



Support for Young People
Affected by Crime

Safeguarding & Child Protection Policy (Children)

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Key Personnel

Role	Name
Designated Safeguarding Lead (DSL) / CEO	Chloe Purcell
Deputy DSL – SACA Service Manager	Hannah Hughes
Deputy DSL – DA/SV Service Manager	Megan Barnes
Deputy DSL – BRF Service Manager	Alice Brown
Nominated Safeguarding Trustee	Jay Smith
Chair of Trustees	Simon Clements
Out of hours duty	SAFE! Duty Manager (5–7pm weekdays)

1. Purpose and Scope

SAFE! is a charity supporting children, young people and families affected by crime and abuse across Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes.

This policy sets out how SAFE! safeguards and promotes the welfare of children with whom it comes into contact through direct support, group work, digital services, residential activities and awareness-raising work.

Safeguarding is everyone's responsibility. All staff, trustees, freelance practitioners, students and volunteers are expected to act in the best interests of children at all times.

2. Legal Framework and Statutory Guidance (England)

This policy is informed by, and must be read in line with, current legislation and statutory guidance, including:

Key Statutory Guidance

- **Working Together to Safeguard Children (2026)** – statutory guidance on inter-agency working to help, safeguard and promote the welfare of children.
- **Keeping Children Safe in Education (2025)** – where relevant to SAFE!'s work with education providers.

Primary Legislation

- **Children Act 1989**
- **Children Act 2004** (Section 11 duties)
- **Children and Social Work Act 2017**
- **Children and Families Act 2014**
- **Adoption and Children Act 2002**
- **Care Act 2014**
- **Domestic Abuse Act 2021** (children as victims in their own right)
- **Online Safety Act 2023**
- **Safeguarding Vulnerable Groups Act 2006**
- **Police Act 1997 (as amended)** – Disclosure and Barring Service (DBS)
- **Data Protection Act 2018 and UK GDPR**
- **Public Interest Disclosure Act 1998**
- **Mental Health Act 1983**
- **Human Rights Act 1998**
- **Rehabilitation of Offenders Act 1974**

SAFE! works in accordance with the arrangements of the relevant Local Safeguarding Children Partnerships (LSCPs).

3. Governance

The Board of Trustees has overall accountability for safeguarding within SAFE!. Trustees take reasonable steps to identify, monitor and manage safeguarding risks to beneficiaries, staff and the organisation.

A Lead Trustee for Safeguarding is appointed to provide oversight, support and challenge. Trustees receive safeguarding assurance, including anonymised information on concerns, trends, training compliance and learning.

Serious safeguarding incidents are reported to the Charity Commission in line with regulatory requirements.

4. Roles and Responsibilities

Designated Safeguarding Lead (DSL) & Deputy Designated Safeguarding Leads (DDSLs)

The Designated Safeguarding Lead (DSL) is supported by Deputy Designated Safeguarding Lead/s (DDSL) (for roles and responsibilities see *the Safeguarding Children Procedural Handbook*. Together, they are responsible for:

- Receiving and responding to safeguarding concerns
- Making referrals to children's social care, police, or other agencies
- Liaising with statutory partners including Local Authorities and LSCPs
- Ensuring safeguarding records are maintained securely
- Keeping safeguarding practice aligned with current guidance

All Staff, Trustees and Volunteers

All individuals in positions of trust must:

- Understand safeguarding risks and indicators of abuse
- Report concerns promptly using SAFE! procedures
- Maintain professional boundaries
- Share information appropriately to protect children

5. Safer Recruitment

SAFE! is committed to safer recruitment and preventing unsuitable individuals from working with children. This includes:

- Clear role descriptions referencing safeguarding responsibilities
- Enhanced DBS checks where required
- Safer recruitment-trained interviewers
- Reference checks and employment history verification
- Online searches for shortlisted candidates
- Safeguarding training as part of induction

6. Training

SAFE! ensures all staff, trustees and volunteers receive safeguarding training appropriate to their role:

- Generalist safeguarding training at least every **3 years**
- DSL and DDSL training at least every **2 years**
- Regular safeguarding updates via supervision and team meetings

A central training register is maintained.

7. Professional Boundaries

Professional boundaries are essential to protecting children and staff. Personal relationships with service users (current or former) are prohibited, including online contact outside professional systems. Any concerns or boundary breaches must be reported immediately.

8. Handling Disclosures and Safeguarding Concerns

All safeguarding concerns should be immediately referred by the worker to their supervisor, and at the least within 24 hours. These concerns should then be discussed with the Designated Safeguarding Lead or Deputy Safeguarding Lead, or the Chair of the Trustees (or the Social Services Emergency Duty Team if contact is not possible).

Where a child is at risk of significant harm, concerns must be shared promptly with children's social care or the police. Written referrals should follow within 48 hours.

If there are safeguarding concerns or a disclosure is made, detailed records should be kept of all contact and conversations with the young person on the Safeguarding Concern form, including details of any injuries witnessed, conversations with anyone other than the young person involved, any advice received and any action taken.

Where it is decided that a safeguarding referral should be made, the information of concern obtained from or about a child should always be shared by telephone with the local Children's Social Care Service, Locality Team or Multi-Agency Safeguarding Hub (MASH). This should be done immediately if there is a concern that the child is suffering significant harm or is likely to do so. Please refer to the relevant Local Authority guidance for the particular process and contact arrangements. Any actions decided during the call should be clearly recorded for our records.

The referral information from the telephone call should be followed up in writing within 48 hours to the Local Authority using their referral template. The Local Authority should acknowledge receipt of this referral and provide advice on their decision about the type of response that will be required to meet the needs of the child, within one working day. If acknowledgement has not been received within three working days, the Local Authority Children's Social Care services should be contacted again to ensure that the referral is receiving attention and to seek their decision and plan in response to the concerns shared.

Where it is decided that a formal safeguarding referral is not required at this stage as it is low-level, the concerns should still be recorded clearly as this can be helpful to build a picture around a pattern of worries.

Any action required as a result of safeguarding concerns will ideally be discussed with the young person and their parents/carers where appropriate. In the event of a disclosure, where possible young people should be supported to action a referral themselves to the Local Authority.

Information will be shared in line with **Working Together to Safeguard Children (2026)** and the **Data Protection Act 2018**. Where there is risk of harm, safeguarding concerns may override consent. Decisions and rationales will be recorded.

For further guidance, see the Safeguarding Children Procedural Handbook

9. Managing Allegations Against Staff or Volunteers

A safeguarding allegation is an incident where it is alleged that any person working for or volunteering with SAFE! has:

- Behaved in a way that has harmed a child, may have harmed a child, or might lead to a child being harmed
- Possibly committed or is planning to commit a criminal offence against a child or related to a child
- Behaved towards a child, children or adult at risk in a way that indicates s/he is or would be unsuitable to work with children
- Behaved in a way that has harmed, or may have harmed, an adult at risk
- This applies if the allegation is about a current incident or has occurred historically.

Any allegation or concern that an employee or volunteer has behaved in a way that has harmed a child will be taken seriously and dealt with sensitively.

Allegations must be reported to the DSL or Deputy DSL as soon as practicably possible who will then manage the process from this point. Depending on the situation this may involve police or local authority involvement.

Low level concerns that do not meet harms threshold should be shared responsibly with the right person, recorded and dealt with appropriately in line with KCSIE low-level concerns guidance.

The DSL must report any allegations of professional misconduct involving a child to the relevant Local Authority Designated Officer.

See the Dealing with Allegations against Staff and Volunteers Policy

10. Online Safety

SAFE! recognises the increasing risks associated with the digital environment, including online grooming, sexual exploitation, sextortion, harmful content, misinformation and disinformation.

Online safeguarding concerns are treated with the same seriousness as offline harm and addressed in line with the **Online Safety Act 2023** and organisational procedures.

11. Further Advice and resources

Oxfordshire Safeguarding Children Partnership - <http://www.oscp.org.uk/>

Buckinghamshire Safeguarding Children Partnership - <http://www.bucks-lscp.org.uk/>

Milton Keynes Safeguarding Children Partnership - <http://www.mkscp.org/>

Pan Berkshire LSCB Procedures Manual - <http://www.proceduresonline.com/berks/>

12. Monitoring, Recording and Review

Safeguarding records are stored securely in accordance with the Data Protection and File Retention Policies.

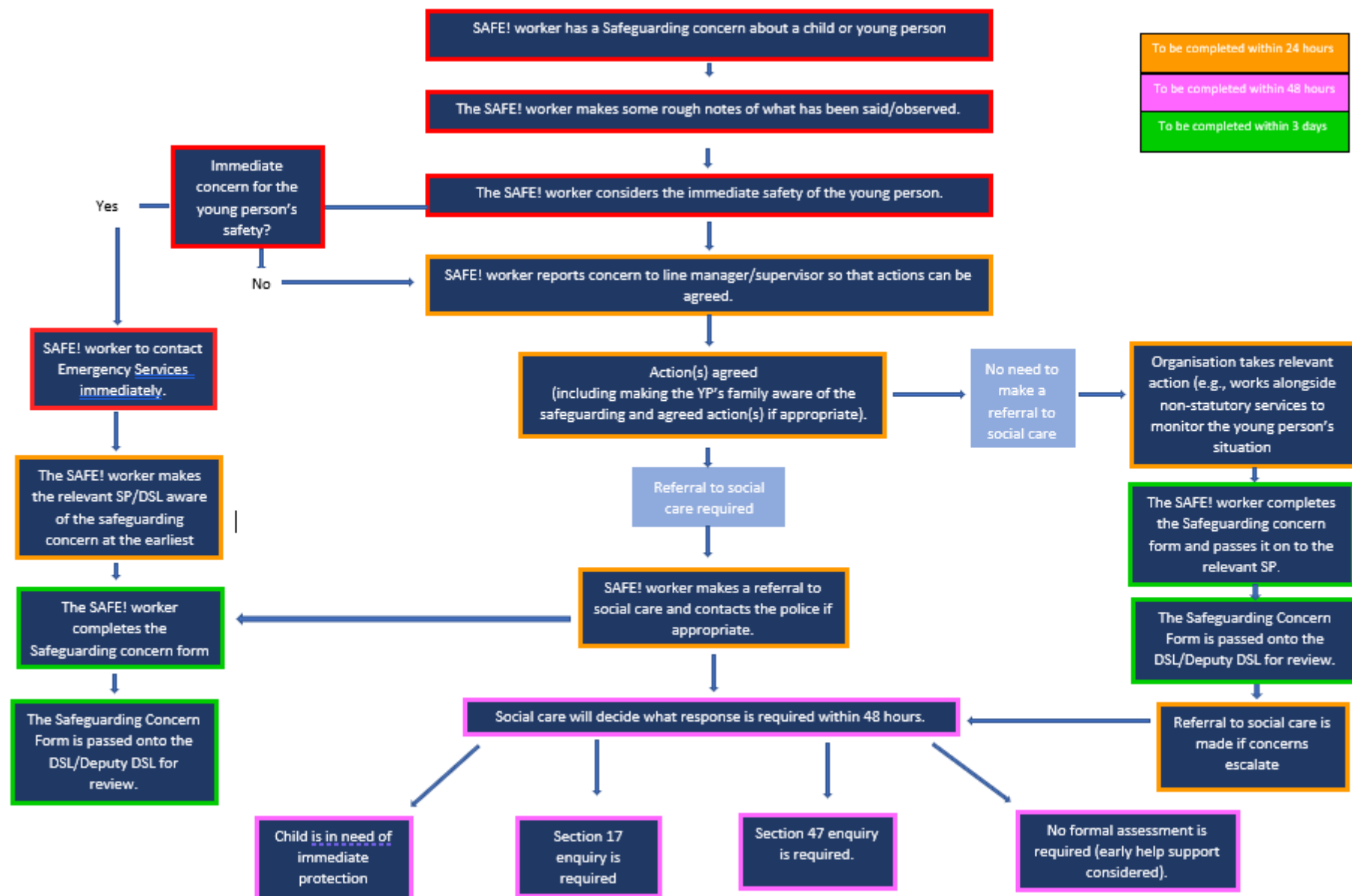
This policy is reviewed **annually** or sooner in response to:

- Changes in legislation or statutory guidance
- Serious safeguarding incidents

Next review date: April 2027

This policy reflects statutory safeguarding requirements in England as of April 2026 and applies to all activities of SAFE!

Appendix 1 – Safeguarding Flow Chart



APPENDIX 2 - Definition of safeguarding

Safeguarding is a term that is broader than 'child protection' and means action taken to promote the welfare of children and protect them from harm. Safeguarding is about embedding practices throughout the organisation to ensure the protection of children wherever possible. In contrast, child protection is about responding to circumstances that arise.

Safeguarding is everyone's responsibility. Safeguarding is defined in Working Together to Safeguard Children 2023 as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework
- taking action to enable all children to have the best outcomes.

For further information on categories of abuse see *Appendix 3 – Understanding abuse*.

All staff, freelance practitioners and volunteers must always act in the best interests of children and take all reasonable steps to prevent harm to children. Having safeguards in place protect and promote the welfare of children and enhances the confidence of team members, and all those we serve.

For the purposes of safeguarding legislation, the term 'child' refers to anyone up to the age of 18 years. Safeguarding also applies to adults who are at risk of harm.

APPENDIX 3 - Definition of Abuse:

To safeguard those in SAFE! we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19:

1. *Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
2. *Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

Also for adults the UN Universal Declaration of Human Rights with particular reference to Article 5:

1. *No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

Abuse is a selfish act of oppression and injustice, exploitation and manipulation of power by those in a position of authority. This can be caused by those inflicting harm or those who fail to act to prevent harm. Abuse is not restricted to any socio-economic group, gender or culture. Whilst abuse can happen to anyone, research shows that some children and young people who experience abuse share similar risk factors and therefore may be more vulnerable to abuse. This includes children and young people in the following circumstances:

- With disabilities and SEND
- With parents or caregivers who have substance/alcohol issues
- Who are 'care experienced'
- With experience/s of victimisation through witnessing domestic abuse
- With mental health difficulties, or who have a parent / caregiver with mental health problems
- Living in poverty, isolation or poor housing conditions

Definitions and Indicators of Abuse

The table below outlines the main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children 2018' document. (Full definitions can be found in this document). All staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

Type of Abuse	Possible Indicators
Neglect The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal	Signs that may indicate a child is living in a neglectful situation: • excessive hunger • poor personal hygiene • frequent tiredness • inadequate clothing • frequent lateness or non-attendance at school • untreated medical problems

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 caregivers); or • ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.	• not brought • poor relationships with peers • compulsive stealing and scavenging • rocking, hair twisting and thumb sucking • running away • loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight) • low self esteem • poor dental hygiene
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.	Signs that may indicate physical abuse: • Physical signs that do not tally with the given account of occurrence, • conflicting or unrealistic explanations of causer • repeated injuries • delay in reporting or seeking medical advice.
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 the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (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.	Signs that may indicate sexual abuse: Changes in: • Behaviour • Language • Social interaction • Physical wellbeing It is almost important to recognise there may be <u>no signs</u>.
Emotional Abuse	Signs that may indicate emotional abuse: • Lack of self-confidence/esteem • Sudden speech disorders • Self-harming (including eating disorders)

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Children who experience domestic abuse in the home through witnessing abuse by one or more parents is now defined as a victim in their own right following the introduction of the DA Act in 2021. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.	• Drug, alcohol, solvent abuse • Lack of empathy (including cruelty to animals) • Concerning interactions between parent/carer and the child (e.g., excessive criticism of the child or a lack of boundaries)
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Other safeguarding concerns you should be aware of

[Child Exploitation](#)

Child Exploitation' is the deliberate maltreatment, manipulation or abuse of power and control over a child aged under 18. It is taking advantage of another person or situation usually, but not always, for personal gain.

Exploitation comes in many forms, including, but not limited to:

- [Child Sexual Exploitation](#)
- [Child Drug Exploitation \(CDE\)](#)
- [Human trafficking – including intra and international trafficking](#)
- [Modern Slavery, including domestic servitude](#)

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse.

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Signs that may indicate CSE:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising/STI's
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited, please contact the MASH on 0345 050 7666

Child Drug Exploitation

Child Drug Exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.

Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').

Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.

While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.

Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

If a child or young person has made a disclosure regarding drug exploitation, or if you think a child may be at risk of being exploited, please contact the MASH.

[Modern Slavery and Human Trafficking](#)

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.

The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.

Indicators of Modern Slavery can include:

- Lack of access to legal documents (e.g., passports)
- Appearance (malnourished, unkempt, etc)
- Untreated or unexplained injuries
- Attitude (withdrawn, frightened, unable to speak for themselves)
- Indebtedness or in a situation of dependence
- Frequent changes of location or restrictions on movement

[Domestic Abuse](#)

Defined as, “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional”.

Children who experience domestic abuse in the home through witnessing abuse by one or more parents is now defined as a victim in their own right following the introduction of the DA Act in 2021.

[Forced marriage](#)

A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

Forced marriage is very different to an arranged marriage where both parties give consent.

[Female Genital Mutilation](#)

Female genital mutilation (FGM), sometimes referred to as female circumcision or cutting, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

There are no health benefits to FGM, it is carried out for cultural and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades.

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing oxfordrose.clinic@nhs.net or calling 01865 222969.

Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website.

Mental health and wellbeing

Mental health conditions have become more common among children and young people. Among those aged 6 to 16 in England, one in six had a probable mental health condition in 2021, up from one in nine in 2017. Current figures are especially concerning for adolescent girls aged between 17 and 19: one in four had a probable mental health condition in 2021.

CAMHS Oxfordshire support children and young people with emotional, behavioural and mental health difficulties, for further information on services and referral within Oxfordshire see here [CAMHS website](#)

Self-Harm

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, (www.nice.org.uk). Self-harm is an expression of personal distress, not an illness.

Self-harm can involve:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling out hair
- Overdosing and self-poisoning
- Substance misuse
- Taking personal risk
 - Self-neglect
- Disordered eating

Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Changes in activity and mood
- Increased isolation from friends and family
- Talking about self-harming or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Giving away possessions

Disordered Eating

While disordered eating can affect anyone of any age, young people are at particular risk.

Through the COVID-19 pandemic, a lot of services have noticed an increase in children and young people requesting support in relation to eating problems. Controlling what they eat has been a way of managing anxiety during these difficult times.

CAMHS Eating Disorders Service provides information for young people, families and professionals, where there is concern that a young person may have an eating disorder, and support for young people with eating disorders. To download a leaflet on the service, follow this link: [Information about the Eating Disorders Service for young people and their families](#), visit the [CAMHS website](#) or find information and resources on the [BEAT website](#).

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

Child on Child Abuse

Child-on-child abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Child-on-child abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

Elective Home Education

Parents are entitled to remove their children from school rolls for the purposes of elective home education (EHE). However, there is no professional oversight, funding or provision to support children and parents when this step is taken. There is also no guarantee that the child can return to the original school if parent cannot cope with the extent of the home educating commitment.

Whilst parents who choose elective home education are no more likely to abuse their children than the general population, safeguarding reviews have highlighted the challenges facing professionals who may not have a full understanding of the rights of parents who choose this form of education.

Reviews also identify, that in some cases, elective home education can lead to the isolation and invisibility of children, through parental avoidance of services which could monitor their children's health, development, and wellbeing.

[This 1-minute guide to education](#) provides information and guidance for non-education professionals on children and parents right in relation to education and what to do should they have concerns that a child is not receiving their educational entitlement.

[Prevent - Extremism](#)

The Counterterrorism and Security Act 2015 places a safeguarding duty on settings to have “due regard to the need to prevent people from being drawn into terrorism”.

Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

Preventing vulnerable adults and children from being drawn into extremism is a safeguarding concern. It is essential that frontline staff can spot the signs and make a safeguarding referral.

Indicators may include:

- Withdrawing from usual activities
- Accessing extremist literature/websites
- Expressing ‘us and them’ thinking
- Expressing feelings of anger, grievance, or injustice

To report concerns about child radicalisation:

1. Make safe – If emergency services are required – call 999. Take reasonable steps to ensure that there is no immediate danger.
2. Refer concern identified by member of the public or professional
3. Call MASH