



RAW POTENTIAL

**SAFEGUARDING AND PROTECTION
FROM ABUSE POLICY
2026/2027**

Designated safeguarding lead

Designated safeguarding leads (DSL)	DSL: Sophie King - Sophie@raw-workshop.co.uk Deputy DSLs: Frankie Franklin Frankie@raw-workshop.co.uk Hannah Gregory Hannah.gregory@raw-workshop.co.uk Jake Fleetwood Jake@raw-workshop.co.uk	All calls to be made to the main office 01865 714111. You will be directed to the appropriate person from there.
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1. Introduction

RAW provides support and opportunity to a wide range of people from Oxfordshire, some of whom can at times be very vulnerable to others. This vulnerability can increase the possibility of abuse occurring. The aim of this policy is to ensure that any vulnerable person is safeguarded while they are in receipt of services, volunteering or employed at RAW.

All members of RAW staff play an important part in promoting the safety and protection of young people and vulnerable adults with whom the organisation works. It is therefore essential that we make ourselves, as far as possible, aware of any abuse that may be taking place as it is our duty to act to ensure that the rights of our clients are not violated.

This policy has been developed in accordance with the principles established by the Children Act 1989; and in line with the following:

- “Keeping Children Safe in Education” 2025”
- “Working Together to Safeguard Children 2023”
- Oxfordshire Safeguarding Children Board guidelines

This policy is divided into four parts:

1. Background
2. Record keeping
3. Reporting procedure
4. Good Practice Guidelines

It complements a range of related RAW policies including the Confidentiality Policy, Guidance on Child Protection (appendix to this policy) and the Whistle Blowing Policy.

All staff will sign to confirm they have read and understood this policy.

1. Background

In March 2000, the Department of Health published *No Secrets*: guidance on developing and implementing Multi-Agency Policy and Procedures to safeguard such vulnerable people from abuse.

It defines a vulnerable person as someone: -

“Who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to protect him or herself against significant harm or exploitation”.

Definitions

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- 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; and
- taking action to enable all children to have the best outcomes

Child protection is an aspect of safeguarding but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term “staff” applies to all those working for or on behalf of RAW, full time or part time, in either a paid or voluntary capacity. This also includes parents and trustees.

Child refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to all students at RAW; however, the policy will extend to visiting children and students from other establishments.

Parent refers to birth parents and other adults in a parenting role for example, adoptive parents, step parents, guardians and foster carers.

What is Abuse?

Abuse is the violation of an individual’s human and civil rights by any other person or persons. It may be something that is done to the person or something not done when it should have been.

Types of Abuse

- **Physical Abuse** – a deliberate infliction of pain, physical harm or injury. Includes: hitting, pushing, inappropriate use of medication, restraint, or inappropriate sanctions.

- *Sexual Abuse* – a sexual act carried out without the informed consent of the client. Includes rape or any sexual act to which the vulnerable person has not or could not consent, or was pressurised into consenting, humiliation in relation to bodily functions, isolation or withdrawal of services or support networks could also fall into this category.
- *Psychological and Emotional Abuse* – this includes threats, intimidation, bullying, ridicule, verbal abuse, coercion or harassment.
- *Financial/Material Abuse* – this includes: theft of funds, property or materials; fraud; exploitation; pressure in RAW with wills, property or finances, possessions or benefits. Abuse can occur with or without a client's consent.
- *Neglect* – this includes: ignoring medical or physical needs; not providing access to appropriate health or social care; withholding the necessities of life, such as medication, nutrition and heating; lack of provision or the omission of a service which results in the detriment or causes harm to the client; negligence in the face of risk-taking.
- *Discriminatory Abuse* – abuse directed towards an individual and may be the result of ethnicity, gender, age, sexual orientation, disability, or because they are perceived to belong to a specific group. This includes all forms of harassment, slurs or similar treatment based on a person's disability, race, religion/belief, or gender.

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DSL refers to Designated Safeguarding Leads.

OSCB refers to Oxfordshire Children Safeguarding Board.

LCSS refers to Locality Community Support Service.

MASH refers to Multi Agency Safeguarding Hub.

DO refers to the Designated Officer, also referred to as Local Authority Designated Officer (LADO)

2. Record Keeping

- Staff will record any welfare concerns that they have about a student and pass them without delay to the DSL. Staff are informed that if their concern is urgent and poses imminent risk they should speak to their DSL immediately. Any concerns will be recorded on a safeguarding investigation form. Using the child's words and facts and will be signed and dated by the relevant member of staff.
- The relevant DSL will record their actions and outcomes by way of concluding the incident or confirming which agencies have been informed thus ensuring accountability
- Safeguarding records are kept for individual children and are maintained separately from all other records relating to the child in RAW. Safeguarding records are kept in accordance with General Data Protection Regulations (GDPR) and our own GDPR policy, and are retained centrally and securely by

the DSL. Safeguarding records are shared with staff on a 'need to know' basis only.

3. Reporting procedure

Staff are expected to raise any suspected or alleged abuse with their line manager and the DSL as soon as possible (exceptions can arise if this involves RAW staff: see below). It is important to do this even if there is scant evidence regarding it. There may have already been some concerns expressed by others for a particular person which may all contribute to a picture of abuse. Failure to report concerns may also continue to put a vulnerable person at risk with serious adverse consequences.

It is important to remember it is not the responsibility of the staff member reporting to come to a decision or to make a judgement as to whether abuse has actually taken place. The staff member's responsibility is to report any concern or allegation. It is the responsibility of those investigating the allegation to come to a more conclusive decision.

Procedures for all staff who have any safeguarding concerns regarding a child at RAW.

All Staff must:

1. Report it to their programme DSL immediately.
2. Make an initial record of the information on the relevant safeguarding investigation form.
3. The DSL will consider if there is a requirement for immediate intervention of which could include Social Care, the Police or emergency Health Care.
4. Make an accurate factual record as soon as possible of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions in which they were involved
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken
 - Any actual words or phrases used by the child
 - Any questions the staff member asked (remembering not to ask any leading questions)

The Relevant DSL must:

Decide whether there are sufficient grounds for suspecting significant harm:

If the Child is already open to Children's Social Care, inform the Social worker, manager or Emergency Team of your concerns

If the child is not currently open to Children's Social Care, a referral must be made via the MASH and the police if it is appropriate.

The MASH can be contacted by phone on 0345 050 7666.

The DSL should try to discuss any concerns about a child's welfare with the family and where possible, seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation.

Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.

The child's views should also be taken into account.

If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken.

When a young person needs urgent medical attention and there is suspicion of parental abuse causing the medical need, the DSL should seek immediate advice from the MASH about informing the parents, remembering that parents should normally be informed if a child requires urgent hospital attention. However, as in all cases, if it is felt this could put the child more at risk then all action should be taken in the best interests of the child.

Clinical supervision should take place for all DSLs on a quarterly basis. This is provided to RAW from Dr Nick Hindley.

Allegations involving RAW Staff

Any allegation made against a member of staff should usually be reported in the first instance to the line manager who will inform the Operations Manager/MD of the complaint and they will investigate further and take action as appropriate in line with the Disciplinary Policy. Should the allegation involve a line manager it should be reported to their line manager (for the MD, this is the Chair of the Board or other Board representative). Allegations will be treated as potential misconduct and may also involve reporting to the police. Relevant policies for raising concern are the Whistle Blowing policy and the Grievance Procedure. (Names Trustee for whistleblowing Linda Smith Email: lindasmithoxford@gmail.com)

Client Reporting of Abuse

If a disclosure of abuse is made by a client, care should be taken to explain clearly and sensitively the procedure that will be followed. They will need to be informed that whilst it may not be possible for complete confidentiality to be maintained (e.g. because of our duty of care and also for legal reasons) this will always be respected, and every reasonable effort will be made to deal with the situation in accordance with their wishes. In all cases, RAW will seek to support the client, or to assist the client in accessing support from an external agency.

If a service user of RAW makes an allegation to a worker about another organisation, or member of staff from another organisation, then this should be reported in the same manner to the worker's line manager. The line manager will inform the Operations Manager/MD who will investigate it further.

Prevent radicalisation

All of our staff will undergo online Prevent Awareness training to support them in identifying radicalisation and in understanding what steps they need to take to protect the children and families in RAW.

This offers an introduction to the Prevent duty and explains how it aims to safeguard vulnerable people from being radicalised, supporting terrorism or becoming terrorists themselves.

<https://www.oscb.org.uk/learning-zone/training/prevent-training/>

4. Good Practice Guidelines

Below are guidelines on immediate action to be taken following a reporting of abuse by a young person or vulnerable adult.

- React calmly so as not to alarm or deter him/her
- Re-assure him/her that you are glad they have told you and it is not their fault.
- Do not promise to keep it to yourself; at the earliest appropriate opportunity remind them of our confidentiality policy and explain what this means
- Explain that you need to make sure that they are safe and may have to pass on the information to somebody trusted to deal with it appropriately.
- Listen carefully to what they say and take them seriously, it is not for you to judge the validity of the allegation.
- Let them tell you in their own words, try not to interrupt or put words into their mouth.
- It is important to clarify what you have heard, and to establish the basic facts. Avoid leading questions; it is not necessary for you at this stage to ask for explicit details.
- If possible make some brief notes during the initial disclosure, explaining to them why you are doing this. If it is not possible to do this at the time, make notes as soon as possible whilst everything is clear in your mind. If possible ask the person making the report to sign and date your notes. If this does not feel appropriate, you at least must sign and date your notes as they are written. Include the nature of the suspicion or allegation, a description of any visible injury, dates and times and any other factual information.
- Your report should also make clear any distinction between what is fact, opinion or hearsay.

In addition, it is important that the person who has reported abuse receives appropriate feedback on action that has, or has not, been taken, and the reasons for this.

This policy will be reviewed at least annually. The use of the procedures described in this policy will also be reviewed at least annually to analyse their effectiveness and to identify and address any disincentives to reporting concerns.

Appendix

GUIDANCE ON CHILD PROTECTION

1. Introduction

RAW works with children and their families in their everyday work, and may become aware of families who are experiencing difficulties in looking after their children. Children Act legislation places a duty on agencies and professionals to work together in the interests of vulnerable children. All staff working where there are children, including those who do not have a specific role in relation to child protection, have a duty to safeguard and support the welfare of children*.

In relation to children and families, RAW takes a holistic view of their individual needs acknowledging their personal experience of family, parenting, social environment, culture, race, religion, language, disability and gender.

The nature of RAW's work means that staff have a role to play in child protection. The Children's Act also states that a child has the right to Protection from harm, Provision of services identified to meet their needs and Participation in decisions that affect their own welfare (to the best of their ability). As such RAW staff will as far as reasonably possible ascertain the wishes and feelings of a) the child, b) the parent c) any other person acting in the best interests of the child (unless they are suspected of being involved in the abuse). Staff will endeavor to work alongside other agencies and the family to achieve the best possible outcomes for the child. Legislation states that removal of the child from the family home should only be considered as a last resort and is necessary to safeguard the child from harm, RAW is committed to supporting both child and family where appropriate to access services that allow them to remain in the family home.

Staff may on occasions be involved in safeguarding the welfare of children either by :-

- Identifying concerns about a child and referring those concerns to Social Services or the Police.
- Responding to a request from Social Services for information about a child or their family.
- Providing a service to the child (defined in the Children's Act as a person under the age of 18) . Staff need to be alert to potential indicators of abuse and neglect, be familiar with local procedures for promoting and safeguarding the welfare of children, and understand the principles of confidentiality and information sharing.

2. Key principles

This guidance is intended to outline the principles of child protection and advise what to do if child abuse or neglect is suspected. The key principles are set out as follows: -

RAW staff need to

- Be alert to the possibility of child abuse or neglect
- Be able to recognize and act upon indications that a child's welfare or safety may be at risk
- Be familiar with and follow local child protection procedures and protocols

- Be able to access the details of local health professionals with expertise in child protection, relevant persons at the local Social Services Department or the local Police Child Protection Officer.

If child abuse or neglect is suspected:

- **Do** discuss this immediately with your line manager, giving as much detail as possible
- **Do** seek advice from a local professional with expertise in child protection
- **Do** follow local child protection procedures and report concerns to the appropriate authority
- **Do** keep records of concerns and any action taken
- **Do not** do nothing
- **Do not** attempt to investigate suspicions or allegations of abuse yourself
- **Do not** discuss concerns with the suspected/alleged perpetrator of abuse.

3. Child abuse and neglect

Someone may abuse or neglect a child by inflicting harm on them, or by failing to act to prevent harm. Children may be abused in a family, institutional or community setting; by someone known to them or, less commonly by a stranger. There are four generally accepted categories of child abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories overlap and an abused child can often suffer more than one type of abuse. Child abuse can occur in a variety of circumstances and across all social groups. Children may be particularly vulnerable to abuse or neglect if there is a history of family violence or abuse, bullying, drug and alcohol misuse, mental health problems, learning difficulties, socio economic problems (e.g. poverty and unemployment), or when a child is premature, disabled or unplanned/unwanted.

Where there is concern about a child's welfare, 'significant harm' is the threshold for a formal child protection inquiry. Decisions about whether significant harm has occurred, or is likely to occur, requires consideration of the degree of abuse, the effect on the child and the circumstances surrounding the event. While a single traumatic event may constitute significant harm (e.g. violent assault, poisoning), significant harm is more often a pattern of events which interrupt, change or damage a child's development.

4. Child protection framework

The Children Act 1989 and Children (Scotland) Act 1995 lay down the duties of local authorities to work together to safeguard and support the welfare of children in need. The Children Act 2004 introduced a statutory framework in England and Wales for local cooperation between all agencies with responsibility for services to children including Social Services, Health, Education, Police, Probation and the Voluntary Sector, requiring them to work together to protect children. The 2004 Act places additional duties on these agencies to

ensure that, in discharging their functions, they make arrangements to safeguard and promote the welfare of children. Social Services is the lead agency for child protection; it has a statutory responsibility to make inquiries into all child protection issues and acts as the principal point of contact for child welfare concerns. The Police (and in England and Wales the National Society for the Prevention of Cruelty to Children) also have powers to intervene where there is concern about a child's welfare.

All agencies have a duty to assist and provide information in support of child protection enquiries. Area Child Protection Committees (ACPC)* in England and Wales and Child Protection Committees (CPC) in Scotland oversee and co-ordinate inter-agency arrangements. These committees are required to ensure that local services for children in need of protection are properly co-ordinated and that inter-agency arrangements work effectively to secure the best outcome for children. All professionals in the statutory, public, private and voluntary sector have a role to play in promoting children's health and development. Information about local child protection guidelines, training programmes and the contact details of key personnel with expertise in child protection can be obtained from Primary Care Organisations, NHS Trusts or Health Boards.

In addition, all staff should be aware of the Common Assessment Framework (CAF). Whilst it is not expected that staff will be undertaking the CAF, they should understand that the CAF is a key part of delivering frontline services that are integrated, and are focused around the needs of children and young people. The CAF is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. It can be used by practitioners across children's services in England and may incorporate the work of RAW.

**ACPC will be replaced by Local Safeguarding Children's Boards in 2006.*

5. Indicators of abuse

The identification of child abuse is rarely simple as the signs often comprise a complex mixture of medical symptoms, behavioural characteristics and background factors.

Determining whether a child has been the victim of abuse will depend largely on individual judgement, but the following characteristics may alert staff to potential abuse (It is important to remember that the presence of any one or more of these factors may not automatically be the result of abuse):

In the child

- Unexplained or unusual injuries
- Injuries in inaccessible sites e.g. neck, armpit, behind ears, soles of feet
- Bite marks, scalds, fingertip bruising, fractures (especially in infants)
- Apparent age of injuries inconsistent with account given
- Injuries blamed on siblings
- Evidence of repeated injury
- Evidence of poor overall care and failure to thrive e.g. poor growth and weight; child appears dirty and unkempt; child persistently left without adequate supervision
- Swallowing of harmful substances, inappropriate food or drink
- Self-mutilation
- Indications of sexually transmitted disease

- Evidence of sexual activity/relationship that is inappropriate to the child's age and/or competence.*

• Behavioral problems e.g. child is aggressive, hyperactive, nervous, socially withdrawn (NB- behavioral problems can also be symptomatic of a number of conditions, for example, autism, hearing impairment)

In the parent/career

- Provides an inconsistent explanation of the child's injuries
- Delays seeking medical treatment or advice
- Shows detachment
- Attributes cause of injury to a sibling or bullying
- Lack of concern at the severity or extent of the injuries
- Gives history of repeated injury to the child
- Reluctance to give information
- Refusal/reluctance to allow treatment
- Aggressive behaviour towards children

** The age of Consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion and it has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. Children under 13 years old are considered of insufficient age to consent to sexual activity, and the Sexual Offences Act 2003 makes clear that sexual activity with a child under 13 is always an offence.*

Peer on peer abuse

All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying); physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise
- Causing physical harm;
- Sexual violence, such as rape, assault by penetration and sexual assault
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- Sexting (also known as youth produced sexual imagery); and
- Initiation/hazing type violence and rituals.

Child criminal exploitation: county lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity, drug networks or gangs to groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism (NRM) should be considered.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and is typified by some form of power imbalance in favor of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources

Serious violence

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs. All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office's Preventing youth violence and gang involvement and its Criminal exploitation of children and vulnerable adults: county lines guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf

6. What to do if abuse is suspected

If child abuse is suspected there is a responsibility to inform the local Social Services Department or the Police.

If you think that a child may be being abused or neglected staff should immediately inform the designated safeguard leads.

It is neither the responsibility of staff or the line manager to prove the case for abuse or attempt to examine evidence. RAW management will seek guidance from one of the named professionals for child protection within the local primary care organisation, NHS Trust or Health Board. A suspicion of abuse may take the form of concerns rather than known facts. Concerns can and should be shared with Social Services. While the concerns may not necessarily trigger an investigation themselves, they may help to build a picture along with concerns from other sources which suggest a child is suffering from harm.

An allegation of child abuse or neglect could lead to a criminal investigation. To ensure that any police investigation is not jeopardised, it is important that RAW staff

- Do not ask leading questions, or

- Do not attempt to investigate suspicions or allegations of abuse themselves.

It is generally recommended that professionals should seek to discuss concerns with the child's family, and where possible seek their agreement to making a referral to Social Services. However, family members or friends can often be the perpetrator of abuse and concerns should only be discussed with the child's parent or guardian if it will not place a child at increased risk of harm.

Staff who suspect child abuse or neglect should

- Report it to your line manager (if not available another senior member of staff)
- If there are colleagues with expertise on child protection you and your manager may wish to seek their advice. Discussions with the child's GP may also be appropriate.
- Follow local child protection procedures and know who to contact to discuss or express concerns about a child's welfare
- If, after discussion, abuse or neglect is still considered to be a possibility a referral should be made to the Social Services Department or the Police.

- Communicate with the child in a way that is appropriate to their age and understanding.

Where concerns arise as a result of information given by a child, the child should be reassured but promises about maintaining confidentiality should not be given. (*See below for further guidance on confidentiality and information sharing*)

- When a referral is made to Social Services, agreement should be sought on what the child and their parents or guardian will be told and by whom. Children have a right to know what is happening and, where appropriate, should be consulted on actions and decisions that affect them.
- Telephone referrals to Social Services should be confirmed in writing by the person making the referral within 48 hours. It is advisable to use local standard referral forms where they exist. Social Services should acknowledge a written referral within one working day of receipt. If a written acknowledgement is not received within 3 working days Social Services should be contacted again.

- Records should be kept of all concerns and discussions about the child, the decisions made and reason for the decisions. As abuse or neglect is often a culmination of events, it is important that appropriate records are maintained of concerns whether or not further action was taken at that time.

- At all stages staff must be satisfied that they have registered their concerns with the appropriate person or authority, and action is taken.

I confirm that I have been given a copy of, and have read, the RAW Safeguarding & Protection from Abuse Policy.

Name: Date:.....

Sign:.....

Original to be held in Personnel File (Oxford Office) and copy to Staff Member and Policy File (Office)

Signed	Sophie king (<i>Head of youth services</i>)	Date	11/09/2023
Signed	Sophie king (<i>Head of youth services</i>)	Date	22/08/2024
Signed	Sophie King	Date	18/08/2025
Singed	Sophie King	Date	18/08/2026

Amendments in review (11/09/2023)

- Email address provided for a DSL staff
- Names trustee member for Whistleblowing - James Humphries
- clinical safeguarding supervision provided to RAW staff from Dr Nick Hindley

Amendments in review (22/08/2024)

- Email of named DSL changed to Hannah Oakey
- Named trustee for Whistleblowing change to Linda Smith

Amendments in review (18/08/2025)

- Change of named DSL due to Hannah Oakey being on maternity leave. The named DSL is Sophie King and the deputy DSL are Frankie Franklin and Sam Lockhart
- - Keeping Children Safe in Education" 2022" (KCSIE, 2019) to Keeping Children Safe in Education (KCSIE) 2025
-