



# **SAFEGUARDING AND CHILD PROTECTION POLICY**

*Safeguarding Children and Young People in Our Care*

The Matrix Trust  
Allen House Pavilion, Eastgate Gardens, Guildford GU1 4AZ  
Tel: 01483 574900  
[info@matrixtrust.com](mailto:info@matrixtrust.com)

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## **1.0 OVERVIEW**

This is the safeguarding policy for THE MATRIX TRUST (hereafter Matrix), Allen House Pavilion, Eastgate Gardens, Guildford, Surrey GU1 4AZ

Matrix is committed to a child centred and coordinated approach to safeguarding, with equality, and promotion of the welfare of all children and young people at the core. We are committed to a culture of vigilance amongst our staff and volunteers and all staff and volunteers are expected to take responsibility for safeguarding and promoting the welfare of children. Everyone who comes into contact with children and their families has a role to play - safeguarding is everyone's responsibility.

In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interest of the child. Staff and volunteers should be in the habit of thinking 'it could happen here', be constantly alert and sensitive to the presentation and needs of pupils, be willing to listen to children, and in any given situation be instinctively ready to put the interests of the child above all other considerations.

Matrix understands that they are a part of a much larger safeguarding network, and seeks to work with all other agencies to ensure that young people that we meet and work with to ensure that they are kept safe outside of our care.

### **1.1 Policy Details**

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff, students or anyone contracted to work on behalf of Matrix.

#### **The purpose of this policy is:**

- To protect children who, by partaking in Matrix services, are in our care
- To ensure that the needs and interests of children that we work with are central to all decision making
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding

Matrix believes that no child or young person should ever experience abuse of any kind. We have a responsibility to promote the welfare of all children and to keep them safe. We are committed to practice in a way that protects them.

Matrix recognises that occurrences of self-abuse (or self-harm) are increasing in children. If staff have any concerns about a young person causing themselves harm they should refer to the Appendix 6 - Assessment of and response to risk (self-harm and suicidal ideation) however, this document primarily refers to harm that may come to a young person due to the actions, or neglect, of another person.

### **1.2 Legal framework**

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Working Together to Safeguard Children 2018
- Keeping Children Safe in Education 2023
- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children

### **1.3 Our Responsibility**

Matrix works with children of all ages across a wide variety of settings and places their welfare as its paramount priority. We take seriously our responsibility to protect and safeguard all children entrusted to our care. All practitioners and volunteers should make sure that they consider, at all times, what is in the best interests of the child. We believe that all children must have the opportunity to achieve the best possible development, regardless of their gender, ability, race, ethnicity, circumstances or age and work to provide environments where this can occur.

All staff, volunteers and trustees will be made aware of and receive a copy of this policy as part of the induction process and will receive notification of safeguarding updates. All staff and volunteers will undertake the SSCP basic online safeguarding training as part of their induction, being trained to recognise signs and symptoms of abuse and neglect under the procedures set out by Surrey Safeguarding Children Partnership. In addition, all staff and volunteers receive annual update training, with staff also visiting 'hot topics' on a regular basis, which enables greater depth and understanding and provides them with relevant skills and knowledge to safeguard young people effectively (see Appendix 8)

Matrix expects all staff and volunteers to be aware that safeguarding incidents and/or behaviours can be associated with factors in all contexts and to consider whether young people are 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, and serious youth violence.

**We recognise that:**

- The welfare of the child is paramount, as described in the Children Act 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs, social isolation, special educational needs and disabilities or other issues
- No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action
- Working in partnership with children, their parents, carers and other agencies is essential in promoting children's welfare
- All people working or volunteering under the auspices of Matrix carry a responsibility for safeguarding and promoting the welfare of children
- Some children are the victims of abuse (physical, sexual, emotional, neglect or domestic violence)
- Due to the nature of abuse, those who are being abused may not always be aware that the treatment they're receiving is abusive and some children may believe it is normal if it is all they have experienced
- Some children cause harm to themselves usually due to underlying issues

## 1.4 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 mental and physical health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

*Child protection* is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

*Child or young person* refers to any person under the age of 18

## 1.5 Designated Safeguarding Lead

Matrix adheres to current recommendations which require the appointment of senior staff members to the role of Designated Safeguarding Lead (hereafter DSL) and Deputy DSL (hereafter DDSL) who will to act on their behalf in referring all allegations or suspicions of neglect or abuse to the statutory authorities.

The expectations of this role are to:

- Ensure this policy is implemented, updated at least annually and approved by Trustees
- Providing advice, training and support to staff
- Liaise with the Local Authority and a range of other agencies for referring cases
- Monitor disclosures and records of concern and act on them as necessary
- Ensure emotional support is in place for staff dealing with disclosures or difficult records of concern
- Refer to KCSiE and Surrey Safeguarding Children Partnership as reference for decision-making
- Ensure that all Matrix staff and volunteers have access to appropriate levels of information, instruction, and training to ensure that they are able to understand and implement policies, practices and procedures.
- Regularly update relevant policies and procedures in line with recommendations
- Ensure that staff are trained to spot potential signs of abuse, including child on child abuse, such as sexting and cyberbullying

The Trustees are responsible for ensuring that the DSL and DDSL undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated every two years.

Refer to KCSiE Annex C or Appendix 10 for more detail on DSL responsibilities

**DSL** - Dan Setterfield, CEO: 07534 134129 / [dansetterfield@matrixtrust.com](mailto:dansetterfield@matrixtrust.com)

**DDSL** - Josh Howell, Head of Youth Work: 07508 934079 / [joshhowell@matrixtrust.com](mailto:joshhowell@matrixtrust.com)

## 1.6 Trustees Duties

Trustees should take reasonable steps to safeguard beneficiaries and to protect them from abuse and mistreatment of any kind (including neglect).

Additionally, trustees must take reasonable steps to protect from harm employees, volunteers and others who come into contact with the charity through its work. They should ensure the charity is a safe and trusted environment.

A Trustee for Safeguarding should be nominated and meet with the DSL on an agreed basis with a bi-annual audit of all safeguarding processes being completed and a report presented to the Board of Trustees in the Spring of each year.

**Trustee for Safeguarding** – Matt Davis: 07891 023656 / [mattdavis@matrixtrust.com](mailto:mattdavis@matrixtrust.com)

Refer to Appendix 9 for more detail on Trustee Duty of Care

## 2.0 GUIDELINES FOR SAFEGUARDING CHILDREN & YOUNG PEOPLE IN OUR CARE

### 2.1 Supervision of Young People

#### 2.1 A) Supervision of Face-to-Face Matrix Activities with Children

Matrix will seek to keep children and young people safe by developing and adhering to good practice. The Delivery team are responsible for ensuring the following supervision guidelines are adhered to in all projects across schools and the community. ***These guidelines are for both one-to-one, group and drop-in activities.***

Before any activity takes place responsible consideration must be given to -

- The suitability of activities taking place
- The ratio of workers to children (see Appendix 3)
- The age and experience of leaders
- Any risks to children
- Any training team need on new activities, changes in venue set up and risks to young people
- Behaviour management

Records must be kept of -

- Risk Assessments for each venue and / or activity
- Team present
- Register of young people attending
- Emergency communication details for both children and team

***All team (both staff and volunteers) are responsible for following these guidelines when working with children in any context.***

All team must:

- Respect children by listening to them, relating effectively and valuing their individuality, including recognising and respecting the diversity of families and communities
- Keep children safe from harm within Matrix activities (refer to Health and Safety policy)
- Uphold children's rights, according to the United Nations Convention on the Rights of the Child (1989)
- Treat all children equally, regardless of gender, ethnicity, disability, sexuality or beliefs
- Maintain a safe, secure and supportive environments for working with children, which enable them to speak out and raise any concerns they may have
- Work with children in such a way that affords them the opportunity to experience relationships of respect and dignity and genuine care, recognising that children who have experienced abuse may accept abusive behaviour as the norm
- Create a safe and nurturing environment in all our work
- Protect children from harm and abuse by following ensuring appropriate child protection policies, practices and procedures are in place, and challenging poor or unsafe practice
- Adopt and adhere to the Matrix a code of conduct for all staff and volunteers, and ensuring all team you are responsible for staff and volunteers are trained and annually updated in current safeguarding policies and procedures

In addition, Project Leads must:

- Ensure all team in their setting have been safely recruited, selected and vetted according to the Matrix Safer Recruitment Policy
- Effectively manage any staff and volunteers you are responsible for, through supervision, support and training
- Share information about child protection and good practice with children, parents, staff and volunteers
- Share concerns with agencies who need to know, and involving parents and children appropriately
- Support children who may have been abused & those working sensitively with them as they participate in our regular activities
- Where possible make our safeguards visible e.g. labelling toilets for staff / children where appropriate
- Provide training for children on pertinent safeguarding issues and how to take responsibility for themselves and each other

**B) Supervision of Matrix Activities with Children in schools:**

When working in school settings, Matrix staff and volunteers should follow all child protection and safeguarding policies and procedures put in place by the relevant school. If these safeguards are less than would be expected in a Matrix setting, then the highest level of safeguarding should be adhered to.

**C) Supervision of Activities Online with Children:**

All of the above supervision guidelines are still applicable in an online setting. However, there are additional guidelines and protocols as detailed in the Support for Young People who are not in school document:

- All appointments must be added to the individual's calendar
- All disclosures must be recorded and reported following usual procedures set by the school and / or Matrix
- Young people must be given the choice of voice, video or text conversations
- A record of all conversations must be made in writing immediately after the communication
- Matrix Head of Youth Work and DSL must have constant access to all notes of sessions which should be stored on the 1:1 Sessions Drive and these will be randomly checked to ensure appropriateness of content
- If employees are working from home, they must only contact young people during agreed home working hours and with a Line Manager's approval, following the guidelines set out clearly in the Lone Working Policy
- Only Matrix mobile phones may be used for communicating with Young People by text or voice call, emails must be done from within the designated app or through Gsuite



- Staff should find a quiet place to converse with young people to give them the chance to talk openly and wear uniform following Matrix standard procedures for video activity with young people

Normal confidentiality rules apply and staff are to ensure they are in a confidential setting when hosting a call or online meeting.

In addition to the safeguarding guidelines above, we have outlined some practical guidance for conducting one-to-one support sessions as follows:

- Be aware of your appearance and check if it is appropriate
- Try to be aware of the distractions that the young person may have at home
- Turn off Siri /Alexa (equivalent) as they will record you if they are not turned off
- Be aware of your background as this will tell the young person a lot about you - remove photos etc.

## 2.2 **Safeguarding concerns and allegations made about staff, volunteers and external partners or contractors**

***All safeguarding concerns regarding adults working with children should be taken seriously. These might be concerns reported to you or that you have seen or heard yourself. Team that act in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work may be of concern.***

### **A) Low level concerns**

A low-level concern is any concern that you have about any adult working in or on behalf of either Matrix or a setting (school, college, church etc) you are working in, who may have acted in a way that gives you cause for concern about a child's safety. The term 'low-level' concern does not mean that it is insignificant and any concern no matter how small, even if no more than causing a sense of unease or a 'nagging doubt' should be taken seriously.

These might include an adult who is:

- *being over friendly or physically close with children*
- *having favourites*
- *taking photographs of children on their mobile phone, contrary to school policy*
- *engaging with a child on a one-to-one basis in a secluded area or behind a closed door*
- *humiliating pupils*

### **B) Allegations**

Allegations against team members or adults in other settings should be taken very seriously. All allegations passed to the DSL will be assessed and a decision made about next steps according to the protocol detailed below.

#### **Making an allegation**

- 1) If **you** have seen or heard something that breaches the safeguarding policy and / or staff code of conduct (in or outside of the work environment) then you must report this as soon as possible to the DSL (and school / other setting equivalent if appropriate)
  - A) If the accused is present in a setting at the time of concern where possible remove them from face-to-face contact with children (eg: to an administrative task). If this is not

possible, ask them to stop any unacceptable behaviour (take them to one side) and explain why, then rearrange the activity and put an additional team member alongside them before they continue. Monitor at all times

- B) Speak to the DSL (in person or phone) to explain the concern as soon as possible
- C) DSL will give advice and inform of next steps
- D) Record concern on RoC and send to DSL

2) If you have a concern about the safety of a child in this context, but the child has not disclosed anything to you, this should still be recorded on a Record of Concern and confidentially passed to the DSL

3) If a child or team member makes an allegation against any adult working in or on behalf of either Matrix or a setting (school, college, church etc) you are working in, then record this as you would any other disclosure (2.3) on a Record of Concern and confidentially passed to the DSL

- All allegations, concerns and disclosures should only be shared with the DSL (or in their absence the Deputy) and not discussed with other staff or volunteers.
- If you are concerned for the immediate safety of a child then remove the member of staff concerned from the setting in a calm and unobtrusive way if possible.
- If the suspicions in any way involve the DSL, then the report should be made to the Deputy DSL.
- If the suspicions in any way implicate both the DSL and the Deputy DSL, then the report should be made in the first instance to the Safeguarding Trustee, Matt Davis: TEL: 07786 303931, or c/o The Matrix Trust, Allen House Pavilion, Eastgate Gardens, Guildford GU1 4AZ 01483 574900, who will inform the LADO at Surrey County Council. This is Surrey's Local Authority Designated Officer (who deals with allegations against staff working in schools) and can be reached on: 0300 123 1650 option 3 | LADO@surreycc.gov.uk
- You should not discuss your suspicions with anyone other than those nominated above
- It is, of course, the right of any individual as a citizen to make direct referrals to the C-SPA particularly if you consider inadequate action has been taken by the above. Tel: 0300 470 9100

**Please note:**

All allegations should be responded to in the manner detailed in this policy, including those made against Matrix staff or volunteers. Matrix staff are not responsible for establishing if abuse is taking place, merely the reporting of possible concerns.

C) Dealing with "crushes"

Crushes, fixations or infatuations are part of normal adolescent development. However they need sensitive handling to avoid allegations of exploitation. Such crushes carry a high risk of words, actions and expressions being misinterpreted, therefore, the highest levels of professionalism are required.

If you suspect that a child has a crush on you or on another team member you should bring it to the attention of the Lead Youth Worker at the earliest opportunity, they should pass this information on to the DSL.

Suggestions that a child may have developed a crush should be recorded on a 'Record of Concern' form.

Team members should avoid being alone with children who have developed a crush on them and if the child sends personal communications to the team member, this should be reported to the DSL and recorded.

### 2.3 What to do if a disclosure is made by a child or young person

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers.

However, all staff should continue to have professional curiosity and speak to the DSL if they have concerns about a child. Disclosures often come at unexpected times and in unexpected ways. Therefore, it is imperative that you all maintain an open and calm approach in all practice to support in facilitating communication through trusted relationships.

In a safeguarding context it is essential that:

- Children are listened to and taken seriously
- If a child (either as a victim or as a third party) discloses to a member of staff anything relevant to any of the issues outlined above, he or she must not be promised that the matter will definitely be kept confidential and go no further. Instead, the adult should explain to the child that, depending on what is said, information may need to be shared with the DSL and/or other relevant parties.
- The child should be reassured that the matter will be dealt with as confidentially as possible by caring, experienced people whose job it is to act in the child's best interests
- A victim is never given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report
- You explain that the law is in place to protect them rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them

## How to respond to a disclosure

While it is not easy to give precise guidance, the following should act as a guide:

### A) RECEIVE

- *Help them open up by showing them that you are listening (remove external distractions and change your body language)*
- Accept what is said (it is not your responsibility to decide if it is true)
- Keep calm
- Let them share at their own pace even if there are gaps in the conversation (they may just be testing to see your response and if you are really listening)
- Make sure your full focus is on them and what they are saying, it can help to look at them directly
- Be aware that the child may have been threatened and may be nervous about sharing
- Never push for information or interrogate

### B) RESPOND

#### DO:

- Reassure the child they are right to tell; acknowledge their courage, but do not promise 'everything will be alright' - it may not be
- Be honest, let them know you will need to tell someone else - don't promise confidentiality
- Even when a child has broken a rule remember they are not to blame for the abuse
- Tell the child that you are taking what they say very seriously
- Ask open ended questions. Eg: Not 'Did your father hit you?' but 'did anything else happen?'
- Reflect back to them what they have said to clarify what you have heard and repeat their exact words back to them where possible as they may have chosen these carefully
- Where an injury is clearly visible, this should be noted on the report, but the young person should not be asked about it
- When concluding the conversation, reassure the child that they were right to tell you and remind them that you are taking what they say seriously
- Let the child know what you are going to do next, who you will need to tell, and that you will let them know what happens
- Immediately inform the DSL and record what was said
- Refer to the flowchart Appendix 4 to establish what to do next

#### These practices should be avoided:

- Don't interrogate
- Do not jump to conclusions

- Don't ask leading questions
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"
- Never promise to "Keep a secret" or give the impression you will not tell anyone
- Don't say: 'Why didn't you tell anyone before?'; I can't believe it or Are you sure this is true?

### *C) RECORD*

- Make detailed notes as soon as possible (preferably within one hour and on the Matrix Record of Concern form. This should include: a clear and comprehensive summary of the concern; details of how the concern was followed up and resolved; a note of any action taken, decisions reached and the outcome
- Record the actual words / phrases used by the child / young person as much as possible
- Record dates, times, location of events
- Include a description of what was happening (the context) immediately before the disclosure
- Take care to distinguish between fact, opinion, observation and allegation
- Keep any original notes and attach to the formal record if appropriate
- Remember, this document could be used in court so take care to record accurately
- Do not discuss your suspicions with anyone other than the Matrix DSL or DDSL (or the equivalent if within a school context)
- All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing and kept confidential to those who need to be informed

### *D) REPORT*

- First, consider what immediate short term support is needed by the child and what is in their best interests to keep them safe and ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide.
- Report concerns to the Matrix DSL (or equivalent if within a school context). In the absence of the DSL the matter should be immediately brought to the attention of the DDSL
- Ensure the formal record of your notes is handled appropriately and passed on to the DSL, who will store them in the designated password protected folder on google drive. The record should then be deleted from your drive.
- Discuss emotional support you may need following this disclosure with your line manager
- Where contact with a DSL is being made to discuss concerns, use the phone rather than email to ensure your message is received promptly. This should be followed up afterwards with a written Record of Concern
- Where necessary, and for the safety of a child, relevant information about concerns may also be shared with other agencies eg: schools, regardless of data protection, this especially refers to concerns around sexual exploitation. You will be instructed by the DSL if you are required to share with any other external agencies or Matrix personnel

## E) FOLLOW-UP AND SUPPORT

- If a child has disclosed to us, we must ensure appropriate support is placed around that person and that any changes to the environment or team takes place as necessary. In the case of a disclosure, the DSL will discuss what support is required (if any) for that child whilst they are within our setting
- The DSL will also guide you about what to do if the child would be at risk if they were allowed to leave the setting or return home
- In cases where a concern has been identified about a young person, the DSL should discuss with the Lead Youth Worker what (if any) follow-up is required, such as close observation, or 1:1 support in school or at the appropriate setting
- As appropriate, communicate your actions to the child once completed so they are empowered in the process

### 3.0 WHAT HAPPENS NEXT?

Following a disclosure or submission of a record of concern the DSL will assess the severity of the concern and what our response should be. If the concern is about a child who we work with in school the actions will be passed to the school and the situation will be monitored to ensure it is being dealt with appropriately. The DSL and DDSL review all disclosures and records of concern in a weekly meeting.

#### 3.1 In schools:

- Contact the school DSL to share your concern, recording concerns on a Matrix Record of Concern and forwarding it to both the school and Matrix DSL
- If after feedback from the school or DSL you believe that the matter has not been sufficiently dealt with, discuss this with Matrix DSL who will decide with you what to do
- Any concerns that staff and the Matrix DSL believe should be reported to the C-SPA should be monitored to ensure the school has dealt with it appropriately. If staff do not agree that the school has dealt with concerns in a satisfactory way, they should report this to the DSL who will initially follow it up with the school and then directly with the C-SPA if appropriate
- It is the right and responsibility of each individual to report safeguarding concerns directly to Children Services should they believe these concerns have not been properly addressed through school and /or Matrix.

#### 3.2 In community settings and on a residential trip:

- Speak to your setting manager and explain that you have a safeguarding concern, but not the details
- If a child has disclosed to you, the setting manager will make any necessary provisions for safety for the child, in consultation with the DSL
- Contact the DSL to share your concern in detail as soon as possible
- The DSL will advise you on whether you need to refer this to the Children's Single Point of Access (C-SPA), the Early Help Coordination Hubs, or if no response is required at present. They will support you in doing this if it is necessary. (Sometimes it may be beneficial to call C-SPA for their advice on the situation without giving the names of any individuals involved and then make a referral to them if they ask you to)

- Bear in mind that when making a referral to the C-SPA it is necessary to have the young person's full name (forename and surname) and their address. Date of birth is helpful too. You will also need to consider whether you should gain consent from the parents first, sharing with them that you are seeking to find them help
- Where appropriate, the DSL will seek to share concerns with the parents of the young person and to help the family access any further support to address the situation. However, the protection of the child is paramount and so Matrix will only communicate with parents where we are confident this would not put the young person at risk. Advice from Children's Services (via the C-SPA) may be sought on this matter
- Information about the matter must only be shared with others on a strictly need to know basis
- Allegations or suspicions of sexual abuse should normally be reported to the DSL, but in the absence of the DSL or Deputy DSL or Safeguarding Trustee, you should refer directly to Surrey Children's Services or the Police without delay: In an emergency, call 999
- Anyone with a concern about a child can make a referral to Surrey County Council Children's Services via the C-SPA. Staff should note that you may be asked for parental consent when reporting a concern or disclosure to demonstrate that you have consulted with a parent. However, if the concern or disclosure demonstrates that the child is not living in a safe environment or involves the parents, the C-SPA should be contacted in the first instance
- C-SPA: 0300 470 9100 – Monday to Friday from 9am to 5pm , 01483 517898 (emergency duty team, out-of-hours), [cspa@surreycc.gov.uk](mailto:cspa@surreycc.gov.uk)
- This hotline can also be used to confidentially discuss concerns without giving details

#### 4.0 CONFIDENTIALITY

In Child Protection terms, confidentiality means:

- Letting other people know on a 'need to know' basis
- Letting children know you may have to tell someone if what they tell you gives you concern about their safety
- Not engaging in gossip – being accurate and precise about what you know
- The government has made it clear that Data Protection legislation must not be a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm, and that fears about sharing information cannot be allowed to stand in the way of the need to promote children's welfare

**Please note** - Matrix Staff and Volunteers have a duty to:

- Report concerns to the DSL - if you don't, it could put the young person in danger or fail to give the authorities the vital piece of the jigsaw they need to ensure protection
- Only tell the named designated staff in this policy - if you discuss your concerns with other people, it could embarrass the child/family and harm the alleged abuser if the claim was untrue. It could also attract unwanted media interest which may prejudice any enquiry/police investigation and a person's right to a fair trial
- **Remember: you must never promise confidentiality to a young person – even if they refuse to tell you the problem**
- Store confidential child protection information appropriately. It must not be stored where others have access. All digital documents must be stored in secure file on the Matrix GDrive only; any paper documents must be stored in the designated locked filing cabinet

## 5.0 **Whistleblowing procedure**

Matrix are committed to safeguarding children in their care and therefore if anyone sees another worker using inappropriate behaviour or acting in a way which could be misinterpreted they should follow the attached procedure to ensure the children are protected (see Appendix 5)

## 6.0 **Appointment of staff and volunteers**

Matrix considers the recruitment and employment of paid and voluntary staff to be an integral part of its safeguarding and child protection procedures.

- All paid and voluntary staff must complete the procedures for safer recruitment before beginning employment (see Safer Recruitment Policy)
- Volunteers may attend a trial session at a community youth work setting under proper supervision, however, they should not take any responsibility but should shadow another team member. They must not be left on their own.
- Lead youth workers are responsible for ensuring that visitors to community youth work settings are made aware of key safeguarding protocols before young people arrive, and must ensure their proper supervision. Every visitor should be given a copy of the safeguarding leaflet, wear a visitors badge and have a team member 'buddy' them for the duration of the session
- No lone-working may be undertaken in by visitors, or volunteers on a trial session
- Parent volunteers are subject to the same safer recruitment procedures as other volunteers

## 7.0 **Supervision of children**

Matrix places children's welfare as its paramount priority. We take seriously our responsibility to protect and safeguard all children entrusted to our care. As such we have clear guidelines on supervision of children in our care (see Appendix 3) and section 2.1

## 8.0 **Oversight of Charity Safeguarding and Policy review**

The DSL and DDSL meet weekly to review any new records of concern and ongoing cases to ensure that all procedures have been followed correctly and that no further action is required. In addition, they routinely check team training is up to date and whether further is required; that safer recruitment procedures are being followed and that Matrix continues to be compliant with the latest recommendations and legal requirements as set out by the Government or the Surrey Safeguarding Children Partnership.

Alongside the Surrey Safeguarding Children Partnership audit requests, an annual internal audit is conducted by the DSL, DDSL and Safeguarding Trustee and any issues reported to the Board of Trustees.

This policy shall be reviewed by the DSL and DDSL, and approved by the Board of Trustees annually.



## **APPENDIX 1 INDICATORS OF ABUSE AND NEGLECT**

The following behavioural signs may be indications of child abuse, but they should not be taken in isolation. All school and college 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. In the unlikely event that the DSL, Deputy DSL or Chair of Trustees being unavailable, Matrix staff should contact the C-SPA directly.

### **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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

It should be noted that Emotional Abuse is present in all types of abuse detailed below.

### **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.

Indicators may be:

- Any injuries not consistent with the explanation given for them
- Injuries that occur to the body in places that are not normally exposed to falls, rough games, etc.
- Injuries which have not received medical attention
- Instances where children are kept away from the group inappropriately
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns, fractures etc. which do not have an accidental explanation
- Cutting/slashing/drug abuse

### **SEXUAL ABUSE**

This 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators may be:

- Any allegations made by a child concerning sexual abuse
- Child with excessive pre-occupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Sexual activity through words, play or drawing
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Child sexual exploitation (CSE) is a type of sexual abuse (see appendix 2 for signs)

### **EMOTIONAL ABUSE**

The persistent emotional maltreatment of a child such as to cause severe and 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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Indicators may be:

- Changes or regression in mood and behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression
- Nervousness/frozen watchfulness
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

## **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, for example, 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.

Indicators may be:

- Constant hunger or tiredness
- Poor hygiene or state of dress
- Emaciation
- Untreated medical problems
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- Running away Compulsive stealing / scavenging

## **Appendix 2 Specific Child Protection Concerns**

All staff and volunteers should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse and sexting (also known as youth produced sexual imagery) deliberately missing education and consensual and non-consensual sharing of nude and semi-nude images and/or videos can put children in danger or be signs that children are at risk. All staff should be aware that safeguarding issues can manifest themselves via child on child abuse.

### **Bullying / Cyberbullying**

You can't always see the signs of bullying. And no one sign indicates for certain that a child's being bullied. But you should look out for:

- Belongings getting "lost" or damaged
- Physical injuries such as unexplained bruises
- Afraid to go to school, mysteriously 'ill' each morning / skipping school
- Not doing as well at school
- Asking for, or stealing, money (to give to a bully)
- Being nervous, losing confidence, or becoming distressed and withdrawn
- Problems with eating or sleeping
- Bullying others.

### **Child Sexual Exploitation and Child Criminal Exploitation**

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

### **Child Sexual Exploitation**

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

Children may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some children are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to children in gangs.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

There are many ways we can spot the signs that a young person may be being sexually exploited, but even when children present numerous indicators, it does not always mean they are being exploited.

THESE COULD INCLUDE:

- Frequently going missing from home or school
- Going out late at night and not returning until morning
- Being picked up in cars by unknown adults
- A significantly older boyfriend, girlfriend or friend
- Unexplained money, possessions, mobile phone credit or a new mobile phone
- Changes in behaviour, for example becoming secretive or aggressive
- Increased use of mobile phone and/or internet activity
- Involvement in criminal activity
- Regularly going out and drinking alcohol and/or taking drugs

However, we also need to take into account low, medium and high level indicators and the natural and additional vulnerabilities that a young person has, such as:

**NATURAL VULNERABILITIES**

- Taking risks
- Experimenting with alcohol, drugs and sexuality
- Rebellious against parents/carers
- Staying out later
- Meeting new people
- Ignoring good advice
- Rejecting authority
- Being vulnerable to flattery
- Being secretive
- Peer pressure

**ADDITIONAL VULNERABILITIES**

- Feeling isolated
- Looked after children
- Being bullied
- Unstable family/friend networks
- Previously experienced abuse
- Homelessness/sofa-surfing
- Existing dependency
- Learning disabilities
- Difficult life experiences including bereavement

**Child criminal exploitation: County Lines and Serious Crime**

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. Criminal exploitation of children is a geographically widespread form of harm and these threats can take a variety of different forms with children being vulnerable to multiple threats. Some specific forms of CCE can include children being forced or manipulated into transporting

drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others. Exploitation by criminal gangs and organised crime groups may also include trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation. County lines criminal activity involved drug networks or gangs exploiting children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

This type of exploitation or extremism:

- can affect any child or young person (male or female) under the age of 18 years;
- 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 favour 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.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation

Staff should be aware that extremist groups make use of the internet to radicalise and recruit and to promote extremist materials.

### **Child on child abuse**

Children can abuse other children. This is generally referred to as child on child abuse and can take many forms; it can happen both inside and outside of school or college and online Staff should report any concerns regarding child on child abuse to their designated safeguarding lead (or deputy).

It is important to challenge inappropriate behaviours between peers, many of which are listed below, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Child on child abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- abuse in intimate personal relationships between peers;

- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence);
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery);
- up skirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

### **Children who are lesbian, gay, bi, or trans (LGBT)**

The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. It is therefore vital that staff endeavour to reduce the additional barriers faced, and provide a safe space for them to speak out or share their concerns with members of staff.

### **Domestic abuse**

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn. It is defined as 'any incident or pattern of incidents of controlling, coercive, 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.' The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

## **FGM**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

## **Forced Marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email [fm@fco.gov.uk](mailto:fm@fco.gov.uk)

## ***So-called 'honour-based' violence***

HBV encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

## **Mental Health**

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences can impact on their mental health, behaviour and education. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

## **Prevent Duty**

Children are vulnerable to extremist ideology and radicalisation. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme. We should have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

## **Serious violence**

Young people may be at risk from, or involved with serious violent crime. This may be signalled by 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 and may be at risk of criminal exploitation

The risk factors which increase the likelihood of involvement in serious violence, are: being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

### **Sexual violence and sexual harassment between children**

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk. When working with young people, staff should ensure that they:

- make clear that sexual violence and sexual harassment are not acceptable, will never be tolerated and is not an inevitable part of growing up;
- do not tolerate or dismiss sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenge behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

### ***What is Sexual violence and sexual harassment?***

It is important that staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003/18 as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents. Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

### ***What is consent?***

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity



and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Legal age of consent is 16, and is not legal even if both parties are under 16. The Sexual Offences Act 2003 provides specific legal protection for children aged 12 and under who cannot legally give their consent to any form of sexual activity.

## **Sexual harassment**

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment.

This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

- non-consensual sharing of sexual images and videos;
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media; and
- sexual exploitation; coercion and threats

## **Up-skirting**

Up-skirting is: "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" (DfE, 2019a).

All staff should be made aware that 'upskirting' is now a criminal offence and should be treated as such if an incident occurs.

## **Victims of Abuse**

All staff should be able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Further procedures for these and other specific circumstances, including inter-agency escalation procedures can be found on the Surrey Safeguarding Children Partnership website:  
[www.surreyscb.procedures.org.uk](http://www.surreyscb.procedures.org.uk)

## **APPENDIX 3          Supervision of groups and activities**

### Guidance

Clear guidance to protect children from abuse and workers from false accusation needs to be followed:

#### **Parental Consent**

- Parental / carer consent should be gained for all community-based activities for young people
- If a young person arrives without a form of parental consent then call the parent to get verbal consent and give the young person a physical or digital consent form to complete and return for the next visit.

#### **Supervision**

- Ratio of leaders to children: For over 8's there should be a ratio of 1:10. When physical activities are planned, or spaces are spread out, staffing levels should be increased accordingly (aiming for 2 leaders per space). For any activities conducted in an outside area there should always be at least 1 leader present supervising any activities and correct ratios followed according to a ratio of 1:10.
- Leaders are only recognised in the ratio if they 1) are over 18 years old AND 2) have been approved as a worker via the Matrix safer recruitment process
- The risk of false accusation against a leader, or placing leaders in vulnerable situations should be considered when determining adequate supervision
- Take care to consider when it may be more appropriate for: a male or female worker to be present, a worker of each sex, or more than one worker
- Adults should avoid being alone with children but if circumstances arrive when this is necessary or unavoidable, leave doors open and work in a public place where possible
- Where confidentiality is important (e.g. counselling a young person) ensure that others know that the interview is taking place and that someone else is around in the building
- All participants, staff, and volunteers are expected to show respect for each other and to take responsibility for their own protection
- Where possible staff and volunteers should avoid working alone with young people, however if the work necessitates it, the lone-working policy should be adhered to

#### **Boundaries**

- Take care to consider the level of personal care (e.g. toileting) required, appropriate and related to the age of the child, being particularly aware of those with special needs
- Workers should treat all children with dignity and respect including attitude, language and actions used
- Respect the privacy of children and avoid questionable activity (e.g. rough/sexually provocative games or comments)
- The practice of inviting a child to your home is not encouraged. If it is unavoidable, ensure it is with the permission of your line manager and that a parent is aware

- Ensure that arrangements for transporting children are with the knowledge of the DSL or DDSL and have parental approval. In some circumstances it may be unwise to transport a particular child/young person on their own.
- It is considered inappropriate for adults to share sleeping accommodation with children on residential holidays. Leadership and parents must be fully aware and have approved of any sleeping arrangements before a trip occurs
- Matrix recommends that staff or volunteers only share relevant and appropriate personal information with the children they are working with. The e-safety policy should be followed regarding contact with children on social media or via the internet

### **Safety matters**

- All buildings, outside spaces and equipment used must be risk-assessed and staff and children made aware of any potential hazards
- Safety requirements should be reinforced on posters and regularly brought to the attention of all staff concerned
- Staff planning sessions for children should ensure that appropriate risk-assessments have taken place
- Leaders should refer to the guidelines for individual projects or activities that have been previously run as these are reviewed and amended to reflect past experience.
- For all else refer to the Health and Safety Policy

### **Staff training**

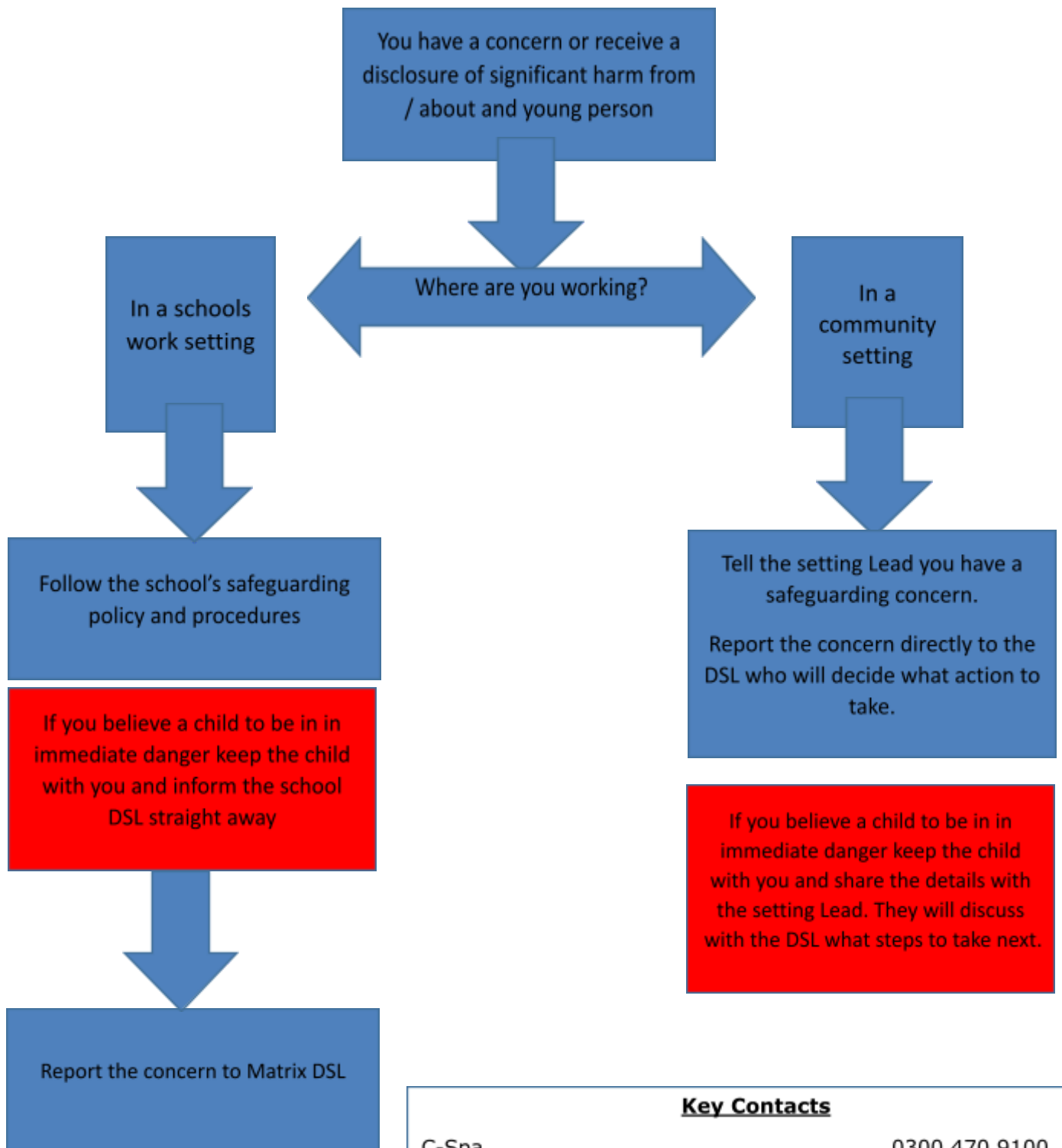
- Regular staff meetings should be held to review procedures to ensure good practice, share concerns and identify other safeguarding matters which may need clarification and guidance
- Staff are encouraged to report back to such a meeting when departure from guidelines becomes necessary - this provides protection to the individual and draws the leadership's attention to shortcomings and problem areas. Team leaders should record any issues or concerns to the DSL as soon as possible in writing.
- A written record of issues/decisions discussed at meetings must be kept, and a log book or accident record where relevant for specific projects in accordance with the Matrix Health & Safety policy
- See Appendix for staff safeguarding training schedule

### **Child safety**

- Where appropriate staff should make children aware of potential personal safety issues (such as walking home in the dark alone)
- Staff should help children develop common sense rules for keeping safe

**APPENDIX 4**

**Matrix Trust Safeguarding Flowchart**



If not satisfactorily addressed by the school or Matrix DSL contact c-spa directly for advice

<b><u>Key Contacts</u></b>		
C-Spa		0300 470 9100
Children's Services		0300 200 1006
Out of hours	Emergency Team	01483 517898
Matrix office:		01483 574900
Matrix DSL:	Dan Setterfield	07534 134129
Matrix DDSL	Josh Howell	07508 934079
Safeguarding Trustee:	Matt Davis	07891 023656

This can be viewed here: [Matrix & The Hideaway Interim Whistle-Blowing Policy \(November 2022\)...](#)

## Appendix 6

# Suicide Prevention & Suicidal Ideation Assessment & Care Guidance

This guidance aims to help you identify what to do, who to contact and where to get help when you have concerns about self-harm in children and young people. Self-harm can occur in childhood but it becomes increasingly common from early adolescence; for this reason, this guidance uses the term 'young people' as shorthand.

### SOME SIMPLE GUIDANCE – Ask, Listen and Get Help

**ASK:** although self-harm is often a hidden behaviour, the child or young person may give subtle signs that they want help. As a trusted adult, learn to be alert to these signs and respond to these invitations by being “helpfully nosey”.

Here are some simple tips for conversations about self-harm:

- Take all self-harm seriously
- Treat the child or young person with respect and empathise: get across that you care, and that you want to understand and to help
- Take a non-judgemental approach: reassure that you understand that self-harm may be helping the child or young person to cope at the moment
- Make sure the child or young person understands the limits of confidentiality.

Avoid:

- Reacting with strong or negative emotions: alarm or discomfort; asking abrupt or rapid questions; threatening or getting angry; making accusations, e.g. that the young person is attention-seeking; frustration if the support offered does not seem to be making a difference
- Too much focus on the self-harm itself: engaging in power struggles or demanding that self-harm stop; ignoring other warning signs; promising to keep things secret...
- Commenting, advising, or attempting to solve all their issues (in that first instance).

**LISTEN:** make yourself fully available at that moment in time when a child or young person seeks you out or responds to an invitation to talk further:

- Listen carefully in a calm and compassionate way
- Have your eyes, ears and body language open to what the young person has to say, without judging, or being shocked
- Show the young person they can trust that you will first hear what they have to say, and later support them if another professional needs to be involved.

**GET HELP:** in some instances you/your agency may be able to respond to the child or young person's needs. This includes encouraging the child or young person to talk to their friends, their parents and other trusted adults about their thoughts and feelings. In other circumstances, you will need to help the child or young person get additional support.

In making decisions about how best to support children and young people who self-harm, it's important to take into account: physical harm, safeguarding risks, and mental health. Follow the risk assessment matrix and ask yourself which of the following circumstances best describes the young person's current situation:

- The child or young person's life or health is in immediate danger following self-harm
- The child or young person needs immediate protection to avoid serious harm
- The child or young person is continuing to self-harm and there are underlying issues causing distress
- The child or young person has experimented with self-harm and has no intention to self-harm again

## **What to do if you have a concern**

Suicide threats and self-harm occurrences should be routinely assessed for motivation and level of intent. So, if your CYP:

- 1) Rates 'feeling optimistic' lower than 3 on their Warwick Circle
- 2) Gives you cause for concern about SELF-HARM
- 3) Expresses suicidal ideation

**Then you must follow this process:**

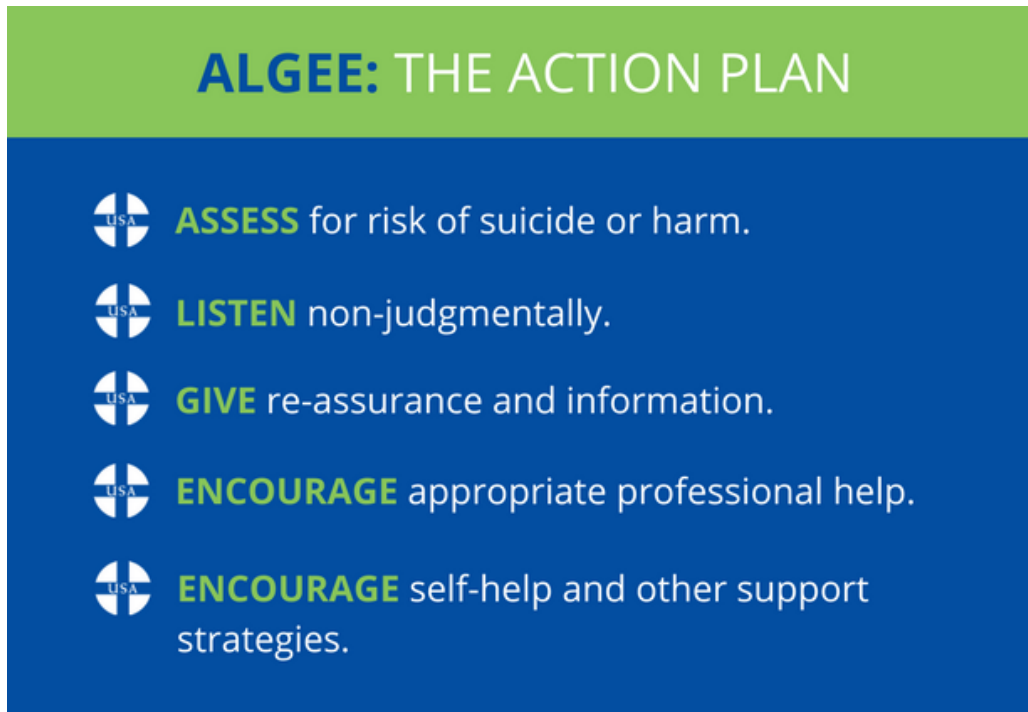
1) **ASSESS:** Use this risk assessment matrix to determine the severity of the situation and relevant course of action

Which of these best describes the CYP's situation?	The CYP's life or health in immediate danger following self harm  The CYP has shared a clear plan for suicide  (eg overdose or significant injury or they have made an attempt to end their life)	The CYP needs immediate protection to avoid serious harm  (eg self-harm is increasing, persistent suicidal thoughts, plans or means to suicide, suspected abuse or neglect)	The CYP is continuing to self-harm  There are underlying issues causing distress	The CYP has experimented with self-harm but they do not have any intention to self-harm again  There are no other significant concerns for their safety or wellbeing  You / your agency can respond to the child or young person's needs
	RED	AMBER	YELLOW	GREEN
What to do	CALL 999 Or take CYP to nearest Accident & Emergency Department  Contact Emerge Team to tell them YP is at A&E  Call DSL as soon as possible	CALL any named clinical professional the CYP is working with <b>OR</b> the Crisis number 0800 915 4644  <b>And</b> refer in to AAT 0300 222 5755  If it's not possible to to keep the child/YP safe or is outside of hours CALL 111 or A&E	CALL  Crisis number for advice 0800 915 4644  SWP Professionals Advice line? 01372 216111  Consider whether an Early Help Assessment is required	Check what support the CYP is already getting. Is it enough?  Speak to your line manager or DSL to get advice about additional support if required
Who else needs to know?	Parents Referrer School Those in triangle of care	Parents Those in triangle of care School	School	School (follow safeguarding guidelines)
Other actions	Follow up with the young person and anyone you have referred them to  Speak to Emerge and see what we need to next  Arrange to meet the child or young person again  Ensure there is a triangle of support around the YP	Inform DSL and Line Manager by message and record of concern  Ensure there is a triangle of support around the YP  Complete or update a SSCP safety plan with the CYP  Check in daily for 1 week and always ask set questions & use ALGEE  Arrange to meet the child	Complete a record of concern and send to the DSL  Ensure there is a triangle of support around the YP  Complete safety plan with the CYP  Arrange to meet the child or young person again	Arrange to meet the child or young person again



		or young person again		
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2) **Use the ALGEE action plan** outlined below to ensure that you are doing all you can to prevent escalation



**3) In all cases - Who needs to know?**

- All the services working with a child should be informed if a child is feeling suicidal or has attempted to kill themselves as they all have a role in protecting the child
- Suicidal feelings should be treated as a child protection issue and trigger a similar level of response to children at risk of harm from others - inform DSL

**Please note:** The failure of young people to attend appointments or take advantage of the services offered to them should not result in the withdrawal of services. Young people who are feeling suicidal will often withdraw themselves from those who are able to help and support them. Services should instead look at ways of being more accessible to young people, such as providing ways to access support without having to meet face to face with service providers.

**Every warning sign of suicide should be taken seriously and acted on accordingly.**

**Risk Assessment Descriptors**

These descriptors will help you to make a clear decision:

**The child or young person’s life or health is in immediate danger following self-harm**

If there is immediate danger to the life or health of the young person, then they need to go to their local accident and emergency department immediately for assessment and treatment. As a trusted adult, consider accompanying the child or young person to the nearest hospital, or call 999.

**Remember there are no safe overdoses: all children and young people who have taken an overdose must be referred for urgent medical assessment and management.**

Children and young people with self-inflicted injuries may also need urgent referral to hospital.

### **The child or young person needs immediate protection to avoid serious harm**

When deciding how best to support children and young people who self-harm, or who are at risk of self-harm, three kinds of risk questions need to be borne in mind:

- What is the risk this young person poses to themselves?
- What is the risk the young person might pose to other people?
- What is the risk from other people to the young person?

You should take action immediately to safeguard the child or young person if the consequence of no action could lead to serious harm: in particular if you think the immediate suicide risk is high.

**Remember that asking about suicide and self-harm does not increase the likelihood of harm to the young person.**

If a specialist mental health professional or social worker is already involved with the child or young person, call the named professional urgently.

If the child or young person is not known to services, contact C-SPA

Outside of these hours Call NHS 111 or A&E if it's not possible to keep the child/young person safe for possible admission to hospital overnight.

For Safeguarding advice in or out of hours CALL 0300 470 9100

### **The child or young person is continuing to self-harm and there are underlying issues causing distress**

You or Matrix Team need advice and input from additional agencies to better understand the meaning of the self-harm behaviour, and to plan action to ease distress.

The Early Help Team advisor will also be able to give advice on appropriate further sources of local support and guidance if a decision is reached not to initiate an EHA.

### **The child or young person has experimented with self-harm and has no intention to self-harm again**

For some young people, self-harming can be a temporary coping mechanism; others may experiment with self-harm out of curiosity, or as a way of fitting in with peers. In these instances, and provided you have no other significant concerns about the child or young person's safety and wellbeing, you/your agency may feel able to respond to needs, based on a dialogue with the child or young person and their family.

This may include, as appropriate, helping the young person to identify their own coping strategies and support network, giving simple advice about maintaining safety, and offering information about other sources of advice and support (see the signposting document)

If in doubt, contact the Matrix DSL or c-SPA for further sources of advice and information.

Encourage the child or young person to talk to their friends, parents or another 'trusted adult' about self-harm and any other difficulties they may be having. It may be helpful to suggest making an appointment with the child or young person's GP.

Check that the child or young person is getting support and arrange to meet again.

## RED FLAGS

Certain factors are warning signs that a young person who self-harms is at an increased risk of further, or more serious, harm. These include:

- Persistent suicidal thoughts and/or suicidal plans with access to the means to suicide
- A history of multiple episodes of self-harm, increasing self-harm, and/or self-harm through very violent means, such as attempted hanging
- Difficulty sleeping and feelings of hopelessness - not seeing a positive future, or having no plans for the future
- Feelings of entrapment, defeat, lack of belonging, and perceiving oneself as a burden
- Self-harm in association with a known mental disorder, notably depression, significant anxiety or eating disorder
- Previous admittance to a psychiatric hospital
- Misuse of alcohol and illegal drugs

### **Other 'red flag' signs include:**

- Disengagement from services (consider parental as well as young person disengagement)
- Absence of an effective young person safety plan and absence of effective support mechanisms  
Being in transition between services
- Unhelpful use of social media, including seeking ways to self-harm

### **Consider asking the young person:**

- Have you any particular worries or problems? Have you identified any triggers?
- Is the cutting becoming more frequent? Is it changing (e.g. cutting deeper)?
- How do you feel after self-harming?
- Are any other behaviours used to deal with the feelings that lead to self-harm (e.g. drinking, using drugs)?
- Have sleep, eating and weight patterns changed?
- What about friendships, school, family? Do you have anyone else to talk with?
- Are you having any thoughts that life is not worth living?

Risk of suicide is not the only kind of risk that needs to be considered. It is also important to think about whether the young person is at harm from others, including their family, their peer group ('classmates', young people in their community or online contacts) or other adults (self-harming behaviour in a context of abuse or neglect).

Equally, it is important to consider if the young person is so distressed that they are a risk to others, especially if they are using violent methods.

The 'social transmission' of self-harm has been well documented, and it is important to look out for self-harm in the young person's peer group. Similarly, 'suicide contagion' can follow death by suicide not only in the deceased's immediate social network, but also in people who became aware of the suicide through media or other influences, especially if they share similar characteristics (eg age, gender, social circumstances).

## **WHAT CHILDREN AND YOUNG PEOPLE SAY ABOUT SELF-HARM**

### **National surveys:**

Young people say that conflicts with other people, for example, family members, siblings, teachers and boyfriends/girlfriends, are the most common reasons for self-harm. These conflicts could be about different things but they often make young people feel pushed away, left out, unfairly criticised or out of control.

Young people also report that they can feel embarrassed or ashamed about self-harming themselves, and that they fear being judged by others, including professionals.

They say that it is often very difficult to know who they can talk to about their self-harming behaviour and the strong feelings that go with it, which may feel very private. This includes difficulty talk to their parents (who report, themselves, often feel guilty about their child's self-harm). Young people say they want to be able to talk to their teachers or GPs, for example, but they are not sure how to start the conversation, and may not feel encouraged by the professional. It may be easier, or less threatening, to talk to a trusted adult, for example, their football coach or youth leader, about self-harm.

Some young people have also voiced concerns with the attitudes of front-line professionals and their perceived lack of understanding of self-harm. For example, young people seeking help in emergency departments have reported lack of privacy, with confidential matters discussed in open areas, and lack of respect. Young people may feel out of place on paediatric wards, and have reported long waiting times to see psychiatric professionals and reduced input at the weekend. Some felt their families were left out and received inconsistent support. These attitudes and perceptions can have a negative effect on the ways in which young people access help and support; many young people report turning to their peers and/or to online support instead of their GPs, teachers or parents.

### **Focus groups with Cumbrian 6th formers:**

Participants recognised that 'the immediate effect of physical pain can be better than unhappiness'. They said that digital technology can be part of the problem and the solution. They identified stigma and difficulties accessing support as key themes.

### **They wanted:**

- All children to learn about mental health and self-harm to remove the stigma
- Someone they trust and can go to when they are worried about self-harm, who will know where to get help: 'some people just don't have anyone to talk to'
- Support for parents: most participants said they would not tell their parents about self-harm, whether not wanting to upset them or to be judged
- Some felt strongly that young people should be able to self-refer to Child and Adolescent Mental Health Services (CAMHS).

## **WHAT PROFESSIONALS SAY ABOUT SELF-HARM**

Research indicates that many professionals feel they need a deeper understanding of how to support young people who self-harm. They do not understand the reasons why young people self-harm and do not know what language to use when talking to a young person about self-harm. Similarly, teachers felt 'helpless' and unsure of what they can say; 80% wanted clear practical advice and materials that they can share directly with young people.

## **WAYS TO SUPPORT A YOUNG PERSON WHO SELF-HARMS**

Overall, there is a little evidence on which to base treatment recommendations for adolescents who self-harm. There is no evidence that giving young people medication reduces self-harm; however, medication may still be appropriate if the young person who self-harms has other disorders such as depression or anxiety.

- 1) Interventions should be tailored to the young person's needs and personal goals. The aim of the treatment should be to reduce self-harm, reduce risk and address underlying difficulties. In the first instance, it is important that there is limited access to the means of self-harming. Both families and young people should be encouraged to dispose of sharp objects, tablets and other means of self-harm.
- 2) Many young people are confused about their reasons for self-harm and it is often hard for them to make sense of what they wanted to achieve by self-harming.
- 3) Understanding self-harm jointly with the young person, identifying the vicious cycle that keeps self-harm going and mapping the way to break the cycle seems to instil hope and improves the chances of young people getting the help they need.
- 4) Support of young people who self-harm should ideally also involve their family members, while acknowledging that in some cases, interpersonal family relationships can contribute to self-harm. Parents may be invited to take part in psychological ('talking') therapies. It is also important to acknowledge the support needs of parents or carers since self-harm is often very stressful for the young person's family.
- 5) Self-harm can have many roots, so collaboration and good communication between parents, teachers, school nurses, mental health professionals and other agencies are essential.
- 6) Young people who self-harm may seek help from their GP. General practitioners are in a good position to provide initial supportive psycho-social care. The crises associated with self-harm in children and young people can often resolve quickly. Planned brief GP consultations spaced

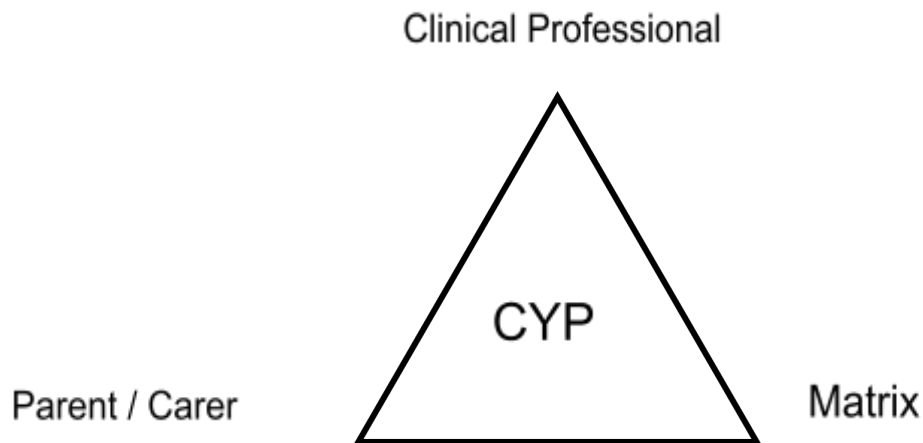
weekly or fortnightly can be supportive to young people, and give them an opportunity to explore the often complex reasons for the distress underlying the self harming behaviour, and the part it plays in coping. Given the wider knowledge the GP may have of the family and those living at the address, the GP may also know of likely triggers, such as a recent diagnosis of illness in a family member or a history of mental ill health. They are also in a good position to ask about these matters.

- 7) It is important to ask about suicidal ideation and any continuing suicidal intent; and to screen for Red Flags.



## Triangle of Care

In order to protect the young people we support and ensure our team are not carrying an unacceptable level of risk on their own, staff should ensure young people deemed to be at risk have a TRIANGLE OF CARE around them.



A triangle of care consists of:

- 1) Matrix Team Member
- 2) Parent / Carer or another significant adult if this is not suitable eg: HSLW
- 3) Clinical Professional, Agency or Social Worker

To put a triangle of care in place:

You should explain to the young person what a triangle of care is, why it is necessary and discuss the best people in each category to provide that support.

- 1) Ensure that your line manager and / or DSL know the situation you are dealing with and that they are providing you with adequate support. Ensure you follow all protocol
- 2) After discussing with the young person contact the other 2 triangle carers and explain why they have been chosen and what it expected
- 3) Record the name and contact details of all triangle carers on the safety plan
- 4) Keep in regular contact with the other triangle carers

### Expectations for Triangle Carers

Keep in regular contact with the young person according to the risk assessment matrix

Inform the other carers of any significant changes eg: via email or whatsapp group

**APPENDIX 7****Useful Contacts and telephone numbers**

The Matrix Trust, Allen House Pavilion, Eastgate Gardens, Guildford GU1 4AZ 01483 574900

**Designated Safeguarding Lead                      Dan Setterfield                      075434 134129**

**Deputy Designated Safeguarding Lead                      Josh Howell                      07508 934079**

Safeguarding Trustee                      Matt Davis                      07891 023656

Chair of Trustees                      Simon Slater                      07786 303931

C-SPA (Children's Single Point of Access)                      0300 470 9100

Children's Services                      Helpline                      0300 200 1006

Out of hours                      Emergency Duty Team                      01483 517898

Child Line                      Free confidential helpline for children and young people                      0800 11 11

NSPCC                      Helpline                      0808 800 5000

## Appendix 8

## Safeguarding Training

### Staff

#### Induction

At induction, Matrix staff must be trained in and / or understand the following:

- Working Together to Safeguard Children training (SCC online training)
- Matrix Safeguarding and Child protection Policy
- Matrix Behaviour Policy
- Matrix Code of Conduct
- Role of the Designated Safeguarding Lead (including the identity of the designated safeguarding lead and any deputies)
- Local early help process and understand their role in it
- indicators of abuse and neglect

Copies of all policies and a copy of Part one (or Annex A, if appropriate) of this document should be provided to all staff at induction.

#### Training

<b>Area</b>	<b>Annual</b>	<b>Monthly</b> <i>(in hot topics)</i>
Overview of SG	#	
Update on SG policy	#	#
Equality and Diversity	#	
Reporting Concerns	#	
Types of safeguarding issues		#
Incident Reporting	#	
Safe working practices (see SG policy)	#	
Health and Safety	#	# Updates / new issues

### Volunteers

All volunteers working with children must complete the same safeguarding induction training as paid staff. They are not expected to attend the monthly training sessions with staff.

### Trustees

Trustees must receive appropriate safeguarding and child protection training at induction and then at regular intervals. This training should equip them with the knowledge to provide strategic challenge that test and assure them that the safeguarding policies and procedures in place at Matrix are effective and robust.

## Appendix 9

### Trustees Duty of Care

As per the Charity Commission guidance and as part of fulfilling their legal duties, Matrix Trustees must take reasonable steps to protect from harm people who come into contact with their charity.

This includes: the charity's beneficiaries, employees, volunteers and those connected with the activities of the charity. This should be a governance priority and is a fundamental part of operating as a charity for the public benefit.

Trustees should ensure there is an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward and report incidents and concerns with the assurance these will be handled sensitively and properly.

Matrix Trustees are responsible for ensuring that the charity:

- has appropriate policies and procedures in place, which are followed by all trustees, volunteers, and beneficiaries and that these are published in a public space
- makes sure that their trustees, employees, volunteers and beneficiaries know about safeguarding and people protection and understand that failure to follow these will be dealt with as a very serious matter.
- checks that people are suitable to act in their roles
- spots and handles concerns in a full and open manner
- has a clear system of referring or reporting to relevant organisations as soon as they suspect or identify concerns
- sets out risks and how they will manage these in a risk register, which is regularly reviewed
- follows statutory guidance, good practice guidance, and legislation relevant to their charity
- is quick to respond to concerns and carry out appropriate investigations
- does not ignore harm or downplay failures
- has a balanced trustee board and does not let one trustee dominate its work - trustees should work together
- makes sure protecting people from harm is central to its culture
- has enough resources, including trained staff/volunteers/trustees for safeguarding and protecting people
- conducts periodic reviews of safeguarding policies, procedures and practice

These steps are vital, given that charities are accountable to the public and must operate for the public benefit. Any failure by trustees to manage safeguarding/protecting people risks adequately is of serious regulatory concern to the Charity Commission and may be considered misconduct and/or mismanagement in the administration of the charity. It may also be a breach of trustee duty.

Further information can be found at: [www.gov.uk/guidance/safeguarding-duties-for-charity-trustees](http://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees)

## **Appendix 10**

### **Duties and responsibilities of Designated Safeguarding Lead**

1. Take a lead role in developing and reviewing Matrix safeguarding and child protection policies and procedures.
2. Take a lead role in implementing Matrix safeguarding and child protection policies and procedures: ensuring all safeguarding and child protection issues concerning children and young people who take part in Matrix activities are responded to appropriately.
3. Make sure that everyone working or volunteering with or for children and young people at Matrix, including the board of trustees understands the safeguarding and child protection policy and procedures and knows what to do if they have concerns about a child's welfare.
4. Make sure children and young people who are involved in activities at Matrix and their parents know who they can talk to if they have a welfare concern and understand what action Matrix will take in response.
5. Receive and record information from anyone who has concerns about a child who takes part in Matrix's activities.
6. Take the lead on responding to information that may constitute a child protection concern, including a concern that an adult involved with Matrix may present a risk to children or young people. This includes:
  - a. assessing and clarifying the information
  - b. making referrals to statutory organisations as appropriate
  - c. consulting with and informing the relevant members of the organisation's management
  - d. following the organisation's safeguarding policy and procedures.
7. Liaise with, pass on information to and receive information from statutory child protection agencies such as:
  - a. the local authority child protection services
  - b. the police.This includes making formal referrals to agencies when necessary.
8. Store and retain child protection records according to legal requirements and Matrix safeguarding and child protection policy and procedures.
9. Work closely with the board of trustees and safeguarding trustee to ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding and child protection practice.
10. Report regularly to the board of trustees on issues relating to safeguarding and child protection, to ensure that child protection is seen as an ongoing priority issue and that safeguarding and child protection requirements are being followed at all levels of the organisation.
11. Be familiar with and work within inter-agency child protection procedures developed by the local child protection agencies.
12. Be familiar with issues relating to child protection and abuse, and keep up to date with new developments in this area.
13. Attend regular training in issues relevant to child protection and share knowledge from that training with everyone who works or volunteers with or for children and young people at Matrix