

Safeguarding and Child Protection Policy

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1. Introduction

It is a core duty of all KORU employees and freelance therapists, mentors, volunteers and students to promote the welfare and ensure the safeguarding of all children and young people in our care.

This requires effective, collaborative working between agencies and professionals. KORU representatives are equipped to identify safeguarding concerns early and implement appropriate support for children to prevent risks from escalating.

2. Purpose

This policy provides guidance on the responsibilities, actions, and internal KORU safeguarding procedures, created specifically to support KORU representatives to effectively safeguard children and young people.

For guidance on safeguarding adults accessing KORU intervention, please refer to the KORU Safeguarding Adults Policy.

3. Scope

This policy applies to all representatives of The KORU Project CIC (referred to throughout this policy as KORU representatives). KORU representatives include freelance therapists, mentors, employees, volunteers, trainees, and students. All are responsible for protecting children by following the procedures outlined in this policy.

4. Definitions used in this policy

Definitions for terms used throughout this document:

Abconds: An individual who intentionally or impulsively leaves The KORU Project CIC intervention without a safe and agreed exit. As such, this person is categorised as a vulnerable person at risk of coming to harm in the community.

An ideology: refers to a set of beliefs.

Care Givers: Adults who are in a parenting role and **may have** parental responsibility for the child, for example step parents, foster carers, close family members.

Child: Under UK law a child is defined as any individual under the age of 18, 'unless under law applicable to the child, majority is attained earlier.' (Children Act 1989 and UN Convention of the Rights of the Child).

Therefore, throughout this policy, all young persons under the age of 18 years will be referred to as child or children.

Child in Care: A child in care is a child who is looked after by a local authority.

Child Protection: is part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or who are likely to suffer, significant harm.

Designated Officer (formally known as the LADO: Local Authority Designated Officer) is the designated officer for safeguarding in local authority.

Designated Safeguarding Lead (may also be referred to as Designated Safeguarding Officer): the person appointed to ensure KORU representatives adhere to KORU safeguarding policies, and to provide support and guidance to all KORU representatives for best practice in safeguarding children.

Extremism: is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty, mutual respect and tolerance of different faiths and beliefs. The KORU Project CIC also includes in the definition of extremism, calls for the death of members of UK armed forces, whether in this country or overseas.

MASH (Multi Agency Safeguarding Hub): Point of contact to monitor and rate all incoming safeguarding referrals in the BCP area.

Missing Child: A child reported as missing to the police by professionals, their family, or carers.

Parents: Birth parents and/or adoptive parents.

Radicalisation: refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Responsible Local Authority: The local authority that is officially responsible for the planning and provision of care for a child in their locality.

Safeguarding and Promoting the Welfare of Children: This definition was amended in both the Working Together to Safeguard Children (2023) and Keeping Children Safe in Education (2024) statutory guidance.

- a) Providing help and support to meet the needs of children as soon as problems emerge.
- b) Protecting children from maltreatment, whether that is within or outside the home, including online
- c) Preventing the impairment of children's mental and physical health.
- d) Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- e) Taking action to enable all children to have the best possible outcomes.

SEN: Special Educational Needs

The Family Support and Advice Line, FSAL (formally known as the ChAD: Children's Advice and Duty Service): The Family Support and Advice Line brings together the Dorset Education Advice Line (DEAL), the Children's Advice and Duty Service (ChAD), the Family Help Hub (FHH), and Multi-Agency Safeguarding Hub (MASH) together as part of Dorset Council's work under the Families First for Children Pathfinder. It is the single point of contact and acts as a 'front door' for all safeguarding concerns and family help requests for support (previously early help).

Young People: Older children between ages of 14 and 17.

5. Policy Aims

This policy aims to ensure that children are effectively safeguarded whilst using the therapeutic services provided by The KORU Project CIC. It holds as its principle that the welfare of the child is paramount. To that end, the aims of the Safeguarding and Child Protection Policy are as detailed below:

- To clarify for KORU representatives their ethical and statutory responsibilities in safeguarding children in line with their professional registrations and KORU contract of employment/ freelance work.
- To outline the procedures to be followed when safeguarding concerns have been raised regarding the welfare of a child.
- To clarify the expectation that KORU representatives must be alert to the signs of abuse and follow procedures detailed in this policy to ensure children receive effective support, protection and justice.
- To emphasise the need for KORU representatives to facilitate a welcoming, empathetic, and safe therapeutic space where children can explore emotions and safely share any safeguarding concerns.
- To emphasise the need to employ effective preventive and safeguarding measures and to learn from experience where these measures must be adjusted and strengthened to provide best safeguarding practice.
- To clarify support available to all KORU Representatives in safeguarding children.

6. Roles and Responsibilities

6.1. Responsibilities of all KORU Representatives

It is the duty of the KORU representative, when working directly with children, to be actively involved in their safeguarding and to be alert to the possibility and signs of abuse. This includes identifying concerns, sharing information, and taking prompt action. All KORU representatives will:

- Read and sign to confirm that they understand all KORU policies that are relevant to their role.
- Fully comply with The KORU Project's policies and procedures.
- Adhere to all the KORU Project CIC safeguarding policies.
- Attend monthly reflective practice and group supervision provided by The KORU Project CIC.
- Where required by professional body and/or KORU employment contract, attend individual self-funded 1:1 clinical supervision.
- Attend all mandatory training as detailed in the contract of employment/ freelance work, induction pack and stated in the KORU Memorandum of Understanding (MOU).
- Ensure all safeguarding training is up-to-date and to alert KORU HR when training is due to expire.
- Provide the KORU HR team with all safeguarding training certificates.
- Have and maintain a good knowledge of the Pan-Dorset Safeguarding Children Partnership, BCP Safeguarding Children Procedures, Wiltshire Safeguarding Vulnerable People Partnership (SVPP) and local authorities' Escalation Policies.
- Have and maintain an up-to-date knowledge on how to recognise and identify signs of abuse and know when it is appropriate to make a referral to Children's Social Care.
- Adhere to the Working Together To Safeguard Children (2023) and Keeping Children Safe in Education (KCSIE, 2024) statutory guidance and be aware of the annual review/ updates. Raise any questions or ambiguities with the KORU DSL.
- Contribute towards procedures that ensure that where a child is suffering or is likely to suffer from harm, a referral to Children's Social Care will be made.

- Ensure all relevant KORU risk assessments have been completed for the child, venue, activity, transport, safe practice and intervention, refer to SharePoint.
- Ensure that parents and carers are aware that referrals may be made by a KORU representative in the event of a safeguarding concern, in accordance with their legal responsibility and duty of care. (see section 19 - Confidentiality)
- When relevant, provide children with guidance during the KORU intervention about safeguarding, keeping themselves safe online and about in-person and extra-familial risks including exploitation.

When safeguarding concerns have been raised/ observed, the KORU representative must take appropriate action including:

- Informing parents/ care givers of safeguarding concerns and the safeguarding actions taken by the KORU Representative **if appropriate and assessed safe to do so.**
- Sharing safeguarding concerns with relevant agencies such as the school DSL, allocated social worker, duty social worker, MASH and Family Support and Advice Line. (See contact numbers in appendix.)
- Completing any required referrals to agencies.
- Attending and/or facilitating any Team Around the Family (TAF), Child in Need (CIN), Child Protection (CP), meetings and reviews.
- Documenting ALL safeguarding concerns on KORU Record My.
- Inform the KORU Project DSL/ DDSL of any identified safeguarding concerns.

KORU representatives must adhere to the Child Protection Procedure outlined in this policy when any safeguarding concerns arise. Failure to comply with the Child Protection Procedure and KORU Safeguarding and Child Protection Policy may result in termination of employment following internal investigation.

6.2. Responsibilities of The KORU Project CIC to implement safeguarding

The HR lead will ensure that all KORU Representatives who have access to children have been checked as to their suitability, including verification of their identity, qualifications, registrations, references, and a satisfactory DBS check.

The HR lead will ensure a single central record is kept for all information listed above.

The Director of the KORU Project CIC, Andrea Micah, holds ultimate responsibility for safeguarding and child protection within the KORU Project CIC.

6.3 Responsibilities of Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Leads (DDSL's)

The DSL acts a source of support and expertise to all KORU representatives as they implement safeguarding for the KORU Project CIC; They have access to the Pan Dorset Safeguarding Children Partnership, guidance, and procedures.

In addition to the duties listed in chapter 6.1. the DSL will:

- Be appropriately trained with up-to-date knowledge of current safeguarding legislation.
- Renew training and certification every two years.
- Ensure that they have allocated sufficient time to carry out the role effectively.
- Encourage a culture of listening to children and considering their feelings and wishes.
- Consult with and/or refer cases of suspected abuse or allegations to Children's Social Care and maintain a record of all referrals.
- Keep detailed, accurate and securely stored, written or electronic records, which will include the outcomes of all actions taken.
- Attend and contribute to safeguarding and child protection meetings as appropriate.
- Monitor and support Child in Need, Child Protection plans and Early Help (Team around the family (TAF) and Team around the child (TAC) plans.
- Liaise with the KORU director, Andrea Micah, to advise of any issues and ongoing investigations.
- Ensure there is always cover for the DSL role and that all KORU representatives are aware of interim DSL contact details.
- Create an environment where all KORU representatives feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures.
- In the event that an allegation is made against a KORU representative, liaise with the Designated Officer or equivalent post holder in the first instance and throughout any subsequent investigation.
- Ensure that any KORU representative who has harmed or may pose a risk to a child is promptly referred to the Disclosure and Barring Service.
- Uphold confidential nature of child protection matters and disclose information to other KORU representatives and external agencies only when necessary for safeguarding and child protection.

- Ensure the Safeguarding and Child Protection Policy is up to date and reviewed annually.
- Ensure all safeguarding policies and procedures are written, reviewed, updated and monitored frequently to ensure best practice for safeguarding.
- Facilitate internal safeguarding audits (3 monthly) to review and ensure the effectiveness of KORU safeguarding measures, policies and procedures.
- Facilitate external safeguarding audits with commissioners and the local authority
- Attend county safeguarding meetings where relevant, to maintain an up-to-date knowledge of local and country-wide safeguarding concerns affecting children and young people.

6.4. Responsibilities of The KORU Project Board of Directors.

All members of The KORU Project CIC board of directors have been checked and certified by DBS, however, their role is strategic only and will not involve direct contact with children as part of their responsibilities.

The Board of Directors will support The KORU Project CIC in its aims to uphold robust and effective safeguarding practice.

7. A Partnership approach

It is essential to establish positive and effective working relationships with external agencies that are partners with the Pan Dorset Safeguarding Children Partnership, BCP Safeguarding Children Partnership, and the Wiltshire Safeguarding Vulnerable People Partnership.

Effective sharing of necessary safeguarding information between partner agencies will help to ensure the protection of children and the best possible outcome for their well being.

8. Supporting children and working in partnership with parents/ care givers

Safeguarding, child protection and the securing of positive outcomes for children relies on a positive, open, and honest working partnership with parents and care givers.

Where assessed appropriate and safe to do so, KORU representatives should make every effort to inform and gain consent from parents/ care givers prior to submitting safeguarding referrals. When referrals to Children's Social Care and the MASH team are submitted without consulting parents or care givers, KORU representatives will make every effort to maintain a positive working relationship with families whilst fulfilling their duties to protect children.

Children must be given an explanation, appropriate to their age and understanding, of action taken on their behalf.

The KORU representative will endeavour to preserve the privacy, dignity and right to confidentiality of the child and parents/care givers whilst discharging The KORU representative's statutory duties. Personal information relating to a safeguarding issue will be shared only between DSL and those practitioners and agencies working directly with the child and parents/carers. In accordance with The KORU Project CIC's data protection procedures KORU representatives must not share any personal information further without the permission of the DSL.

9. Information about safeguarding for children.

The KORU representative will strive to create a welcoming, accepting and nurturing environment where children can be heard and valued.

KORU therapists and mentors will help children to understand risks and support them in avoiding harm to themselves and others. All children will be informed by their KORU therapist or mentor that their safety and welfare is paramount and that for this reason, if they are at risk due to a safeguarding concern, KORU representatives must share confidential information about them with professionals or agencies for their protection.

10. Identifying children who may be at risk of, or may have been significantly harmed.

The Care Act (2014) identifies ten specific categories of abuse and neglect.

These are: neglect, self-neglect, physical abuse, sexual abuse, psychological or emotional abuse, financial and material abuse, organisational abuse, discriminatory abuse, modern slavery and domestic abuse.

The Children's Act (1989) emphasises the four core categories of abuse that professionals should be vigilant of when working with children: physical abuse, emotional abuse (including domestic abuse), sexual abuse (including child sexual exploitation) and neglect.

KORU representatives are well placed to observe any physical, emotional, or behavioural signs which indicate that a child may be at risk of or is suffering significant harm.

The therapeutic relationship between KORU representatives and children they support fosters a sense of confidence, respect and trust. Within this safe space, KORU representatives are able to be alert to signs of harm and children m

The therapeutic relationship between KORU representatives and the children they support, fosters respect, confidence, and trust. This allows KORU representatives to become alert to any signs of harm and creates a safe place for the early disclosure of abuse.

10.1 Definitions and indicators of abuse

Harm means ill-treatment or impairment of health and development, including, for example, impairment or distress suffered from seeing or hearing the ill-treatment of another.

Development means physical, intellectual, emotional, social, or behavioural development.

Health includes physical and mental and emotional health.

Ill-treatment includes sexual abuse and other forms of ill-treatment which are not physical such as verbal and emotional abuse and coercive control.

Abuse and Neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm or 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 a stranger. They may be abused by an adult or adults, another child, children, or young people.

Indicators of Abuse and Neglect in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Withdrawn and watchful behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age-inappropriate sexual behaviour
- Persistent lack of personal hygiene/appropriate clean clothing

Risk Indicators.

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but must be regarded as indicators of the possibility of significant harm. The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s or not wish to be separated from a particular parent.
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of other factors such as existing diagnosis and life experience).
- Be overly compliant.

The parent or care giver may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses.
- Have unrealistic expectations of the child.
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment).
- Be absent.

- Be misusing substances.
- Persistently refuse to allow access on home visits.

KORU representatives must be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

10.2. Recognising signs of physical abuse.

Physical abuse may involve, but is not limited to, hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or care giver fabricates the symptoms of, or deliberately induces, illness in a child. The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury.
- Several different explanations provided for an injury.
- Unexplained delay in seeking treatment.
- The parents/care givers are uninterested or undisturbed by an accident or injury.
- Parents/ care givers are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries.
- Use of different doctors and A&E departments.
- Reluctance to give information or mention previous injuries.

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental).
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally.
- Variation in colour of bruises possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints, or a hairbrush.
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting.
- Bruising around the face.
- Grasp marks on small children.
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite Marks

- Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.
- A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

- It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:
- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine).
- Linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area.
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water on his/her own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

- Fractures may cause pain, swelling and discolouration over a bone or joint.
- Non-mobile children rarely sustain fractures.
- There are grounds for concern if:
 - the history provided is vague, non-existent, or inconsistent with the fracture type.
 - there are associated old fractures.
 - medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.
 - there is an unexplained fracture in the first year of life.

Scars

- A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

10.3. Recognising signs of emotional abuse.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and long-lasting 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 as far as they meet the needs of another person.

Emotional abuse 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.
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability.
- Overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger.
- Exposing a child to age-inappropriate material or media, causing fear and corrupting their innocence.
- Preventing a child from expressing emotion by ridicule, anger or verbal abuse.
- Preventing a child from being comforted by another parent or carer.
- Coercive control of child and other parent and siblings.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g., anxious, indiscriminate, or non-attachment.
- Aggressive behaviour towards others.
- Scapegoat within the family.
- Taking on role of protector of siblings and or parent.
- Frozen watchfulness, particularly in pre-school children.
- Low self-esteem and lack of confidence.
- Withdrawn or seen as a "loner" – difficulty relating to others.

10.4. Recognising signs of domestic abuse

The definition of domestic abuse, as documented in the Domestic Abuse Act (2021), is based on the existing cross- government definition and encompasses the definitions below:

'Abusive behaviour' is defined in the act as any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse

For the definition of domestic abuse to apply, both parties must be aged 16 or over and be 'personally connected'.

'Personally connected' is defined in the act as parties who:

- are married to each other
- are civil partners of each other
- have agreed to marry one another (whether or not the agreement has been terminated)
- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives

In line with the 2022 update of section 3 of the Domestic Abuse Act (2021), Children and young people who see, hear or experience the effects of domestic violence are now recognised as victims of domestic abuse.

Children exposed to domestic abuse are at risk of suffering both short and long-term physical and mental health difficulties. These may include:

Short-Term Effects

For young children:

- Bed-wetting
- Increased sensitivity and crying
- Difficulty falling and staying asleep
- Separation anxiety

For school aged children:

- A loss of enjoyment in previously enjoyed activities
- Lower grades/ withdrawal in school
- Feeling guilty and to blame for the abuse happening to them
- Getting into trouble more often, acting in an abusive manner towards others
- Loss or change to friendship group
- Physical signs such as headaches and stomach aches

For teenagers:

- Acting out in negative ways such as missing school or fighting with family members
- Having low self-esteem
- Finding it difficult to make and keep friends
- Engaging in risk taking behaviours such as using alcohol and other drugs
- Lower grades or not reaching predicted outcomes

Long-Term Effects:

- Developing unhealthy coping mechanisms such as alcohol, drug, sex, gambling addictions and engagement with self-harming behaviours.
- Developing a low sense of self-worth
- Experiencing depression and/or anxiety

- Having an unhealthy understanding of relationships and repeating behaviours seen in their domestic setting

It can be challenging for professionals to know when domestic abuse may be occurring due to victims often being coerced by the source of harm into keeping quiet. Indicators that a child has been exposed to domestic abuse may include:

- Withdrawn or detached behaviour
- Ambivalent feelings towards one or both parents and/or family members
- Constant or frequent sickness
- Frustration or aggression
- Bullying peers / drastic changes to friendships
- Low mood, anxiety, or suicidal thoughts
- Engagement with self-harming behaviours
- Easily startled or seem on edge
- Fear of leaving the home
- Bed-wetting or increased soiling
- Nightmares or insomnia
- Withdrawal or struggles with separation
- Difficulty identifying feelings or communicating needs
- Increased/ use of alcohol and drugs

10.5. Recognising signs of sexual abuse

Sexual Abuse involves forcing or enticing a child 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 or watching sexual activities.
- Encouraging children to behave in sexually inappropriate ways.
- Grooming a child in preparation for abuse (including via the internet).
- Adult males do not solely perpetrate sexual abuse, women can also commit acts of sexual abuse, as can other children.

Males and females of all ages may be sexually abused and are frequently scared to say anything due to guilt, shame and/or fear.

Sexual abuse is particularly difficult for a child to talk about, and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct.
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- Continual and inappropriate or excessive masturbation.
- Self-harm (including eating disorders), self-mutilation and suicide attempts.
- Involvement in prostitution or indiscriminate choice of sexual partners.
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia, or clothing.

10.6. Recognising signs of neglect

Neglect is 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 because 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 caretakers).
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Indicators of neglect may include:

- Failure by parents or carers to meet the basic essential needs e.g., adequate food, clothes, warmth, hygiene, and medical care.
- A child seen to be listless, apathetic, and unresponsive with no apparent medical cause.
- Failure of child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment.
- Child frequently absent from school.
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.

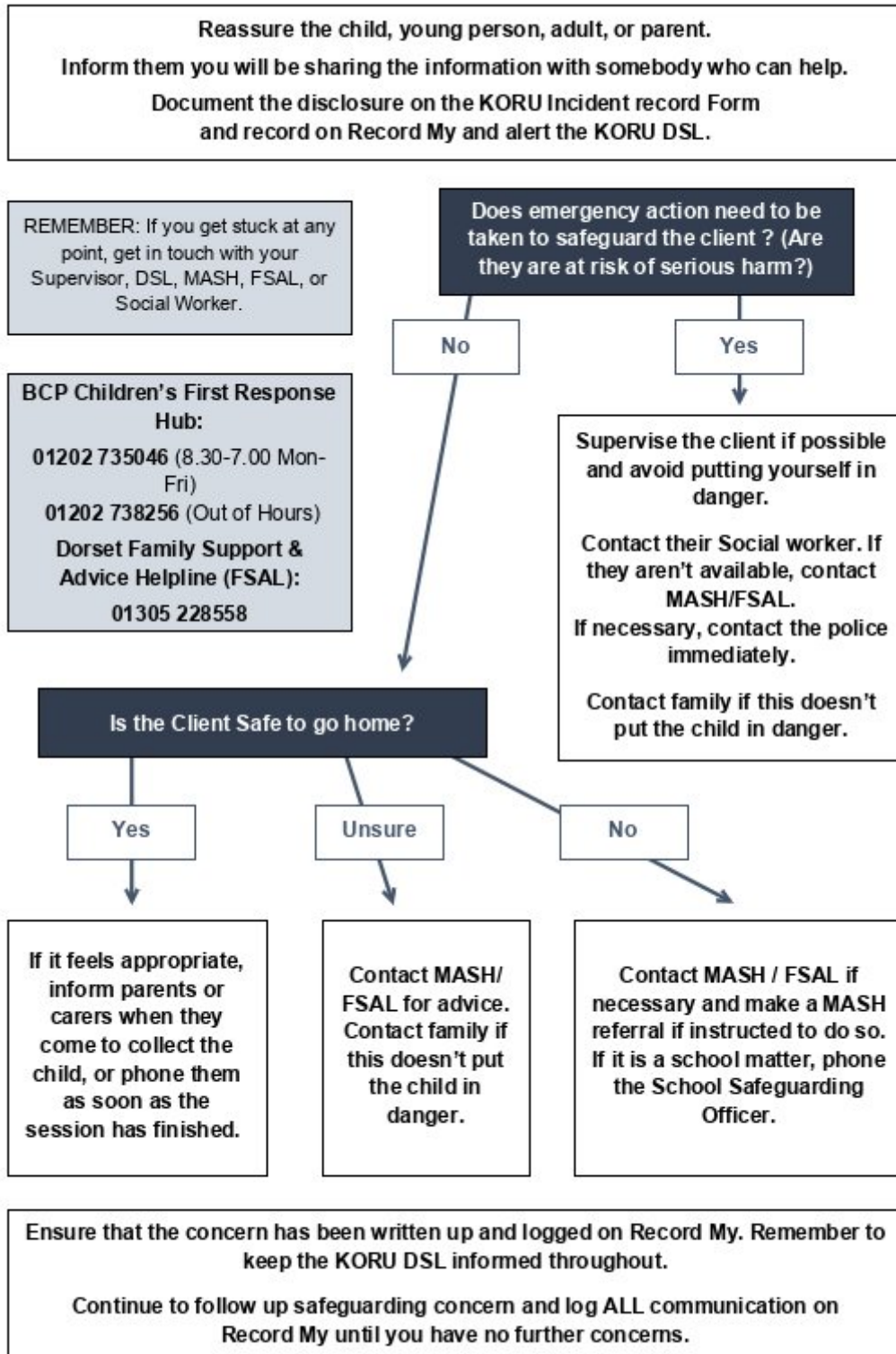
11. Taking action to ensure that children are safe at home, in school, and in the community.

It is not the responsibility of the KORU representative to investigate welfare concerns or determine the truth of any disclosure or allegation. Accordingly, all concerns regarding the welfare of children accessing the KORU Project CIC intervention are to be recorded and discussed with/ monitored by the DSL so that appropriate safeguarding measures may be put in place.

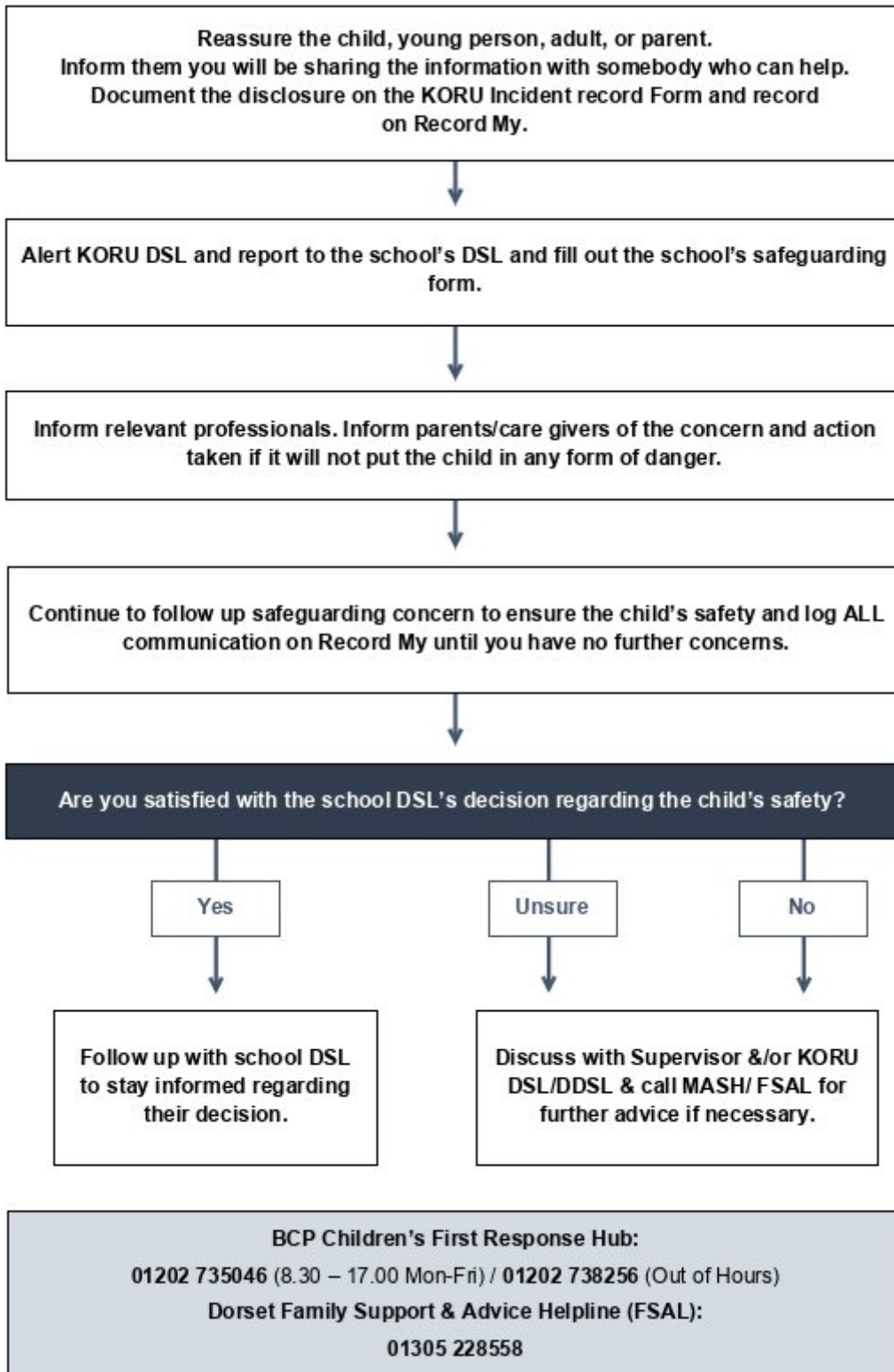
The KORU Representative must follow the Child Protection Procedure if any of the above indicators of abuse are present.

Please see flow chart for [Child Protection Procedure](#) and [Child Protection Procedure in a School Setting](#) on following pages:

12. Child Protection Procedure:



13. Child Protection Procedure in a school setting:



14. Protocol for responding to a disclosure

Disclosures of harm may be received directly from a child, or received from parents/care givers, other professionals, or members of the public.

The KORU Project CIC recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak.

Children may feel ashamed, guilty, or scared; the abuser may have threatened harm to the child or others if they seek help and disclose abuse.

The child may have lost all trust in adults or believe that what has happened is their fault.

Sometimes they may not be aware that what is happening is abuse or they may have been deceived into believing that they have consented.

Accordingly, all KORU representatives will manage disclosures with sensitivity and utmost care.

A child who makes a disclosure may have to tell their story on several subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During and immediately after their conversation with the child, the KORU representative will:

- Listen to what the child has to say and allow them to speak freely without asking questions or interrogating them.
- Reassure them that they are doing the right thing and that it is not their fault.
- Make clear, factual notes using the KORU Incident Record Form, see appendix 2, and record this, and all further action, on Record My.
- Explain to the child what will happen next.
- Explain sensitively to the child that they (the KORU representative) have a responsibility to pass the information to the Designated Safeguarding Lead, parent or carers (where appropriate) and external agencies.
- Avoid making it sound as if the child is in trouble or being reported.
- Avoid making false promises.
- Remain calm and gently attentive to the child.
- Be careful not to reveal their own feelings of shock and upset to the child as the child may stop talking if they feel they are upsetting the listener.
- Hold silences and allow the child time to talk.

- Take the child's disclosure seriously.
- Ask open questions and avoid asking leading questions.
- Avoid jumping to conclusions, speculation or making accusations.
- Not automatically offer any physical touch as reassurance as it may be uncomfortable for a child who is being abused.
- Avoid admonishing the child for not disclosing sooner. Saying things such as 'I do wish you had told me about it when it started'.
- Explain to the child that only those who 'need to know' will be told.
- Share the safeguarding concern with the KORU DSL or DDSL as soon as possible.

15. Action taken by the designated safeguarding lead (DSL) (or the Deputy Designated Safeguarding Lead DDSL, in their absence).

On receiving any information that raises concern, the KORU Project DSL will:

- Discuss the identified safeguarding concern with the KORU representative who has raised concern or contact KORU representative working with the child if information comes from another source.
- Consider any urgent medical needs of the child.
- Consider the child's wishes and feelings and confirm that it is the KORU representative's responsibility to share any information for the safety and well-being of the child.
- Provide guidance/ support and assist the KORU representative to:

Make an immediate referral via a discussion with MASH/ FSAL if there has been a disclosure and/or allegation of abuse or there are clear grounds for concerns about the child's safety and well-being.

Wherever possible, talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk.

Consider whether to make an immediate child protection referral to social care if a child is suffering or is likely to suffer significant harm and take action if required.

Contact the designated officer for safeguarding, in all agencies that are working with the family.

If an immediate referral is not warranted at this stage, consider whether 'Early Help' support will be helpful to the child and family/carers and if appropriate, progress referral via the BCP MASH team or Dorset FSAL team.

Document all information and actions taken, including the reasons for any decisions made, on Record My.

If a child is resident outside of the BCP/ Dorset area the referral should be made to their local Social Care services.

16. Action taken following a safeguarding referral:

The Designated Safeguarding Lead or allocated KORU representative, to be agreed at point of safeguarding referral, will:

- Maintain contact with the child's allocated Social Worker (where applicable).
- Contribute to any strategy discussion and/or strategy meeting as required.
- Provide a report for, attend, and contribute to any initial or review Child Protection Conference.
- Provide a written report to the conference organiser, 3 days prior to the Initial Child Protection Conference (ICPC) or 5 days prior to the Review Child Protection Conference (RCPC).
- If appropriate, share the content of the above report with the parent/carer, prior to the meeting.
- Attend Core Group Meetings for any child subject to a Child Protection Plan.
- Attend any TAF meetings that are part of plan for the child/children.
- When a child on a Child Protection Plan absconds from school, KORU intervention, or goes missing, immediately inform the child's Social Worker and follow the KORU Absconding Policy.

17. Managing disagreements and escalation of concerns

Effective working together depends on an open approach and honest relationships between agencies and professionals. Problem resolution is an integral part of professional co-operation and joint working to safeguard children. Occasionally situations arise when workers within one agency feel that the actions, or decisions of another agency do not adequately safeguard a child.

In such circumstances the 'Pan Dorset Safeguarding Children Partnership' or the 'Wiltshire Safeguarding Vulnerable People Partnership' escalations policies should be followed according to location. KORU representatives can find local authority escalation policies on SharePoint and/or contact the DSL for the relevant escalation procedure guidance.

Professional disagreements can arise in a number of areas, but are most likely to arise around:

- Levels of need.
- Roles and responsibilities.
- The need for action.
- Progressing plans and communication.

Where KORU representatives believe that the practice of other professionals is placing children at risk of harm, they must be assertive, act swiftly and ensure that they challenge the relevant professionals in line with this policy and be aware that:

- The safety of children is the paramount consideration in any professional activity.
- Resolution should be sought within the shortest timescale possible to ensure the child is protected.
- As a guide, professionals should attempt to resolve differences through discussion within one working week or a timescale that protects the child from harm (whichever is shortest).
- Disagreements should be resolved at the lowest possible stage.

The Designated Safeguarding Lead or other appropriate KORU representative will:

- Contact the line manager in Children's Social Care if they consider the response to a referral has not led to the child being safeguarded.
- Contact the line manager in Children's Social Care if they consider that the child is not being safeguarded by the child protection plan.
- Use the Pan-Dorset Safeguarding Children Partnership or the Wiltshire Safeguarding Vulnerable People Partnership escalation policy if this does not resolve the concern.

In the circumstance of any internal disagreements on how best to safeguard a child, KORU representatives should liaise with the KORU DSL, or if KORU DSL's actions are in question, the KORU director. Further guidance is document in the KORU Managing Allegations Policy that can be located for KORU Representatives on SharePoint.

18. Procedure for ongoing concerns

The KORU representative has a duty of care to follow the procedure outline below if they have ongoing concerns for children, but the concern does not require an immediate safeguarding response:

- Review the Pan-Dorset Continuum of Need Guidance: <https://pdscp.co.uk/wp-content/uploads/2019/09/Pan-Dorset-Continuum-of-Need-2019-V1.0-1.pdf> and the Pan Dorset Core Procedures where there are Concerns about a Child's Safety and Welfare: <https://pandorsetscb.proceduresonline.com/contents.html>

- The KORU representative must liaise with the KORU Project CIC DSL who will offer ongoing guidance and support to ensure best safeguarding practice and accountability.
- Practitioners will often be advised to ring the local authority MASH or FSAL to ask for advice without having to name the family.
- KORU representatives must seek advice and consultation when in doubt.
- All KORU representatives must also reflect and seek guidance through clinical supervision and, if advised, contact MASH/FSAL for further guidance. This process fits with the Guidance of Professional Standards and Ethics set out by the BACP and HCPC.
- Advice must be sought, and consultation must take place within a time frame which is not detrimental to the child's interests.
- To report a family to MASH/ FSAL, the family must be informed and give consent unless there is immediate risk as detailed in section 10 of this policy.
- KORU representatives must keep factual records about sessions, including date, whether the child attended the session, what they played with, any themes noticed in the intervention/ therapeutic play and any information that raises concerns for the KORU representative.

19. Confidentiality

Information sharing is essential for effective safeguarding and promoting the welfare of children. It is a key factor identified in many Child Safeguarding Practice Reviews (CSPR) that poor information sharing has resulted in missed opportunities to take action to keep children safe (Ref: 2018. Information sharing. Advice for practitioners providing Safeguarding Services to children, young people, parents, and carers. HM Government).

The GDPR and Data Protection Act (2018) does not prevent, or limit, the sharing of information for the purposes of keeping children safe (Ref: 2018. Information sharing. Advice for practitioners providing Safeguarding Services to children, young people, parents, and carers. HM Government).

The KORU Project CIC has clear confidentiality procedures. However, where there is a concern that the child may be suffering or is at risk of suffering significant harm, KORU representatives have a professional responsibility to share information with other agencies.

Prior to the initial KORU Project CIC intervention session, the parent/ care giver must return a completed consent form with a confidentiality clause ensuring that children and parents/care givers are aware of this Safeguarding Policy and that KORU representatives are required to share concerns to safeguard both children and adults.

KORU representatives must discuss confidentiality in an age-appropriate way with the children accessing intervention through the KORU Project CIC to set expectations at the beginning and prevent any future feelings of mistrust.

KORU representatives will always aim to share intentions of referring a child to Children's Social Care and/ or sharing safeguarding concerns with the police, with parents /care givers unless to do so could put the child at greater risk of harm or impede a criminal investigation.

In exceptional circumstances, the need to safeguard children and families will supersede The KORU Project CIC's commitment to protecting the confidence of the children and families accessing support through the KORU Project CIC. Where appropriate, KORU representatives should consult their supervisor and/or seek legal or other professional advice from a person with the relevant expertise. (BACP Good Practice Guide – Point 10) <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action/publications/gpia014-managing-confidentiality-1r/>

20. Data Protection

The KORU Project's record-keeping policy for child welfare and child protection is consistent with the requirements of the BCP, Pan Dorset Safeguarding Children Partnership and the Wiltshire Safeguarding Vulnerable People Partnership guidance, which is known to all KORU representatives.

To keep children safe and provide appropriate care for them, the KORU Project CIC requires accurate and up to date information regarding:

- Names and contact details of persons with whom the child normally lives.
- Names and contact details of all persons with parental responsibility (if different from above).
- Emergency contact details (if different from above).
- Details of any persons authorised to collect the child from the KORU Project intervention (if different from above), please see the KORU Transport Policy.
- Any relevant court orders in place including those, which affect any person's access to the child (e.g., Residence Order, Contact Order, Care Order, Injunctions etc).
- If the child is or has been subject to a Child in Need, Child Protection or Care Plan.
- Any other factors which may impact on the safety and welfare of the child.

The KORU Project CIC will store this information in accordance with the KORU Data Protection Policy, which adheres to government legislation. Please refer to the KORU Data Protection Policy.

Should children, young people, and parents/ carers wish to access their KORU records, they can request this by completing a 'Record Request Form' located in the KORU Data

Protection Policy. This can be accessed on the KORU website or through liaising with the allocated KORU representative.

21. Safer recruitment and selection

The KORU Project CIC pays full regard to the statutory guidance for Alternative Provision and Therapeutic intervention, Keeping Safe in Education 2024 - Part 3, Safer Recruitment.

The KORU Project ensures that all appropriate measures are applied in relation to all the employment/freelance contracts of all KORU representatives.

Safer recruitment practice includes scrutinising applicants, verifying identity and academic/vocational qualifications, obtaining professional references, checking employment history, and ensuring that a candidate has the health and physical capacity for the job. Shortlisted candidates will be asked to complete a self-declaration of their criminal record or information that would make them unsuitable to work with children. The shortlisted candidates will also be subject to an online search alongside undertaking interviews and checks with the Enhanced Disclosure and barring service (DBS).

The KORU Project CIC complies with statutory regulations and guidance as follows:

- Enhanced DBS and barred list checks are undertaken for all posts that are deemed regulated activity, and for all other posts an enhanced DBS check will be undertaken unless they are supervised roles that are deemed not to meet the definition of regulated activity. (KCSiE 2024 pg. 56)
- The KORU Project CIC is committed to keeping an up-to-date Single Central Record which details the range of checks conducted on our staff.
- KORU representatives responsible for recruiting and appointing must be suitably qualified and have completed training on recruitment and selection, with a minimum of one safer recruitment trained staff member sitting on interview panels.

22. Employee induction and training

The KORU Project CIC's Designated Safeguarding Lead and Director with designated responsibility for safeguarding will undertake appropriate safeguarding and child protection training and refresher training at two yearly intervals.

All other KORU representatives will undertake appropriate induction training and child safeguarding training to enable them to carry out their responsibilities in full. All KORU representatives will refresh their child safeguarding training annually.

The KORU Project CIC will maintain a register of training and dates completed by all KORU Representatives.

All KORU representatives are provided with the KORU Project CIC Safeguarding and Child Protection Policy must sign to confirm they understand and have read this policy. The KORU Project CIC maintain a register of dates that each staff member received the induction paperwork and KORU policies.

Newly recruited KORU representatives must complete a full induction, including safeguarding induction, and completion of mandatory safeguarding training prior to working with children.

Newly recruited KORU representatives will be subject to a 6-month probation period.

All KORU representatives must attend regular in house and external supervision as agreed in their employee/ freelance contracts. KORU representatives must attend annual training facilitated by the KORU Project CIC. All KORU representatives must maintain membership with their professional body, as agreed in their employee/ freelance contracts.

23. Safe Practice

The KORU Project CIC adheres to the current 'Guidance for Safer Working Practice for those working with children in education settings' (2023), and ensures that its guidance regarding conduct is known to all KORU representatives, visitors and volunteers who come to the KORU Project CIC.

Safe working practice ensures that children are safe and that all KORU representatives:

- Are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Work in an open, honest, and transparent way.
- Work with other colleagues where possible in situations that could otherwise be open to question.
- Discuss and/or take advice from clinical supervisors and the KORU DSL over any incident which may give rise for concern.
- Accurately record any incidents or decisions made on Record My.
- In instances of disclosures, KORU representatives must complete the KORU Incident Report Form, Appendix 2, and upload to Record My, alerting the KORU DSL.
- Apply professional standards respectfully in relation to diversity issues.
- Be aware of information-sharing and confidentiality policies.
- Are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.
- Appropriately risk assess and implement risk management plans for KORU Project CIC interventions across a variety of venues; each venue must have its own risk assessment and risk management plan, risk assessment templates can be accessed by KORU representatives on SharePoint.

24. Use of Safe Touch and 'Reasonable Force'

KORU representatives do not routinely use any form of physical contact to manage and contain children accessing support through the KORU Project CIC. However, there may be occasions when KORU representatives must physically intervene by using 'reasonable force' solely to safeguard and prevent children from hurting themselves and/or others.

'Action should be taken using no more force than is needed and as little physical contact as possible, (Pg.41 KCSiE 2024).'

The KORU Project CIC arranges regular external agencies (STAIR) to provide conflict management and positive handling training for KORU representatives.

At the point of referral allocation, KORU representatives complete a client risk assessment. All KORU representatives working with children assessed to be at a high risk of inflicting harm on themselves, to others, or from absconding from the KORU Project CIC intervention must access this training prior to commencing the intervention.

Physical restraint is used a last resort, and all KORU representatives will employ non-physical de-escalation strategies wherever possible and where safety allows.

Children who have experienced developmental trauma and/or attachment difficulties, may become emotionally dysregulated and distressed in intervention and seek physical comfort from the KORU representative. In these instances, KORU representatives must initially attempt to ground, comfort, and reassure the child verbally. If assessed to be appropriate, the KORU representative may provide physical comfort through safe touch.

Safe touch may also be used if assessed beneficial to the therapeutic intervention. This is at the discretion of the KORU representative and only to be considered if the child has initiated safe touch and given their consent. In these instances, parents/ carers must also provide their consent, refer to KORU Consent Form, see appendix 5.

When safe touch or physical intervention to prevent harm has been used, the KORU representative must inform the child's parent/ care giver and school (if intervention takes place on school site) and the incident must be recorded on the KORU Project CIC Record My system. The KORU representative must also inform the KORU DSL to debrief and review the care plan for the child.

For further information regarding KORU's use of safe touch and 'reasonable force' please refer to the KORU Safe Touch Policy, KORU Absconding Policy, KORU Self-harm Policy, and KORU Aggressive Behaviours Policy. These policies can be located on SharePoint, the KORU Project CIC Website, or upon request to the allocated KORU representative /DSL.

25. Action upon receiving or identifying an allegation or concern.

Any KORU representative receiving or identifying an allegation or concern will:

- Treat the matter seriously and keep an open mind.

- As soon as practicable, make a signed and dated written record of incident including the time, date and place of incident/s, persons present and what was said.
- Immediately report the matter to the KORU DSL (unless the allegation or concern is against the DSL)
- If at this stage, the allegation is considered to be a 'low-level concern,' the DSL will notify the Director and, if required, the Pan Dorset Safeguarding Children Partnership and/ or the Wiltshire DOFA. Their contact details are published in appendix 1 of this policy.
- Where the allegation or concern is about the KORU DSL, it must be reported to the KORU Project CIC Director, Andrea Micah.
- If the KORU Project CEO is also implicated /conflicted, or if they cannot be contacted promptly, staff should report the allegation directly to the Pan-Dorset Designated Officer or Wiltshire DOFA.

Further guidance is provided in the KORU Managing Allegations Policy, located on SharePoint.

25.1 Whistleblowing Procedure.

KORU representatives are encouraged to use whistle blowing procedures if they have concerns regarding the conduct or behaviour of a colleague. This procedure relates to any concerns you have about the behaviour or conduct of a KORU representative (or school staff member where when working in a school location).

KORU recognise that children cannot be expected to raise concerns in an environment where KORU representatives fail to do so.

KORU representatives have a duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures of the safeguarding arrangements in place.

Such concerns should be reported to the KORU DSL/DDSL. If it becomes necessary to raise concerns to somebody independent, the NSPCC whistle blowing helpline is available: 0800 028 0285 – from 8:00 AM to 8:00 PM, Monday to Friday.

Or Email: help@nspcc.org.uk.

If an allegation is made, or information received which suggests that a person may be unsuitable to work with children, the KORU representative receiving the allegation or aware of the information, will immediately inform the DSL/Supervisor/Designated Officer, whichever is deemed appropriate.

The DSL/DDSL on all such occasions, at the earliest opportunity and before taking any further action, will discuss the content of the allegation with the local authority's Designated Officer (formally known as LADO) and will precisely follow their recommendations.

The DSL will conduct an internal enquiry.

The KORU representative may not publicise material that may lead to the identification of a colleague who is the subject of an allegation as this is against the law. Publication includes verbal conversations or written content placed on social media sites.

Please refer to the KORU Whistleblowing Policy for full procedure.

25.2. Initial action taken by the DSL.

Once informed, the DSL will:

- Obtain written details of the concern or allegation as soon as practicable.
- Follow guidance from KCSiE 2024 (paragraph 363) for initial fact finding, whilst being careful not to jeopardise any future police investigation.
- Contact the Pan-Dorset or Wiltshire Designated Officer for Allegations (DOFA) within 1 working day.
- Contact the local authority Designated Officer to notify them of the allegation made.
- Inform the KORU Project CIC Director of the allegation.

25.3. Subsequent action taken by the DSL.

The KORU Project CIC DSL will:

- Contribute to the child protection process by attending professional strategy meetings as and when required.
- Maintain contact with relevant agencies.
- Ensure that clear and comprehensive records regarding the allegation, any action taken, and the outcome, are recorded in incident logs and retained on the staff member's personnel file.
- In consultation with the HR department and Local Officer, conduct a disciplinary investigation, if required.

- Consider along with Human Resources and the Designated Officer for Allegations (DOFA), whether a referral to the Disclosure and Barring Service (DBS) should be made and also the TRA if the allegation relates to a member of the teaching staff.
- Make every effort to maintain confidentiality and guard against unwanted publicity during the investigation. (Part 4 para 392 KCSiE 2024)T
- The KORU Project CIC acknowledges that it is possible for allegations to be well founded, and it is also possible for allegations to be false, malicious, or misplaced. It is, therefore, essential that all allegations are investigated properly, in line with agreed procedures and that outcomes are recorded.

All KORU representatives will maintain a culture of vigilance based on the notion that 'it could happen here'.

25.4. Concerns and/ or allegations that do not meet the Harm Threshold.

The KORU Project CIC will ensure that any concerns (including allegations) which do not meet the harm threshold (low-level concerns) will be managed in an open and transparent way to ensure they are dealt with appropriately.

A low-level concern that does not meet the threshold of harm and does not require a referral to the DOFA will be acted upon if:

A KORU representative has acted in a manner that is inconsistent with the KORU Project Code of Conduct, including inappropriate conduct outside of work. Examples include but are not limited to:

- Being over friendly with the children- acting outside appropriate therapeutic boundaries.
- Having favourites.
- Taking photographs of children on their mobile phone, contrary to The KORU Project CIC Data Protection Policy and Code of Conduct. (In rare circumstances, photos may be used as part of the therapeutic process, this must be documented and consent gained by parents/ carers, children and the KORU DSL.)
- Engaging with a child on a one-to-one basis in an inappropriate setting such as behind a locked door or secluded area where no risk assessment has determined this to be needed.
- Humiliating children and families accessing the KORU Project CIC Intervention (Pt 4 para 425 KCSiE 2022).

26. Children with special educational needs and disabilities.

All Alternative Provisions have a duty to use their 'best endeavours' to identify and support pupils with SEN and meet their educational needs. This is particularly important at The KORU Project CIC, where all pupils have identified special educational needs.

Children with special educational needs and disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges, both online and offline. The KORU Project CIC ensure a culture of vigilance that reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of abuse such as behaviour, mood and injury relate to the child's SEND without further exploration.
- The potential for children with SEND to be disproportionately impacted by behaviours such as bullying, (including prejudice-based bullying) without outwardly showing any signs; and
- Communication barriers and difficulties in managing or reporting these issues.
- They may also be unable to understand the difference between fact and fiction in online content.

27. Children who identify as part of the LGBTQ+ community.

The KORU Project CIC facilitate interventions with children who identify as part of the LGBTQ+ community.

It is important to recognise that LGBTQ+ children may be vulnerable to bullying by other children. KORU representatives will respond immediately to any reported concerns and will ensure that the child has a trusted KORU representative they can go to for support and guidance.

Further guidance can be found in the KORU Anti-Bullying Policy located on SharePoint and on the KORU Project CIC website.

28. Mental Health.

All KORU representatives, through their therapeutic and safeguarding training, are aware that mental health problems can in some cases be an indicator that a child is suffering or has suffered abuse.

KORU representatives should not attempt to make a mental health diagnosis but are well placed to observe a child over time and so become aware of mental health concerns or possibilities of abuse.

If KORU representatives have a concern about the mental health of a child, they must follow the Child Protection Procedure and report their concerns to the KORU Project CIC DSL and relevant agencies.

Adverse experiences in childhood (ACES) may have lifelong effects including, for some, negative impact upon behaviour, ability to learn and mental health.

Mental health and behaviour in schools (publishing.service.gov.uk) is a good source of additional guidance.

29. Self-harm and aggressive behaviours.

All KORU representatives, through their safeguarding training, are aware that children may engage with self-harming and/or aggressive behaviours as a means of expression and/or as a coping mechanism. KORU representatives must adhere to the KORU Project CIC Self-Harm Policy and KORU Aggressive Behaviours Policy if a child engages with self-harming or aggressive behaviours while in transport to/from or when accessing the KORU Project CIC intervention.

Self-harm can take many forms and can include, but are not limited to:

- Cutting behaviours.
- Burning and scalding.
- Banging, scratching, punching, hitting, hair pulling, swallowing, or inserting harmful objects.
- Self-poisoning.
- Self-Neglect - not looking after their needs properly - emotionally or physically.
- Staying in an abusive relationship.
- Taking risks too easily.
- Eating distress (anorexia, bulimia, overeating)
- Excessive use of alcohol and/or drugs.

Aggression is any behaviour that results in physical or emotional injury to a person or animal, or one that leads to property damage or destruction.

Aggressive behaviours may be:

- Accidental
- Expressive
- Instrumental
- Hostile

In all circumstances where a child is engaging with self-harming behaviours and/or aggressive behaviours, the child protection procedure outlined in chapters 12 & 13 of this policy should be followed.

For young people engaging with self-harming behaviours, please refer to:

Gillick Competency and Fraser guidelines

and

KORU Safeguarding Procedure, with regard to maintaining confidentiality.

Further information is located on the KORU SharePoint files for KORU representatives and within the KORU Self-Harm Policy and KORU Aggressive Behaviours Policy.

30. Further information about safeguarding.

In addition to child protection, safeguarding encompasses issues such as health and safety, bullying, arrangements for meeting the medical needs of children, first aid, intervention security, drugs and substance misuse, gang related activity and promoting positive behaviour.

The KORU Project CIC recognise that abuse, neglect, and safeguarding issues are complex and may affect anyone. Any child, in any family, in any school, could become a victim of abuse.

Below are some of the issues that all KORU representatives must take seriously and act upon, in accordance with this KORU Safeguarding Policy, to keep children safe.

31. Bullying.

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences, or perceived differences.

While bullying between children is not a separate category of abuse and neglect, it is a serious issue that can cause considerable anxiety and distress. At its most serious level, bullying can have a significant effect on a child's well-being and has been implicated in some cases of suicide.

All reported incidences of bullying, including cyber-bullying and prejudice-based bullying must be documented on Record My and KORU representatives must alert the KORU DSL. Together appropriate action will be agreed, including alerting parents/ care givers and schools, and if required, facilitate/join professional meetings to create/review care plans for the child. KORU representatives must follow the Child Protection Procedure as detailed in chapters 12 and 13 of this policy and refer to the KORU Anti-Bullying Policy, located on SharePoint.

For further information please see the DFE guidance, 'Preventing and Tackling Bullying', (Preventing bullying - GOV.UK (www.gov.uk)).

32. Child on child abuse.

The KORU Project CIC recognise that children can abuse other children (often referred to as child-on-child abuse) and it can take many forms. It can happen both inside school/colleges, in the community and online. It is important that all KORU representatives recognise the indicators and signs of child-on-child abuse and know how to identify it and respond to reports. This can include (but is not limited to):

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this can include an online element which facilitates/threatens and/or encourages physical abuse).
- Upskirting and initiation/hazing type violence and rituals.
- Sexual abuse and sexual harassment. (see section below)

Addressing inappropriate behaviour (even if it appears to be innocuous) can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

KORU representatives must follow the Child Protection Procedure as detailed in chapters 12 and 13 of this policy and refer to the KORU Anti-Bullying Policy, located on SharePoint.

33. Online Safety

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- **Content:** being exposed to illegal, inappropriate, or harmful material.
- **Contact:** being subjected to harmful online interaction with other users.
- **Conduct:** personal online behaviour that increases the likelihood of, or causes, harm.
- **Commerce:** risks such as online gambling, inappropriate advertising, phishing and or financial scams. (Pg. 35 KCSiE 2022).

The KORU Project CIC recognise that children accessing intervention will often use mobile devices and computers at some time. They are a source of fun, entertainment, communication, and education. However, all KORU representatives are aware that some adults and young people will use these technologies to harm other children. The harm might range from sending hurtful or abusive texts and emails, to enticing children to engage in sexually harmful conversations, behaviours, webcam photography or face-to-face meetings.

All concerns regarding online safety must be taken seriously and KORU representatives must adhere to the Child Protection Procedure as detailed in chapters 12 and 13 of this policy.

Photographing children during KORU interventions is not permitted unless specific consent has been granted by the KORU DSL, the child and their parents/carers; and the content relates to the therapeutic process.

34. Children missing from care, home, education and intervention.

All KORU representatives understand that a child who is persistently missing from intervention, alternative provision or school and care/home, may be at risk of a range of safeguarding issues, including neglect, child sexual abuse, and child criminal exploitation.

KORU representatives will follow the local guidance available on the Pan Dorset Safeguarding Children Partnership website and where reasonably possible, the KORU Project CIC will hold at least two emergency contact numbers for each child accessing intervention with the KORU Project CIC.

If a child absconds from the venue/vehicle while in transport to/from or accessing the KORU Project CIC intervention, the KORU representative must follow the KORU Absconding Policy to safeguard the child.

35. Sexual harassment and sexual abuse by children and young people.

Sexual violence and sexual harassment can occur between two children of any sex. They can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

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.

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate, or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers, or children.

Developmental sexual activity encompasses those actions that are to be expected from children as they move from infancy through to an adult understanding of their physical, emotional, and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child has been exposed. Abusive sexual activity includes any

behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. To determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive, and emotional development, power and control and authority, passive, and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, developmental level, functioning and experience.
 - Knowledge of society's standards for consent
 - Awareness of potential consequences and alternatives.
 - Assumption that agreements or disagreements will be equally respected.
 - Voluntary decision
 - Mental competence
- **Coercion** – the young person who abuses (source of harm) may use techniques such as bribing, manipulation or emotional threats of secondary gains and losses- such as removal of love, friendship, etc. Some may use physical force, brutality, or threat.

It is relevant to note that, although anyone can be the victim of sexual harassment and abuse, it is more likely that girls will be the victims of sexual violence and more likely that sexual harassment will be perpetrated by boys.

Children with Special Educational Needs and Disabilities (SEND) can be especially vulnerable to sexual harassment and sexual abuse. KORU representatives must adhere to the KORU Child Protection Procedure (detailed in sections 12 and 13 of this policy). and alert the KORU DSL of any concerns regarding sexual harassment or sexual abuse. In cases where sexual harassment and/or abuse is suspected, police involvement may be required.

36. Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE).

KORU representatives are required to maintain up to date, mandatory CSE and CCE training to ensure that indicators of these forms of abuse are recognised.

These forms of abuse can occur when 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 facilitator or individual inflicting the abuse 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.

The KORU Project CIC is aware that due to its rural location and the local geographical context around CCE and CSE, the risks of exploitation are higher than might be present in other settings. The KORU Project CIC is therefore particularly proactive in its approach to ensure high quality safeguarding practices are followed for this area of risk, particularly regarding County Lines concerns.

All KORU representatives must adhere to the Child Protection Procedure (detailed in chapters 12 and 13 of this policy) and alert the KORU DSL of any concerns regarding CSE or CCE.

36.1 Child Sexual Exploitation (CSE)

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 non-penetrative 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 sexually inappropriate behaviour or grooming a child in preparation for abuse (including via the internet).

CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge, for example 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 teenagers of 16 and 17 years who can legally consent to have sex. Some children may not realise they are being exploited if they have, for example, been deceived into believing they are in a genuine romantic relationship.

KORU representatives work with Children's Social Care, the police, and other agencies and professionals, in following local processes and procedures to ensure the child's needs are being met (Pg 140 Annex B KCSiE 2024).

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

- Going missing from home or school.
- Regular school absence/truancy.
- Under age sexual activity.
- Inappropriate sexual or sexualised behaviour.
- Sexually risky behaviour, 'swapping' sex.
- Repeat sexually transmitted infections, repeat pregnancy, abortions, miscarriage.
- Receiving unexplained gifts or gifts from unknown sources.
- Having multiple mobile phones and worrying about losing contact via mobile.
- Online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs).
- Changes in style of dress.
- Going to hotels or other unusual locations to meet friends.
- Being seen at known places of concern.

- Moving around the country, appearing in new towns or cities, not knowing where they are.
- Getting in/out of different cars driven by unknown adults.
- Having older boyfriends or girlfriends.
- Contact with known perpetrators.
- Involvement in abusive relationships, being intimidated and fearful of certain people or situations.
- Hanging out with groups of older people, or anti-social groups, or with other vulnerable peers.
- Associating with other young people involved in sexual exploitation.
- Recruiting other young people to exploitative situations.
- Truancy, exclusion, disengagement with school, opting out of education altogether.
- Unexplained changes in behaviour or personality (chaotic, aggressive, sexual).
- Mood swings, volatile behaviour, emotional distress.
- Self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders.
- Drug or alcohol misuse.
- Getting involved in crime.
- Police involvement, police records.
- Involvement in gangs, gang fights, gang membership.
- Injuries from physical assault, physical restraint, sexual assault.

36.2. Child Criminal Exploitation (CCE)

CCE is a form of child abuse where children are manipulated and coerced into committing crimes. 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.

Both girls and boys are victims of CCE however, the experience of girls who are criminally exploited can be very different to that of boys (pg. 140 Annex B KCSiE 2022) and may be more likely to involve sexual violence and abuse.

Indicators of CCE are also those of CSE. Please refer to list above for common indicators that can aid professionals in identifying children who may be victims of CCE.

37. County Lines

As set out in the Serious Violence Strategy, published by the Home Office, County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

All KORU representatives must adhere to the Child Protection Policy listed in chapters 12 and 13 of this policy and alert the KORU DSL of any concerns regarding County Lines.

38. Assessment of risk outside the home (previously referred to as Contextual Safeguarding).

Assessment of risk outside of the home is an approach to understanding, and responding to, young people's experiences of significant harm and risk beyond their families. It recognises that children and young people can experience abuse and violence in relationships outside the home in the local community, schools and online.

Parents and care givers may have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, children's social care practitioners and KORU representatives should engage with both individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention within, these spaces is a critical part of safeguarding practice.

Assessment of risk outside the home therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

KORU representatives must follow the local procedures and if necessary, consult or refer to Children's Social Care. Assessment of risk outside of the home must also be assessed by KORU representatives when completing client risk assessments, see appendix 4.

39. So-called 'Honour-Based' Abuse (HBA).

So-called 'honour-based' abuse (HBA) includes incidents or crimes which have been committed in order to protect or defend the 'honour' of the family and/or the community. Abuse labelled as honour-based, includes female genital mutilation (FGM), forced marriage, and practices such as breast ironing.

Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such.

KORU representatives must remain alert to the possibility of a child being at risk of HBA or having already suffered HBA.

All KORU representatives must adhere to the Child Protection procedure listed in chapters 12 and 13 of this policy and alert the KORU DSL of any concerns regarding HBA.

40. Female Genital Mutilation (FGM)

KORU representatives will remain aware of the risks of Female Genital Mutilation (FGM), which comprises all procedures that intentionally alter/injure the female genital organs for non-medical reasons. FGM is also known as female circumcision or cutting, and by other terms, such as Sunna, gudniin, halalays, tahur, mergez and khitan, among others (NHS Definitions). FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

There are 4 types of procedures:

- **Clitoridectomy** – partial/total removal of clitoris
- **Excision** – partial/total removal of clitoris and labia minora
- **Infibulation** - entrance to vagina is narrowed by repositioning the inner/outer labia
- **All other procedures** - that may include pricking, piercing, incising, cauterising, and scraping the genital area.

Circumstances and occurrences that may point to FGM are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia, and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities.
- Behaviour changes on return from a holiday abroad, such as being withdrawn and appearing subdued.
- Bladder or menstrual problems.
- Finding it difficult to sit still and looking uncomfortable.
- Complaining about pain between the legs.
- Mentioning something somebody did to them that they are not allowed to talk about.
- Secretive behaviour, including isolating themselves from the group.
- Reluctance to take part in physical activity.
- Repeated urinal tract infection.
- Disclosure.

FGM is internationally recognised as a violation of the human rights of girls and women. It is illegal in most countries including the UK. All KORU representatives must adhere to the Child Protection procedure listed in chapters 12 and 13 of this policy and alert the KORU DSL, and report to the police, concerns regarding FGM (Pg.14 para 44 KCSiE 2022).

It is essential that KORU representatives follow the 'One Chance Rule', (see www.saverauk.co.uk) , and act without delay to make a referral to Children's Social Care.

41. Domestic Abuse.

KORU representatives must maintain an up to date understanding of the impact of domestic abuse.

All KORU representatives are aware of the wide range of behaviours that indicate domestic abuse and that a single incident or a pattern of incidents may occur. Domestic abuse can be, but is not limited to psychological, physical, sexual, financial, or emotional abuse.

KORU representatives recognise that children can be victims of domestic abuse. Children can be traumatised by seeing, hearing, and experiencing the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). Children may also be directly targeted by the abuser or take on a protective which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn (ACES).

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed, and/or have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in school or in other organised activities to escape from their home life. None of these signs are exclusive to domestic abuse. Please refer to chapter 10.4 of this policy.

All KORU representatives have a duty of care to adhere to the Child Protection Procedure listed in chapters 12 and 13 of this policy and alert the KORU DSL of any concerns regarding domestic abuse.

42. Radicalisation and Extremism

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Children may become susceptible to radicalisation through a range of social, personal, and environmental factors. It is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities.

Extremism is defined by the Government in the Prevent Strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify, or glorify terrorist violence in furtherance of beliefs.
- Seek to provoke others to terrorist acts.
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts.
- Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

The following list includes indicators of vulnerability to radicalisation. It is not exhaustive, nor does it mean that all young people experiencing the identified indicators are at risk of radicalisation or becoming involved in violent extremism.

- **Identity Crisis** – the student/child/young person is distanced from their cultural/religious heritage and experiences discomfort about their place in society.
- **Personal Crisis** – the student/child/young person may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging.
- **Personal Circumstances** – migration; local community tensions; and events affecting the student/child/young person's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- **Unmet Aspirations** – the student/child/young person may have perceptions of injustice; a feeling of failure; rejection of civic life.
- **Experiences of Criminality** – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration.
- **Special Educational Need** – students/children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

More critical risk factors could include:

- Being in contact with extremist recruiters.
- Accessing violent extremist websites, especially those with a social networking element.
- Possessing or accessing violent extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage.

From 1 July 2015 all schools, including alternative provisions, must abide by the statutory guidance issued under section 29 of the Counterterrorism and Security Act 2015. Paragraphs 57-76 of the guidance are in relation to schools and childcare providers, and states that educational settings should have due regard for the need to prevent people from being drawn into terrorism.

It is essential that KORU representatives complete 'Prevent' training to identify children who may be vulnerable to radicalisation and know what to do when they are identified. KORU representatives should be mindful of the risk of children being exposed to extremist materials via the internet. KORU representatives should support children by providing a safe space in which children can debate controversial issues, understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments.

All KORU representatives must adhere to the Child Protection Procedure detailed in chapters 12 and 13 of this policy and alert the KORU DSL (DLS is also the KORU Prevent Lead), of any concerns regarding radicalisation and extremism. KORU representatives should also refer to the Pan Dorset Safeguarding Children's Partnership's guidance on Prevent.

42.1. Channel

Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Prevent referrals may be passed to a multi-agency Channel panel, which will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. The KORU Prevent Lead may be asked to attend the Channel panel to help with this assessment. An individual's engagement with the programme is entirely voluntary at all stages.

43. Children with family members in prison.

Each year, approximately 200,000 children in England and Wales experience a parent being sent to prison.

This places the children at risk of poverty, stigma, isolation and poor mental health.

The National Information Centre on Children of Offenders (NICCO) provides information for professionals who work with the offender and their children to assist in mitigating the negative consequences for the children. KORU representatives should refer to such guidance when supporting children with family members in prisons.

44. Homelessness.

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. KORU representatives are to follow the Child Protection Procedure listed in chapters 12 and 13 of this policy and alert the KORU DSL, of any concerns regarding homelessness. The KORU Project DSL (and any DDSL) will make a referral into the local housing authority should they be concerned that a child accessing the KORU project CIC intervention is about to become or has become homeless (this does not replace the referral to Children's Social Care when child/children are at risk).

Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse, and anti-social behaviour, as well as the family being asked to leave a property. The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live.

In most cases, The KORU Project CIC consider homelessness in the context of children who live with their families, and intervention will be on that basis. When a child of 16/17 years is homeless and is estranged from parents a referral should be made to Children's' Social Care immediately (KCSiE 2024).

45. Fabrication or induced illness (FI)

Fabricated or induced illness is defined by the NHS to be a rare form of child abuse. It occurs when a parent or care giver exaggerates or deliberately causes symptoms of illness

in the child in their care. FII can also be present when a parent/ care giver does not deliberately attempt to deceive doctors and medical professionals, but their behaviour is likely to harm the child. For example, the child may undergo unnecessary treatments or tests, made to believe they are ill, or have their education disrupted. FII was previously known as 'Munchausen's syndrome by proxy' (not be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves).

Fabricated or induced illness (FII) covers a wide range of symptoms and behaviours involving parents or caregivers seeking healthcare for a child. This ranges from exaggerating or inventing symptoms, to deliberately making the child ill. Behaviours in FII can include a parent or care giver who:

- Persuades healthcare professionals that their child is ill when they're healthy.
- Exaggerates or lies about their child's symptoms.
- Manipulates test results to suggest the child is ill, for example, by putting glucose in urine samples to suggest the child has diabetes.
- Deliberately induces symptoms of illness, for example, by poisoning their child with unnecessary medicine or other substances.

Cases where the parent or care giver wrongly report symptoms are much more common than cases where they induce illness in the child.

KORU representatives must adhere to the Child Protection Procedures listed in chapters 12 and 13 of this policy and alert the KORU DSL, of any concerns regarding FII. All concerns of FII warrant a referral to Children's Social Care.

46. Alcohol and substance misuse

The KORU Project CIC are aware that parents or care givers who are misusing alcohol and substances are at risk of neglecting or not meeting the physical and emotional needs of their children. Therefore, any KORU representative made aware of potential parental alcohol and/or substance misuse must consider this as a safeguarding concern and follow the KORU Child Protection Procedures listed in chapters 12 and 13 of this policy and alert the KORU DSL.

The KORU Project CIC also acknowledge that children and young people often experiment with alcohol and substances. For children who have experienced abuse and/or trauma, alcohol and substance misuse can develop as an unhealthy coping mechanism. KORU representatives should adhere to the KORU Alcohol and Substance Misuse Policy, located on SharePoint and follow the KORU Child Protection Procedures listed in chapters 12 and 13 of this policy.

47. Gambling addiction

The BBC (gambling watchdog, 2024) reported a doubling in the number of teenagers of 11–17 years displaying signs of problem gambling. Gambling addiction can quickly spiral, taking over a young person's life. 'The thrill of winning, coupled with the fear of losing, can create a dangerous cycle of gambling behaviour that is difficult to break' (Children's Society). These behaviours can be detrimental to the mental, emotional and social health of young

people and cause low self-esteem, stress, poor diet, poor sleep, anxiety and strains on relationships.

KORU representatives should be vigilant to the risk of children and young people becoming addicted to gambling and follow the KORU Child Protection Procedures listed in chapters 12 and 13 of this policy if concerned.

KORU representatives should also signpost young people to GamCare's Young People's Service which support anyone aged 18 and under across the UK who is either 'at risk' of or experiencing harm because of gambling. This can be if they are gambling themselves or if they are affected by someone else's gambling. They are a free and confidential service:

National Gambling Helpline – 24 hours a day on Freephone 0808 8020 133

48. Support and self-care for KORU representatives.

The KORU Project recognise that working with children who are victims of abuse and trauma can be very stressful and upsetting for the KORU representatives supporting them. The KORU Project CIC understand that KORU representatives are vulnerable to experiencing secondary trauma.

KORU representatives are encouraged to use their own clinical supervision time to reflect on issues arising and if necessary, engage in personal therapy to care for their own well-being and health.

KORU representatives should discuss all safeguarding concerns with the KORU DSL or DDSL and not feel solely responsible for the safeguarding of children accessing intervention through the KORU Project CIC.

KORU representatives should not place themselves in vulnerable positions especially with a child who is known to make allegations. KORU representatives should also refer to the KORU Lone Working Policy and KORU Home Visit Policy when applicable.

KORU representatives should refer to the employee well-being resources in the employee handbook provided to all KORU Representatives. For additional support, the KORU Project CIC encourages KORU Representatives to contact the KORU DSL.

49. Related Internal Policies

This policy should be read alongside all policies of The KORU Project CIC, in particular

- Home Visiting Policy
- Lone Working Policy
- Absconding Policy
- Transport Policy
- Safeguarding Adults Policy
- Code of Conduct

50. Related Legislation and Guidance

- Children's Act 1989 & 2004
- Children and Families Act 2014
- Children and Social Work Act 2017
- Children and Young Persons Act 2008
- Data Protection Act 2018
- Education Act 2002
- Equality Act 2010
- Human Rights Act 1998
- Keeping Children Safe in Education 2024 (KCSiE)
- Sexual Offences Act 2003
- The Care Act 2014
- The Safeguarding Vulnerable Groups Act 2006
- Working Together to Safeguard Children 2023
- gov.uk - Missing Children and Adults strategy (2011) – [click here](#)
- NSPCC - Helping Children who have been abused – [click here](#)
- Ofsted Missing Children Report – February 2013 – [click here](#)
- NSPCC Child Trafficking Advice Centre (CTAC) – [click here](#)
- Pan-Dorset Escalation Policy- Section 3.2
<https://pandorsetscb.proceduresonline.com/contents.html>
- Safeguarding Children Who May Have Been Trafficked Guidance (2011) – [click here](#)

51. Monitoring and Review

This policy will be reviewed on an annual basis or following a major incident relating to a child absconding.

Review date: January 2026.

52. References

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Appendix 1.

Contact Information

The KORU Project CIC Contacts:

KORU CEO- Andrea Micah: 07917 797528 AndreaMicah@korucic.com

KORU Chair of the Board of Directors – Rob Whiteman: RobWhiteman@cipfa.org

KORU DSL – Al Stephens: 07467 384 686 safeguarding@korucic.com

KORU Prevent Lead - Al Stephens: safeguarding@korucic.com

KORU DDSL - on Fridays - Kathy Noble: 07786 474787 kathynoble@korucic.com

Please ensure all safeguarding emails are also sent to safeguarding@korucic.com

Useful contacts:

Dorset Family Support and Advice Helpline (FSAL): 01305 228558

BCP Children's First Response Hub: 01202 123 334

BCP Children's First Response Hub: Out of Hours: 01202 738256

Dorchester Locality - 01305 224220 - dorchesterlocality@dorsetcouncil.gov.uk

East Locality - 01202 868224- eastlocality@dorsetcouncil.gov.uk

North Locality - 01258 474036- northlocality@dorsetcouncil.gov.uk

Purbeck Locality - 01929 557000 - purbecklocality@dorsetcouncil.gov.uk

West Locality - 01308 425241 - westlocality@dorsetcouncil.gov.uk

Safeguarding and Standards Advisor- Dorset Council: Tel 01305 221122

Email: SafeguardingAndStandardsAdvisors@dorsetcouncil.gov.uk

Dorset Safeguarding Children's Partnership

Dorset Phone: 01305 221196

Website: <https://pdscp.co.uk/>

BCP Children's Partnership

Website: <https://pdscp.co.uk?>

Dorset Safeguarding Adults Board

Phone: 01305 221016

Website: <https://www.dorsetcouncil.gov.uk/care-and-support-for-adults/dorset-safeguarding-adults-board/dorset-safeguarding-adults-board>

Email: DSAB@dorsetcouncil.gov.uk

Wiltshire Contacts (DOFA Details)

Email: dofaservice@wiltshire.gov.uk

Telephone: 0300 456 0108 (select option 3 then option 4#)

National Contacts

<https://proceduresonline.com/resources/national-contacts/>

NSPCC Help line

0808 800 5000

Email: help@nspcc.org.uk

Website: www.nspcc.org.uk/

Samaritans

116 123

Email: jo@samaritans.org

Website: www.samaritans.org

If a child is at risk of immediate harm do not delay **CALL 999**

Appendix 2.

Safeguarding Children – Incident Record Form

Your Name:
Your Position:
Child's Name:
Child's Address:
Parents/Carers Name and Address:
Child's Date of Birth:
Date and Time of any Incident:
Your Observations:
Exactly what the child said and what you said (Remember; do not lead the child – record factual details and the reason for your concern. Remember it is not your role to investigate. Continue on separate sheet if necessary.)
Action taken so far:

External Agencies Contacted (Date & Time)	
Police Yes/No	If Yes – Which Station & Officer: Contact Number: Details of Advice Received:
Social Services (Local Authority) Yes/No	Name: Contact Number: Details of Advice Received:
Reporting Person	
Print Name:	
Signature:	
Date:	

- Remember to maintain confidentially and share information on a **need-to-know** basis and only if it will protect the child.
- Do not discuss this incident with anyone other than those who need to know.
- A copy of this form should be sent to the Social Services Child Protection Team after the telephone report.
- The Incident Record Form must be shared with the KORU DSL and uploaded/recorded on Record My ASAP after the disclosure.

Appendix 3.

Risk Assessment Aid

1. Presenting problem: This goes beyond diagnosis to include what the young person and Koru practitioner identify as difficulties, how the person's life is affected, and when a particular difficulty should be targeted for intervention. For example, while a person may have an existing diagnosis of borderline personality disorder, presenting difficulties may include not being able to maintain employment, erratic friendships, and physical health complications resulting from self-harm. Specifying such difficulties can allow for a more focused intervention.

2. Predisposing factors: This comprises identifying possible biological contributors (for example, organic brain injury and birth difficulties), genetic vulnerabilities (including family history of mental health difficulties), environmental factors (such as socio-economic status, trauma, or attachment history) and psychological or personality factors (including core beliefs or personality factors) which may put a person at risk of developing a specific mental health difficulty.

3. Precipitating factors: This can include significant events preceding the onset of the disorder, such as substance use, or interpersonal, legal, occupational, physical, or financial stressors.

4. Perpetuating factors: This comprises factors which maintain the current difficulties. These can include ongoing substance use, repeating behavioural patterns (including avoidance or safety behaviours in anxiety disorders, or withdrawal in depressive disorders), biological patterns (such as insomnia in mania, and insomnia or hypersomnia in depression) or cognitive patterns such as attentional biases, memory biases, or hypervigilance.

5. Protective/positive factors: This involves identifying strengths or supports that may mitigate the impact of the disorder. These can include social support, skills, interests, and personal characteristics.

Appendix 4.

Client Risk Assessment

Risk to self:

Consider self-harming behaviours, risk-taking behaviours (e.g absconding from home)

Actions KORU Representatives can implement to reduce and mitigate this risk:

Risk to others:

Consider historic or current violent behaviours, threats, verbal/ emotional/ physical/ sexual/ financial abuse, or bullying.

Actions KORU Representatives can implement to reduce and mitigate this risk:

Risk from others:

Consider any diagnosis', additional needs, if open to Children's' Social Care, known vulnerabilities e.g exposure to County Lines.

Actions KORU Representatives can implement to reduce and mitigate this risk:

Risk to physical health:

Consider substance misuse, food, and fluid intake, general hygiene.

Actions KORU Representatives can implement to reduce and mitigate this risk:

Risk to long-term development:

Consider engagement with education, school attendance, opportunity to thrive, hopes/worries for the future.

Actions KORU Representatives can implement to reduce and mitigate this risk:

Please note that this risk assessment is to be completed at the stage of referral/ allocation. Further risk assessments may need to be completed, specific to the venue, activities, or additional identified risks. Risk assessment templates can be found by KORU Representatives on SharePoint. Please contact the KORU DSL at safeguarding@korucic.com for further information.

Appendix 5

KORU PROJECT THERAPEUTIC INTERVENTION CONSENT FORM

PARENT / CARER CONTACT INFORMATION:

Parent/Carer Name/s:

Child/Young Person's Name:

Address:

Email:

Telephone:

Mobile:

Lead Practitioners Name:

Practitioners Phone Number:

Practitioners Email:

PRACTICALITIES:

Sessions will commence on:

These sessions will take place at:

If your young person is unable to attend a session, the missed session will count as one of the agreed numbers of sessions, unless 48 hours' notice is given.

CONFIDENTIALITY:

Sessions always remain confidential with the following exceptions:

- If the KORU practitioner believes your child/young person may cause harm to themselves or others.
- If your child/young person has disclosed that they have been physically, emotionally, mentally, or sexually abused.
- If the KORU practitioner is ordered by a court to disclose information.

In addition, please note that as part of safe practice and best provision for every client, the Koru practitioner may discuss anonymised details of sessions with their registered clinical supervisor.

If you are concerned about your child/young person or have any questions during the course of sessions, please first contact the KORU practitioner who will be happy to discuss any issues with you.

ASSESSMENT

The Koru Project uses the THRIVE model of assessment for BSP and some therapeutic interventions. THRIVE is a positive, compassionate and child centred assessment that focuses on holistic child development including emotional and social skills.

Children will not have to take tests as Koru practitioners will make observations over the course of the sessions to create a written assessment.

By signing this form, you agree to the use of THRIVE, where appropriate, to assess and record your child's progress.

When practitioners provide feedback to referrers, client confidentiality will be maintained in accordance with GDPR - General data protection regulations, and Koru safeguarding practice.

SAFE TOUCH:

Koru practitioners are trained in safeguarding and first aid and will uphold the safety and well-being of children and young people at all times.

If you identify and give consent that reassuring and safe therapeutic holding may be needed to help your child regulate their emotions, practitioners will offer this support with your child's consent, after talking and calming activities have been tried.

In addition, Koru practitioners are trained in safe handling techniques as defined by STAIR practice (Skills training in affective and interpersonal regulation) in order to prevent harm and keep clients safe.

If during a session, your child/ young person becomes at risk of causing significant harm to themselves or others, practitioners may use safe handling techniques if all other ways to reassure and divert from harm have been taken.

In all instances where first aid or safe-handling techniques have been used the KORU practitioner will record the incident and contact you directly to keep you informed.

COMMUNITY EXPERIENCES:

Activities in the community may be included as part of the therapeutic approach provided by The Koru Project CIC.

All sessions in the community will be risk assessed.

Written consent for each activity in the community will be required and the Koru Practitioner will confirm the activity and location with you in advance for your approval and consent.

If additional transport is required this will also be arranged with you prior to the outing.

SAFE CLOSURE:

Koru practitioners plan to provide a positive experience and closure to all our therapeutic work with young people.

If sessions must end earlier than planned, KORU will seek to support your child in a positive ending to their time with us.

By signing this contract, you agree for the Koru Practitioner to provide a supportive closure for your child, ideally in person, or where this is not possible, by a telephone call or card.

MEDICAL & ALLERGY INFORMATION

Please complete:

Details of any medical conditions including allergies that my child suffers from and any medication my child should take:

If none, please state "NONE".

.....
.....
.....
.....
.....
.....



I understand that in the event of an accident/ incident that the KORU practitioner may perform first aid and will call upon medical assistance as necessary.

I understand that all accidents will be recorded and that I will be informed.

SIGNED AGREEMENT:

I have read the information above and agree to the conditions of this contract.

I understand that information gathered throughout the intervention from The KORU Project, including that from the Thrive assessment, will be stored in a secure computer system and anonymised statistical information will be created.

The data will be deleted in accordance with the KORU Project's Data Retention Policy. The KORU Project will only use any personal data collected for the purposes detailed in this consent form and in accordance with its privacy policy.

I agree that I will informwith as much notice as possible,

if my child,, is unable to attend a session.

Signed: (Parent / Carer)

Signed: (KORU Practitioner)

Date:

PHYSICAL ACTIVITY AND SPORTS CONSENT FORM

Sport and community experiences are included as part of a range of therapy approaches provided by The KORU Project.

The KORU Project CIC strongly recommends that you consult with your child's/young person's doctor before they begin any exercise program. Your child should be in good physical condition and be able to participate in the exercise.

The KORU Project CIC is not a licensed medical care provider and recognises that it has no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition. You should understand that, when providing consent for your child/young person to participate in any exercise or exercise program, there is the possibility of physical injury.

In giving consent for your child/young person to engage in any exercise or physical program provided by The KORU Project CIC, you agree that they do so at their own risk, are voluntarily participating in these activities and assume all risk of injury to themselves.

In addition, by giving your consent, you agree to release and discharge The KORU Project CIC from any and all claims or causes of action, known or unknown, arising out of The KORU Project's provision of therapeutic services.

SIGNED AGREEMENT:

By signing this form, I agree with the above information and give consent for my child/ young person to participate in the exercise or physical program provided by The KORU Project CIC.

I agree that I will inform the KORU Project of any known injuries my child/ young person has and agree to release and discharge The KORU Project CIC from any and all claims or causes of action, known or unknown, arising out of The KORU Project's provision of therapeutic services.

Signed: (Parent / Carer)

Signed: (KORU Practitioner)

Date: