

POLICY, PROCEDURES AND INFORMATION

The Eggtooth Project aims to provide creative therapeutic support and educational opportunities for a wide variety of professionals and service users, including young people, many of whom may come from vulnerable groups within society.

The Eggtooth Project accepts that everyone has a responsibility for the safety of children and puts safeguarding as its priority when working with children. Eggtooth are committed to practise which protects children from harm and all staff accept and recognise their responsibilities to develop awareness of the issues which cause children harm.

In this policy “children” means anyone under 18 years of age: but these safeguarding procedures **apply equally to all persons over the age of 18:** including those who are vulnerable because of disabilities, their mental health, understanding, background or emotional state.

The Eggtooth Project’s policies and procedures are to be followed by all staff. This means all employees, volunteers and anyone in paid or unpaid work on behalf of the Company including staff under the age of 18.

Our Child Protection and Safeguarding policies and procedures apply to all clients regardless of gender, ethnicity, disability, sexual orientation or religion.

The Eggtooth Project will endeavour to safeguard clients by:

- Adopting child protection and safeguarding guidelines through procedures and a code of conduct for staff. Ensuring staff are trained and supported to recognise and respond appropriately and sensitively to safeguarding concerns.
- Sharing information about child protection and good practice with children, parents, carers, staff and people working with children
- Sharing timely and appropriate information about concerns with agencies who need to know, involving parents and children appropriately.
- Following carefully the procedures for recruitment and selection of staff (in accordance with KCSIE 2022)
- Providing effective management for staff through supervision, support and training

We are committed to reviewing and updating our policy and good practice at regular intervals (at least annually) to keep up to date with safeguarding issues and legal requirements.

INTRODUCTION

Safeguarding and promoting the welfare of children and those at risk is defined as

- Protection from abuse
- Prevention of impairment of mental and physical health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care and
- The taking of action to enable all clients to have the best outcomes

Eggtooth acknowledges that safeguarding includes a wide range of specific issues including (but not limited to)

- Abuse and neglect
- Bullying, including cyberbullying
- Child-on-child abuse
- Children with family members in prison
- Children Missing Education (CME)
- Child missing from home or care
- Child Sexual Exploitation (CSE)
- Child Criminal Exploitation (CCE)
- Contextual safeguarding (risks outside the family home)
- County lines and gangs
- Domestic abuse
- Drugs and alcohol misuse
- Fabricated or induced illness
- Faith abuse
- Gender based abuse and violence against women and girls
- Hate
- Homelessness
- Human trafficking and modern slavery
- Mental health
- Nude or semi-nude image sharing, aka youth produced/involved sexual imagery or “Sexting”
- Online safety
- Preventing radicalisation and extremism
- Private fostering
- Relationship abuse
- Serious violence

- Sexual violence and sexual harassment
- So-called 'honour-based' abuse, including Female Genital Mutilation (FGM) and forced marriage
- 'Upskirting'

(For further information please ensure this is read in conjunction with Part One and Annex B of [Keeping Children Safe in Education 2023](#) and Appendix to this policy) Specific Advice on many of the above issues are covered within our mandatory training.

Staff are often in a position to identify concerns early, provide help for children, promote children's welfare and prevent concerns from escalating.

Staff have a responsibility to:

- provide a safe environment for children when working with them
- be aware of the indicators of abuse and neglect so that they can identify cases of clients who may need help or protection.
- know what to do if a client tells them that they are being abused, neglected, or exploited and understand the impact abuse and neglect can have upon a client.
- understand the safeguarding policies and systems.
- undertake regular and appropriate training which is regularly updated.
- know how to maintain an appropriate level of confidentiality.
- reassure those who report concerns that they are being taken seriously and that they will be supported and kept safe.

Eggtooth recognises that concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. The indicators of abuse and neglect can vary from person to person. Children develop and mature at different rates, so what appears to be worrying behaviour for a younger child might be normal for an older child. It is important to recognise that indicators of abuse and neglect do not automatically mean a child is being abused; however all concerns should be taken seriously and will be explored by the DSL on a case-by-case basis.

Eggtooth recognises abuse, neglect, and safeguarding issues are rarely standalone events and cannot always be covered by one definition or one label alone. In many cases, multiple issues will overlap with one another, therefore staff will always be vigilant and always raise concerns with a DSL.

Parental behaviours can indicate child abuse or neglect, so staff will be alert to parent-child interactions or concerning parental behaviours; this could include

parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

Children may report abuse happening to themselves, their peers, or their family members. All reports made to staff will be taken seriously and will be responded to in line with this policy.

Clients can be at risk of abuse or exploitation in situations outside their families; extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, sexual abuse, serious youth violence and county lines.

Eggtooth recognises that technology can be a significant component in many safeguarding and wellbeing issues; children are at risk of abuse online from people they know (including other children) and from people they do not know; in many cases, abuse will take place concurrently via online channels and in daily life.

Apparently minor injury, or series of minor injuries or non-specific illness over a period of time may indicate a more serious situation and further enquiries must be considered.

When a child attempts or threatens suicide, or inflicts any form of self-harm by injury, refusal of food or self-neglect, the underlying cause must always be carefully investigated and the possibility of some form of abuse by another person should be borne in mind, even when there is no immediate evidence of this. When abuse by another person is suspected this must be reported at once. (This is dependent on the type of intervention, see below)

Abuse can be perpetrated by strangers or others not living in the child's household, or by family members, other children or professionals involved with the child. All of these must be dealt with under these procedures.

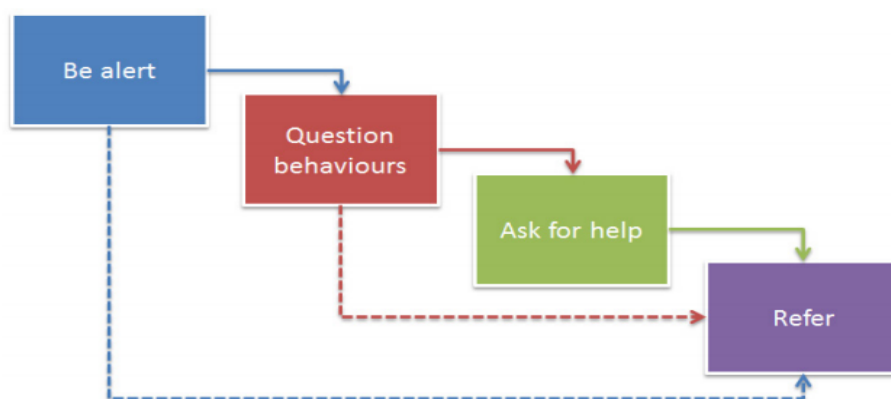
Some injuries will not be the result of abuse. However, action should be taken when the nature of the injury is not consistent with the account of how it occurred or where there is a definite knowledge or reasonable suspicion that the injury was inflicted (or knowingly not prevented) by any person having care of the child. Diagnosis of abuse will normally require both medical examination by Health and assessment of the family by Social Services.

It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether abuse has occurred. That is a task for the professional protection agencies following a referral to them of concern about a client.

CHILD PROTECTION PROCEDURES

Staff will maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a person, staff will always act in the best interests of that person.

All staff are expected to be aware of and follow the below approach if they are concerned:



1. **Responding to a child making an allegation of abuse:**
 - a) Stay calm and listen carefully to what is said, reflecting back the concern!
 - b) Use the child's language.
 - c) Be non-judgmental.
 - d) Find an appropriate early opportunity to explain that it is likely that the information given by the child will need to be shared with others – do not promise to keep secrets.
 - e) Allow the child to continue at his / her own pace.
 - f) Ask questions for clarification only – at all times avoid asking questions that suggest a particular answer. For example, who, what, when or Tell, explain, Describe (TED)
 - g) Reassure the child that they have done the right thing in telling you.
 - h) Tell them what you will do next and with whom the information will be shared.
 - i) Record in writing what was said, using the child's own words, as soon as possible: note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.
 - j) Inform the DSL as soon as practically possible.

2. The DSL will then respond when abuse is suspected, the local Social Services Department must be informed so that enquiries can be made.*

3. Children are a key – and sometimes only – source of information about what has happened to them, especially in child sexual abuse, but also in physical and other forms of abuse. Accurate and complete information is essential for taking action to promote the welfare of the child, as well as for any criminal proceedings which may be instigated concerning an alleged or suspected perpetrator of abuse.

4. When children are first approached, the nature and extent of any harm suffered by them may not be clear, nor whether a criminal offence has been committed. It is important that even initial discussions with children are conducted in a way so as to minimise any distress caused to them and maximise the likelihood of their providing accurate and complete information. It is important, wherever possible, to have separate communication with the child.

5. Leading or suggestive communication should always be avoided. If a child wants to talk, then he or she should be allowed to do so. Children will often seek a promise that a disclosure is made in confidence. Such a promise cannot be given. There is an overriding duty to protect a child from abuse, and all abuse must be reported. A record must be made as soon as possible after such a conversation. The record should be signed, dated, timed and where possible witnessed. The golden rule is to observe and listen, but never to probe.

6. If in doubt consult with the local Social Services Department.

7. The following information must be given to the Duty Social Worker as far as it is available:

- a) Cause for concern
- b) Name/s of the child/ren in question and date/s of birth
- c) Address of child/ren
- d) Names of parents / carers of child/ren
- e) School, nursery or daycare facility the child/ren attend, if any
- f) Details of family's GP
- g) Details of any other professionals involved with the child/ren or family (i.e. Social Worker, health Visitor, Housing Officer, etc)
- h) Other information which may be relevant to any investigation
- i) Copy of any written notes made by the referrer within 24 hours of making telephone referral

8. Record details of any conversation with Duty Social Worker or Police, etc, including any further action to be taken

Reporting allegations or suspicion of abuse and safeguarding concerns

The person to talk to at Eggtooth if you are worried about a Safeguarding and Child Protection issue is the Designated Safeguarding Lead, Laura Clarke. The DSL is more likely to have a complete safeguarding picture and will be the most appropriate person to advise on the response to any safeguarding concerns.

The DSL has overall responsibility for the day-to-day oversight of safeguarding and child protection systems (including online safety) At Eggtooth. In Laura's absence a deputy DSL will be identified who will have delegated responsibilities and act in the DSL's absence:

Laura Clarke 07801 704304 Laura@eggtooth.org.uk

Where there is a safeguarding or protection concern, records will be kept detailing the concern, how it was followed up and resolved and actions taken. These will be kept confidentially and stored securely.

Confidentiality and Information sharing

Eggtooth has a responsibility to hold, use and share relevant information with appropriate agencies in matters relating to child protection at the earliest opportunity. We acknowledge that the Data Protection Act 2018 and UK GDPR do not prevent sharing information for the purposes of keeping children safe.

Complaints

All of those involved with Eggtooth and its community should feel able to raise or report concerns about childrens safety or potential failures in safeguarding. If you feel that Eggtooth are not dealing with a safeguarding issue appropriately then please raise this with us directly or follow our Complaints Procedure.

Staff can also access the NSPCC whistleblowing helpline if you feel that concerns cannot be raised internally (0800 028 0285) or email help@nspcc.org.uk

Other useful numbers

In an emergency call the Police if there is an immediate risk of harm on 101 or 999

For Children

East Sussex Single point of Advice (SPoA) 01323 464222 (Mon to Thurs 8.30-5 and Fri 8.30-4.30) Out of hours and weekend Emergency Duty Service 01273 335905 r 01273 335906)

For Vulnerable Adults

Adult Social Care 0345 60 80 191 or out of hours 01323 636399

THE EGGTOOTH PROJECT'S CODE OF CONDUCT TO ASSIST IN THE PROTECTION OF CHILDREN

You must:

- Treat all children and young people with respect
- Provide an example of good conduct you wish others to follow
- Ensure that whenever possible there is more than one adult present during activities, or at least that you are within sight or hearing of others
- Respect young people's personal privacy
- Encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviours they do not like
- Remember that someone else might misinterpret your actions, no matter how well-intentioned
- Be aware that even physical contact with a child or young person may be misinterpreted
- Recognise that special caution is required when discussing sensitive issues with children or young people
- Challenge unacceptable behaviour and report all allegations or suspicions of abuse
- Familiarise yourself with Eggtooth's Child Protection Policies and Procedures and help other staff and volunteers to do the same
- Try to avoid transporting children alone in your car.

You must not:

- Have inappropriate physical or verbal contact with children or young people
- Allow yourself to be drawn into inappropriate attention-seeking behaviour
- Make suggestive or derogatory remarks or gestures to children or young people or to make inappropriate remarks in front of them
- Jump to conclusions about others without checking the facts
- Either exaggerate or trivialise child abuse issues
- Show favouritism to any individual
- Rely on your own good reputation or that of Eggtooth to protect you
- Believe that "it could never happen to me" (i.e.: "no-one will ever make an allegation against me")
- Take a chance when common-sense, policy or practice suggests another more prudent approach
- Spend excessive amounts of time alone with children away from others.

Where it is unavoidable that these things happen, they should only occur with the full knowledge and consent of someone in charge of the organisation and / or someone with parental responsibility for the child.

CODE OF CONDUCT TO ASSIST IN THE PROTECTION OF CHILDREN CONTINUED

NEVER:

- Take children to your home
- Engage in rough physical games, including horse-play
- Engage in sexually provocative games
- Allow or engage in inappropriate touching of any form
- Allow children to use inappropriate language unchallenged or allow adults to use inappropriate language in front of children unchallenged
- Make sexually suggestive comments about or to a child
- Let allegations a child makes be ignored or go unrecorded
- Do things of a personal nature for a child that they can do themselves
- Restrain a child*

** Restraint is where a child is being held, moved or prevented from moving, against their will, because not to do so would result in injury to themselves or others or would cause significant damage to property. Only those properly trained in restraint techniques should ever carry this out and a young person should be restrained for the shortest time necessary to bring the situation under control.*

Appendix 1: CHILD PROTECTION INFORMATION

SIGNS, SYMPTOMS AND CATEGORIES OF ABUSE

All staff should be aware that abuse, neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

Physical Abuse

Most children suffer incidents from time to time which result in physical injury and this presents difficulty in diagnosing child abuse. We must also accept that some people believe that children must never be hit, whereas others feel that physical chastisement is acceptable. The professional, when faced with an injured child must consider whether the injury is of accidental origin or not. Some injuries may seem insignificant by themselves, but repeated injuries, even of a minor nature, especially in a baby or young child, may be symptomatic of child abuse, and if no action is taken, they may be injured more seriously. It must be emphasised that if child abuse is suspected, a thorough medical assessment must be undertaken with the minimum of delay. This can best be achieved by either presenting the child to the Accident and Emergency Department at the local hospital or to the Consultant Paediatrician on call.

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 feigns the symptoms of, or deliberately causes ill-health, to a child they are looking after. This situation is commonly described using terms such as fabricated illness, induced illness, fictitious illness syndrome or Munchausen Syndrome by Proxy.

Signs that MAY INDICATE physical abuse

- Bruises and abrasions around the face
- Damage or injury around the mouth
- Bi-lateral injuries such as two bruised eyes
- Bruising to soft area of the face such as the cheeks
- Fingertip bruising to the front or back of torso
- Bite marks
- Burns or scalds (unusual patterns and spread of injuries)
- Deep contact burns such as cigarette burns
- Injuries suggesting beatings (strap marks, welts)
- Covering arms and legs even when hot
- Aggressive behaviour or severe temper outbursts

Neglect

Neglect is often difficult to detect as it is usually a slow, ongoing process. Professionals may, out of familiarity, start to knowingly tolerate lessening standards of child care, and each one of us has different parameters of what is acceptable or unacceptable. It is therefore essential that a regular, objective appraisal of the child's presentation and condition is made.

In general parents are responsible for giving emotional and physical care and protection and for providing adequate food, shelter, clothing, medical care, supervision and protection, education, social and moral guidance. If aspects of these components are missing it is likely that a child is being neglected.

Standards and expectations of child care vary greatly throughout society. Care must be taken not to impose personal standards of acceptability, and judgement will always be required in considering the possibility of physical neglect. When in doubt professional advice must be sought. Clear examples of neglect would be: injuries caused by lack of reasonable supervision and control such as not having a fire guard or stair gate; failure to ensure the safety of children in public places; failure to provide a reasonable standard of care such as adequate clothing or feeding or seeking medical attention for illness.

Signs that MAY INDICATE neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Inadequate clothing
- Frequent lateness or non-attendance
- Untreated medical problems
- Poor relationship with peers
- Compulsive stealing and scavenging
- Rocking, hair twisting and thumb sucking
- Running away
- Loss of weight or being constantly underweight
- Low self esteem

Sexual Abuse

Sexual abuse covers both sexual intercourse and other forms of sexual activity including: fondling, mutual masturbation, pornographic activity. It may be committed not only by an adult, but also - in exceptional circumstances - by another child.

The suggestion of sexual abuse must always be taken seriously and be reported.

Sexual abuse is now recognised as being widely prevalent. It occurs at all ages of childhood and in all economic and social groups. The way in which sexual abuse may become apparent will vary in accordance with the age and understanding of the child. Sometimes there will be a clear and direct statement, but some children will prefer to tell a friend or hint rather than describe the abuse. Some children will be unable to express the abuse verbally, but their behaviour will indicate inappropriate sexual knowledge or preoccupation with sexual matters. It is also possible that other behavioural changes or physical symptoms, which are not in themselves of a sexual nature, will be indicators of the need for further investigation. Very young children may reveal sexual abuse without necessarily understanding or responding to its significance.

Sometimes there are psychological or behavioural signs or symptoms, which *may* indicate sexual abuse. These are: sexualised behaviour; sexualised drawings or play; sudden decline in school performance; regression such as soiling or wetting; low self-esteem; psychosomatic disorders; suicidal acts or threats; promiscuity and precocious behaviour; eating disorders; sleep disturbance and nightmares; depression; absconding / running away.

Signs that MAY INDICATE Sexual Abuse

- Sudden changes in behaviour and performance
- Displays of affection which are sexual and age inappropriate
- Self-harm, self-mutilation or attempts at suicide
- Alluding to secrets which they cannot reveal
- Tendency to cling or need constant reassurance
- Regression to younger behaviour for example thumb sucking, playing with discarded toys, acting like a baby
- Distrust of familiar adults, for example, anxiety of being left with relatives, a childminder or lodger
- Unexplained gifts or money
- Depression and withdrawal
- Fear of undressing for PE
- Sexually transmitted disease
- Fire setting

Emotional Abuse

Emotional abuse is often combined with neglect or physical or sexual abuse. It can, however, exist on its own and emotionally abused children are not necessarily physically abused as well. It is found in children where behaviour and emotional development have been severely affected.

Emotionally abused children find their needs met with indifference, hostility or in an inconsistent manner. This may include verbal hostility, ridicule, sarcasm, shaming, belittling, frightening or threatening. This may lead to cruel treatment like locking children in their bedrooms or cupboards or making unrealistic domestic demands of them.

Sometimes basic needs like food, warmth or clothing are withheld as punishment. These conditions may lead to physical, emotional and intellectual developmental delay.

Signs that MAY INDICATE emotional abuse:

- Over reaction to mistakes
- Lack of self-confidence/esteem
- Sudden speech disorders
- Self-harming
- Eating Disorders
- Extremes of passivity and/or aggression
- Compulsive stealing
- Drug, alcohol, solvent abuse
- Fear of parents being contacted
- Unwillingness or inability to play
- Excessive need for approval, attention, and affection

APPENDIX 2: SAFEGUARDING CHILDREN POLICY LEGAL FRAMEWORK

All organisations that work with children and families, share a commitment to safeguard and promote their welfare, and for many agencies that is underpinned by a statutory duty or duties.

This policy has been developed in accordance with the principles established by the Childrens Acts 1989 and 2004 and related guidance. This also includes but is not limited to

Keeping Children Safe in Education 2022 (KCSIE)

Working together to Safeguard Children 2018 (WTSC)

The Education Act 2002

Framework for Children in Need and their Families 2000

The Human Rights Act 1998

The Equality Act 2010

Children Act 2004

Section 10 requires each local authority (LA)⁴⁵ to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the LA's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area - which includes protection from harm or neglect alongside other outcomes. This section of the Children Act 2004 is the legislative basis for children's trust arrangements.

Section 11 requires a range of organisations) to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the need to safeguard and promote the welfare of children.

Section 12 enables the Secretary of State to require LAs to establish and operate databases relating to the s10 or s11 duties (above) or the s175 duty (below), or to establish and operate databases nationally. This section limits the information that may be included in those databases, and sets out which organisations can be required to, and which can be enabled to, disclose information to be included in the databases.

Section 13 requires each children's services authority to establish a Local Safeguarding Children Board.

Education Act 2002

Section 175 puts a duty on local education authorities, maintained (state) schools and further education institutions, including sixth-form colleges, to exercise their functions with a view to safeguarding and promoting the welfare of children – children who are pupils, and students under 18 years of age in the case of schools and colleges.

The same duty is put on independent schools, including academies, by Regulations made under s157 of that Act.

Children Act 1989

The Children Act 1989 places a duty on LAs to promote and safeguard the welfare of children in need in their area. The primary focus of legislation about children in need is on how well they are progressing and whether their development will be impaired without the provision of services.

Section 17(1) of the Children Act 1989 states that:

It shall be the general duty of every local authority:

To safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

Section 17(10) states that a child shall be taken to be in need if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part.
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services, or
- c) he is disabled.

The primary focus of legislation about children in need is on how well they are progressing and whether their development will be impaired without the provision of services.

Safeguarding and Child Protection



Written by	Franklyn Levey
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