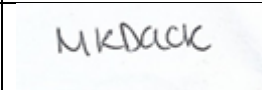


Dedham Therapy Farm CIC

Safeguarding and Child protection Policy and Procedures

Next review September 2025

01206 322070

DESIGNATED SAFEGUARDING LEAD: (DSL)	Megan Dack megan.dack@dedhamtherapyfarm.org.uk Amy Boyce amy.boyce@dedhamtherapyfarm.org.uk
DEPUTY DESIGNATED SAFEGUARDING LEAD: (DDSL)	Thomas Clapson tom.clapson@dedhamtherapyfarm.org.uk
Signed by DSL	
Next Review	September 2025

Introduction

This policy applies to all staff, including Directors, management, volunteers, sessional workers, students or anyone on behalf of the above.

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- Protecting children from abuse and maltreatment.
- Preventing harm to children’s health and development.
- Ensuring children grow up with the provision of safe and effective care.

Statutory Framework

There is government guidance set out in [Working Together to Safeguard Children \(DfE 2023\)](#) on how agencies must work in partnership to keep children safe. This guidance places a shared and equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi-agency safeguarding arrangements. These arrangements sit under the [Essex Safeguarding Children Board](#) (ESCB). In

Essex, the statutory partners are Essex County Council, Essex Police and three NHS Integrated Care Boards covering the county.

Section 175 of the Education Act 2002 (*Section 157 for Independent schools*) places a statutory responsibility on the governing body to have policies and procedures in place that safeguard and promote the welfare of children who are pupils of the school.

In addition to national statutory guidance, in Essex, all professionals must work in accordance with the [SET Procedures](#). Our school also works in accordance with the following legislation and guidance (*this is not an exhaustive list*):

- [Keeping Children Safe in Education \(DfE 2024\)](#)
- [Working Together to Safeguard Children \(DfE 2023\)](#)
- [Working Together to Improve Attendance \(DfE 2024\)](#)
- Education Act (2002)
- [Essex Effective Support](#)
- [Counter-Terrorism and Security Act \(HMG, 2015\)](#)
- [Serious Crime Act 2015](#) (Home Office, 2015)
- Children and Social Work Act (2017)
- [Children Missing Education - statutory guidance for local authorities \(DfE, 2016\)](#)
- Sexual Offences Act (2003)
- Education (Pupil Registration) Regulations 2006
- [Information sharing advice for safeguarding practitioners \(HMG, 2018\)](#)
- [Data Protection Act \(2018\)](#)
- [What to do if you're worried a child is being abused](#) (HMG, 2015)
- Children Act (1989)
- Children Act (2004)
- [Preventing and Tackling Bullying \(DfE, 2017\)](#)
- Female Genital Mutilation Act 2003 (S. 74 - Serious Crime Act 2015)
- [Preventing youth violence and gang involvement \(Home Office, 2015\)](#)
- [Criminal Exploitation of children and vulnerable adult - county lines guidance \(Home Office, 2018\)](#)
- [Teaching online safety in schools \(DfE, 2023\)](#)
- [Education Access Team CME / Home Education policy and practice \(ECC, 2023\)](#)
- [Behaviour in Schools \(DfE 2022\)](#)
- [School suspensions and permanent exclusions \(DfE, 2024\)](#)
- [Searching, screening and confiscation \(DfE 2022\)](#)
- [Let's talk: reducing the risk of suicide \(ESCB 2021\)](#)
- [Understanding and supporting behaviour and appendices \(ECC 2024\)](#)
- [Filtering and Monitoring Standards \(DfE, 2024\)](#)
- [Domestic Abuse Act \(2021\)](#)
- [Victims and Prisoners Act \(2024\)](#)

Definition

In accordance with the Children Act 1989 and 2004, a child is any person who has not yet reached their 18th birthday. For the purpose of these procedures the reference to children therefore means 'children and young people' throughout.

"Farm Assistant" – Throughout this document Farm Assistant refers to a child or young person accessing Dedham Therapy Farm as a service user.

Policy Statement

Dedham Therapy Farm CIC is committed to protecting the welfare of all children as they participate in Dedham Therapy Farm CIC's services and/or activities. Dedham Therapy Farm CIC understands its responsibility to comply with legislation, particularly to ensure that the welfare of children and young people is paramount, and will constantly monitor developments in this field. However, Dedham Therapy Farm CIC recognises that the best protection for children participating in our programmes is the vigilance and forethought of staff and volunteers in preventing circumstances where abuse of trust could occur. To that end, Dedham Therapy Farm CIC will strive to create a safe and secure environment where Farm Assistants (Farm Assistants), volunteers and staff can work together confidently in mutual respect. We will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. Dedham Therapy Farm recognises that some children are additionally vulnerable because of the impact of discrimination, previous experiences, their level of dependency, communication needs or other issues.

- listening to children and respecting them
- appointing a nominated child protection lead and a member of the board of directors who takes lead responsibility for safeguarding at the highest level in the organisation.
- writing detailed safeguarding and child protection procedures.
- making sure all staff and volunteers understand and follow the safeguarding and child protection procedures.
- ensuring children, young people and their families know about the organisation's safeguarding and child protection policies and what to do if they have a concern.

- building a safeguarding culture where staff, volunteers and children know how they are expected to behave and feel comfortable about sharing concerns.

Dedham Therapy Farm CIC also recognises its responsibility to take appropriate action when a child discloses that they are experiencing abuse or neglect, or if staff / volunteers have a concern about the welfare of a child, and to ensure staff / volunteers have an understanding of what might indicate this and what action to take.

Dedham Therapy Farm encourages young people and children and their support network to feedback any ideas or suggestions they have regarding the safeguarding of children. Dedham Therapy Farm uses an anonymous post box system for Farm Assistants to share feedback and ideas when on the farm setting. There is a feedback form on the Dedham Therapy Farm website specifically for parent/carers/farm assistants to share safeguarding suggestions and feedback.

Dedham Therapy Farm CIC sessions are underpinned by the farms behaviour policy and education providers pastoral support system. SEMH is supported throughout every session and sessions are delivered SEMH regularly reinforced throughout every farm session.

This policy should be read in conjunction with the Essex Safeguarding Children Board SET Children Protection Procedures (2022).

Dedham Therapy Farm CIC follow their safer recruitment policy. Staff and volunteers are required to have an up to date enhanced,

DBS specifically for this organisation before they are allowed to work alone in any situation with children. Staff and volunteers and students are required to ensure their DBS is kept on the update service.

Dedham Therapy Farm CIC will inform shortlisted candidates that online searches will be carried out in the recruitment process.

Dedham Therapy Farm CIC will ensure that the Codes of Conduct and the organisation's safeguarding children, procedures are continually monitored, developed and maintained and are appropriately communicated throughout the staff and volunteer network.

Volunteers and staff throughout the organisation are responsible for ensuring that they are, familiar with the Codes, Guidelines and procedures of the organisation, and that new staff and volunteers are appropriately inducted.



Dedham Therapy Farm CIC have appointed a Designated Safeguarding Person who will be responsible for the above, and will also be the person to whom any safeguarding children concerns will, in the first instance, be reported to and who will then discuss and agree the appropriate action to take.

Dedham Therapy Farm CIC's designated Safeguarding Person is:

Megan Dack DSL megan.dack@dedhamtherapyfarm.org.uk

Amy Boyce DSL amy.boyce@dedhamtherapyfarm.org.uk

Thomas Clapson DDSL tom.clapson@dedhamtherapyfarm.org.uk

01206 322070

Dedham Therapy Farm CIC will ensure an appropriate senior member of staff, is appointed to the role of designated safeguarding lead. The designated safeguarding lead should take lead responsibility for safeguarding and child protection (including online safety and understanding the filtering and monitoring systems and processes in place). This should be explicit in the role holder's job description. The designated safeguarding lead should have the appropriate status and authority within the setting to carry out the duties of the post. The role of the designated safeguarding lead carries a significant level of responsibility, and they should be given the additional time, funding, training, resources and support they need to carry out the role effectively. Their additional responsibilities include providing advice and support to other staff on child welfare, safeguarding and child protection matters, taking part in strategy discussions and inter-agency meetings, and/or supporting other staff to do so, and contributing to the assessment of children.

Any deputies should be trained to the same standard as the designated safeguarding lead and the role should be explicit in their job description. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead, this lead responsibility should not be delegated.

Availability during term time the designated safeguarding lead (or a deputy) should always be available (during term and opening hours) for staff in the organisation to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or a deputy) would be expected to be available in person, it is a matter for the directors, working with the designated safeguarding lead, to define what "available" means and whether in exceptional circumstances availability via phone and or Skype or other such media is acceptable. It is a matter for the setting and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

Dedham Therapy Farm CIC will maintain several policies and procedures geared towards abuse prevention that include, but are not limited to the following topics:

- DBS Checks and safer recruitment.
- Careful selection, training and supervision of staff and volunteers
- Employee and Volunteer Disciplinary Process
- Continuing education for staff
- Procedure for reporting suspected abuse and or bullying
- Missing Child
- Managing behaviour using the therapeutic approach

All staff and volunteers and Directors will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure. Relevant training and support will be provided on an ongoing basis, and will cover information about their role, and opportunities for practising skills needed for the work.

Training on specific areas such as safeguarding children, identifying and reporting abuse, and confidentiality of personal information will be given as a priority to new staff and volunteers and Directors and will be regularly reviewed. This will ensure a whole farm approach to safeguarding.

Decisions and actions are regularly reviewed and potential patterns are identified.

All staff must ensure that they work with schools and colleges collaboratively to ensure the safeguarding of children and young people accessing the farm.

Abuse, neglect & exploitation

Working together to safeguard children (2018) provides the following definitions:

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 another child or children.

Child on child abuse

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 children (sometimes known as ‘teenage relationship abuse’)
- 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) Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive. UKCIS provides detailed advice about sharing of nudes and semi-nude images and videos
- 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)
- upskirting, 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, and
- 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).

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.

Physical abuse

This 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.

Emotional Abuse

Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, including cyber-bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment to a child, though it may occur alone.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may 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 of 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.

Child Sexual Exploitation

Is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if their sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Harmful Sexual Behaviour (HSB)

Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. HSB can occur online and/or face-to-face and can also occur simultaneously between the two. HSB should be considered in a child protection context. When considering HSB, both ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature. Dedham Therapy Farm recognises that often children that display harmful sexual behaviour have often experienced their own abuse or trauma.

Children who have experienced sexual violence display a very wide range of responses to their experience, including in some cases clear signs of trauma, physical and emotional responses, or no overt signs at all. Dedham Therapy Farm remains alert to the possible challenges of detecting those signs and show sensitivity to the needs of the irrespective of how overt the child's distress is.

FGM Female Genital Mutilation

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.

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school or sessions.
- A girl struggles to keep up in school.
- A girl runs away – or plans to run away - from home.
- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school, college or farm sessions.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed

If Staff have concerns regarding FGM. The safeguarding procedure must be followed and details must be reported to relevant services within 48 hours of concern raised.

Forced Marriage

When it comes to the marriage of an adult, a forced marriage is not the same as an arranged marriage. There are clear distinctions between them. In an arranged marriage, the families of both

spouses take a leading role in the arrangements, but the choice of whether to go ahead with the marriage remains the decision of the prospective spouses. However, in a forced marriage, one or both spouses do not consent to the marriage but are coerced into it. An arranged marriage can, however, become a forced marriage if there is any form of coercion. Forcing someone to marry against their will can include in some cases physical violence and/or psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.

When it comes to the marriage of a child, the distinction between a forced marriage and an arranged marriage does not exist. Following legislation which came into force on 27 February 2023, it is an offence to engage in any conduct for the purpose of causing a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. Such a marriage is deemed a forced marriage.

Forced marriage can happen to both women and men, although many of the reported cases involve young women and girls aged between 16 and 25. There is no “typical” victim of forced marriage. They can be over or under 18 years of age, some may have a disability, some may have young children and some may also be spouses from overseas.

Prevent

NAMED CHANNEL Safety Lead – Megan Dack megan.dack@dedhamtherapyfarm.org.uk

Dedham Therapy Farm staff and volunteers are committed to working with other organisations and young people accessing the service to reduce the risks and ensure prompt support network is in place for those vulnerable or at risk of radicalisation. All Staff are aware and frequently trained in prevent training. Staff training database to be kept up to date.

Children may be susceptible to radicalisation into terrorism. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of the settings safeguarding approach. Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation is the process of a person legitimising support for, or use of, terrorist violence.

Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate

the public and is made for the purpose of advancing a political, religious or ideological cause. Although there is no single way of identifying whether a child is likely to be susceptible to radicalisation into terrorism, there are factors that may indicate concern. It is possible to protect people from extremist ideology and intervene to prevent those at risk of radicalisation being drawn to terrorism. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. 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 a deputy) making a Prevent referral.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing
- 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)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Recognising Abuse

Child abuse occurs to children of both sexes and all ages, in all cultures, religions, and social classes and to children with and without disabilities. All staff and volunteers should be alert to signs that a child may be at risk of significant harm.

Children potentially at risk of greater harm

We recognise that some children may potentially be at risk of greater harm and require additional help and support. These may be children with a Child in Need or Child Protection Plan, those in Care or previously in Care or those requiring mental health support. We work with Social Care and other appropriate agencies to ensure there is a joined-up approach to planning for these children and that they receive the right help at the right time.

Our setting understands that children with special educational needs (SEN) and / or disabilities can face additional safeguarding challenges. Barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- That they may be more prone to peer group isolation than others
- The potential to be disproportionately impacted by things like bullying, without outwardly showing signs
- Communication difficulties in overcoming these barriers

Children who may benefit from Early help intervention

Signs that a child or young person may benefit from early help include:

- displaying disruptive or anti-social behaviour
- being bullied or bullying others
- having poor attendance
- being involved in, or at risk of, offending
- having poor general health
- having anxiety, depression or other mental health issues
- misusing drugs or alcohol
- having a particularly challenging relationship with parents or appearing to be unusually independent from their parents
- experiencing difficulties at home, such as domestic abuse, parental substance abuse or parental mental health problems
- Is disabled or has certain health conditions and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education, Health and Care plan)
- has a mental health need
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- is frequently missing/goes missing from education, home or care.

- Is deliberately missing education or has persistent/or unexplainable absences
- has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and in Alternative Provision or a Pupil Referral Unit.
- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised or exploited
- has a parent or carer in custody, or is affected by parental offending
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing alcohol and other drugs themselves
- is at risk of so-called 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage
- is a privately fostered child.

Some groups of children may be more likely to need early help than their peers. These include children who:

- have been excluded from school
- have special educational needs
- are disabled
- are in care
- are leaving or preparing to leave care
- are young carers
- are young parents (or about to become young parents)
- are experiencing housing issues
- LGBT - Lesbian, Gay, Bi - Sexual, Transgender
- Missing from education
- Absent from education

In line with managing internally, the setting may decide that the children involved do not require referral to statutory services but may benefit from early help. Early help is support for children of all

ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. Providing early help is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful to address non-violent HSB and may prevent escalation of sexual violence. It is particularly important that the designated safeguarding lead (and their deputies) know what the local early help process is and how and where to access support.

Criminal Court

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds. The guides explain each step of the process, support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained. Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers

Children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. Dedham Therapy recognises additional barriers can exist when recognising abuse, neglect & exploitation in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs, and
- communication barriers and difficulties in managing or reporting these challenges.
- cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in sessions or the consequences of doing so.

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.

However, the Cass review identified that caution is necessary for children questioning their gender as there remain many unknowns about the impact of social transition and children may well have wider vulnerabilities, including having complex mental health and psychosocial needs, and in some cases additional diagnoses of autism spectrum disorder and/or attention deficit hyperactivity disorder.

It recommended that when families/carers are making decisions about support for gender questioning children, they should be encouraged to seek clinical help and advice. When parents are supporting pre-pubertal children, clinical services should ensure that they can be seen as early as possible by a clinical professional with relevant experience.

As such, when supporting a gender questioning child, the setting should take a cautious approach and consider the broad range of their individual needs, in partnership with the child's parents (other than in the exceptionally rare circumstances where involving parents would constitute a significant risk of harm to the child), including any clinical advice that is available and how to address wider vulnerabilities such as the risk of bullying. The setting should refer to our Guidance for Schools and Colleges in relation to Gender Questioning Children, when deciding how to proceed.

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 find a safe space for them to speak out or share their concerns with members of staff they trust.

- Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.
- Staff should be aware of the safeguarding response to children who are absent from education, particularly on repeat occasions and/or prolonged periods.

Effective information sharing - between parents, schools, local authorities and Dedham Therapy Farm CIC is critical to ensuring that all children of compulsory school age are safe and receive a suitable education. A member of staff will never guarantee confidentiality to anyone (including parents/carers or pupils) about a safeguarding concern, nor promise to keep a secret. In accordance

with statutory requirements, where there is a child protection concern, this must be reported to the designated safeguarding lead and may require further referral to and subsequent investigation by appropriate authorities.

In some cases, it may be necessary for the designated safeguarding lead (or deputy) to share information on individual child protection cases with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information, where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life, would not prevent sharing information where there are real safeguarding concerns. Fears about sharing information cannot (and will not) stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Recording concerns

It's important to record any concerns you may have about a child, to build up an overview of the child's lived experience so patterns of potentially abusive behaviour can be identified. These records should be shared with Dedham Therapy Farm DSL and DDSL who will consider all the available information and decide whether a referral to the local child protection services is necessary.

Dedham Therapy Farm CIC commit to reporting low level concerns but accepts it is up to the education provider that has referred to the organisation to decide whether these are reported to their DSL or the Principal.

Some general considerations are as follows:

- Identification of child abuse may be difficult; it normally requires both medical and social assessment.
- Different types of child abuse may be present at the same time, e.g. a child who is being sexually abused may also be being physically abused. When enquiring into one type of abuse staff needs to be alert to potential signs of other abuse.
- Always listen carefully to the child – pay particular attention to any spontaneous statement. In the case of children without speech or with limited language, pay attention to their signing or other means of expression, including behavior and play.
- Any delay in seeking medical assistance or indeed none being sought at all, could be an indicator of abuse.

- Beware if explanation of an accident is vague, lacking detail, is inconsistent with the injury, or varies with each telling.
- Take note of inappropriate responses from parents or carers.
- Observe the child's interaction with the parents – particularly wariness, fear or watchfulness.
- Any history or patterns of unexplained injury/illness requires the most careful scrutiny. The fact that the parent/carer appears to be highly attentive and concerned should not divert attention from the assessment of risk.
- Beware if the child's injury is inconsistent with the child's development and mobility.
- Beware if there are indications of or a history of domestic violence. Violence towards adults may also indicate violence towards children and may be emotional abuse, if not physical.
- Children who are being abused often do not say and tend to perceive themselves as deserving of ill treatment. This is particularly so for children who are being emotionally abused.
- 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 are being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the designated safeguarding lead (DSL). It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

The setting must adhere to the following legislation:

- The Human Rights Act 1998
- Equality Act 2010
- Public Sector Equality Duty

Dedham Therapy Farm CIC will adhere to all legislation and support schools in adhering to these legislations when providing therapy to their young people.

As an occupational therapy service Dedham Therapy Farm is required to adhere to NICE guidelines.

Human Rights Act

The Human Rights Act 1998 (HRA) sets out the fundamental rights and freedoms that everyone in the UK is entitled to and contains the Articles and protocols of the European Convention on Human Rights (ECHR) (the Convention) that are deemed to apply in the UK. It compels public organisations to respect and protect an individual's human rights when they make individual decisions about them.

- Article 3: the right to freedom from inhuman and degrading treatment (an absolute right)
- Article 8: the right to respect for private and family life (a qualified right) includes a duty to protect individuals' physical and psychological integrity
- Article 14: requires that all of the rights and freedoms set out in the Act must be protected and applied without discrimination,
- Protocol 1, Article 2: protects the right to education. Being subjected to harassment, violence and or abuse, including that of a sexual nature, may breach any or all of these rights, depending on the nature of the conduct and the circumstances. Further information (including on absolute and qualified rights) can be found at [Human Rights | Equality and Human Rights Commission](#).

Schools and colleges and Alternative provision have obligations under the Equality Act 2010 (the Equality Act). According to the Equality Act, schools and colleges and Alternative provision must not unlawfully discriminate against pupils because of their sex, race, disability, religion or belief, gender reassignment, pregnancy and maternity, or sexual orientation (protected characteristics). Whilst all of the above protections are important in the context of safeguarding, this guidance and the legal duties placed on schools and colleges and settings, in relation to safeguarding and promoting the welfare of children, governing bodies and proprietors should carefully consider how they are supporting their pupils and students with regard to particular protected characteristics - including disability, sex, sexual orientation, gender reassignment and race.

Provisions within the Equality Act allow settings to take positive action, where it can be shown that it is proportionate, to deal with particular disadvantages affecting pupils or students with a particular protected characteristic in order to meet their specific need. This includes a duty to make reasonable adjustments for disabled children and young people, including those with long term conditions. A setting, could, for example, consider taking positive action to support girls if there was evidence they were being disproportionately subjected to sexual violence or sexual harassment.

Data Protection and GDPR

It is important that governing bodies and proprietors are aware that among other obligations, the Data Protection Act 2018, and the UK General Data Protection Regulation (UK GDPR) place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure.

Alternative provision

Whilst school and college still remains responsible for the pupils accessing alternative provision at Dedham Therapy Farm CIC. It remains the responsibility of staff and volunteers at Dedham Therapy Farm CIC to work collaboratively with the responsible school and college to ensure the safeguarding of the pupils referred by their education provider.

Online Safety

NAMED ONLINE SAFETY LEAD – Tom Clapson – tom.clapson@dedhamtherapyfarm.org.uk

Dedham Therapy Farm doesn't not provide access to the internet or any other forms of social media. However, it recognises the responsibility it has in supporting young people to understand the importance of safety online. Dedham Therapy Farm is likely to be in regular contact with parents and carers and education providers. Those communications should be used to reinforce the importance of children being safe online. and help young and vulnerable people to understand the importance of being safe when online.

Filtering and monitoring

Dedham Therapy Farm understands and accepts its responsibility for ensuring the online safety whilst using Dedham Therapy Farm IT equipment.

Megan Dack, Amy Boyce and Sara Marshall - Directors are responsible for ensuring expected standards are met.

Decisions on filtering and monitoring will be reviewed annually.

Staff will be provided with training to enable them to adhere to standards.

Staff Member/Volunteer Code of Conduct

It is important that both Farm Assistants and staff members/volunteers can participate in Dedham Therapy Farm CIC activities in a safe and secure environment. This Code of Conduct has been developed for the protection of both Farm Assistants and staff members/volunteers. To this end, Dedham Therapy Farm CIC expects all its staff members/volunteers to abide by this Code of Conduct.

Each Staff member/Volunteer:

- Will abide by the Guiding Principles and Programme rules of Dedham Therapy Farm CIC in all activities as a Dedham Therapy Farm CIC staff member/volunteer
- Will inform Dedham Therapy Farm CIC of any relevant police record or other factor, or any change in their circumstances, which may make them unsuitable either as a Dedham Therapy Farm CIC volunteer or for any particular Dedham Therapy Farm CIC activity.
- Recognises that the role of a Dedham Therapy Farm CIC staff member/volunteer places them in a position of trust with regard to all children who are Farm Assistants participating in Dedham Therapy Farm CIC programmes, the Dedham Therapy Farm CIC organisation, and to colleagues in the staff member/volunteer and staff network, and undertakes to uphold that trust at all times.
- Undertakes to maintain, within the organisation's procedures, the confidentiality of any information relating to other staff members/volunteers, supporters, students or staff members made available to them in the course of the role as a Dedham Therapy Farm CIC staff member/volunteer.
- Will not knowingly place themselves in a situation where the Staff member/ volunteer is alone with a child or young person and will endeavour to ensure, as far as possible, that there is another adult in attendance at any meetings.
- Will ensure that any Dedham Therapy Farm CIC activities involving children outside the normal activities are agreed and approved by their line manager in advance.
- Will not behave in any way, physically or verbally, that could be offensive
- Remember at all times that interactions between themselves and Farm Assistants must be such that no reasonable person observing that interaction could construe its nature as abusive.

If you follow these simple guidelines, Dedham Therapy CIC staff, volunteers and Farm Assistants will work confidently together in mutual respect.

Our Behaviour Policy sets out our approach to behaviour, using therapeutic thinking for all children and also for those with more difficult or harmful behaviour. We recognise there are some children who have needs that require additional support and a more personalised approach and we always consider all behaviour, and our response to it, in the context of safeguarding.

There are occasions when staff will have cause to have physical contact with children and young people for a variety of reasons, this may include:

- to comfort a child or young person in distress (*appropriate to their age and individual specific needs identified through a risk assessment*);
- to direct a child or young person;
- in an emergency, to avert danger to the child, young person or others;

The guidance produced by the Department for Education [Use of Reasonable Force \(DfE, 2013\)](#) states that:

*“Schools **should not** have a ‘no contact’ policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a child or young person or prevent them taking action needed to prevent a child or young person causing harm.”*

The term ‘reasonable force’ covers a broad range of actions used by staff that involve a degree of physical contact to control or restrain children. There are circumstances when it is appropriate for staff to use reasonable force to safeguard children and young people, such as guiding a child to safety or breaking up a fight. ‘Reasonable’ means using no more force than is needed. Our setting works in accordance with statutory and local guidance on the use of reasonable force and recognises that where intervention is required, it should always be considered in a safeguarding context.

Action to be taken if a child or young person discloses abuse to you.

- If a child who is a Farm Assistant(Farm Assistant) approaches you about an issue of abuse of trust, you must proceed with great caution.
- The Staff/Volunteer’s Code of Conduct specifies that a Staff member/ volunteer should not place themselves in a situation where they are alone with a child. However, it is possible that a child will be unwilling to make disclosures of this nature in anything but a one-to-one situation. The child must take priority in this situation. Ask if they would like someone else to be present – an adult or a friend - but if they decline; proceed with the interview, taking extra care with your behaviour and body language.
- Without stopping the child from disclosing, but if possible before the child goes into detail, explain the consequences of you knowing and the action you will take. Assure them that you will offer support but must pass any information to another professional who may take appropriate action. Explain that this will be the Designated Safeguarding Person.

- Keep calm and listen to the child - do not have physical contact at any time. Allow the child to speak without interruption, accepting what is said.
- Do not make judgments or offer opinion, and as soon as is practically possible, make an accurate written record of what the child has said, being careful to use their own words as accurately as possible
- Explain what will happen next. Find out when the child is next due to see the individual who is the subject of the complaint. (You will then be able to make a judgement as to the appropriate timing of your follow-up actions to ensure that the child remains safe.)
- If the complaint concerns a situation not related to Dedham Therapy Farm CIC (e.g. at home or at school), refer the complaint directly to the Designated Safeguarding Person. Pass on all information disclosed to you by the child.
- If the complaint concerns a Dedham Therapy Farm CIC staff member/volunteer, staff member or adult where the contact between that individual is a direct result of Dedham Therapy Farm CIC activity, immediately inform the DSL who will then initiate the procedure.
- Concerns about the welfare of a child, including the possibility of abuse or neglect, may also be raised by behaviour or other indicators noticed by a member of staff / volunteer, but not disclosed by the child. In these instances, it is equally important to take action, and these concerns should be raised and discussed with the Designated Safeguarding Lead.

Dedham Therapy Farm CIC procedures for dealing with suspected abuse of trust by staff members/volunteers:

When dealing with issues concerning abuse of trust, Directors must remember that the welfare of the children participating in Dedham Therapy Farm CIC is paramount, but that we also have a responsibility to ensure that our staff & volunteers are treated fairly and with respect. This procedure is designed to meet both those objectives. The Directors should ensure that every member of staff is fully aware of these procedures.

Essex Safeguarding Board has a clear procedure for managing concerns, and Dedham Therapy Farm CIC will adopt these procedures in the event of an appropriate concern.

Dedham Therapy Farm CIC may receive an allegation relating to an incident that happened when an individual or organisation was using their premises for the purposes of running activities for children (for example Thrive nature Adventure). As with any safeguarding allegation Dedham Therapy Farm CIC should follow their safeguarding policies and procedures, including informing the LADO.

On receipt of a concern when an individual may have:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved in a way that indicates s/he may not be suitable to work with children

The Named Designated Person will contact the LADO (Local Authority Designated Officer) who will consider, with the Named Designated Person, the most appropriate way forward.

It is essential that nothing is done to investigate the concern before contacting the LADO as this can contaminate evidence if a police investigation is deemed appropriate.

If the concern meets the above criteria, then the procedure outlined in the document 'Are you concerned about an adult working or volunteering with children?', this can be found on the Essex Safeguarding Children Board website, procedures will be followed.

Whistleblowing

All members of staff and the wider farm community should be able to raise concerns about poor or unsafe practice and feel confident any concern will be taken seriously by management. We have 'whistleblowing' procedures in place and these are available below.

- Report any concerns to the DSL or DDSL this can be done verbally, via email or in writing. A record of your concerns will need to be logged.
- However, for any member of staff who feels unable to raise concerns internally, or where they feel their concerns have not been addressed, they may contact:

[NSPCC whistleblowing helpline](#) on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or by email at: help@nspcc.org.uk.

HCPC - ftp@hcpc-uk.org +44 (0)300 500 6184

Companies House. enquiries@companieshouse.gov.uk 0303 123 4500

Staff/volunteers are encouraged to express concerns or grievances about the organisation without fear of victimisation, discrimination, or reprisals in any form. If any member of staff or volunteer raises concerns about a serious problem in the organisation then they are protected by the Public Interest Disclosure Act 1998 which came into force in July 1999. This Act applies where a worker has a reasonable belief that their disclosure demonstrates one or more of the following offences or breaches:

- A criminal offence
- Breach of a legal obligation
- Miscarriage of justice
- A danger to the environment
- Deliberate covering up of information tending to show any of the above

- Financial frauds and malpractice
- Other types of corruption
- Abuse or neglect of vulnerable people/customers
- Poor standards of service
- Damaging personal conflicts at senior level
- Bullying, harassment or victimisation in the workplace
- Danger to health or safety of an individual

We support measures that protect whistle-blowers from any form of victimisation. We have a procedure to ensure concerns are dealt with effectively and efficiently and to preserve, as far as possible, the confidentiality of the person who has raised the concern. As part of that commitment, we encourage anyone with serious concerns about any aspect of the work to come forward and express their concerns. In many cases, concerns or complaints will be dealt with. The following procedures are in place to make provision for anyone within Dedham Therapy Farm CIC to disclose information of suspected malpractice (as cited above in Purpose) on a confidential basis and to be protected against victimisation, reprisals or dismissal. Concerns should be reported at an early stage before problems have a chance to become serious. We will support concerned employees, suppliers, volunteers, Farm Assistants or any other person and protect them from reprisals or victimisation. Confidentiality will be respected.

Any member of staff, whether an employee, or volunteer, found trying to discourage concerned employees, suppliers, volunteers or Farm Assistants from coming forward to express a concern will be subject to disciplinary action. In the same way, an employee or other member of staff criticising or victimising an employee, volunteer, supplier or Farm Assistant as a result of a concern being expressed will also face disciplinary action.

Who to Contact, anyone wishing to raise a concern should do so, in confidence, to.

Megan Dack – megan.dack@dedhamtherapyfarm.org.uk

Amy Boyce – amy.boyce@dedhamtherapyfarm.org.uk

Sara Marshall – sara.marshall@dedhamtherapyfarm.org.uk

Thomas Clapson – tom.clapson@dedhamtherapyfarm.org.uk

If concerns relate to one director then another director will be able to follow the relevant procedure to deal with the matter appropriately. If the concern relates to all directors, then in that instance the person with the concern should contact an outside governing body.

If policy and procedures within the organisation are working properly there should be no need for contact to be made with an external agency to express concerns. However, if these internal procedures have been exhausted, then the concerns may be reported as follows:

- If the problem involves a member of staff of the organisation - contact a Director.
- In the case of criminal offence – contact the police and notify a Director.
- In the case of abuse of children and vulnerable people – notify the DSL and or DDSL who will notify the LADO, local authority social services and a Director.
- In the case of abuse of public funds – contact Companies House and notify a Director.
- In the case of any fraud – contact the independent examiner and notify a Director.

- To make a referral or for advice if concerned and unsure what to do – contact the Safeguarding Hub 0345 6061499. Or Essex - The Children and Families Hub. This can be accessed by calling 0345 603 7627 and asking for the 'Consultation Line'.

Dealing with Concerns

All concerns will be investigated carefully and thoroughly. Every effort will be made not to reveal the whistle-blower's identity. If appropriate, results of investigations and any action that is proposed will be passed on to the person expressing the initial concern. However, confidentiality needs to be maintained at all times. If it is found that malicious, allegations have been made this will be dealt with under the disciplinary procedure.

Procedure for Safeguarding concern with a child

Emergency protocol

- Staff with concern to share with DSL designated safeguarding lead the immediate concern
- If the DSL assesses the person is in immediate danger, or the abuse has happened where they live, the DSL will immediately call the police and local authority safeguarding team.
- If they're not in immediate danger, you must call the local authority safeguarding team within 24 hours and make a telephone referral.
- Be guided by the safeguarding team or police on any further actions required of you. - Always follow up your call with a written referral.
- Always document all information disclosed in progress notes and use the disclosure form emailing to both the DSL and DDSL and saving in the child's safeguarding file.

NON - Emergency protocol

- Staff member or volunteer disclosed to, to fill in a disclosure form with individuals of concern and to document information in progress notes.
- Staff member or volunteer to share form via email to both DSL and DDSL and follow up with a verbal conversation with either DSL or DDSL.
- DSL to share information with all safeguarding team.
- Safeguarding team to make decision on how to proceed, using risk assessment tools, and other governing bodies i.e consultation line, as to whether disclosure warrants reporting to external body and to document the outcome on the form.
- DSL to action referral where necessary and inform referring school where appropriate.

- DSL to save all relevant documents into child safeguarding file on their farm assistant folder and the designated safeguarding monitoring folder.
- If an allegation involves a member of the team. Management and DSL to hold minuted meeting with the alleged.
- If Dedham Therapy Farm staff accused, staff member or volunteer to be suspended upon further investigation.
- All communication with alleged and rest of team to cease until investigation complete
- Alleged to keep line of communication open with management, DSL and investigating body. All communication to be in writing or minuted.
- All documentation to be kept until retirement age of the alleged staff member
- All documentation to be kept on file for 25 years in relation to vulnerable person.
- Any false allegations or unfounded allegations will be permanently deleted and destroyed immediately. Other than information documented in session progress note.
- DSL and DDSL to monitor progress of any referral to LADO and follow up if no contact from ESCB following any referral.

Contacts for safeguarding board in Essex

- If you have an immediate safeguarding concern call 0345 603 7627 and ask for the priority line.
- Out of hours or bank holidays, call the emergency duty team on 0345 606 1212.
- You can also report a level 3 or 4 concern using the online form.

The Children and Families Hub continues to offer a consultation line for professionals providing advice and guidance. This can be accessed by calling 0345 603 7627 and asking for the 'Consultation Line'.

Support to Staff and Volunteers

Dedham Therapy Farm will support staff and volunteers in these circumstances. If the social services department needs further involvement from staff or volunteers following a report of abuse, a member of the management team will discuss with the social services department the nature of their needs and how they might be met.

To protect staff, volunteers and Farm Assistants Dedham Therapy Farm CIC will have the

following in place;

- Lone working procedure and policies
- Risk assessments done for each Farm Assistant, lone working
- Safer recruitment of staff and volunteers
- Annual training in safeguarding level 2 and ongoing in house training and updates.
- Regular supervision with Lead OT
- Working collaboratively with other professional supporting Farm Assistants,
- Each Farm Assistant has a referral form and initial assessment completed.

All directors on the board shall complete safeguarding training in order for them to ensure competency in safeguarding and child protection. Their training should be regularly updated and should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place at the farm are effective and support the delivery of a robust whole company approach to safeguarding.

Dedham Therapy Farm will keep their policies, procedures and risk assessments under constant review to protect all children. Reports of sexual violence, harassment or any safeguarding or child protection concerns (especially where there is evidence of patterns of behaviour) may point to environmental and or systemic problems that could and should be addressed by updating relevant policies, procedures or risk assessments. Alongside this, patterns identified may also be reflective of the wider issues within a local area and it would be good practice to share emerging trends with safeguarding partners.

Supporting organisations

The Special Educational Needs and Disabilities Information and Support Services (SENDIASS). SENDIASS offer information, advice and support for parents and carers of children and young people with SEND. [Essex SEND - Information, Advice and Support Service \(essexsendiass.co.uk\)](https://www.essexsendiass.co.uk)

All local authorities have such a service: Find your local IAS service [councilfordisabledchildren.org.uk](https://www.councilfordisabledchildren.org.uk)

Mencap - Represents people with learning disabilities, with specific advice and information for people who work with children and young people • NSPCC - Safeguarding children with special



educational needs and disabilities (SEND) and NSPCC - Safeguarding child protection/deaf and disabled children and young people [Access Learning Disability Advice and Support | Mencap](#)

Families in Focus Essex - [Home - Families InFocus Essex](#)

Record of safeguard disclosure or concern

--	--

Date and time of disclosure	
Name of person making disclosure	
Name of Staff taking disclosure information	
Others present	
Names of the alleged	
Names of others involved	
Has the individual been informed that the information shared must be shared with DSL and other services?	
Does the person have capacity?	
Has the DSL been informed and been given a copy of this form?	
Management meeting completed?	
Has a disclosure to social services been done by DSL?	
Other comments	