Safeguarding Children Policy

(September 2025 Update)

Active8 Minds® is committed to building a 'culture of safety' in which the learners in our care are protected from abuse and harm.

A digital copy of this policy will be made available to all learners and hard copies made available during the practical days.

ALL staff that work for Active8 Minds undergo a safer recruitment procedure, an enhanced DBS check, in addition to completing a staff declaration disqualification form.

The company will respond promptly and appropriately to all incidents or concerns of abuse that may occur. The company child protection procedures comply with all relevant legislation and with guidance issued by the Local Safeguarding Adults Board.

The company Designated Safeguarding Lead (DSL) is Harvey Pritchard.

The DSL coordinates child protection issues and liaises with external agencies (e.g. Social Care, MASH, LSCB and Ofsted).

Forms of Child Abuse and Neglect

Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm. An individual may abuse or neglect a child directly, or by failing to protect them from harm. Some forms of child abuse and neglect are listed below.

PENS: Physical, Emotional, Neglect, Sexual

- **Physical abuse** can involve hitting, shaking, throwing, poisoning, burning, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may be also caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child.
- **Emotional abuse** is the persistent emotional maltreatment of a child to cause severe and persistent adverse effects on the child's emotional development. It may involve making the child feel that they are worthless, unloved, or inadequate. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Neglect** is the persistent failure to meet a child's basic physical and emotional needs. It can involve a failure to provide adequate food, clothing, and shelter, to protect a child from physical and emotional harm, to ensure adequate supervision or to allow access to medical treatment.

- **Sexual abuse** involves forcing or enticing a child to take part in sexual activities, whether the child is aware of what is happening. This can involve physical contact, or non-contact activities such as showing children sexual activities or encouraging them to behave in sexually inappropriate ways.

Trust your instincts, if something feels wrong you are in the best position to report this.

Possible Indicators of Neglect, Violence, and Abuse

- Significant changes in a child's behavior.
- Deterioration in a child's general well-being.
- Unexplained bruising or marks.
- Low self esteem.
- Comments made by a child which give cause for concern.
- Inappropriate behaviour displayed by other members of staff, or any other person. For example, inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their role, or inappropriate sharing of images.
- Fear of outside intervention.
- Isolation – not seeing friends or family.

Possible Indicators of Neglect

- Poor environment, dirty or unhygienic.
- Poor physical condition and or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or explained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.
- Accumulation or untaken medicine.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.
- Failure to provide food and drink.
- Unkempt appearance.
- Lack of essential food, clothing, or shelter.
- Malnutrition and dehydration.

Possible Indicators of Sexual Abuse

- Bruising, particularly to the thighs, buttocks, and upper arms marks on the neck.
- Torn, stained, or bloody underclothing.
- Bleeding pain or itching genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained discharge, or sexually transmitted diseases.
- Pregnancy in a person who is unable to consent to sexual intercourse.
- The uncharismatic use of sexually explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence not related to medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, sleep disturbance.
- Excessive fear / apprehension of, or withdrawal from relationships.

- Fear of receiving help with personal care.
- Reluctance to be alone with a person.

Types of Psychological or Emotional Abuse
- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends.
- Removing mobility or communication aids to intentionally leaving someone unattended when they need assistance.
- Preventing someone from meeting their religious or cultural needs.
- Preventing the expressions of choice and opinion.
- Failure to respect privacy.
- Preventing stimulation, meaningful occupation, or activities.
- Intimidation, concern, harassment, use of threats, humiliation, bullying, swearing, or verbal abuse.
- Addressing a person in a patronising or infantilising way.
- Threats of harm or abandonment.
- Cyber bullying.

Possible Indicators of Psychological or Emotional Abuse
- An air of silence when a person is present.
- Withdrawal or change in psychological state of the person.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change in appetite, weight loss / gain.
- Signs of distress, teariness, anger.
- Apparent false claims, by someone involved with the person to attract unnecessary treatment.

Type of Abuse, Peer on Peer

Children are vulnerable to abuse by their peers. Peer-on-peer abuse is taken seriously by staff and will be subject to the same child protection procedures as other forms of abuse. Staff are aware of the potential uses of information technology for bullying and abusive behaviour between young people.

Staff will not dismiss abusive behaviour as normal between young people. The presence of one or more of the following in relationships between children should always trigger concern about the possibility of peer-on-peer abuse:

- Sexual activity (in primary school-aged children) of any kind, including sexting. ● One of the children is significantly more dominant than the other (e.g. much older). ● One of the children is significantly more vulnerable than the other (e.g. in terms of disability, confidence, physical strength).
- There has been some use of threats, bribes, or coercion to ensure compliance or secrecy.

Type of Abuse, Radicalisation

Radicalisation in children can happen over a long period of time, in some cases it is triggered by a specific incident or news item and can happen much quicker. Sometimes there are clear warning signs of radicalization and in other cases changes are less obvious.

The teenage years are a time of great change and young people often want to be on their own and easily become angry and often mistrust authority. This makes it hard to differentiate between normal teenage behaviour and attitude that indicates if a child has been exposed to radicalising influences.

Possible Indicators of Radicalisation

- Becoming increasingly argumentative.
- Refusing to listen to different points of view.
- Unwilling to engage with children who are different.
- Embracing conspiracy theories.
- Feeling persecuted.
- Changing friends and appearance.
- Distancing from old friends.
- No longer doing things they used to enjoy.
- Converting to a new religion.
- Being secretive and reluctant to discuss whereabouts.
- Sympathetic to extremist ideologies and groups.
- Could change online identity, have more than one online identity.
- Send lots of time online or on the ozone.
- Accessing extremist online contact.
- Joining or trying to join extremist online organisations.

Possible Indicators of Female Genital Mutilation (FGM)

- A child may not know what's going to happen, but she may talk about a holiday abroad or going home to visit family.
- A relative or cutter visiting from abroad.
- A special occasion or ceremony to 'become a woman' or 'get ready for marriage'.
- A female relative being cut.
- Family arranging a long break abroad during the holidays.
- Unexpected prolonged absence from school.
- Academic work suffering.
- A child where FGM has taken place could be withdrawn, anxious, depressed.
- Have unusual behaviour - absence from school.
- Reluctant to undergo normal medical examinations.
- Ask for help, may not be explicit about a problem due to embarrassment or fear.
- Be in severe pain, shock, bleed, have infection and organ damage.
- FGM Helpline: 0800 028 3550 fgmhelp@nspcc.org

If Abuse is Suspected or Disclosed

When a child makes a disclosure to a member of staff, that member of staff will:

- Reassure the child that they were not to blame and were right to speak out. ● Listen to the child but not question them.
- Give reassurance that the staff member will take action.

● Record the incident as soon as possible (see *Logging an incident* below).

If a member of staff witnesses or suspects abuse, they will record the incident straightaway. If a third party expresses concern that a child is being abused, we will encourage them to contact MASH directly. If they will not do so, we will explain that the Club is obliged to, and the incident will be logged accordingly.

Logging an Incident

All information about the suspected abuse or disclosure will be recorded on the **Logging a concern** form as soon as possible after the event. The record should include:

● Date of the disclosure or of the incident causing concern.
● Date and time at which the record was made.
● Name and date of birth of the child involved.
● A factual report of what happened. If recording a disclosure, you must use the child's own words.
● Name, signature and job title of the person making the record.

The record will be given to Active8 Minds® DSL within 2 hours and written up within 24 hours. The DSL will decide whether they need to contact MASH / LADO or obtain further guidance/support. All referrals will be followed up in writing within 48 hours.

If any member of staff thinks that the incident has not been adequately dealt with, they may contact MASH themselves.

Allegations against Staff

If anyone makes an allegation of child abuse against a member of staff:

● The allegation will be recorded on an **Incident record** form. Any witnesses to the incident should sign and date the entry to confirm it.
● The allegation must be reported to the Local Authority Designated Officer (LADO) and to Ofsted. The LADO will advise if other agencies (e.g. police) should be informed, and the Club will act upon their advice. Any reports to the LADO will be followed up in writing within 48 hours.
● Following advice from the LADO, it may be necessary to suspend the member of staff pending full investigation of the allegation.

Promoting Awareness among Staff

The Club promotes awareness of child abuse issues through its staff training. The Club ensures that: ● Its designated DSL has relevant experience and receives appropriate training. ● Safe recruitment practices are followed for all new staff.

● All staff have a copy of this Safeguarding Children policy, understand its contents and are vigilant to signs of abuse or neglect.
● All staff are aware of their statutory requirements regarding the disclosure or discovery of child abuse.
● Staff are familiar with the Safeguarding File which is kept in their coaching folder. ● Staff are familiar with the 'What to Do If You're Worried A Child Is Being Abused' flowchart. ● Its procedures are in line with the guidance in 'Working Together to Safeguard Children (2018)'.

Use of Mobile Phones and Cameras

Photographs will only be taken of children with their parents' permission. Only the club camera will be used to take photographs of children at the Club, except with the express permission of the manager. Neither staff nor children may use their mobile phones to take photographs at the Club.

Contact Numbers

Safeguarding Officer: Harvey Pritchard - 07423 532123

West Sussex LADO:

0330 222 6450 / 01403 229900 / LADO@westsussex.gov.uk

West Sussex MASH Contacts:

Phone 01403 229900 / 0330 222 6664 (out of hours service)
Email:WSChildrenService@westsussex.gov.uk

Children's Services: 0300 555 1384
Children's Services Emergency out of hours: 0300 555 1373
Police: 101-Non Emergency or 999-Emergency
Anti Terrorist Hotline: 0800 789 321
NSPCC: 0808800500

This policy was adopted by: Active8 Minds®	Date: 01/09/2025
To be reviewed: September 2026	Signed: H.Pritchard (electronic)

Written in accordance with the *Statutory Framework for the Early Years Foundation Stage (2012): Safeguarding and Welfare requirements: Child Protection [3.4-3.8]* and *Suitable People [3.9-3.13].*