

Child Protection and Safeguarding Policy

This policy applies to all staff, including paid staff, volunteers, directors or anyone working on behalf, or in partnership with, Expeditions for Everyone C.I.C.

Statement of Commitment

Expeditions for Everyone C.I.C is committed to safeguarding and promoting the welfare of children and young people. All staff and volunteers are expected to share our commitment to safeguarding, always creating an environment where young people feel safe and can thrive.

Expeditions for Everyone C.I.C believe that:

- Children have the right to be protected from harm, abuse and neglect
- Children need support that matches their individual needs
- Children have the right to express their views, feelings, values & beliefs
- Children should be encouraged to respect each other's values and to support each other

We are committed to excellence in the following areas:

- Safeguarding policy, procedures and guidance
- Safe recruitment and suitability checking of staff
- Training of staff, volunteers and managers
- Two-way communication with parents/carers
- Creating a positive environment for children
- Responding quickly to concerns and reporting to other agencies

Signed:

A handwritten signature in black ink, appearing to read "J. Patrick", written in a cursive style.

Date: 09/10/2024

Review Date: 09/10/2025

1. Safeguarding Procedures

- 1.1 The **Designated Safeguarding Lead (DSL)** will be **Jolene Pattrick** (Director of Expeditions for Everyone C.I.C). Whilst the activities of the DSL can be delegated to appropriately trained members of the company, the ultimate lead responsibility for safeguarding and child protection remains with the DSL. The responsibility should not be delegated.
- 1.2 It is the responsibility of every member of staff including volunteers, directors and other supporting adults to report concerns in order that appropriate agencies can then make enquiries and take any necessary action to protect the child.
- 1.3 All information received and discussed must be treated in confidence and only shared with those individuals within the organisation who will be able to manage and resolve the situation. On occasion it may be necessary to seek advice, or inform the statutory agencies i.e. Children's Social Services/LADO or the Police. We will **not** disclose to a parent any information held on a child if this would put the child at risk of significant harm.
- 1.4 There are a number of ways in which abuse can become apparent.
 - A **disclosure** by a child of poor practice/abuse
 - A **suspicion** that poor practice/abuse may have taken place
 - An **allegation** of poor practice/abuse

In any of the following circumstances, a report should be immediately referred to the Designated Safeguarding Officer.

- 1.5 As soon as possible after the disclosure/allegation/suspicion, an **Incident Report Form** must be completed accurately, legibly and in as much detail as possible and submitted within 24 hours to the Designated Safeguarding Officer, who will notify the relevant organisation (The DofE Organisation/Children's Social services/Police).
- 1.6 If the situation is one of child abuse, or a child is in imminent danger, the Designated Safeguarding Officer should contact the Duty Manager for Social Services in the area in which the young person lives for immediate support.
- 1.7 If the Designated Safeguarding Officer or Deputy Safeguarding Officer are not available, the person discovering or being informed of the abuse should immediately contact Children's

Social services/LSCB or the police, who will decide how and when parents/carers/guardians will be informed and ultimately become responsible for what steps to take next.

The following contact details can be used to log a concern:

Cambridgeshire & Peterborough Children's Services (online reporting form)

<https://safeguardingcambspeterborough.org.uk/concerned/professionals-reporting-a-concern/>

Bedfordshire Access & Referral Hub:

cs.accessandreferral@centralbedfordshire.gov.uk or 0300 300 8585

Northamptonshire Safeguarding Children Partnership:

<http://www.northamptonshirescb.org.uk/childcare/eycm-referrals-eha/how-to-make-an-online-referral/>

The **NSPCC** provides a free 24-hour Child Protection Helpline staffed by experienced social work counsellors. It provides confidential counselling, information and advice for those in England, Wales and Northern Ireland.

In an emergency, if the child is in immediate danger, then 999 should be called and police alerted.

Incident report forms will be stored in a locked filing cabinet within the Expeditions for Everyone C.I.C office; these will be stored in-line with the company GDPR policies and will be stored until the young person reaches 25 years old

2. Safer Recruitment of Staff

- 2.1 Expeditions for Everyone C.I.C will follow safer recruitment practice including scrutinising applicants, verifying identity, obtaining professional & character references, checking previous employment history and ensuring that the candidate has the health & physical capacity for the job.
- 2.2 Staff checks will also include enhanced disclosure & barring check, barred list checks and prohibition checks (DBS). Evidence of these checks must be recorded.
- 2.3 All staff will complete an induction to make them aware of systems within the setting which support safeguarding. Basic child protection training will be provided at the start of any

employment period.

2.4 Every member of staff will complete **NSPCC Child Protection** training online every 3 years.

2.5 **Expeditions for Everyone C.I.C** will ensure that every employee knows:

- The name of the DSL
- How to identify the signs of abuse and neglect
- How to pass on and record concerns about children
- That they have an individual responsibility to be alert to the signs and indicators of abuse
- That they have a responsibility to provide a safe environment for children

3. Allegations against a Staff Member

3.1 Any concerns for the welfare of the child, arising from abuse or poor practice by a member of staff or volunteer, must be dealt with in the same way as allegations against other people and reported immediately to the Designated Safeguarding Officer.

3.2 If the allegation is about the Designated Safeguarding Officer, the report should be made to the **Deputy Safeguarding Officer** or an appropriate staff member of Expeditions for Everyone C.I.C.

3.3 Where there is a complaint of abuse against a member of staff or volunteer, there may be three types of investigation:

- Criminal
- Child protection
- Disciplinary or misconduct

3.4 Expeditions for Everyone C.I.C Hub will follow strict disciplinary procedures with regards to the suspension of any individual accused of abuse, pending further police and social services inquiries.

3.5 Irrespective of the findings of the social services or police inquiries, Expeditions for Everyone C.I.C will assess all individual cases under the appropriate misconduct/disciplinary procedures, to decide whether a member of staff or volunteer should be reinstated and how this can be sensitively handled with other staff or volunteers.

3.6 Expeditions for Everyone C.I.C will ensure adequate support is made available, that is appropriate to children, parents and members of staff. It is acknowledged that feelings generated by the discovery that a member of staff or volunteer is, or may be, abusing a child, will raise concerns among other staff or volunteers. This includes the difficulties inherent in reporting such matters.

APPENDIX A - DEFINITIONS AND INDICATORS OF ABUSE

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.

It may also include neglect of, 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 school attendance or often late for school
- 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 school
- 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.

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

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate
- Thrush, persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusual compliance
- Regressive behaviour, enuresis, soiling
- Frequent or openly masturbating, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises or scratches in the genital area

4. SEXUAL EXPLOITATION

Child Sexual Exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to Birmingham Children’s Trust. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- Entering and/or leaving vehicles driven by unknown adults
- Possessing unexplained amounts of money, expensive clothes or other items
- Frequenting areas known for risky activities
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.
- Missing for periods of time (CSE and County Lines)

5. 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.

N.B: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. RESPONSES FROM PARENTS/CARERS

Research and experience indicates 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.

7. 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.

APPENDIX B – DEALING WITH A DISCLOSURE OF ABUSE

When a child tells me about abuse they have suffered, what should I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.
- If the disclosure relates to a physical injury do not photograph the injury, but record in writing as much detail as possible.

NB - it is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately after a Disclosure

You should not deal with this yourself. Clear indications or disclosure of abuse must be reported to DSL immediately.

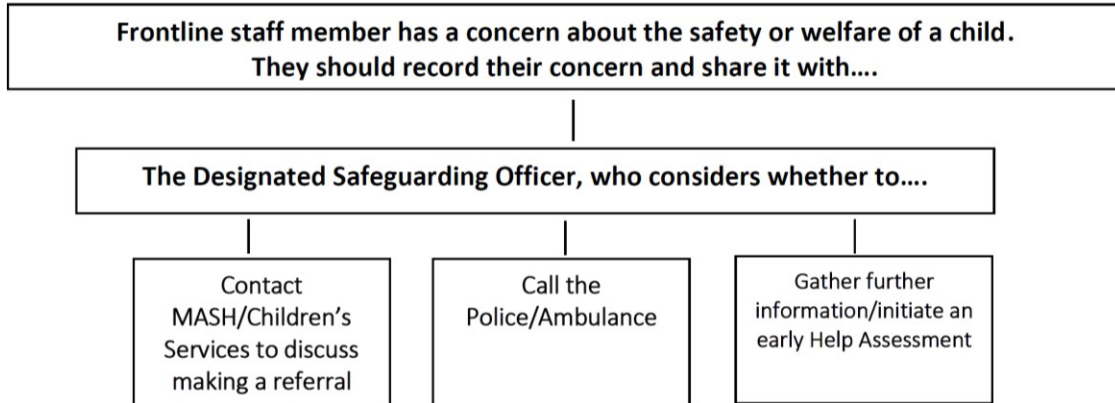
Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. The DSL will provide relevant support.

APPENDIX C – ALLEGATIONS ABOUT AN EMPLOYEE

Inappropriate behaviour by employees could take the following forms:

- **Physical**
For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling.
 - **Emotional**
For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.
 - **Sexual**
For example, sexualised behaviour towards pupils, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault and rape.
 - **Neglect**
For example failing to act to protect children/young people, failing to seek medical attention or failure to carry out an appropriate risk assessment.
 - **Spiritual Abuse**
For example using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.
2. If a child makes an allegation about an employee, the DSL must be informed immediately. The DSL must carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The DSL should **not** carry out the investigation him/herself or interview pupils.
3. The DSL should exercise and be accountable for their professional judgement on the action to be taken as follows:
- If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the DSL will notify the DofE Organisation/LADO for advice about action to be taken.
 - If the actions of the employee, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the employee or the child. These should be addressed through the company's own internal procedures.
 - If the DSL decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child's safeguarding file. The allegation should be removed from personnel records.

APPENDIX D – MAKING A CHILD PROTECTION DECISION



If the DSL is unavailable or is unable to be involved in the decision, the Deputy Safeguarding Officer should take responsibility for the decision **or** the member of staff dealing with the safeguarding concern.

APPENDIX E – INCIDENT REPORT FORM

This form is designed to report any safeguarding incidents or concerns. It should be completed by the worker who has been disclosed to, who witnessed the incident, was most directly involved or who provided first aid if relevant. Once completed it must be submitted as per the organisation's reporting protocols.

**REFERENCE
NUMBER**

Name & role of person completing this form:	
Activity/Session:	Date form is completed:

Details of child, young person or adult at risk:

Name:	Address:
Contact number:	Gender:
Date of birth:	Any further information that may be useful to consider:

Parents/carers details:

Name:	Address:
Contact number:	Email address:
Have parents/carers been notified of the incident?: Yes / No	If yes, please provide details:

Details of reportee:

Are you reporting your own concerns or responding to concerns raised by someone else?	Reporting my own concerns	
	Responding to someone else's concerns	
If responding to someone else's concerns, please provide their details below:		
Name:		
Relationship to child, young person or adult at risk:		
Email address:		
Contact number:		

Incident Details:

Date/ Time:	Group name (if applicable):
Location of incident:	
Description of the incident or concern: (continue on separate sheet if necessary & include reference number): <i>(Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion or hearsay)</i>	
Details of any previous concerns, incidents or relevant safeguarding records:	

Child, young person or adult at risk account of the incident or concern: *(use their own words)*

Witness account of incident or concern: *(include further accounts on separate sheets as necessary. Include reference number on each accompanying account)*

Details of any witnesses:

Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*

Relationship to child, young person or adult at risk:

Contact details:

Details of any persons involved in the incident or alleged to have caused the incident, injury or presenting risk:

Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*

Relationship to child, young person or adult at risk:

Contact details:

Outcome of incident & immediate actions taken: (tick box where relevant)		
<p>Ambulance required? Y/N</p> <p>Name of hospital / medical facility attended if applicable:</p> <p>Police/fire/rescue services attended? Y/N</p> <p>Notes:</p>	<p>First aid treatment provided and whom :</p>	<p>Medication given:</p>
<p>Any resulting change of plans or disruption to the programme, if applicable:</p>	<p>Disciplinary procedures enacted:</p>	<p>Were any immediate changes to risk management procedures made?</p>

Signed By Author:	Name:	Date:
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Reporting to the Designated Safeguarding Lead (DSL) section: (to be completed by DSL)

Date & time DSL notified of incident/concern:		
Date & time this form passed on to DSL (if different from above):		
DSL comments: <i>(actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required):</i>		
<div></div>		
External agency referral: (tick box where relevant)		
Social services notified Y/N	LADO notified Y/N	Other referral made Y/N
Date & time of referral:	Date & time of referral:	Agency:
Name of contact person:	Name of contact person:	Date & time of referral:
Contact number / email:	Contact number / email:	Name of contact person:
Agreed action or advice given:	Agreed action or advice given:	Contact number / email:
		Agreed action or advice given:

Signed By DSL:	Name:	Date:
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For Office Use Only:

Follow-up action required:		
Action:	Due date:	Whom responsible: