Procedure for	PARADIGM ARTS Child Protection Policy
Associated Policies	Child Protection Policy Whistleblowing Policy Anti-Bullying & Cyber Bullying Policy
Linked Documents	Incident Reporting Form

This policy relates to all Children & Young People (C&YP) who attend activities or workshops delivered or managed by Paradigm Arts :

- The welfare of the Children & Young People is paramount.
- Paradigm Arts will always work in a proactive manner to protect and safeguard Children & Young People's welfare.

This should be seen not only as a policy statement in its own right, but within the context of other policy statements. This document should be read in conjunction with:

- Safeguarding &Child Protection policy
- Whistleblowing Policy
- Anti-Bullying & Cyber Bullying Policy

Introduction

- It is essential that Children & Young People within the care of Paradigm Arts are protected from abuse and harm.
- Children & Young Peoples' welfare is paramount in all of Paradigm Arts' work and this will be reflected in the way in which we safeguard their wellbeing.
- In all areas of Paradigm Arts' work staff are aware of the possibility of abuse occurring.
- Staff are proactive in ensuring that abuse does not occur.
- Paradigm Arts' responsibility is to keep Children & Young People safe at all times.

Paradigm Arts Policies:
Members of staff have a statutory responsibility to protect the rights of C&YP in the care of Paradigm Arts. In all issues of child protection the responsibility of each and every member of staff is exclusively towards the child or young person and not the organisation.
Failure by any member of staff to report actual or reasonably suspected physical, sexual or emotional abuse of a child or young person is a disciplinary offence.

Principles:

Safeguarding Children Means:

Not exposing them to unnecessary risks and protecting them from abuse.
An abused child or young person is one who has suffered from, or is believed to be at significant risk of:
Physical abuse Neglect Emotional abuse Sexual abuse

In the 1989 Children's Act abuse is defined as a child or young person suffering or likely to suffer 'significant harm' where 'harm' means ill treatment or the impairment of health or development. Inherent in situations of abuse is the misuse of power and the exploitation of innocence or vulnerability.

This procedure is written with reference to:
Working together to Safeguard Children
'Keeping Children Safe in Education'

Categories of Abuse:
Definitions taken from Working together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. (July 2018).

Abuse- A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

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 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.

Paradigm Arts Policies:

Physical Abuse - A form of abuse which 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 may include:
(a) Discrepancy between injury and explanation, conflicting explanations, or no explanation for an injury, or Injuries of different ages
(b) Delay in seeking treatment
(c) Bruising (including bruising which could be deliberately applied or multiple bruising) Bites, burns, ligature marks, scalds, fractures, head injuries or poisoning that are inconsistent with an accident
(d) Constant diarrhoea or voracious appetite
(e) Listlessness or fixed watchfulness
(f) Alopecia.

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 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 may include:
(a) Sexually transmitted infections or soreness or injury in genital/anal area
(b) Recurrent urinary tract infections
(c) Vaginal discharge/bleeding or pregnancy
(d) Changes in behaviour – e.g. wetting/soiling
(e) Sleep disturbance
(f) Inappropriate sexual language/knowledge
(g) Excessive masturbation or promiscuous affection seeking
(h) Running away
(i) Drug/alcohol abuse or eating disorders

(j) Psychosomatic illness

Child Sexual exploitation- is a form of sexual abuse. It is coercion or manipulation of children or young people into taking part in sexual activities. Disclosure of such abuse is rare but vulnerability and risk factors of CSE are well established and should staff have any concerns regarding CSE in relation to young people, the procedure for reporting a concern should be followed.
N.B. Sexual exploitation can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention/affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops. Sexual exploitation of children and young people should not be regarded as criminal behaviour on the part of the child or young person.

Paradigm Arts Policies
Female Genital Mutilation-Staff need to be alert to the possibility of a girl being at risk of FMG, or having already suffered FGM. There are a range of indicators that a child or young person may be at risk of FGM. Follow standard safeguarding protocols.
The child's family in this case must not be informed of the referral to children's services.

Emotional Abuse
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.

Signs may include:
(a) Failure to thrive (could include appearance and development not consistent with age)
(b) Deliberate self harm
(c) Psychosomatic illness
(d) Wetting and soiling
(e) Withdrawn, aggressive, or bizarre behaviour
(f) Attention seeking behaviour or inappropriate seeking of affection Running away
(g) Under achievement
(h) Difficulty in formulating friendships.

It is important that professionals are sensitive to differing family lifestyles and to child- rearing patterns that may vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for cultural or religious reasons.

Forced marriage
where there are concerns that a young person may be at risk of forced marriage safeguarding protocol must be followed.

The child's family in this case must not be informed of the referral to children's services.

Radicalisation
Staff at Paradigm Arts recognise that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day to day contact with others. We work with a particularly vulnerable cohort for a range of reasons that may be prone to exploitation and adopting an extremist agenda. The UK governments Prevent strategy (2011) is a key aspect of safeguarding. As part of our commitment core staff attend annual Prevent Training with relevant authorities and commit to ensuring:

- Staff are vigilant to all signs of abuse and exploitation
- Staff are aware of the effects of radicalisation and terrorism, and can raise concerns
- Information sharing between agencies is proactive and effective

Interventions where necessary have a positive impact on the child and young persons life

Recognising Abuse
Every child is unique and it is difficult to predict how their behaviours will change as a result of their experience of abuse. There are some behaviours that are commonly seen in children who are abused, but remember they may only give an indication and are not confirmation.

- Unexplained or suspicious injuries such as bruising, bites or burns particularly if situated on parts of the body not normally prone to such injuries.
- The child says that he/she is being abused, or another person says they believe or know that abuse is occurring.
- The child has an injury for which the explanation seems inconsistent or which has not been adequately treated.
- Change in the child or young person's specific behaviour or reaction, the child becomes withdrawn or aggressive when this is not the typical pattern of behaviours.
- The child appears to not trust particular adults, a parent, coach with whom she had a close relationship or would be expected to have a relationship.
- Refusal to remove clothing for normal activities where this is not typical.
- An inability to maintain friendship where this is not typical.
- Inappropriate sexual awareness or behaviour for the child's age.

While the situation may not seem, initially, to be particularly serious, prompt action is essential even if the concerns are only suspicions.

Anyone who is worried that a child or young person may be at risk should discuss his or her concern with the Designated Safeguarding Officer (DSO) so that it can be dealt with in the appropriate manner.
The following is not a comprehensive or definitive list, but a guide to the more common non-accidental injuries.

Bruises

- Symmetrical black eyes are rarely accidental.
- Bruising in or around the mouth.
- Grasp marks on arms or the chest.
- Finger marks.
- Symmetrical bruising (especially on the ears).
- Linear bruising (particularly on the buttocks or back).
- Outline bruising (e.g. belt marks or hand prints).
- Different age bruising (especially in the same area). This bruising may differ in colour.

The following are uncommon sites for accidental bruising:
- Back, back of legs, buttocks.
- Mouth, cheeks, behind the ears.
- Stomach, chest.
- Under the arm.
- Genital, rectal area (except if they are learning to ride a bicycle).
- Neck.

Procedures and Practice

Creating an Environment of Protection:
1. Management - Paradigm Arts' have five named Robert Pitman as the Designated Safeguarding Officers.
2. The DSO will undertake annual Safeguarding training during the summer with a recognised authority

3. Unauthorised persons are not permitted into activity being delivered by Paradigm Arts.
4. Male staff are not involved in the personal care of females (PA does not assume that it is only males that perpetrate sexual abuse).

Recruitment and Selection
All prospective staff will be subject to the following checks:

- Enhanced DBS check. The results of this are accurately recorded on the Single Central register.
- Two satisfactory references will be required prior to commencement of employment.
- All staff are subject to a six-month probationary period during which time a three and six month review take place.
- All staff DBS checks will be updated every three years.

Induction Procedure
As part of the staff induction program all staff will be made aware of the key provisions of the Children Act 1989, Children Act 2002, which concern our work, and of the procedures for reporting concerns for a child or young person's safety. All staff who work with children will undertake training that equips them with the knowledge and skills necessary to carry out their responsibilities for Safeguarding. Every new member of staff will attend a Safeguarding Induction training session within the first three weeks of their employment. This training session will include:

- Discussing forms of abuse
- Discussion around key aspects of Keeping Children Safe in Education 2026
- Dealing with disclosures – appropriate actions and follow up
- Disclosures of abuse – recording and actions to take
- Reporting procedures for observed Safeguarding issues
- Visual/Media awareness/CEOP
- All staff are subject to a thorough induction procedure.

Complaints Procedure

- The complaints procedure outlines how staff, parents and other involved adults can make complaints or talk about things which concern them.
- The complaints procedure is fully accessible to be found in the Policy Document files.
- The complaints procedure includes staff, C&YP, parents, carers, local authority representative and other professionals working with young people.

Communication

- It is important that a professional relationship should be kept between staff and C&YP families at all times.
- Any communication between staff and parents/guardians should be recorded and kept on file and passed to the appropriate senior member of staff.
- Communication outside of working hours should not take place unless in extenuating circumstances and in the interests of a young persons safety, see staff handbook for reference.

Paradigm Arts Referral Protocol:
Referrals must be made by the DSO if any of the following are reported:

- All non self inflicted bites.
- Any unexplained bruising.
- All unusual behaviours, which are 'out of character' for that child or young person.

Procedure for making a referral

- Fill in a Cause for Concern form or Safeguarding Children Incident form
- If a form is not quickly available, write on paper and pass to the DSO as detailed below.
- Place in a sealed envelope and hand to the DSO as soon as possible after the event with the child's name and CP marked on the front. Do not leave on a desk or anywhere unattended but hand directly to the DSO.

- The DSO MUST make a referral to Lincolnshire's Safeguarding Children Partnership on 01522 782111 (Monday to Friday, 8am to 6pm) or 01522 782333 (outside office hours) AS SOON AS they have received the relevant information.
- Referral must be done within 24 hours.
- The DSO will gather as much information as possible to make the call, including the child or young person's date of birth, home address, parent or guardian's name.
- Advice will be taken from the LSCP and followed by the DSO.
- Parents will be informed, unless they are implicated in the referral on advice from the LSCP.
- All relevant paperwork will be collated by the DSO and will be kept in the child protection file, which should be locked up at all times.

THE REFERRAL MUST BE MADE WITHIN 24 HOURS
The referral must be registered in the Child Protection/Safeguarding File.

If a disclosure is made to you, you should:
1.Listen carefully and note what is being said.
2. Tell the child or young person making the disclosure what you are going to do next. Tell him/her about the people with whom you will be sharing the information.

Dealing With a Disclosure:

- Stay calm and patient
- Find a Quiet, Private place
- Be welcoming even if it is inconvenient
- Listen Carefully and take the disclosure seriously
- Use simple open prompts if they struggle to talk but avoid leading questions
- Explain that you will need to share the information with the DSO/DSL so that the child can be helped
- Remember the child chose you to disclose to. This is a unique opportunity to help.

Reassure and Respond:

- Make the child feel safe and secure
- Reassure them that they did the right thing by telling you
- Ensure they understand they are not to blame
- Take them seriously and show that you believe them
- Avoid rushing them as it mat cause them to close down

AVOID:
- Making comments about the abuser or try to guess who they are
- Promising to keep the conversation private
- Waiting to get further evidence - YOU MUST INFORM THE DSO/DSL as soon as possible
- Asking leading questions

It is the responsibility of the DSO, to ensure the referral is made in the appropriate time scale.

Record:
- Capture what you saw heard and actioned using the child's own words
- Include how the child presents - note emotional and physical state and what was said and heard
- Record full details of any advice sought including names discussions and outcomes
- Ensure clarity with a timeline of events, avoiding abbreviations or symbols and be specific about dates and times
- Adhere to any additional guidelines if using an online reporting system

Report
The DSL should:

- Acknowledge receipt of the concern
- Check immediate safety
- Decide whether the concern meets threshold for internal support, external advice, external referral or emergency action
- Consult or refer without unnecessary delay
- Consider whether parents or carers should be informed
- Make sure the reporting staff has enough information to continue supporting the child safety
- Record all decisions rationale and next steps

Do not ask leading questions (for example 'was it so and so who did this?').
Please note: Individuals within the local authority and the police have experience of Safeguarding investigations. These people have the requisite skills with which to conduct investigations without contaminating the evidence, e.g. not 'leading' the witness. Therefore, staff are made aware of a suspicion or allegation of abuse are instructed not to investigate the allegation and to restrict questioning to that which is necessary to seek clarification only. Staff members should never give guarantees of confidentiality to C&YP or adults wishing to tell them about something serious. Any questions should only serve the purpose of clarification of what a child has said.

- If a child or young person has been abused on several occasions, they must only disclose the first occasion and any further investigation must be carried out by the social services or the police CPU team.
- Ask the person what she/he would like to happen. Ask him/her if they need any help (in an extreme situation you may have to evaluate how to protect a child or young person from further abuse at that point in time).
- Share the information immediately with Paradigm Arts' DSO or if a DSO has been named in the disclosure then seek another senior member of staff.
- Record in full all of the information on the Incident Reporting Form, seal it in an envelope and pass it to one of the DSO's by hand.

It is the responsibility of the DSO to ensure a referral is made in the appropriate timescale.
If you have suspicion of abuse or you have evidence that a child or young person has been abused

- Write down your concerns on the Safeguarding Children Incident Form and pass to a DSO and keep a personal record of any conversation with the Safeguarding Officer.
- Seal the Safeguarding Children incident form in an envelope and pass it to the DSO.
- Check the next day and three days after that to see what appropriate action has been taken.
- Write down your concerns on the Safeguarding Children incident form and pass to a DSO
- If the officer is not available then share your concerns with a senior member of staff on duty.
- It is the duty of the DSO to inform the police of their concerns.
- Check the next day and three days after that the appropriate action has been taken.

If you have suspicion or evidence that an unauthorised person has picked a child or young person, or has contacted a child or young person, or has been observed trying to contact a child or young person.

Allegation Against Staff

1. If a child or young person makes an allegation about abuse by a member of staff, taxi driver or escort write down the child or young person's statement in the same way as a disclosure.
2. Pass to the DSO
3. The DSO will seek other witnesses and ask for written statements.
4. The DSO will collate the statements.
5. A decision on further action will be taken with the advice of LSCP
6. The LADO will direct how the investigation will follow from this point.

Allegation against C&YP

1. If a child or young person makes an Allegation about abuse by another child or young person, write down the statement in the same way as a disclosure.
2. Pass to the DSO.
3. The DSO will see other witnesses and ask for written statements.
4. The DSO will collate the statements.
5. The DSO will discuss with the LSCP.
6. A decision on further action will be taken with the LSCP.
7. The Children's Services Team will direct how the investigation will follow from this point.

Once the DSO has the information, it will then be shared with the LSCP. The ensuing discussion will enable officers to decide on the way in which the information is to be handled, how it is to be recorded and what action is to be taken.

The DSO will record the issue in the Safeguarding Register and stored in a confidential file.