

Child Protection & Safeguarding Policy

including allegations against staff and low-level concerns

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CHARITY COMMISSION
FOR ENGLAND AND WALES

Charity No: 1186434

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Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Designated safeguarding lead (DSL)	Jane Pickerden	07907-716211
DDSL	Jenny Haylock	07738-906819
Local authority designated officer (LADO)	Richmond:	07774-332675
Chair of Trustees	Ali Newman	Via; 0208 744 1733
Safeguarding Trustee	Andrew King	Via; 0208 744 1733

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1. Aims

The Purple Elephant Project aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff, volunteers and trustees are aware of their statutory responsibilities with respect to safeguarding
- Staff, volunteers and trustees are properly trained in recognising and reporting safeguarding issues

2. Legislation and statutory guidance

This policy sets out how the board of trustees is carrying out its statutory responsibility to safeguard and promote the welfare of children in accordance with Section 175 of the Education Act 2002.

The Purple Elephant Project fully recognises its moral and statutory responsibility to safeguard and promote the welfare of all children. This Safeguarding and Child Protection Policy is one of a range of documents that set out the safeguarding responsibilities of the charity. We wish to create a safe, welcoming and vigilant environment for children where they feel valued and are respected.

Safeguarding information is published throughout the charity documents and on the website to ensure children and adults know they can talk to charity-trusted key adults, and how to raise concerns they may have.

We recognise that the charity may provide the only stability in the lives of children who have been abused or who are at risk of harm. We are aware that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

We are able to play a significant part in the prevention of harm to our children by providing them with good lines of communication with trusted adults and an ethos of protection.

Wherever the word "staff" is used, it covers all staff on site, including self-employed staff, contractors, volunteers and trustees. It seeks to set out the principles and procedures we operate to protect children from harm. This policy provides information regarding our safeguarding responsibilities and details how these responsibilities should be carried out.

This policy will be updated as and when required and annually as a minimum. This may require our policy to be published 'pending Trustee ratification'.

This policy is based on the Department for Education's (DfE's) statutory guidance [Keeping children safe in education 2025](#) and [Working Together to Safeguard Children \(2023\)](#), and the [Governance Handbook](#). We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners (see section 3).

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This policy is also based on the following legislation:

- Section 175 of the [Education Act 2002](#)
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains organisations duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- [The Human Rights Act 1998](#), which explains that being subjected to harassment, violence and/or abuse, including that of a sexual nature, may breach any or all of the rights which apply to individuals under the [European Convention on Human Rights](#) (ECHR)
- [The Equality Act 2010](#), which makes it unlawful to discriminate against people regarding particular protected characteristics (including disability, sex, sexual orientation, gender reassignment and race).
- [The Public Sector Equality Duty \(PSED\)](#), which explains that we must have due regard to eliminating unlawful discrimination, harassment and victimisation. Some children may be more at risk of harm from issues such as sexual violence; homophobic, biphobic or transphobic bullying; or racial discrimination

3. Definitions

Safeguarding and promoting the welfare of children means: providing help and support to meet the needs of children as soon as problems emerge

- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing the impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Child protection is part of this definition and refers to activities undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

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Abuse is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and 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. Appendix 1 defines neglect in more detail.

Children include everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- The local authority (LA)
- Integrated care boards (previously known as clinical commissioning groups) for an area within the LA
- The chief officer of police for a police area in the LA area

Victim is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim or would want to be described that way. When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.

Alleged perpetrator(s) and **perpetrator(s)** are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour can be harmful to the perpetrator too. We will decide what's appropriate and which terms to use on a case-by-case basis.

4. Equality statement

Some children have an increased risk of abuse, both online and offline, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs and/or disabilities (SEND) or health conditions (see section 10)
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language (EAL)
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of female genital mutilation (FGM), sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after (see section 12)

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- Are missing or absent from education for prolonged periods and/or repeat occasions
- Whose parent/carer has expressed an intention to remove them from school to be home educated

5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff, volunteers and trustees in the charity and is consistent with the procedures of the 3 safeguarding partners. Our policy and procedures also apply to extended off-site activities.

5.1 All staff

All charity staff, (this includes staff, therapists and volunteers) will:

- Read and understand part 1 and annex B of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually
- Sign a declaration at the beginning of each academic year to say they have read, understood and agree to work within our safeguarding and child protection policy, staff code of conduct and Keeping Children Safe in Education 2025 Part 1 and Annex B and ensure that the policies are used appropriately
- Reinforce the importance of online safety when communicating with parents and carers.

All charity staff will be aware of:

- Our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identity of the designated safeguarding lead (DSL) and deputy (DDSL), online safety which includes the expectations, applicable roles and responsibilities in relation to filtering and monitoring, and the safeguarding response to children who go missing from education
- The early help assessment process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse, neglect and exploitation, including domestic and sexual abuse (including controlling and coercive behaviour, as well as parental conflict that is frequent, intense, and unresolved), as well as specific safeguarding issues, such as child-on-child abuse, child-on-parent abuse, grooming, child sexual exploitation (CSE), child criminal exploitation (CCE), indicators of being at risk from or involved with serious violent crime, FGM, radicalisation and serious violence (including that linked to county lines)
- New and emerging threats, including online harm, grooming, sexual exploitation, criminal exploitation, radicalisation, and the role of technology and social media in presenting harm

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- The importance of reassuring victims that they are being taken seriously and that they will be supported and kept safe
- The fact that children can be at risk of harm inside and outside of their home, at school and online
- The fact that children who are (or who are perceived to be) lesbian, gay, bisexual or gender questioning (LGBTQ+) can be targeted by other children
- That a child and their family may be experiencing multiple needs at the same time
- What to look for to identify children who need help or protection

5.2 The designated safeguarding lead (DSL)

Our DSL is Jane Pickerden, Head of Therapy Services. The DSL takes lead responsibility for child protection and wider safeguarding in the charity. This includes online safety and understanding our filtering and monitoring processes on charity devices.

The DSL is available during opening hours for staff to discuss any safeguarding concerns, via email or phone. When the DSL is absent, the deputy (DDSL) will act as cover.

The DSL will be given the time, funding, training, resources and support to:

- Undertake multi-agency (Level 3) safeguarding training with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually
- Undertake Prevent awareness training
- Provide advice and support to other charity staff on child welfare and child protection matters and will organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all staff, keep a record of attendance and address any absences
- Have a working knowledge of KRSCP (Kingston and Richmond Safeguarding and Child Protection) and AfC procedures. Will ensure that either they, or an appropriate staff member, attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments and provide a report, where required, which has been shared with the parents and child (depending on age and understanding)
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly
- Will keep detailed, accurate records, either written or using appropriate online software, of all concerns about a child, even if there is no need to make an immediate referral
- Will ensure that all such records are kept confidential and are stored securely
- Have a good understanding of harmful sexual behaviour
- Can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example from online bullying, grooming and radicalisation
- Have a good understanding of the filtering and monitoring systems and processes in place at our charity

The DSL will also:

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- Keep the board of trustees informed of any issues and will undertake an annual audit of The Purple Elephant Project safeguarding policies, procedures and practices with the trustee Safeguarding lead
- Liaise with local authority case managers and designated officers for child protection concerns as appropriate
- Discuss the local response to sexual violence and sexual harassment with police and local authority children's social care colleagues to prepare the charity's policies
- Be confident that they know what local specialist support is available to support all children involved (including victims and alleged perpetrators) in sexual violence and sexual harassment, and be confident as to how to access this support
- Be aware that children must have an 'appropriate adult' to support and help them in the case of a police investigation or search. Further information can be found in the Statutory guidance - [PACE Code C2019](#). The DSL is responsible for ensuring all staff are aware of this requirement.
- Will ensure that the name of the designated safeguarding lead and deputies are clearly advertised in the charity and on the website, with a statement explaining the charity's role in referring and monitoring cases of suspected abuse

5.3 The board of trustees

Safeguarding is a standing item on the agenda for every meeting of the full board.

The Board of trustees of The Purple Elephant Project understands and fulfils its responsibilities, namely to:

- Oversee the charity's approach to safeguarding, ensuring that safeguarding and child protection are at the forefront of, and underpin, all relevant aspects of process and policy development. This is a strategic role rather than operational. Trustees will not be involved in concerns regarding individual children
- Evaluate and approve this policy at each review, ensuring it complies with the law, and hold the CEO to account for its implementation
- Be aware of its obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty), and our charity's local multi-agency safeguarding arrangements
- Appoint a trustee as Safeguarding Lead to monitor the effectiveness of this policy in conjunction with the board. This is always a different person from the DSL
- Ensure at least one member of the Board of trustees has completed safer recruitment training to be repeated every five years
- Ensure all charity staff undergo safeguarding and child protection training, including online safety, and that such training is regularly updated and is in line with advice from the safeguarding partners
- Ensure all staff, including temporary staff and volunteers sign to say they have read, understood and agree to work within The Purple Elephant Project's Safeguarding and Child Protection policy, AUP and Staff Code of Conduct.

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- Ensure all staff sign to say they have read and understood Keeping Children Safe in Education (2025) Part 1 and Annex B and processes are in place to assist charity staff in understanding and discharging their roles and responsibilities as set out in the guidance
 - The charity has procedures to manage any safeguarding concerns (no matter how small) or allegations that do not meet the harm threshold (low-level concerns) about charity staff members (including volunteers and therapists). Appendix 2 of this policy covers this procedure
 - That this policy reflects that children with SEND, or certain medical or physical health conditions, can face additional barriers to any abuse or neglect being recognised
- Ensure that the charity has appropriate filtering and monitoring systems in place and review their effectiveness. This includes:
 - Making sure that the leadership team and charity staff are aware of the provisions in place, and that they understand their expectations, roles and responsibilities around filtering and monitoring as part of safeguarding training
 - The DSL has the appropriate status and authority to carry out their job, including additional time, funding, training, resources and support
 - Online safety is a whole-charity approach to safeguarding and related policies
 - The DSL has lead authority for safeguarding, including online safety and understanding any filtering and monitoring systems and processes in place
- Where another body is providing services or activities:
 - Seek assurance that the other body has appropriate safeguarding and child protection policies/procedures in place, and inspect them if needed
 - Make sure there are arrangements for the body to liaise with the charity about safeguarding arrangements, where appropriate
 - Make sure that safeguarding requirements are a condition of using the charity premises, and that any agreement to use the premises would be terminated if the other body fails to comply

The Chair of trustees will act as the 'case manager' in the event that an allegation of abuse is made against the CEO, where appropriate (see appendix 2).

All trustees will read Keeping Children Safe in Education in its entirety.

5.4 The CEO

The CEO is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers:
 - Are informed of our systems which support safeguarding, including this policy, as part of their induction

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- Understand and follow the procedures included in this policy, particularly those concerning referrals of cases of suspected abuse and neglect
- Communicating this policy to parents/carers when their child begins support with the charity and via the charity website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of charity staff or volunteer, where appropriate (see appendix 3)
- Making decisions regarding all low-level concerns, though they may wish to collaborate with the DDSL or Safeguarding trustee on this

6. Confidentiality

The Purple Elephant Project recognises that to effectively meet a child's needs, safeguard their welfare and protect them from harm, the charity must contribute to inter-agency working in line with Working Together to Safeguard Children (2018) and share information between professionals and agencies where there are concerns.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 2018 and GDPR is not a barrier to sharing information where the failure to do so would place a child at risk of harm. Timely information sharing is essential to effective safeguarding.

The DfE emphasises that: "The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children."

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing. It is important that staff and volunteers tell the child in a manner appropriate to the child's age and development that they cannot promise complete confidentiality and that they may need to pass information on to other professionals to help to keep the child or other children safe.

However, we also recognise that all matters relating to child protection are personal to children and families. Therefore, in this respect they are confidential, and the CEO or DSLs will only disclose information about a child to other members of staff on a need-to-know basis. If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if: it is not possible to gain consent; it cannot be reasonably expected that a practitioner gains consent; or if to gain consent would place a child at risk.

We will always undertake to share our intention to refer a child to the local authority Single Point of Access (SPA) with their parents and carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will consult with SPA on this point.

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If a victim asks a member of charity staff not to tell anyone about the sexual violence or sexual harassment, there is no definitive answer. Even if a victim doesn't consent to sharing information, staff may still lawfully share it if there's another legal basis under the UK GDPR that applies.

The DSL will have to balance the victim's wishes against their duty to protect the victim and other children. Staff may still lawfully share it if there's another legal basis under the UK GDPR that applies.

- The DSL should consider that:
 - Parents or carers should normally be informed (unless this would put the victim at greater risk)
 - The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children's social care
 - Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. While the age of criminal responsibility is 10, if the alleged perpetrator is under 10, the starting principle of referring to the police remains
- Regarding anonymity, all charity staff will:
 - Be aware of anonymity, witness support and the criminal process in general where an allegation of sexual violence or sexual harassment is progressing through the criminal justice system
 - Do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, for example, carefully considering which charity staff should know about the report, and any support for children involved
 - Consider the potential impact of social media in facilitating the spreading of rumours and exposing victims' identities
- The government's [information sharing advice for safeguarding practitioners](#) includes 7 'golden rules' for sharing information, and will support Charity staff who have to make decisions about sharing information
- If staff are in any doubt about sharing information, they should speak to the DSL (or deputy)
- Confidentiality is also addressed in this policy with respect to record-keeping in section 14, and allegations of abuse against staff in appendix 2.

7. Recognising abuse and taking action

Staff, volunteers and trustees are expected to be able to identify and recognise all forms of abuse, neglect and exploitation and shall be alert to the potential need for early help for a child who:

- › Is disabled
- › Has special educational needs (whether or not they have a statutory education health and care (EHC) plan)
- › Is a young carer
- › Is bereaved

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- › Is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- › Is frequently missing/goes missing from education, care or home
- › Is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- › Is at risk of being radicalised or exploited
- › Is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- › Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- › Is misusing drugs or alcohol
- › Is suffering from mental ill health
- › Has returned home to their family from care
- › Is at risk of so-called 'honour'-based abuse such as female genital mutilation (FGM) or forced marriage
- › Is a privately fostered child
- › Has a parent or carer in custody or is affected by parental offending
- › Is missing education, or persistently absent from school, or not in receipt of full-time education
- › Has experienced multiple suspensions and is at risk of, or has been permanently excluded
- › Is abusing others such as other children or adults

Staff, volunteers and trustees must follow the procedures set out below in the event of a safeguarding issue.

Please note – in this and subsequent sections, you should take any references to the DSL to mean “the DSL (or deputy DSL)”.

7.1 If a child is suffering or likely to suffer harm, or in immediate danger

Make a referral to children's social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm or is in immediate danger. **Anyone can make a referral.** Tell the DSL as soon as possible if you make a referral directly.

If staff have any concerns about a child's welfare, they must act on them immediately. Any concerns regarding indicators of abuse or neglect or signs that a child may be experiencing a safeguarding issue should be reported using a 'Raising Concerns form' (either paper or electronically) and informing the DSL. Concerns can also be discussed in person with the DSL, but the details of the concern should be recorded in writing.

The charity will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure.

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However, if the charity believes that notifying parents could increase the risk to the child the charity should not seek to discuss with parent before contacting the Single Point of Access (SPA). It is legitimate to share concerns without consent when there is good reason to do so and that sharing the information will enhance the safeguarding of the child in a timely manner.

Where there are concerns about forced marriage, honour-based abuse or any harmful practice, parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk.

7.2 If a child makes a disclosure to you

Remember the seven Rs: receive; reassure; respond; report; record; remember; review

We recognise that it takes a lot of courage for a child to disclose they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they 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.

A child who makes a disclosure may have to tell their story on a number of 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.

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it
- Sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate, make a referral to children's social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so. Aside from these people, do not disclose the information to anyone else unless told to do so by a relevant authority involved in the safeguarding process

If a child talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on. Staff are not allowed to keep secrets. Staff will consider the impact on any siblings as well and the support they will need.

The member of staff should write up their conversation as soon as possible by completing a Raising Concerns Form the child's own words. Staff should make this a matter of priority. The record should be signed and dated, the member of staff's name should be printed and it should also detail where the disclosure was made and who else was present. The record should be handed to the DSL.

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There will be occasions when staff may suspect that a child may be at risk but have no 'real' evidence. The child's behaviour may have changed, their artwork could be bizarre, they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed. The Purple Elephant Project recognises that the signs may be due to a variety of factors, for example a parent has moved out, a pet has died, a grandparent is very ill, or an accident has occurred. However, they may also indicate a child is being abused or is in need of safeguarding. In these circumstances staff will exercise professional curiosity and will try to give the child the opportunity to talk. It is fine for staff to ask the child if they are OK or if they can help in any way.

Bear in mind that some children may:

- Not feel ready, or know how to tell someone that they are being abused, exploited or neglected
- Not recognise their experiences as harmful
- Feel embarrassed, humiliated or threatened. This could be due to their vulnerability, disability, sexual orientation and/or language barriers

None of this should stop you from having a 'professional curiosity' and speaking to the DSL if you have concerns about a child.

Staff should complete an alert on our Lamplight system if they have access, or complete a 'Raising concerns form' (RCF) to record these early concerns and alert the DSL to this record.

Following an initial conversation with the child, if the member of staff remains concerned, they should discuss their concerns with the DSL and put them in writing.

If the child does begin to reveal that they are being harmed, staff should follow the advice above regarding a child making a disclosure.

7.3 If you discover that FGM has taken place or a child is at risk of FGM

Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a child has already been subjected to FGM, and factors that suggest a child may be at risk, are set out in appendix 3 of this policy.

Any charity staff member who either:

- Is informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

Must immediately report this to the police, personally. This is a mandatory statutory duty, and staff will face disciplinary sanctions for failing to meet it. The DSL will support staff during the reporting process.

Unless they have been specifically told not to disclose, they should also discuss the case with the DSL and involve children's social care as appropriate.

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The duty for staff mentioned above does not apply in cases where a child is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should never examine children.

Any member of staff who suspects a child is *at risk* of FGM or suspects that FGM has been carried out should speak to the DSL and follow our safeguarding procedures.

7.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger)

Figure 1 below, before section 7.7, illustrates the procedure to follow if you have any concerns about a child's welfare. Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or take advice from local authority children's social care. You can also seek advice at any time from the NSPCC helpline on 0800 800 5000. Share details of any actions you take with the DSL as soon as practically possible.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

Early help assessment

At The Purple Elephant Project we are prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life and aim to work with all professionals in this regard. In the first instance staff should discuss early help requirements with the DSL who will then liaise with other agencies as appropriate. Staff may be required to support other agencies and professionals in an early help assessment.

The DSL can take a case to the Early Help Resilience Network meeting to get multi-agency support if appropriate to do so and in conversation with other professionals such as the school the child attends.

If early help and/or other support is appropriate, the case will be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving. The DSL is aware of the local escalation policy and procedures. We work closely with local professional agencies including education, social care, the police, health services and other services including voluntary organisations to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

As part of meeting a child's needs, our Board of trustees recognises the importance of sharing information between professionals and local agencies. The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

Referral

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

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The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral will follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

7.5 If you have concerns about extremism

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above). Inform the DSL or deputy as soon as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The DfE also has a dedicated telephone helpline, 020 7340 7264, which staff and trustees can call to raise concerns about extremism with respect to a child. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

7.6 If you have a concern about mental health

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

Possible warning signs include:

- Persistent sadness — two or more weeks
- Withdrawing from or avoiding social interactions
- Hurting oneself or talking about hurting oneself
- Talking about death or suicide
- Outbursts or extreme irritability
- Out-of-control behaviour that can be harmful
- Drastic changes in mood, behaviour or personality
- Changes in eating habits
- Loss of weight
- Difficulty sleeping

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- Frequent headaches or stomach aches
- Difficulty concentrating
- Changes in academic performance
- Avoiding or missing charity sessions

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps in section 7.4.

If you have a mental health concern that is **not** also a safeguarding concern, speak to the DSL to agree a course of action.

The Purple Elephant Project aims to promote positive mental health for all staff and children we will ensure that staff, children and parents are made aware of the support available in charity and in the local community

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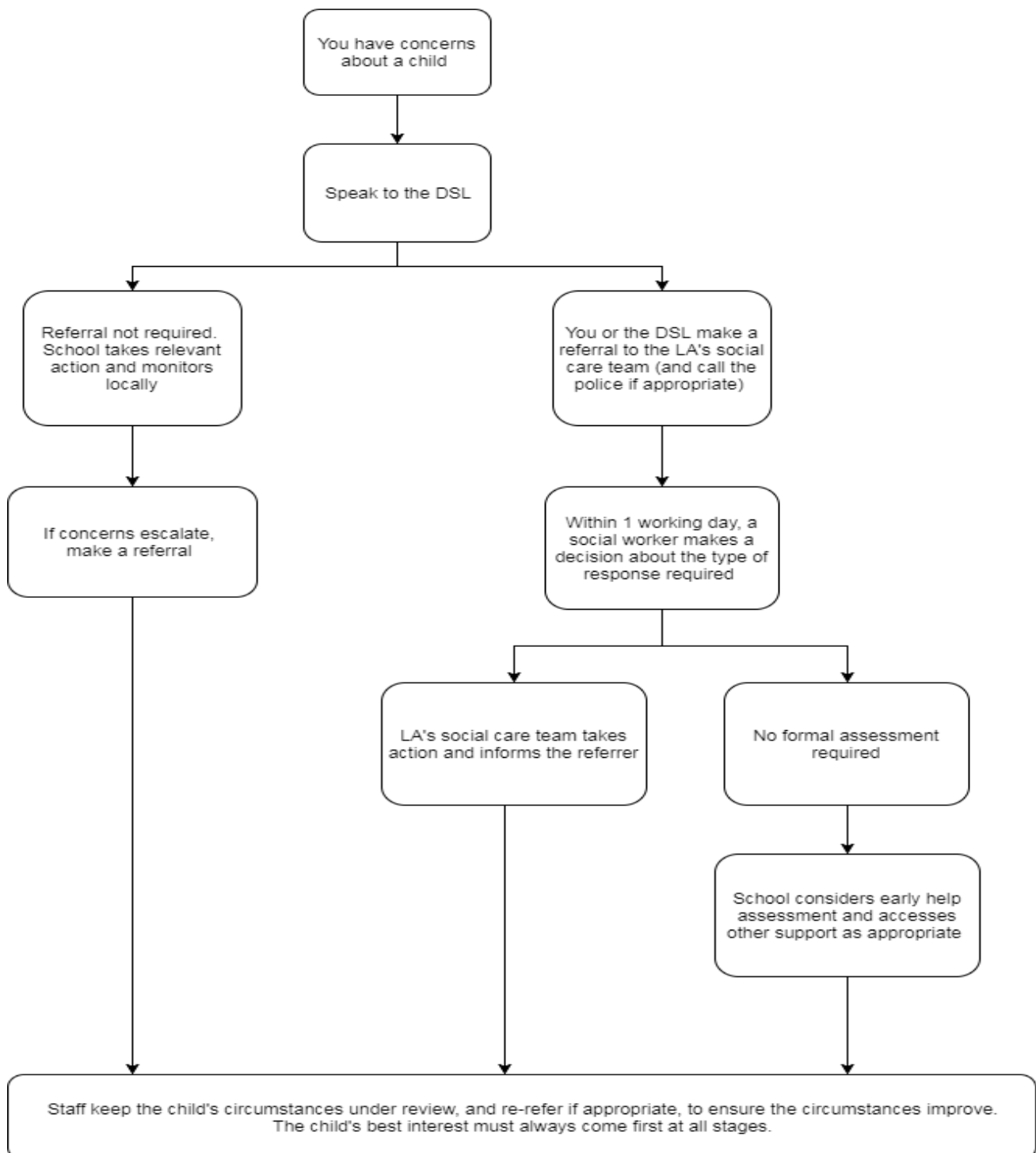


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Figure 1: procedure if you have concerns about a child's welfare (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger)

(Note – if the DSL is unavailable, this should not delay action. See section 7.4 for what to do.)



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7.7 Concerns about a staff member or volunteer

If you have concerns about a member of staff (including a volunteer), or an allegation is made about a member of staff (including a volunteer) posing a risk of harm to children, speak to the CEO as soon as possible. If the concerns/allegations are about the CEO, speak to the chair of trustees.

The CEO/chair of trustees will then follow the procedures set out in appendix 2, if appropriate.

Where you believe there is a conflict of interest in reporting a concern or allegation about a member of staff (including a volunteer) to the CEO, report it directly to the local authority designated officer (LADO).

If you receive an allegation relating to an incident where an individual or organisation was using the Charity premises for running an activity for children, follow our safeguarding policies and procedures, informing the LADO, as you would with any safeguarding allegation.

7.8 Allegations of abuse made against other children

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”, as this can lead to a culture of unacceptable behaviours and an unsafe environment for children.

Peer on peer abuse can include (but is not limited to):

- bullying (including online bullying, prejudice-based and discriminatory bullying)
- abuse within intimate partner relationships
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment; consensual and non-consensual sharing of nude and semi-nude images and/or videos
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- upskirting and initiation/hazing type violence and rituals

In areas where gangs are prevalent, older children may attempt to recruit younger children using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people under threat of violence.

We also recognise the gendered nature of child-on-child abuse. However, all child-on-child abuse is unacceptable and will be taken seriously. Our Child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put children at risk
- Is violent
- Involves children being forced to use drugs or alcohol

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- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

See appendix 3 for more information about child-on-child abuse.

Procedures for dealing with allegations of child-on-child abuse

If a child makes an allegation of abuse against another child:

- You must factually record the allegation and tell the DSL, but do not investigate it
- The DSL will contact children's services to discuss the case. It is possible that children's services are already aware of safeguarding concerns around this young person. The DSL will follow through the outcomes of the discussion and make a children's services referral where appropriate.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the child's files.
- If the allegation indicates a potential criminal offence has taken place, the police should be contacted at the earliest opportunity and parents informed (of both the child being complained about and the alleged child being impacted by the behaviour). We will ask the police if we have any questions about the investigation.

Creating a supportive environment within the charity and minimising the risk of child-on-child abuse

We recognise the importance of taking proactive action to minimise the risk of child-on-child abuse, and of creating a supportive environment where victims feel confident in reporting incidents.

To achieve this, we will:

- Challenge any form of derogatory or sexualised language or inappropriate behaviour between peers, including requesting or sending sexual images
- Be vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female children, and initiation or hazing type violence with respect to boys
- Ensure staff reassure victims that they are being taken seriously
- Be alert to reports of sexual violence and/or harassment that may point to environmental or systemic problems that could be addressed by updating policies, processes or could reflect wider issues in the local area that should be shared with safeguarding partners
- Support children who have witnessed sexual violence, especially rape or assault by penetration. We will do all we can to make sure the victim, alleged perpetrator(s) and any witnesses are not bullied or harassed
- Consider intra-familial harms and any necessary support for siblings following a report of sexual violence and/or harassment
- Ensure staff are trained to understand:
 - How to recognise the indicators and signs of child-on-child abuse, and know how to identify it and respond to reports

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- Ensure staff maintain an attitude of “it could happen here”
- That if they have any concerns about a child’s welfare, they should act on them immediately rather than wait to be told, and that victims may not always make a direct report. For example:
- Children can show signs or act in ways they hope adults will notice and react to
- A friend may make a report
- A member of staff may overhear a conversation
- A child’s behaviour might indicate that something is wrong
- That certain children may face additional barriers to telling someone because of their vulnerability, disability, gender, ethnicity and/or sexual orientation
- That a child harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy
- The important role they have to play in preventing child-on-child abuse and responding where they believe a child may be at risk from it
- That they should speak to the DSL if they have any concerns
- That social media is likely to play a role in the fall-out from any incident or alleged incident, including for potential contact between the victim, alleged perpetrator(s) and friends from either side

7.9 Sharing of nudes and semi-nudes (‘sexting’)

The Purple Elephant Project will act in accordance with guidance endorsed by DfE [Sharing nudes and semi-nudes: how to respond to an incident](#)

All incidents of sharing nudes and semi-nudes will be dealt with as safeguarding concerns. The primary concern at all times will be the welfare and protection of the young people involved.

Young people who share nudes and semi-nudes of themselves or their peers are breaking the law. However, as highlighted in national guidance, it is important to avoid criminalising young people unnecessarily. The Purple Elephant Project will therefore work in partnership with external agencies with a view to responding proportionately to the circumstances of any incident.

All incidents of sharing nudes and semi-nudes should be reported to the DSL as with all other safeguarding issues and concerns. Staff will not make their own judgements about whether an issue relating to sharing nudes and semi-nudes is more or less serious enough to warrant a report to the DSL. What may seem like less serious concerns to individual members of staff may be more significant when considered in the light of other information known to the DSL, which the member of staff may not be aware of.

If staff become concerned about a sharing nudes and semi-nudes issue in relation to a device in the possession of a child (e.g. mobile phone, tablet, digital camera), the member of staff will secure the device (it should be confiscated). This is consistent with DfE advice [Searching, screening and confiscation](#) (DfE July 2022)

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Staff will not look at, share or print any indecent images. The confiscated device will be passed immediately to the DSL (see 'Viewing the imagery' below).

The DSL will discuss the concerns with appropriate staff and speak to young people involved as appropriate. Parents and carers will be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.

If, at any point in the process, there is concern that a young person has been harmed or is at risk of harm, a referral will be made to SPA and/or the police immediately.

The police will always be informed when there is reason to believe that indecent images involve sexual acts and any child in the imagery is under 13 years of age.

The DSL will make a judgement about whether a reported sharing nudes and semi-nudes incident is experimental or aggravated. Aggravated incidents involve criminal or abusive elements beyond the creation, sending or possession of sexual images created by young people. These include possible adult involvement or criminal or abusive behaviour by young people such as sexual abuse, extortion, threats, malicious conduct arising from personal conflicts, or creation, sending or showing of images without the knowledge or against the will of a young person who is pictured.

Aggravated incidents of sharing nudes and semi-nudes will be referred to AfC's Single Point of Access for advice about whether or not a response by the police and/or children's social care is required.

This will facilitate consideration of whether:

- there are any offences that warrant a police investigation
- child protection procedures need to be invoked
- parents and carers require support in order to safeguard their children
- a referral to the Multi-Agency Risk and Vulnerability (MARVE) Panel is required
- any of the instigators and/or those directly/indirectly impacted by the behaviour require additional support, this may require the initiation of an early help assessment and the offer of early help services.

Examples of aggravated incidents include:

- evidence of adult involvement in acquiring, creating or disseminating indecent images of young people (possibly by an adult pretending to be a young person known to the individual impacted)
- evidence of coercing, intimidating, bullying, threatening and/or extortion of children by one or more other children to create and share indecent images of themselves
- pressure applied to a number of children (e.g. all female students in a class or year group) to create and share indecent images of themselves
- pressurising a child who does not have the capacity to consent (e.g. due to their age, level of understanding or special educational needs) or with additional vulnerability to create and share indecent images of themselves
- dissemination of indecent images of young people to a significant number of others with an intention to cause harm or distress (possibly as an act of so-called 'revenge porn', bullying or exploitation)

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- what is known about the imagery suggests the content depicts sexual acts that are unusual for the young person's developmental stage or are violent
- sharing of indecent images places a young person at immediate risk of harm, for example the young person is presenting as suicidal or self-harming.

The DSL will make a judgement about whether or not a situation in which nudes and semi-nudes have been shared with a small number of others in a known friendship group with no previous concerns constitutes an aggravated incident or whether the charity is able to contain the situation in partnership with all parents of the students involved, arrange for the parents to ensure that all indecent images are deleted and that the young people involved learn from the incident in order to keep themselves safe in future.

In the latter instance, the DSL will consult with the police and the SPA to check that no other relevant information is held by those agencies and to ensure an agreed response is documented before proceeding.

Viewing the imagery

Staff should not view nudes and semi-nudes unless there is a good and clear reason to do so. Wherever possible, the DSL's responses to incidents will be based on what they have been told about the content of the imagery. Any decision to view imagery will be based on the DSL's professional judgement. Imagery will never be viewed if the act of viewing will cause significant distress or harm to a child. If a decision is made to view imagery, the DSL will be satisfied that viewing:

- is the only way to make a decision about whether to involve other agencies (it is not possible to establish the facts from the young people involved)
- is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the young person or parent in making a report
- is unavoidable because a young person has presented an image directly to a staff member or the imagery has been found on a charity device or network.

If it is necessary to view the imagery then the DSL will:

- never copy, print or share the imagery; this is illegal
- discuss the decision with the CEO or safeguarding trustee
- ensure viewing is undertaken by the DSL or deputy DSL with delegated authority from the CEO
- ensure viewing takes place with another member of staff present in the room, ideally the CEO, another DSL or a member of the Senior Leadership Team. The other staff member does not need to view the images
- wherever possible ensure viewing takes place on charity premises, ideally in the CEO's or DSL's office
- ensure wherever possible that images are viewed by a staff member of the same sex as the young person in the imagery
- record the viewing of the imagery in the child's safeguarding record, including who was present, why the image was viewed and any subsequent actions; and ensure this is signed and dated and meets the wider standards set out by Ofsted for recording safeguarding incidents.

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The DSL will make an immediate referral to police and/or children's social care if:

- The incident involves an adult
- There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to SEN)
- What the DSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- The imagery involves sexual acts and any child in the images or videos is under 13
- The DSL has reason to believe a child is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with the CEO and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care. The decision will be made and recorded in line with the procedures set out in this policy. The record-keeping arrangements set out in section 14 of this policy also apply to recording these incidents.

The DSL will inform parents/carers at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the child at risk of harm.

Deletion of images

If the charity has decided that other agencies do not need to be involved, then consideration will be given to deleting imagery from devices and online services to limit any further sharing.

Online safety and the use of mobile technology

We recognise the importance of safeguarding children from potentially harmful and inappropriate online material, and we understand that technology is a significant component in many safeguarding and wellbeing issues.

To address this, our Charity aims to:

- Have robust processes in place to ensure the online safety of children, visitors, staff, volunteers and trustees
- Protect and educate Charity staff in its safe and responsible use of technology, including mobile and smart technology (which we refer to as 'mobile phones')
- Set clear guidelines for the use of mobile phones for the Charity (please see our AUP policy)
- Establish clear mechanisms to identify, intervene in and escalate any incidents or concerns, where appropriate

The 4 key categories of risk

Our approach to online safety is based on addressing the following categories of risk:

- **Content** – being exposed to illegal, inappropriate or harmful content, such as pornography, fake news, racism, misogyny, self-harm, suicide, antisemitism, radicalisation and extremism

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- **Contact** – being subjected to harmful online interaction with other users, such as peer-to-peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes
- **Conduct** – personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography), sharing other explicit images and online bullying; and
- **Commerce** – risks such as online gambling, inappropriate advertising, phishing and/or financial scams

To meet our aims and address the risks above, we will:

- Support children we work with, where appropriate, to understand this aspect of safety. For example:
 - The safe use of social media, the internet and technology
 - Keeping personal information private
 - How to recognise unacceptable behaviour online
 - How to report any incidents of cyber-bullying, ensuring children are encouraged to do so, including where they're a witness rather than a victim
- Train staff, as part of their induction, on safe internet use and online safeguarding issues including cyber-bullying, the risks of online radicalisation, and the expectations, roles and responsibilities around filtering and monitoring. All staff members will receive refresher training as required and at least once each academic year
- Educate parents/carers about online safety during meetings and assessments.
- Make sure staff are aware of any restrictions placed on them with regards to the use of their mobile phone and cameras,
- Make all, staff, volunteers and trustees aware that they are expected to sign an agreement regarding our Acceptable Use Policy
- Provide regular safeguarding and children protection updates including online safety to all staff, at least annually, in order to continue to provide them with the relevant skills and knowledge to safeguard effectively
- Review the child protection and safeguarding policy, including online safety, annually and ensure the procedures and implementation are updated and reviewed regularly

This section summarises our approach to online safety and mobile phone use. For full details about our charity's policies in these areas, please refer to our Acceptable Use Policy

8.1 Artificial intelligence (AI)

Generative artificial intelligence (AI) tools are now widespread and easy to access. Staff, children and parents/carers may be familiar with generative chatbots such as ChatGPT and Google Bard.

The Purple Elephant Project recognises that AI has many uses, including enhancing learning, and in helping to protect and safeguard children. However, AI may also have the potential to facilitate abuse

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(e.g. bullying and grooming) and/or expose children to harmful content. For example, in the form of 'deepfakes', where AI is used to create images, audio or video hoaxes that look real.

The Purple Elephant Project will treat any use of AI to access harmful content or bully children in line with this policy.

Staff should be aware of the risks of using AI tools whilst they are still being developed.

9. Notifying parents or carers

Where appropriate, we will discuss any concerns about a child with the child's parents or carers. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents or carers about any such concerns following consultation with the DSL.

If we believe that notifying the parents or carers would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents or carers of all the children involved. We will think carefully about what information we provide about the other child involved, and when. We will work with the police and/or local authority children's social care to make sure our approach to information sharing is consistent.

The DSL may, along with any relevant agencies (this will be decided on a case-by-case basis):

- Meet with the victim's parents or carers, with the victim, to discuss what's being put in place to safeguard them, and understand their wishes in terms of what support they may need and how the report will be progressed
- Meet with the alleged perpetrator's parents or carers to discuss support for them, and what's being put in place that will impact them, and the reason(s) behind any decision(s)

10. Children with special educational needs, disabilities or health issues

We recognise that children with special educational needs and disabilities (SEND) or certain health conditions can face additional safeguarding challenges, and are 3 times more likely to be abused than their peers. Additional barriers can exist when recognising abuse and neglect in this group, including:

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

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We will be alert to the extra vulnerabilities these children may face due and any abuse involving these children will be reported immediately to the DSL.

If a child or young person has continence issues or intimate care needs, we will work with parents and carers to have access to their care plan. Children and young people with continence issues and intimate care needs should be treated with respect and supported to develop as much independence as possible.

11. Children with a social worker

Children may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The DSL and all members of staff will work with and support social workers to help protect vulnerable children.

Where we are aware that a child has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the child's safety, welfare and educational outcomes. This information will inform decisions about safeguarding and promoting welfare

12. Looked-after and previously looked-after children

The most common reasons for children becoming looked after is as a result of abuse and/or neglect. The Purple Elephant Project will ensure that staff have the necessary skills and knowledge to keep children looked after and previously looked after safe. Appropriate staff will have the information they need in relation to a child looked after's legal status (for example, who has parental responsibility, who is not permitted to have contact and who is not permitted to have information disclosed about the child to them) and the level of authority delegated by the caring authority to the carer. This may also include details of children's social workers and relevant virtual school heads

The CEO will;

- promote a culture of high expectations and aspirations for how children looked after and previously looked after access appropriate support
- make sure the young person has a voice
- Ensure the charity has the up-to-date details of the allocated social worker/personal adviser (care leavers) and the Virtual School headteacher in the local authority that looks after the child if applicable.

13. Children who are lesbian, gay, bisexual or gender questioning

We recognise that children who are (or who are perceived to be) lesbian, gay, bisexual or gender questioning (LGBTQ+) can be targeted by other children. We also recognise that LGBTQ+ children are more likely to experience poor mental health. Any concerns should be reported to the DSL.

When families/carers are making decisions about support for gender questioning pupils, they should be encouraged to seek clinical help and advice. This should be done as early as possible when supporting pre-pubertal children. When supporting a gender questioning child, we will take a cautious approach as

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there are still unknowns around the impact of social transition, and a child may have wider vulnerability, such as complex mental health and psychosocial needs, and in some cases, autism spectrum disorder (ASD) and/or attention deficit hyperactivity disorder (ADHD).

We will also consider the broad range of their individual needs, in partnership with their parents/carers.

Risks can be compounded where children lack trusted adults with whom they can be open. We therefore aim to reduce the additional barriers faced and create a culture where children can speak out or share their concerns.

14. Culture and faith

Published case reviews highlight that professionals sometimes lack the knowledge and confidence to work with families from different cultures and religions. This can lead to professionals overlooking situations that may put family members at risk; whilst the desire to be culturally-sensitive can result in professionals accepting lower standards of care. The learning from these reviews highlights that professionals need to take into account families' cultural and religious context when undertaking assessments and offering support. The rights and needs of the child need to remain the focus of interventions at all times, regardless of this context. The following factors are taken from the NSPCC briefing: *Culture and faith: learning from case reviews Summary of risk factors and learning for improved practice around culture and faith* June 2014

Risk factors for culture and faith:

Social and cultural isolation or fear of isolation

Individuals who have a relationship with, or marry, someone outside their own religion or culture, may risk being cut off from, or ostracised by, their family, friends and the wider community. Couples who have children can end up socially isolated and without support networks to help them negotiate the challenges of parenting. In the most extreme cases, individuals from some cultures who act against their family's wishes, may become the victims of honour-based violence.

Cultural and religious beliefs overriding self-interest

Strong beliefs or a sense of honour or shame can prevent people from seeking or accepting the help they need. A strong cultural or religious belief in the sanctity of marriage may dissuade people from leaving their partners, even if they are violent. Many religions and cultures also have strong beliefs around sex outside marriage, making it very hard for young, unmarried, pregnant women to get the help they need.

Cultural conflict within families

Differences in culture or religion between partners, or between parents and children, may also make it more difficult for individuals to understand and support each other. Where one partner perceives their faith and heritage to be superior to, or more important than their partner's, it can lead to a power imbalance and an erosion of the other partner's self-esteem.

Religion and culture as a distraction from child protection issues

Where there are child protection concerns, some parents claim that their parenting practices are part of their cultural or religious beliefs. Parents may refuse to cooperate with services on cultural or religious grounds. They may accuse professionals of discriminating against them in an attempt to prevent intervention.

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Professional misconceptions, lack of confidence and lack of knowledge

Many professionals lack knowledge about specific cultures and religions and do not feel confident in challenging harmful parenting practices. Professionals want to be respectful of families' cultural and religious practices but the desire to be culturally sensitive can result in professionals accepting lower standards of care.

Challenge of children developing their own self-identity

As children grow up, they become increasingly concerned with developing a sense of self. This can be particularly challenging for young people growing up in families with a different religious, cultural, or ethnic background to themselves (where for instance children are from different fathers or a child is living in foster care or has been adopted). Confusion over self-identity and a feeling of not belonging can lead to low self-esteem and heightened risk of self-harm or risk-taking behaviour. Some young people become involved in gangs to give themselves a sense of belonging.

Converting to a partner's religion

Sometimes people convert to their partner's religion. The new convert can be very reliant on their partner's interpretation of and instruction into the beliefs and practices of the religion. The convert's relative lack of knowledge places a great deal of power in their partner's hands, which may be used to control and manipulate both the partner and their children.

Belief in spirit possession

In extreme cases children who are seen as "disobedient" or "different" are believed to be possessed by a spirit controlling their behaviour. The children can be physically and emotionally abused in an effort to exorcise the spirit.

15. Complaints and concerns about safeguarding policies

15.1 Complaints against staff

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 2).

15.2 Whistleblowing

The Purple Elephant Project has a whistleblowing policy which is available as a separate document. We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

Our charity works hard to encourage a culture of mutual respect and learning. We welcome comments and feedback and provide staff, volunteers, children and parents with a safe mechanism to raise any concerns.

All staff should be aware of their 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 in the charity's safeguarding arrangements.

In the first instance this should be raised with the CEO, the DSL, and if necessary, will be escalated to the chair of trustees. If it becomes necessary to consult outside the charity, they should speak to the LADO for further guidance and support.

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The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.

Staff can call: 0800 800 5000 or email: help@nspcc.org.uk

Whistleblowing issues regarding the CEO should be raised with the chair of trustees whose contact details are at the start of this policy.

16. Record-keeping

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Records will include:

- The name of the child/young person
- The date the concern was raised
- The name of the staff member reporting the concern
- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome

Concerns and referrals will be kept on our electronic system in the child's file.

Any non-confidential records will be readily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for as long as we retain the child's file under our record retention procedures.

Appendix 2 sets out our policy on record-keeping with respect to allegations of abuse made against staff.

17. Training

17.1 All staff

All staff members and volunteers receive appropriate safeguarding and child protection training, including online safety, at induction, which is regularly updated at least annually, to ensure they understand the charity's safeguarding systems and their responsibilities and to provide them with relevant skills and knowledge to safeguard children effectively. This includes training on how to recognise signs of abuse, exploitation or neglect, and how to respond to any concerns.

All staff attend yearly safeguarding update training and are required to undertake at least level 1 safeguarding training, including FGM every three years.

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All staff will have training on the government's anti-radicalisation strategy, PREVENT every three years, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

Staff will also receive regular safeguarding and child protection updates, including on online safety, as required but at least annually (for example, through emails, e-bulletins and staff meetings).

Therapists who have contact with children and families will have regular supervision which will provide them with support and coaching, promote the interests of children and allow for confidential discussions of sensitive issues. This will be in line with regulatory body requirements.

17.2 The DSL and deputy

The DSL attends the multi-agency Local safeguarding partnership training within 12 weeks of taking up their responsibilities. The DSL undertakes level 3 refresher training on a yearly basis.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training.

17.3 Trustees

The nominated safeguarding trustee undergo(es) appropriate safeguarding training prior to or as soon as appointment to the role and at regular intervals thereafter. All trustees receive safeguarding training as part of their induction and the local expectation is that it is refreshed every 3 years. This is to make sure that they:

- Have the knowledge and information needed to perform their functions and understand their responsibilities, such as providing strategic challenge
- Can be assured that safeguarding policies and procedures are effective and support the Charity to deliver a robust approach to safeguarding

17.4 Recruitment – interview panels

The safety and wellbeing of the children we serve is of paramount concern to us. We are committed to a process of safer recruitment and therefore carry out the following steps during our recruitment processes:

Interviews will be conducted by a minimum of 2 people

At least 1 person conducting any interview for any post at the charity will have undertaken safer recruitment training, which is updated every three years.

This will cover, as a minimum, the contents of Keeping Children Safe in Education, and will be in line with local safeguarding procedures.

Our Recruitment Policy details more information about our safer recruitment procedures.

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18. Monitoring arrangements

This policy will be reviewed **annually** by Jenny Haylock, CEO. At every review, it will be approved by the full Trustee board.

19. Links with other policies

This policy links to the following policies and procedures:

- Workforce code of conduct
- Complaints Policy
- Health and safety Policy
- Acceptable Use Policy
- Diversity, Equality and Inclusion Policy
- Privacy Policy
- Recruitment Policy
- Whistleblowing Policy
- Record retention Policy

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These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education.

Appendix 1: types of abuse

Abuse including neglect, and safeguarding issues are rarely standalone events that can be covered by 1 definition or label. In most cases, multiple issues will overlap.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- 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, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

- Physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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 as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger

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- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

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

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Appendix 2: allegations of abuse made against staff

Allegations against staff (including low-level concerns) policy

Section 1: allegations that may meet the harm threshold

The Purple Elephant Project has a whole charity approach to safeguarding and we promote an open and transparent culture in which all concerns about all adults working in or on behalf of the charity (including volunteers and contractors) are dealt with promptly and appropriately.

Despite all efforts to recruit safely, there may be occasions when allegations of abuse against children are reported to have been committed by staff, practitioners and/or volunteers, who work with children in our charity.

An allegation is any information which indicates that a member of staff, self-employed staff or volunteer may have:

- behaved in a way that has, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

This applies to any child the member of staff, self-employed staff or volunteer has contact with in their personal, professional or community life, as if they had child protection concerns raised for their own children.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook and the 'Guidance for safer working practice for adults who work with children and young people in education settings'

[Guidance for safer working practice for those working with children and young people in education settings February 2022](#)

Guidance about conduct and safe practice, including safe use of mobile phones by staff, will also be given at induction and is included in our AUP policy.

All charity staff should take care not to place themselves in a vulnerable position with a child. If a child is particularly vulnerable, therapy sessions may be recorded with prior consent.

We understand that a child may make an allegation against a member of staff or staff may have concerns about another staff member. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the CEO or DSL.

The CEO/DSL on all such occasions will discuss the content of the allegation with the local authority designated officer (LADO) within 24 hours and before taking any further action.

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If the allegation made to a member of staff concerns the CEO, the person receiving the allegation will immediately inform the chair of trustees who will consult the LADO as above, without notifying the CEO first. Contact details for the chair of trustees can be found at the start of this policy.

Reporting to the LADO applies even where the nature of the alleged assault would not normally meet the threshold if applied to children in their own families. For example, a report of a child being smacked by a parent, with no injury caused, would be unlikely to require any response by police or Children's Social Care. However, a similar report of a child being smacked by a professional should be responded to because of:

- the vulnerability of children away from home
- the higher standards of conduct demanded by law and regulation of those caring for other people's children
- the position of trust enjoyed by such people

The Purple Elephant Project will follow the London child protection procedures for managing allegations against staff [London child protection procedures: allegations](#) and procedures set out in Keeping Children Safe in Education 2023

Suspension of the member of staff, against whom an allegation has been made, needs careful consideration, and the CEO will seek the advice of the LADO and an HR consultant in making this decision. All options to avoid suspension will be considered. In the event of an allegation against the CEO the decision to suspend will be made by the chair of trustees in consultation with the LADO and HR.

If an allegation pertains to another adult not employed directly by the charity, for example cleaning staff or a former member of staff, the charity will work directly with the LADO as described above.

We will ensure that all external agencies used are provided with details of the charity's process for managing information.

Staff, parents and trustees are reminded that publication of material that may lead to the identification of an adult who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing including content placed on social media sites.

There are procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in a regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned. If an adult is dismissed due to serious misconduct or might have been dismissed had they not left first, consideration will be given as to whether to refer the case to the appropriate professional body e.g., BAPT.

After any cases where the allegations are *substantiated*, the case manager will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the Charity's procedures or practice to help prevent similar events in the future.

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Timescales

We will deal with all allegations as quickly and effectively as possible and will endeavour to comply with the following timescales, where reasonably practicable:

- Any cases where it is clear immediately that the allegation is unsubstantiated or malicious should be resolved within 1 week
- If the nature of an allegation does not require formal disciplinary action, appropriate action should be taken within 3 working days
- If a disciplinary hearing is required and can be held without further investigation, this should be held within 15 working days

However, these are objectives only and where they are not met, we will endeavour to take the required action as soon as possible thereafter.

Unsubstantiated, unfounded, false or malicious allegations

If an allegation is:

- Determined to be unsubstantiated, unfounded, false or malicious, the LADO and case manager will consider the appropriate next steps. If they consider that the child and/or person who made the allegation is in need of help, or the allegation may have been a cry for help, a referral to children's social care may be appropriate
- Shown to be deliberately invented, or malicious, the Charity will consider whether any further action is appropriate against the individual(s) who made it
-

Confidentiality and information sharing

The Charity will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the LADO, police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

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Record-keeping

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case.

The records of any allegation that, following an investigation, is found to be malicious or false will be deleted from the individual's personnel file (unless the individual consents for the records to be retained on the file).

For all other allegations (which are not found to be malicious or false), the following information will be kept on the file of the individual concerned:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken, decisions reached and the outcome
- A declaration on whether the information will be referred to in any future reference

We will retain all records at least until the accused individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

References

When providing employer references, we will:

- Not refer to any allegation that has been found to be false, unfounded, unsubstantiated or malicious, or any repeated allegations which have all been found to be false, unfounded, unsubstantiated or malicious
- Include substantiated allegations, provided that the information is factual and does not include opinions

Non-recent allegations

Abuse can be reported, no matter how long ago it happened.

We will report any non-recent allegations made by a child to the LADO in line with our local authority's procedures for dealing with non-recent allegations.

Where an adult makes an allegation to the Charity that they were abused as a child, we will advise the individual to report the allegation to the police.

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Section 2: concerns that do not meet the harm threshold

Low level concerns

The term 'low-level' concern does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold set out above. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the charity may have acted in a way that

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to

- being over friendly with children
- having favourites
- taking photographs of children on their mobile phone
- using inappropriate sexualised, intimidating or offensive language.

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse.

Sharing low-level concerns

We recognise the importance of creating a culture of openness, trust and transparency to encourage all staff to confidentially share low-level concerns so that they can be addressed appropriately.

We will create this culture by:

- Ensuring staff are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others
- Empowering staff to share any low-level concerns as per section 7.7 of this policy
- Empowering staff to self-refer
- Addressing unprofessional behaviour and supporting the individual to correct it at an early stage
- Providing a responsive, sensitive and proportionate handling of such concerns when they are raised
- Helping to identify any weakness in the Charity's safeguarding system

Responding to low-level concerns

If the concern is raised via a third party, the CEO will collect evidence where necessary by speaking:

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- Directly to the person who raised the concern, unless it has been raised anonymously
- To the individual involved and any witnesses

The CEO will use the information collected to categorise the type of behaviour and determine any further action, in line with the Charity's staff code of conduct. The CEO will be the ultimate decision-maker in respect of all low-level concerns, though they may wish to collaborate with the DSL/ DDSL.

Record keeping

All low-level concerns will be recorded in writing. In addition to details of the concern raised, records will include the context in which the concern arose, any action taken and the rationale for decisions and action taken.

Records will be:

- Kept confidential, held securely and comply with the DPA 2018 and UK GDPR
- Reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, we will decide on a course of action, either through our disciplinary procedures or, where a pattern of behaviour moves from a concern to meeting the harm threshold as described in section 1 of this appendix, we will refer it to the designated officer at the local authority
- Retained at least until the individual leaves employment at the charity

References

We will not include low-level concerns in references unless:

- The concern (or group of concerns) has met the threshold for referral to the designated officer at the local authority and is found to be substantiated; and/or
- The concern (or group of concerns) relates to issues which would ordinarily be included in a reference, such as misconduct or poor performance

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Appendix 3: specific safeguarding issues

Assessing adult-involved nude and semi-nude sharing incidents

All adult-involved nude and semi-nude image sharing incidents are child sexual abuse offences and must immediately be referred to police/social care. However, as adult-involved incidents can present as child-on-child nude/semi-nude sharing, it may be difficult to initially assess adult involvement.

There are two types of common adult-involved incidents: sexually motivated incidents and financially motivated incidents.

Sexually motivated incidents

In this type of incident, an adult offender obtains nude and semi-nudes directly from a child or young person using online platforms.

To make initial contact, the offender may present as themselves or use a false identity on the platform, sometimes posing as a child or young person to encourage a response and build trust. The offender often grooms the child or young person on social media, in chatrooms or on gaming platforms, and may then move the conversation to a private messaging app or an end-to-end encrypted (E2EE) environment where a request for a nude or semi-nude is made. To encourage the child or young person to create and share nude or semi-nude, the offender may share pornography or child sexual abuse material (images of other young people), including AI-generated material.

Once a child or young person shares a nude or semi-nude, an offender may blackmail the child or young person into sending more images by threatening to release them online and/or send them to friends and family.

Potential signs of adult-involved grooming and coercion can include the child or young person being:

- Contacted by an online account that they do not know but appears to be another child or young person
- Quickly engaged in sexually explicit communications, which may include the offender sharing unsolicited images
- Moved from a public to a private/E2EE platform
- Coerced/pressured into doing sexual things, including creating nudes and semi-nudes
- Offered something of value such as money or gaming credits
- Threatened or blackmailed into carrying out further sexual activity. This may follow the child or young person initially sharing the image or the offender sharing a digitally manipulated image of the child or young person to extort 'real' images

Financially motivated incidents

Financially motivated sexual extortion (often known as 'sextortion') is an adult-involved incident in which an adult offender (or offenders) threatens to release nudes or semi-nudes of a child or young person unless they pay money or do something else to benefit them.

Unlike other adult-involved incidents, financially motivated sexual extortion is usually carried out by offenders working in sophisticated organised crime groups (OCGs) overseas and are only motivated by profit. Adults are usually targeted by these groups too.

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Offenders will often use a false identity, sometimes posing as a child or young person, or hack another young person's account to make initial contact. To financially blackmail the child or young person, they may:

- Groom or coerce the child or young person into sending nudes or semi-nudes and financially blackmail them
- Use images that have been stolen from the child or young person taken through hacking their account
- Use digitally manipulated images, including AI-generated images, of the child or young person

The offender may demand payment or the use of the victim's bank account for the purposes of money laundering.

Potential signs of adult-involved financially motivated sexual extortion can include the child or young person being:

- Contacted by an online account that they do not know but appears to be another child or young person. They may be contacted by a hacked account of a child or young person
- Quickly engaged in sexually explicit communications which may include the offender sharing an image first
- Moved from a public to a private/E2EE platform
- Pressured into taking nudes or semi-nudes
- Told they have been hacked and they have access to their images, personal information and contacts
- Blackmailed into sending money or sharing bank account details after sharing an image or the offender sharing hacked or digitally manipulated images of the child or young person

Children who are absent from education

Much of our work involves working from a school setting and therapists in particular must be aware of concerns relating to child absences.

A child being absent from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.

There are many circumstances where a child may be absent or become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Are at risk of forced marriage or FGM
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school

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- Come from new migrant families

Therapists should advise both school DSL and our DSL should you become concerned about a child's absences, to support any identification of risks of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the DSL if you become aware a child may leave the school without a new school being named.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being absent, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is suffering or likely to suffer from harm, or in immediate danger.

Child criminal exploitation

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Suffering from changes in emotional wellbeing
- Misusing drugs and alcohol
- Going missing for periods of time or regularly coming home late
- Regularly missing school or education
- Not taking part in education

If a member of staff suspects CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Child sexual exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, in exchange for something the victim needs or wants and/or for the financial advantage or increased

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status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- Having an older boyfriend or girlfriend
- Suffering from sexually transmitted infections or becoming pregnant

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Child-on-child abuse

Child-on-child abuse is when children abuse other children. This type of abuse can take place inside and outside of the child's school. It can also take place both face-to-face and online, and can occur simultaneously between the 2.

Our charity has a zero-tolerance approach to sexual violence and sexual harassment. We recognise that even if there are no reports, that doesn't mean that this kind of abuse isn't happening.

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

- Bullying (including cyber-bullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between children (this is sometimes known as 'teenage relationship abuse')
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- Sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)

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- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)

Where children abuse their peers online, this can take the form of, for example, abusive, harassing, and misogynistic messages; the non-consensual sharing of indecent images, especially around chat groups; and the sharing of abusive images and pornography, to those who don't want to receive such content.

If staff have any concerns about child-on-child abuse, or a child makes a report to them, they will follow the procedures set out in section 7 of this policy, as appropriate. In particular, section 7.8 and 7.9 set out more detail about our Charity's approach to this type of abuse.

When considering instances of harmful sexual behaviour between children, we will consider their ages and stages of development. We recognise that children displaying harmful sexual behaviour have often experienced their own abuse and trauma, and will support them to receive appropriate support.

Domestic abuse

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse (abuse in intimate personal relationships between children) and child/adolescent to parent violence and abuse. It can be physical, sexual, financial, psychological or emotional. It can also include ill treatment that isn't physical, as well as witnessing the ill treatment of others – for example, the impact of all forms of domestic abuse on children.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socioeconomic status, sexuality or background, and domestic abuse can take place inside or outside of the home. Children who witness domestic abuse are also victims.

Older children may also experience and/or be the perpetrators of domestic abuse and/or violence in their own personal relationships. This can include sexual harassment.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children and affect their health, wellbeing, development and ability to learn. #

Child on Parent Violence (CPV) / Adolescent-to-Parent Violence and Abuse (APVA)

Child on Parent Violence (CPV) — also known as Adolescent-to-Parent Violence and Abuse (APVA) — refers to a pattern of behaviour in which a child or young person uses verbal, emotional, financial, or physical abuse to gain control or power over a parent or carer. This behaviour goes beyond normal parent-child conflict or teenage frustration. It may include:

- Physical aggression (hitting, pushing, throwing objects)
- Verbal abuse, intimidation, or threats
- Damage to property or theft

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- Controlling or coercive behaviour
- Emotional manipulation or humiliation

CPV is a form of abuse and a safeguarding matter. Both the child and the parent/carer may need protection and support. Staff should respond with empathy and refer to the DSL as a safeguarding concern.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The DSL and deputy will be aware of contact details and referral routes into the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.

So-called 'honour-based' abuse (including FGM and forced marriage)

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing.

Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBA or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

FGM

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a child is at risk of FGM.

Indicators that FGM has already occurred include:

- A child confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/child already being known to social services in relation to other safeguarding issues
- A girl:
 - Having difficulty walking, sitting or standing, or looking uncomfortable
 - Finding it hard to sit still for long periods of time (where this was not a problem previously)
 - Spending longer than normal in the bathroom or toilet due to difficulties urinating
 - Having frequent urinary, menstrual or stomach problems

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- Avoiding physical exercise or missing PE
- Being repeatedly absent from school, or absent for a prolonged period
- Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
- Being reluctant to undergo any medical examinations
- Asking for help, but not being explicit about the problem
- Talking about pain or discomfort between her legs

Potential signs that a child may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- A girl:
 - Having a mother, older sibling or cousin who has undergone FGM
 - Having limited level of integration within UK society
 - Confiding to a professional that she is to have a "special procedure" or to attend a special occasion to "become a woman"
 - Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents/carers stating that they or a relative will take the girl out of the country for a prolonged period
 - Requesting help from a therapist or another adult because she is aware or suspects that she is at immediate risk of FGM
 - Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
 - Being unexpectedly absent from school
 - Having sections missing from her 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of 1 or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

It is also illegal to cause a child under the age of 18 to marry, even if violence, threats or coercion are not involved.

We are aware of the '1 chance' rule, i.e. we may only have 1 chance to speak to the potential victim and only 1 chance to save them.

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If a member of staff suspects that a child is being forced into marriage, they will speak to the child about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the child about the concerns in a secure and private place if possible
- Activate the local safeguarding procedures and refer the case to the local authority's designated officer and notify the child's school
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or fmufco.gov.uk

Child trafficking and modern slavery

Human trafficking, is defined in the UN Protocol on trafficking, adopted in 2000, as the acquisition of a person, by means of deception or coercion, for the purposes of exploitation. Human trafficking, or modern slavery as it is often referred to, is a crime and a safeguarding issue affecting millions across the world and in the United Kingdom. Staff at The Purple Elephant Project are alert to the existence of modern slavery and child trafficking and concerns will be recorded and reported to SPA as appropriate.

Types of modern slavery

Examples of industries and services where slavery exist in the UK today, the victims of which include children and young people are:

- the sex industry, including brothels
- retail: nail bars, hand car washes
- factories: food packing
- hospitality: fast-food outlets
- agriculture: fruit picking
- domestic labour: cooking, cleaning and childminding
- additionally, victims can be forced into criminal activities such as cannabis production, theft or begging.

Modern slavery is an issue that transcends age, gender and ethnicities. It can include victims that have been brought to the UK from overseas or vulnerable people in the UK being forced illegally to work against their will. Children and young people have an increased vulnerability to slavery. Poverty, limited opportunities at home, lack of education, unstable social and political conditions and war are some of the situations that contribute to trafficking of victims and slavery. Slavery can be linked to a number of safeguarding issues, including child sexual exploitation, but normally includes at least one of the following specific situations.

- Child trafficking: young people being moved internationally or domestically so that they can be exploited.
- Forced labour: victims are forced to work through physical or mental threat, against their will, often for very long hours for little or no pay, in conditions that can affect their physical and mental health. They are often subjected to verbal or physical threats of violence against them as individuals or their families.

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- Debt bondage: victims forced to work to pay off debts that they will never be able to. Debts can be passed down to children. Extreme examples include where a victim may be owned or controlled by an 'employer' or sold as a commodity.

Possible signs and indicators that someone is a victim of modern slavery that anyone working with children and young people should be aware of include:

- physical appearance: poor physical condition, malnourishment, untreated injuries and looking neglected
- isolation: victims may not be allowed out on their own and may appear to be under the control or influence of people accompanying them, with the absence of a parent or legal guardian. They may not interact and be unfamiliar in their local community
- poor living conditions: victims may be living in dirty, cramped or overcrowded accommodation, with multiple children living and working at the same address or premises
- personal belongings: few possessions, wearing the same clothes each day and no identification documents
- restricted freedom: victims have little opportunity to move freely and may be kept from having access to their passport
- unusual travel times: victims may be dropped off or collected from work on a regular basis either very early or late at night
- reluctant to seek help: victims may avoid eye contact, appear frightened or hesitant to approach people and have lack of trust or concern about making a report should they be deportation or fear of violence on their family

If a member of The Purple Elephant Project staff suspects that a child may be a victim they will, in the first instance, report their concerns to the DSL. The DSL will seek advice and support from SPA who may in turn make a referral to the National Crime Agency via the National Referral Mechanism (NRM).

Further advice can be provided directly by the modern slavery helpline on 0800 012 1700.

Preventing radicalisation

- **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
- **Extremism** is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces
- **Terrorism** is an action that:
 - Endangers or causes serious violence to a person/people;
 - Causes serious damage to property; or
 - Seriously interferes or disrupts an electronic system

The use or threat of terrorism must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

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We all have a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of children in our Charity being drawn into terrorism and will ensure that suitable internet filtering is in place, based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partners and local police force.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period.

Staff will be alert to changes in children's behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a child is being radicalised can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

If staff are concerned about a child, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Staff should **always** take action if they are worried.

Sexual violence and sexual harassment between children

Sexual violence and sexual harassment can occur:

- Between 2 children of any age and sex

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- Through a group of children sexually assaulting or sexually harassing a single child or group of children
- Online and face to face (both physically and verbally)

Sexual violence and sexual harassment exist on a continuum and may overlap.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will likely adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school.

If a victim reports an incident, it is essential that staff make sure they are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting any form of abuse or neglect. Nor should a victim ever be made to feel ashamed for making a report.

When supporting victims, staff will:

- Reassure victims that the law on child-on-child abuse is there to protect them, not criminalise them
- Regularly review decisions and actions, and update policies with lessons learnt
- Look out for potential patterns of concerning, problematic or inappropriate behaviour, and decide on a course of action where we identify any patterns
- Remain alert to the possible challenges of detecting signs that a child has experienced sexual violence, and show sensitivity to their needs

Some groups are potentially more at risk. Evidence shows that girls, children with SEN and/or disabilities, and lesbian, gay, bisexual and transgender (LGBT) children are at greater risk.

Staff should be aware of the importance of:

- Challenging inappropriate behaviours
- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- Challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them

If staff have any concerns about sexual violence or sexual harassment, or a child makes a report to them, they will follow the procedures set out in section 7 of this policy, as appropriate. In particular, section 7.8 and 7.9 set out more detail about our Charity's approach to this type of abuse.

Serious violence

Indicators which may signal that a child is at risk from, or involved with, serious violent crime may include:

- Increased absence from school
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self-harm or a significant change in wellbeing
- Signs of assault or unexplained injuries

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- Unexplained gifts or new possessions (this could indicate that the child has been approached by, or is involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation (see above))

Risk factors which increase the likelihood of involvement in serious violence include:

- Being male
- Having been frequently absent or permanently excluded from school
- Having experienced child maltreatment
- Having been involved in offending, such as theft or robbery

Staff will be aware of these indicators and risk factors. If a member of staff has a concern about a child being involved in, or at risk of, serious violence, they will report this to the DSL.

Online safety

The Purple Elephant Project has a whole charity approach to online safety, which protects and educates children and staff in their use of technology and establishes mechanisms to identify, intervene in, and escalate any concerns where appropriate.

Children and young people commonly use electronic equipment including mobile phones, tablets and computers on a daily basis to access the internet and share content and images via social networking sites such as Facebook, TikTok, Twitter, MSN, Tumblr, Snapchat, Instagram and gaming platforms.

Those technologies and the internet are a source of fun, entertainment, communication and education. Unfortunately, however, some adults and young people will use those technologies to harm children. The breadth of issues classified within online safety is considerable and ever evolving, but can be categorised into four areas of risk:

Content: being exposed to illegal, inappropriate, or harmful content, for example: pornography, racism, misogyny, self-harm, suicide, antisemitism, radicalisation, extremism, misinformation, disinformation (including fake news) and conspiracy theories.

Contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.

Conduct: online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying).

Commerce: risks such as online gambling, inappropriate advertising, phishing and or financial scams. These risks will be reported to the Anti-Phishing Working Group ([APWG](#))

Children and adults who are affected by these areas will be supported through the charity's safeguarding procedures.

Suicide and self-harm

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Suicide: an act of deliberate self-harm which results in death.

Self-harm: self-poisoning or self-injury, irrespective of the apparent purpose of the act.

Self-harm is generally a way of coping with overwhelming emotional distress. Many young people self-harm where there is no suicidal intent. However, research shows that young people who self-harm can be at a higher risk of suicide. Self-harm is a coping mechanism that enables a person to express difficult emotions. Young people who hurt themselves often feel that physical pain is easier to deal with than the emotional pain they are experiencing, because it is tangible. But the behaviour only provides temporary relief and fails to deal with the underlying issues that a young person is facing. For some people, self-harm may last for a short time. For others, it can become a long-term problem. Some people self-harm, stop for a while, and return to it months, even years, later, in times of distress.

Risk factors that indicate a child or young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement; bullying; online bullying; mental health problems including eating disorders; family problems such as domestic violence; or any form of abuse or conflict between the child and parents.

The most common forms of self-harm are:

- cutting
- biting self
- burning, scalding, branding
- picking at skin, reopening old wounds
- breaking bones, punching
- hair pulling
- head banging
- ingesting objects or toxic substances
- overdosing with a medicine

Self-harm is usually a secretive behaviour but signs may include:

- wearing long sleeves at inappropriate times
- spending more time in the bathroom
- unexplained cuts or bruises, burns or other injuries
- unexplained smell of Dettol, TCP, etc.
- low mood - seems to be depressed or unhappy, low self-esteem, feelings of worthlessness
- any mood changes - anger, sadness
- changes in eating or sleeping patterns
- losing friendships, spending more time by themselves and becoming more private or defensive
- withdrawal from activities that used to be enjoyed
- abuse of alcohol and/or drugs

The Purple Elephant Project recognises that any child who self-harms or expresses thoughts about self-harm and/or suicide must be taken seriously and appropriate help and intervention will be offered at the earliest point. Any member of staff who is made aware that a child has self-harmed, or is contemplating self-harm or suicide, will record and report the matter to the DSL as soon as possible as with any other safeguarding concern and families will be supported to develop a safety plan.

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Fabricated or induced illnesses

Staff at The Purple Elephant Project are alert to the issues surrounding fabricated or induced illnesses. Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

There are many ways that the parent/carers may fabricate (make up or lie about) or induce illness in a child:

- lying about their child's symptoms
- deliberately contaminating or manipulating clinical tests to fake evidence of illness. For example, by adding blood or glucose to urine samples, placing their blood on the child's clothing to suggest unusual bleeding, or heating thermometers to suggest the presence of a fever
- poisoning their child with unsuitable and non-prescribed medicine
- infecting their child's wounds or injecting the child with dirt or poo
- inducing unconsciousness by suffocating their child
- not treating or mistreating genuine conditions so they get worse
- withholding food, resulting in the child failing to develop physically and mentally at the expected rate.

The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms.

Fabricated or induced illness is most commonly identified in younger children. Although some of these children die, there are many that do not die as a result of having their illness fabricated or induced, but who suffer significant long term physical or psychological health consequences. Fabrication of illness may not necessarily result in a child experiencing physical harm, but there may be concerns about the child suffering emotional harm. They may suffer emotional harm and/or disturbed family relationships as a result of an abnormal relationship with their parent.

Staff at The Purple Elephant Project will record and report any concerns about a child who might be experiencing fabricated or induced illness to the DSL as with any other safeguarding concern. The DSL will consider the need to make a referral or consult with the Single Point of Access as with any other child protection concern.

The Royal College of Paediatrics and Child Health (RCPCH) has issued updated guidance:

<https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/>

Checking the identity and suitability of visitors

All visitors will be required to verify their identity to the satisfaction of staff. If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting.

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