff up-to-date.

We will also ensure that our children are kept informed of issues within their curriculum.

10. FEMALE GENITAL MUTLIATION

10.1 With effect from October 2015, all schools are subject to a mandatory reporting requirement in respect of female genital mutilation (FGM). Within Oasis, we also expect the same from our Hub teams.

10.2 It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

10.3 Four types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation - entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area

10.4 When a member of staff suspects or discovers that an act of FGM is going to be or has been carried out on a girl aged under 18, that teacher has a statutory duty to report it to the Police.

10.5 Failure to report such cases MAY result in disciplinary sanctions.

This means that in our Hub we ensure:

Our staff are supported to talk to families and local communities about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

All staff are up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation and include such issues, in an age appropriate way, in their lesson plans.

11. Honour Based Violence (HBV)

11.1 Where HBV affects children and young people it is a child protection issue. It is an abuse of human rights.

11.2 Children and young people who suffer Honour Based Violence are at risk of Significant Harm through physical, sexual, psychological, emotional harm and neglect.

11.3 In some cases they are also at risk of being killed. Some reasons that have been given for HBV are:

- Protecting family 'honour'
- To control un-wanted behaviour and sexuality
- (including perceived promiscuity or being lesbian, gay, bisexual or transgender)
- Strengthening family links
- Protecting perceived cultural and/or religious ideals
- Preventing unsuitable relationships
- Assisting claims for residence and citizenship in the UK
- Perceived immoral behaviour e.g. make-up or dress; use of mobile phone; inter faith relationships

In our Hub we take the disclosure of HBV very seriously and act on it.

The DSL will refer to Children's Social Care, the Police and the National Forced Marriage Unit promptly.

*Under **no** circumstances will we:*

Let the family or social network know about the concerns,

Speak to the child in front of family members,

Approach the family or community leaders

Attempt mediation, or

Use members of the community to interpret.

Concerns will be stored on the reporting system with access limited to a small group within the organisation.

12. PEER ON PEER ABUSE

12.1 It is important that a Hub can recognise that children are capable of abusing their peers, and that this abuse can include physical abuse, sexting, initiation/ hazing, sexual violence and harassment.

12.2 The Oasis values, ethos and 9 habits provide the platform for staff and children to clearly recognise that abuse is abuse and it will never be tolerated or diminished in significance.

12.3 It should be recognised that there is a gendered nature to peer on peer abuse i.e. that it is more likely that girls will be victims and boys perpetrators.

12.4 Hubs should recognise the impact of sexual violence and the fact children/young people can, and sometimes do, abuse their peers in this way.

This means that in our Hub:

We will not tolerate instances of peer on peer abuse and will not pass it off as "banter", "just having a laugh" or "part of growing up".

We will follow both national and local guidance and policies to support any children/young people subject to peer on peer abuse, including sexting (also known as youth produced sexual imagery) and gang violence.

We will follow the guidance on managing reports of child-on-child sexual violence and sexual harassment in Hubs.

We will always report episodes of 'up-skirting'

12.5 When referring to sexual violence this policy is referring to sexual offences under the Sexual Offences Act 2003 as described below:

- **Rape:** A person (A) commits an offence of rape if: there is intentional penetration of the vagina, anus or mouth of another person (B) with his penis, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents.
- **Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina, anus or mouth of another person (B) with a part of her/his body or anything else, the penetration is sexual, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents.
- **Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, (B) does not consent to the touching and (A) does not reasonably believe that (B) consents.

Our DSL will follow local guidance to enable provision of effective support to any affected by this type of abuse.

13 Online Safety

13.1 It is essential that children are safeguarded from potentially harmful and inappropriate communications and online material.

As such, the Hub ensures appropriate procedures, filters and monitoring systems are in place in accordance with the following policies:

- Oasis E-Safety,
- Acceptable use of Technologies,
- Web Filtering and Device Monitoring.

13.2 Although appropriate blocking is essential, it should not restrict children learning or lead to unreasonable restrictions as to what our children can be taught.

In our Hub:

- *We will comply with the Oasis E-Safety Policy*
- *Our E-Safety and Acceptable use of Technology Policies can be found on the Hub website or upon request*

14 Training and Development of staff

14.1 All staff must complete safeguarding and child protection training as part of their induction.

This means that in our Hub

- All staff and volunteers new to the Hub will be given appropriate Safeguarding training as part of their induction programme to the Hub.
- Newly recruited staff will complete the online training as part of their induction and will receive Hub specific training including being made aware of local risk factors for extremism

14.2 All staff must access update briefings on safeguarding and child protection each year.

In addition we will make sure that:

- Time will be given to enable this commitment to be met
- All Hub staff and relevant volunteers will undertake annual safeguarding and child protection training as organised by the DSL
- Updates will feature regularly in all staff meetings, as appropriate
- MASA identified local issues will be addressed through staff training.

14.3 The DSL team will be appropriately trained

To achieve this in our Hub we will ensure that:

- The Designated Safeguarding Lead (DSL) and Deputy DSL will receive relevant training as per LA requirements.
- The DSL will attend Local Authority and other training courses as necessary and appropriate inter-agency training.
- The DSL will attend Prevent training (WRAP) as provided by the Home Office and Local Authority.

15 Allegations against Members of Staff

15.1 All allegations of abuse made against a member of staff in relation to a child **must be brought to the attention of the Hub Leader** and Designated Safeguarding Lead **immediately**.

This means that in our Hub where the Hub Leader considers that a referral appears to meet the LADO criteria, the Hub Leader will inform the Local Authority's Designated Officer.

15.2 If the allegation meets any of the following criteria, the Hub Leader (or other lead person) must report it to the Local Authority Designated Officer the same day. If it is alleged that a teacher or member of staff (including a volunteer) has:

In some cases, allegations may be so serious, they will require immediate intervention by the police and or children's social care services. If this is the case the LADO team will also be informed

- 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

*In the event the Hub Leader is the subject of the allegation, the DSL will report the allegation to the **OCP Director immediately**.*

In the event of the allegation being made against a member of the National Oasis Community Partnerships staff, the DSL will report it to the OCP Director.

- *Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children*

15.3 For other allegations the Hub Leader and DSL will decide if further enquiries are required prior to referral to the Local Authority Designated Officer.

15.4 The Local Authority's Designated Officer must be informed of all allegations that come to the Hub's attention that meet the criteria so that he/she can consult police and social care colleagues as appropriate.

15.5 All alleged physical injuries must be investigated by the appropriate external agencies

16 Suitability of staff and safe recruitment practices

16.1 Safe recruitment practices are an essential part of creating a safe environment for children and young people

16.2 OCP policy is that before starting a new volunteering role a risk assessment is carried out to determine whether a DBS is required or not.

16.3 The Staff and Volunteers Critical Records Sheet (S&VCRS) is an important part of the Hub's commitment to Safeguarding and will be maintained by a member of the Hub team.

It will then be audited on a regular basis

In our Hub we will ensure that staff and volunteers are suitable to do so, We will follow the specific procedures are outlined in:

- *OCP Recruitment & Selection Policy*
- *Safer Recruitment Guidance*

Where the volunteer is undertaking regulated activity an enhanced DBS will be undertaken.

Where the volunteers is not in regulated activity we will ensure that a risk assessment is in place, and reviewed if the volunteering role changes.

'Due Diligence' checks will be made on any visiting speakers

In our Hub the S&VCRS will be overseen and directly managed by the Hub Leader and reviewed:

- *Every half term by the Hub Leader*
- *Every Term by the OCP Director*
- *Annually by the OCP Director with responsibility for policy and systems*

This will allow us to sustain effective safeguarding at our Hub.

17 Confidentiality and Record Keeping

17.1 Staff have the professional responsibility to share relevant information about the protection of children with the DSL

At our Hub we will take any disclosure very seriously.

and Hub Leader and potentially external investigating agencies

17.2 If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tell the child sensitively that he/she has a responsibility to refer the matter to the Designated Safeguarding Lead (DSL) for the child's own sake.

17.3 Accurate written notes will be kept of all incidents or Child Protection concerns relating to individual s children.

17.4 As part of their contractual arrangements any external individual or organisation with the Hub, will be required to work in accordance with the Academies child protection and safeguarding policy.

17.5 Working in partnership with parents is important, the Hub should endeavour to do this at all times. It is recognised however that there are occasions when it is in the child's best interest for work to be undertaken and referrals made without the parents' initial consent to ensure the welfare and safety of our children.

17.6 Child Protection records must be kept secure and arrangements in the Hub must comply with the Data Protection Policy.

17.7 Upon receipt of any request regarding direct access to documentation on a Child Protection file, the Hub Leader and DSL will be informed and a decision taken on the appropriate way forward in accordance with the Data Protection Policy.

We will seek to reassure the child that the matter will be only be disclosed to the Designated Safeguarding Lead (DSL), who will then decide on appropriate action.

If a member of the Hub has a child protection concern, they must inform the Hub Leader or DSL as soon as possible.

These will be kept on the child's Child Protection file within the reporting system.

Any external individual or organisation contracted by the Hub to work with children must report any child protection incidents or disclosures from children to the Hub Leader or DSL at the earliest opportunity.

To do this our Hub will:

- *Aim to help parents understand that the Hub has a responsibility for the welfare of all children and has a duty to refer cases to the Local Authority in the best interests of the child.*
- *Consider the safety of the child and, should a concern arise the DSL has the responsibility to seek advice prior to contacting parents.*
- *Make all our policies available on the website and on request*
- *Ensure a robust complaints system is in place to deal with issues raised by parents and carers*
- *Provide advice and signpost parents and carers to other services where children need extra support*

The DSL will ensure that all Child Protection records are kept separately from child records and stored securely.

Information from these files will only be shared with relevant staff when it is necessary to do so and in a manner consistent with data protection legislation

18 Early Years Settings within Hubs

18.1 As an early year's provider delivering the Early Years Foundation Stage (EYFS), the Hub aims to meet the specific safeguarding and child protection duties set out in the Childcare Act 2006 and related statutory guidance.

18.2 Including a member of staff responsible for leading on safeguarding within the early years

In our Hub we will ensure that all children in nursery, and/or two-year old provision, are able to learn, develop, be safe and healthy by providing:

- *A safe secure learning environment where children can be seen and heard at all times.*
- *A named member of staff in the DSL team.*
- *A member of staff who holds a current, paediatric first aid certificate is available on the premises at all times.*
- *A qualified 1st Aider accompanies children on Hub trips*
- *A designated key worker who liaises with parents and carers*
- *Routine monitoring of health and safety practices, to promote children's safety and welfare*
- *Appropriate staffing, ratios and qualifications comply with statutory guidance and can meet the needs of all children*
 - **Nursery** *1/13 children with one member of staff a qualified teacher and at least one member of staff to hold full level 3 qualification*

19 Health and Safety

19.1 That there is a robust interaction between the Health and Safety policy to meet the statutory responsibility for the safety of children and staff

In our Hub the Hub Leader will identify and manage risk through the use of risk assessment carried out:

- *On an annual basis for the Hub learning spaces and environment in and outdoors*
- *For all off-site trips*
- *When there are any changes to the premises or practices*
- *Following a serious accident in relation to staff and/or children*
- *High level risk associated with contact with parents*
- *To maintain effective security of the premises including protection from intruders, trespassers and/or criminal damage*

19.2 The Hub will promote the health of all children, including children in the Early Years.

In our Hub we will do this by:

- *Taking necessary steps to stop the spread of infection.*
- *Administering medicines and/or intimate care only in line with our Hub policy*
- *Taking appropriate action where children are unwell*
- *Notifying the HSE of any serious accident, illness or*

death of any child whilst at the Hub.

- Notifying Ofsted, in the case of children attending the early years, within 14 days.

19.3 Day-to-day responsibility for health and safety issues at the Hub will be delegated to a member of staff who is suitably trained and competent to carry out duties.

20 Safeguarding children who are vulnerable to extremism; The Prevent duty

20.1 The Prevent strategy aims to stop people becoming terrorists or supporting terrorism. While it remains rare for children to become involved in terrorist activity, the Hub recognises some, from an early age can be exposed to terrorist & extremist influences or prejudiced views. As with other forms of safeguarding strategies, early intervention is always preferable.

20.2 Oasis is aware there have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

20.3 Oasis Hubs seek to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to:

- Far Right / Neo Nazi / White Supremacist ideology,
- Islamist ideology,
- Irish Nationalist and Loyalist paramilitary groups, and
- Extremist Animal Rights movements.

20.4 All Hub staff need to be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

In line with fundamental British Values and the Oasis '9 Habits' our Hub values inclusion, tolerance and the freedom of speech and the expression of beliefs/ideology as fundamental rights underpinning healthy communities in which the Hub is based.

Both children and staff have the right to speak freely and voice their opinions.

Our Hub is committed to working with the local authority and other local partners, families and communities to play a key role in ensuring young people and our communities are safe from the threat of terrorism.

Risk assessment will include the use of Hub premises by external agencies, integration of children by gender and SEN, anti-bullying policy and other issues specific to the Hub's profile, community and the Oasis ethos.

All our staff will be aware that children at risk of radicalisation may display different signs or seek to hide their views.

Staff will use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

20.5 The Hub will identify a Prevent Single Point of Contact (SPOC) who will be the lead within the Hub for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the Designated Safeguarding Lead.

If there is a concern that a young person is being radicalised or at risk of being drawn into terrorism refer to Children's Services as with any other safeguarding concern.

20.6 The Trust will ensure that the DSL and SPOC (if different) will complete a local Workshop to Raise Awareness of Prevent (WRAP) and that this training will be cascaded to staff.

20.7 Due diligence checks should be undertaken by the Hub on any organisation that uses its facilities.

20.8 These checks will include:

- An internet search on the organisation
- Checks with local groups,
- MASA & Local police checks
- Local Authority checks

20.9 Details of agreement/s will be recorded and kept on file

21 Working with Offenders

21.1 Oasis Community Partnerships recognises that through Oasis Hubs it is likely that we will come into contact with offenders; some of whom may have abused children or are known to be a risk to adults.

21.2 All risk assessments and documents relating to offenders require the sign off of the OCP CEO.

When any member of our staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC and/or the Designated Safeguarding Lead (if this is not the same person) and record their concerns.

In addition, links with the local Channel lead can made by the DSL and where necessary, individual cases will be referred to the local Channel Panel for screening and assessment.

In our Hub this will be part of our annual CPD training programme by the DSL

Our Hub will only allow use of the premises by other organisations if they provide:

- *An overview of what it intends to teach or provide*
- *The ethos they promote fit easily with the 9 Habits and the Oasis ethos.*
- *Their work promotes British Values*
- *They can provide evidence that they have practised safe recruitment and their staff have the requisite DBS checks*

In our Hub this means that;

- *When such an offender is known to the leadership team will determine whether involvement is permitted, which must be signed off by the OCP CEO. If deemed acceptable, a risk assessment will be completed containing agreed boundaries and a code of behaviour as appropriate, signed off by the OCP CEO.*
- *The relevant local agencies will be consulted in the preparation of these documents.*
- *Such offenders will be supervised and offered pastoral care as appropriate.*
- *Under no circumstances should an offender known to be a risk to children or adults be left unsupervised in a Hub setting.*

Appendix 1 – Key information for all staff

Through the Oasis' ethos, values and behaviour for learning policy, the Hub provides a platform to ensure children and young people are given the support to respect themselves and others, and understand their role as a local and global citizen, being aware of the potential issues they face. This includes child on child sexual exploitation.

Child Criminal Exploitation (CCE)

Child Criminal Exploitation is a coverall heading for the following issues:

- Child Sexual Exploitation
- County Lines
- Child Trafficking & Human Slavery
- Gang affiliation & knife Crime

Child Sexual Exploitation (CSE)

CSE involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. It is a problem that occurs for boys as well as girls.

Sexual exploitation can take many forms ranging from the completely inappropriate 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.

The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs of CSE can include

- Inappropriate sexual or sexualised behaviour
- Repeat sexually transmitted infections
- Repeat pregnancy, abortions and miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Going to hotels or other unusual locations to meet friends
- Moving around the country, appearing in new towns or cities, not knowing where they are.
- Getting in/out of different cars driven by unknown adults
- Having older boyfriends or girlfriends
- Associating with other young people involved in sexual exploitation
- Unexplained changes in behaviour or personality
- Involved in abusive relationships, intimidated and fearful of certain people or situation
- Recruiting other young people to exploitative situations
- Contact with known perpetrators

County Lines

Gangs use children and vulnerable people to move drugs and money. Gangs establish a base, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.

One of the key factors found in most cases of County Lines is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

If staff suspect that a child is a victim of County Lines exploitation they must follow the Hub's procedures for reporting child protection concerns and report to the DSL immediately. The DSL should report to the local safeguarding children's board immediately and the police if there is a risk of immediate harm.

Child Trafficking & Human Slavery

The Hub keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation and access support, advice and resources via **STOP THE TRAFFIK**, a sister company within the Oasis Charitable Trust. The resources include lesson content on:

- What is human trafficking?
- Healthy relationships and grooming
- Online safety
- Staff training on child trafficking
- Assembly and lesson resources on vulnerable communities

Through the use of these resources and others, our staff are supported to recognise warning signs and symptoms in relation to specific issues.

Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

Our Designated Safeguarding Lead knows where to seek and get advice as necessary from the Local Authority and national specialist organisations such as STOP THE TRAFFIK. Staff are available for advice and links to relevant support with dealing with a potential trafficking situation if needed found at <https://www.stopthetraffik.org/>

Information on specific forms and categories of child abuse,

All staff in the Hub should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse is 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 (e.g. via the internet). They may be abused by an adult or adults or another child or children (peer on peer abuse).

In a situation where abuse is alleged to have been carried out by another child/peer, the child protection procedures outlined in this policy should be adhered to for both the victim and the alleged abuser; that is, it should be considered a childcare and protection issue for both children.

All abusers must be held accountable for their behaviour and work must be done to ensure that abusers take responsibility for their behaviour and acknowledge that the behaviour is unacceptable. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance.

Abusive behaviour, which is perpetrated by peers, must be taken seriously. It is known that some adult abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively more serious. Early referral and intervention is therefore essential in line with paragraph 2 of this policy.

Peer on peer abuse can manifest itself in many ways. This could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence. It could be through 'sexting' using online communications, text or image messaging. Please refer to the online safety policy for further information, Child Exploitation Online Protection Centre (CEOP) for further guidance on sexting at <http://www.ceop.police.uk/>

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- must be regarded as indicators of the possibility of significant harm
- justifies the need for careful assessment and discussion with designated safeguarding lead and may require consultation with and/or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

Signs of abuse in children:

1. NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result 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.
- Being neglectful or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger
- Stealing, scavenging and/or hoarding food
- Frequent tiredness or listlessness
- Frequently dirty or unkempt
- Often poorly or inappropriately clad for the weather
- Poor Hub attendance or often late for Hub
- Poor concentration
- Affection or attention seeking behaviour
- Illnesses or injuries that are left untreated
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- The child is regularly not collected or received from Hub
- The child is left at home alone or with inappropriate carers

2. PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, such as a hand or a belt

- Bite marks
- Round burn marks
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given
- Changing or different accounts of how an injury occurred
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

3. 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 rape and/or penetration 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Regressive behaviour, enuresis, soiling
- Involvement in prostitution or indiscriminate choice of sexual partners
- Touching others inappropriately
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area (anal, vaginal or penile)
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Thrush, persistent complaints of stomach disorders or pains

- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental sexual activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity including any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

Equality – Consider differentials of physical, cognitive and emotional development, power, control and authority including passive and assertive tendencies.

Consent – agreement including all the following:

- Understanding that is proposed based on age, maturity, developmental level, functioning and experience
- Knowledge of society’s standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence
- A clear note that children under the age of 13 cannot consent to sexual activity

Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide and should be discussed with the DSL. It is also worth reviewing concerns against the ‘Brook Traffic Light System’ (Brook 2012):



Sexual abuse, including suspected abuse by peers will always be investigated and will not pass it off as “banter”, “just having a laugh” or “part of growing up”.

4. EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child/young person's emotional development. It may involve conveying to children/young people 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/young person 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 the child/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children/young people frequently to feel frightened or in danger, or the exploitation or corruption of children/young people. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

5. RESPONSES FROM PARENTS/CARERS

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- A persistently negative attitude towards the child
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home; or
- Violence between adults in the household
- Evidence of coercion and control.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

6. DISABLED CHILDREN

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a 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 such as deprivation of medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

There is a concern sometimes that, for children with SEN and disabilities, that their SEN or disability needs are seen first, and the potential for abuse second. If children are behaving in particular ways or they're looking distressed or their behaviour or demeanour is different from in the past, maybe staff should think about that being a sign of the potential for abuse, and not simply see it as part of their disability or their special educational needs. Children with SEND have a higher risk of being left out, of being isolated from their peers, and they are disproportionately affected by bullying.

7. Homelessness

Being homeless or at risk of being homeless presents a real risk to a child's welfare. Indicators that a family is at risk of homelessness include household debt, rent arrears, domestic abuse and ant-social behaviour. The Homelessness Reduction Act 2017 places a legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment for their needs and circumstances. Further information that summarises the new duties is available at:

www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets

8. Children and the court system

When children are required to be a witness in a criminal court, either for crimes committed against them, or for crimes that they have witnessed, it is important they are supported KCSIE 2019 provides two age appropriate support guides:

- Advice for 5-11yr olds:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708114/ywp-5-11-eng.pdf

- Advice for 12-17yr olds:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708093/ywp-12-17-eng.pdf

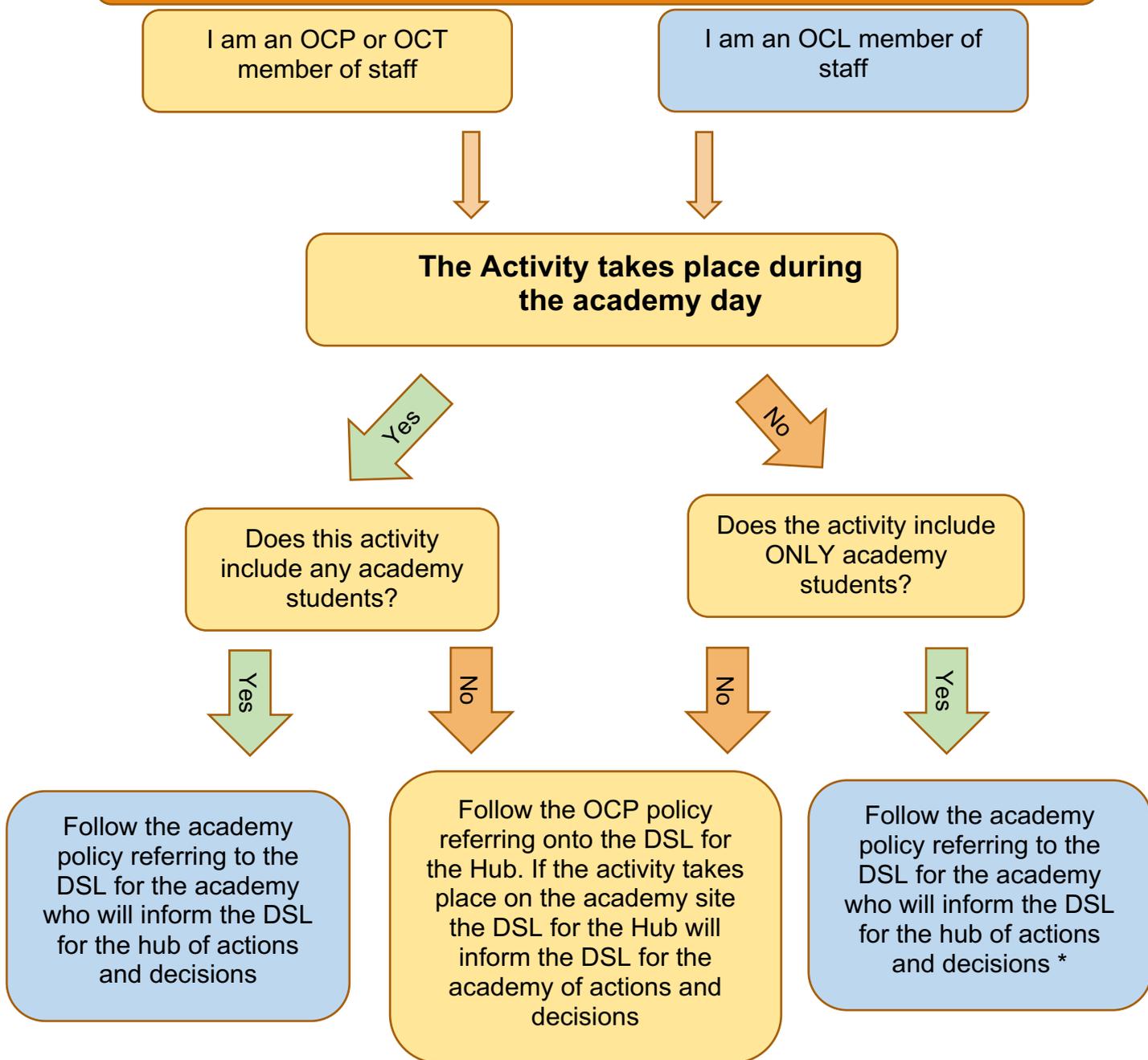
9. Looked After Children and Previously Looked After Children

All staff should have awareness of issues around safeguarding looked after and previously looked after children. Leaders' should ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe. A previously looked after child remains vulnerable and it is important that all agencies work together to ensure that prompt action is taken on concerns to safeguard this particularly vulnerable group.

Staff need to be aware of the legal status of a looked after child's care arrangements. In particular, they should ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They should also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead should have details of the child's social worker and the name of the virtual Hub head in the authority that looks after the child.

Appendix 2: Working with OCL

Community Hub Activities: Flowchart for determining which Oasis policy should be followed



***If activities are taking place out of hours or during school holidays and the Academy DSL is not on duty, then the OCP policy should be referred to. In the case of an emergency and the correct DSL is not contactable, refer to the alternative DSL.**

Appendix 3 - The Oasis 9 Habits

Compassionate	Patient	Humble
Joyful	Honest	Hopeful
Considerate	Forgiving	Self-controlled

Appendix 4 – Roles & responsibilities within Oasis Community Partnerships

Safeguarding and promoting the welfare of children is **everyone's responsibility**. Everyone who comes into contact with children and their parents or carers has a role to play in safeguarding children. Knowing what to look for is vital to the early identification of abuse and neglect and if staff are unsure they should always speak to the DSL or deputy – if in exceptional circumstances, the DSL or deputy lead is not available, staff should consider speaking to the Hub Leader or OCP DIRECTOR, and/or take advice from your local safeguarding children's board. All actions that are completed in the absence of a designated safeguarding person should be shared with them at the very earliest opportunity.

The Oasis Community Partnerships Board will determine and keep under review the general policy for OCP and Oasis Hub charities.

All adults working in OCP (including visiting staff, volunteers and child or young persons on placement) are required to report instances of actual or suspected child abuse or neglect to the DSL with responsibility for child protection.

- **The Board of Trustees will:**
 - Oversee OCP and all subsidiaries procedures in line with the Oasis Community Partnerships policy;
 - Determine OCP and all subsidiaries procedures in line with the Oasis Community Partnerships policy;
 - Appoint a Nominated Member of the Board of Trustees to liaise with the Chief Executive Officer on behalf of the OCP Directors, Hub Leaders and DSL;
 - Review and consider annually a report on safeguarding incidents in OCP and all subsidiaries.
- **The Chief Executive Officer will:**
 - Present an annual report to the OCP Board reviewing safeguarding incidents across OCP;
 - Ensure that the risk register is maintained and up to date in relation to safeguarding;
 - Ensure that appropriate pastoral systems are in place for Community Hub Leader and DSL's;
 - Be available to Community Hub Leader's where the OCP Director is not available.
- **The OCP Director with responsibility for policy and systems will:**
 - Provide a link between the Hub Leader with the CEO and the Board;
 - Ensure that the policy and procedures are implemented across the OCP projects they are responsible for;
 - Be DSL trained, and act in an advisory capacity to the Hubs they are responsible for;
 - Report safeguarding incidents to the CEO as appropriate.
 - Oversee the OCP safeguarding reporting system
 - Work alongside the Head of Safeguarding for advice and guidance
- **The Hub Leader will:**
 - Be responsible for the implementation of the policy and procedures and ensuring that the outcomes are monitored;
 - Ensure that all staff, volunteers, parents, children and young people and members of the community are aware of the policy and procedures in place;
 - Select/appoint a DSL - the DSL and Deputy DSL. The DSL needs to have the flexibility to act immediately on a referral that requires an urgent response and to be able to give time to lengthy meetings or case conferences, as required. The Deputy DSL will act on behalf of the DSL whenever necessary, and with the same authority;
 - Ensure that details of the DSL and deputy DSL are clearly displayed in staff areas;

- Determine an appropriate training programme in consultation with the DSL;
 - Report annually to the Board of Trustees on the working of the policy via the Chief Executive Officer.
- **The DSL is responsible for:**
- Ensuring that all cases of suspected or actual harm associated with child protection are referred to the appropriate agencies and keeping the OCP Director and community hub staff informed;
 - Ensure that all serious cases are escalated on the OCP safeguarding reporting system, and brought to the attention of the OCP director with responsibility for policy and systems.
 - Being aware of the latest national and local guidance and requirements;
 - Ensuring that effective communication and liaison takes place between the Community Hub team and the Local Authority, and any other relevant agencies, where there is a child protection concern in relation to a child or young person engaging in community activities;
 - Ensuring that all staff have an understanding of child abuse, neglect and exploitation and their main indicators;
 - Dealing with allegations of abuse in accordance with local procedures;
 - Ensuring that appropriate training for staff is organised according to the agreed programme;
 - Ensuring that adequate reporting and recording systems are in place.
- **In relation to all staff:**
- All staff, including temporary staff, external visiting staff and volunteers will be informed of the DSL's name, the named Deputy, and the Community Hub policy for the protection of children and young people during their first induction to the team.
 - All staff and volunteers involved in delivery are required to complete the Hays on-line safeguarding training as part of their induction.
 - All staff need to be alert to the signs of harm and abuse. They should report any concerns if not immediately, as soon as possible, to the DSL or named deputy. If in any doubt staff should consult with the DSL in accordance with the scenario flowchart in appendix 2
 - All relevant national and local procedures will be made available for staff reference and can be obtained from the Hub Leader or OCP Director.
 - Any child may benefit from early help, but all OCP staff should be particularly alert to the potential need for early help for a child who:
 - is disabled and has specific additional needs;
 - has special educational needs (whether or not they have a statutory education, health and care plan);
 - is a young carer;
 - is frequently missing/goes missing from care or home;
 - is misusing drugs or alcohol;
 - is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse; and/or
 - has returned home to their family from care”.
 - All staff must be aware of the early help process, this includes identifying emerging problems, liaising with the DSL, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment. All early help cases should be reviewed regularly and if the situation is not improving then consideration should be given to a referral to children’s social care for assessment for statutory services.

Appendix 5 – Change Control

Version	Date	Amended by	Recipients	Purpose
1.0	01/09/2016	Alison Findlay RCPD (based on OCL policy)	All OCP Staff	Updated legislation
2.0	01/09/17	Kat Simmonds OCP DIRECTOR (based on OCL policy and CCPAS best practice)	All OCP Staff	Updated legislation
3.0		Kat Simmonds OCP DIRECTOR (based on OCL policy and CCPAS best practice)	All OCP Staff	Updated legislation
4.0	02/09/19	Jon Needham	KS	Style and format changes to OCL policy
5.0	02/09/2019	Kat Simmonds	All OCP staff	Updated OCL version for OCP purposes

Approvals

This document requires the following approvals.

Approvals

This document requires the following approvals.

Name	Position	Date Approved	Version
Dave Parr	OCT CEO	03/09/2019	5.0

National/Local Policy

This policy must be localised by Hubs

This policy must not be changed, it is a National Policy (only change logo, contact details and yellow highlighted sections)

Distribution

This document has been distributed to:

Name	Position	Date	Version
All OCP Hub/Project Leads			
All OCP DSO's			
All OCP/local Hub project staff			