



OCP AND HUB CHARITIES

At a Glance

Safeguarding and promoting the mental, emotional, and physical welfare of children
OCP and Hub Charities.

Consequently, everyone who comes into contact with our children has a role to play
in safeguarding

- Positive behaviour management
- Physical intervention and restraint (reasonable force)

Checklist

We will consider the contextual safeguarding our setting sits within
 We will provide safeguarding contact details for the Community project
 We will recognise issues around child abuse
 We will fully accept our responsibilities
 We will be aware of and address any sexually harmful behaviour
 We will support the emotional and mental health of staff and young people
 We will respond to issues of Child Criminal Exploitation
 We will be mindful of key safeguarding & child protection topics
 We will appropriately manage allegations and low-level concerns
 We will recruit the best staff we can
 We will maintain confidentiality and accurate records
 We will consider the requirements of EYFS settings within our provision
 We will be alert for student at risk of radicalisation

In Brief

The central purpose of Oasis is to transform communities so that they are safe and healthy places to be and to live. As an organisations, we realise that we cannot make a commitment of this kind without first being committed to the safeguarding and safekeeping of our young people. This safeguarding and child protection policy is intended for use across all Oasis Community Partnerships community projects.

This policy should be followed and adhered to in all situations and circumstances when the safeguarding of our young people is at stake.

In accordance with the 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 community project-based), Hub Council members, contractors and agency supply staff and volunteers working within our academies and settings.

We recognise 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. Special consideration is made for Looked After Children and/or those with

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

Safeguarding and child protection concerns

against staff members.

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 community project will support all children through:

- Appropriate staff conduct, in line with the policy
- Relevant curriculum design and implementation to teach young people about staying safe at all times, including when they are online
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- Consistent implementation of the Community project - bullying, Safer Recruitment, Behaviour and Online safety policies and related practice
- Close and proactive liaison with other agencies such as social services, Child and Adult Mental Health Service, the Education Welfare and Psychology Services.

In line with Government guidelines in KCSiE 2022, our Hub will where reasonably possible, hold two or more emergency contact number per child. This provides the Hub with additional options for contacting

The Charity Commission

OCP must report to the Charity Commission if any safeguarding concerns have resulted or could have resulted in harm. This includes some situations where our own policies or procedures have not been followed properly. If those breaches have put people who come into contact with the OCP through our work at significant risk of harm, we must report them even if no actual harm occurred.

What needs to be reported depends on the context of a charity, taking account of its staff, operations, finances and/or reputation. A report should always be made where the level of harm to the victims and/or the likely damage to the reputation of or public trust in OCP is particularly high.

practice, this may be delegated to someone else within the charity, such as the CEO or DSL. OCP must ensure that we follow any protocol for delegated authority to report to the Charity Commission. If in doubt, we must ensure that trustees have authorised the report.

Upon receipt of a report, the role of the Charity Commission must:

- focus on the conduct of the trustees
- focus on steps the trustees have taken to protect the charity
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duties and responsibilities towards the charity in managing safeguarding concerns.

Even if the incident is no

the touching is sexual, (B) does not consent to the touching and (A) does not reasonably believe that (B) consents.

We will consider the support required by those falsely accused of child-on-child abuse.

All disclosures will be taken seriously with those making the disclosure

procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. In either of these circumstances, the OCP care plan and

- *Things friends should avoid doing/saying which may inadvertently cause upset*
- *Warning signs that their friend needs help (e.g., signs of relapse)*

Additionally, we will want to highlight with peers:

- *Where and how to access support for themselves*
- *Safe sources of further information about*
- *Healthy ways of coping with the difficult emotions they may be feeling*

It may be shocking and upsetting for issues and many may respond with anger, fear, or upset during the first conversation even if they already have concerns from

In our Hubs we will work closely with parents & carers to support the whole family, unless to do so places the child at additional risk.

We will provide clear means for parents to contact the appropriate staff member if they have further questions and arrange a follow up meeting or phone call as parents often have many questions as they process the information.

To support parents and carers at the end of each meeting we will agree next steps and always keep a brief record of the meeting on

Section 4: Opportunities to Learn Safeguarding

Where it is appropriate and possible our community teams will include safeguarding learning opportunities (for example include sessions on consent in a youth group activity looking at relationships). Whilst most of the activities in our Hub teams are not where possible.

Online Safety

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 Policy,
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- Acceptable use of Technologies,
- Web Filtering and Device Monitoring through Smoothwall Moderated Monitoring, Smoothwall Filter, Cisco Web Filter.

Technology, and risks and harms related to it evolve and changes rapidly. The Hub will carry out an annual review of their approach to online safety that considers and reflects the risks young people face.

In our Hubs:

We recognise that the on-line risks fall into 4 main categories:

- **content:** *being exposed to illegal, inappropriate, or harmful content.*
- **contact:** *being subjected to harmful online interaction with other users.*
- **conduct:** *personal online behaviour that increases the likelihood of, or causes, harm.*
- **commerce:** *- risks such as online gambling, inappropriate advertising, phishing and or financial scams.*

Child Criminal Exploitation

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

- Child Sexual Exploitation
- County Lines
- Child Trafficking & Human Slavery

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

Female Genital Mutilation

FGM is a criminal offence it is child abuse and a form of violence against women and girls, and therefore should be treated as such.

With effect from October 2015, all schools are subject to a mandatory reporting requirement in respect of female genital mutilation (FGM).

See government guidance at:

<https://assets.publishing.service.gov.uk/government/uploads>

Safeguarding Young people who are Vulnerable to Extremism

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

Mental Capacity Act

The Mental Capacity Act (MCA) applies to those over the aged 16 and over, and the presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental c20ve

as lacking capacity for these reasons.

- Decisions made on behalf of a person who lacks

At the conclusion of any investigation if enough evidence is gathered to have foundation then a referral will be made to the DBS Authority as soon as possible.

Concerns that do not meet the Harms threshold will be fully investigated and the appropriate actions recorded in the personnel files.

Where allegations are found to be unsubstantiated or false these will not be recorded in personnel files and action will be considered against those who raised the allegation.

Low Level Concerns

Suitability of Staff and Safer Recruitment

Safe recruitment practices are an essential part of creating a safe environment for children and young people. As such we will not allocate start dates for new members of staff until all pre-employment checks have been completed.

The staff records on EVIDE are an important part of our commitment to Safeguarding and will be maintained by a member of the office management team.

It will then be audited on a regular basis.

In our Hub we will ensure that staff and volunteers working at any community project are suitable to do so.

We will follow the specific procedures are outlined in:

- OCP Recruitment & Selection Policy including the potential for on-line searches for shortlisted candidates*
- Recruitment Toolkit*

regulated activity an enhanced DBS and barred list check will be undertaken.

Where the volunteer is not in regulated activity, we will undertake an enhanced DBS but are not legally allowed to do a barred list check.

Evide staff records will be overseen and directly managed by the Hub Leader and reviewed:

- Every half term by the Hub Leader*
- By the Hub Leaders line manager as part of their regular annual visit schedule*
- By the National Safeguarding Team as part of a systems and practice review or on request*

This will allow us to sustain effective

The Community project will promote the health of all young people, including children in the Early Years.

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
In our setting we will do this by:

training course.

- *The DSL will attend Local Authority network meetings as necessary and other appropriate inter-agency training.*
- *The DSL will attend locality based Prevent training as provided by the Local Authority.*
- *Where the Hub Leader is not the DSL/DDSL they will attend training on the role of the DSL with a designated provider identified by Oasis Community Partnerships*

Appendix A Key information for all staff

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

Signs of abuse in children:

A1. 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
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- 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

A3. Sexual Abuse

Sexual abuse involves forcing or enticing a child or child 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
- 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:

Safeguarding & Child Protection Policy 2022-23

9.1

Jon Needham 19/06/22, adapted by CB-M and KS for OCP 01/09/22

- 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 Child

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 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 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. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry,

from other sexual situations to which the child 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.
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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 r 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.

A7. Homelessness

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

A8. 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 2020 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

A9. Looked After Children and Previously Looked After Children

- 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 bring 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

- 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

Online Safety

It is essential that children are safeguarded from potentially harmful and inappropriate communications and online material. As such, Oasis ensures appropriate procedures, filters and monitoring systems are in place in accordance with the following policies:

- Oasis E-Safety,
- Web Filtering and Device Monitoring.

Where young people are using Oasis equipment at home, the ability of Oasis to filter access is limited. Filtering will be provided to the extent that is possible within the technological constraints the current crisis allows.

Where Oasis is providing Wi-Fi or internet access for young people at home, this service is unfiltered beyond its use with Oasis devices. Non-Oasis devices, utilising the WiFi will be unfiltered.

Young People will be reminded of Internet Safety rules and parents will be expected to manage their

Staff delivering online sessions should listen for any cues that indicate a safeguarding concern and report these to the DSL as soon as possible. These cues might include:

- Comments or questions about child abuse or neglect
- Inadequate supervision at home
- The impact of food poverty
- The health status in a family and any young caring responsibilities children have

Emotional and Mental Health Support

Document Control

Changes History

Version	Date	Owned and amended by	Recipients	Purpose
0.1	May 2022	Jon Needham	Sarah Graham	Compliance Check
0.2	June 2022	Jon Needham		