



ASPIRIO

Registered office : The Braes,
Granville Road, Bath. BA1 9BE

ASPIRIO LTD SAFEGUARDING AND CHILD PROTECTION

****Introduction****

Aspirio Ltd is committed to ensuring the safety and well-being of children who engage with our mentoring and academic support services online. This policy outlines the measures we take to protect children from harm, promote their welfare, and create a secure online environment.

****Purpose****

The purpose of this policy is to establish clear guidelines to safeguard children during their interactions with our services and to ensure that all staff and volunteers understand their responsibilities in maintaining a safe online space.

This policy should be read in conjunction with *Keeping Children Safe in Education* and the Online Safety Policy

1. Policy Statement

1.1 Safeguarding and Child Protection Policy

1.1.1 **Aspirio Ltd** is committed to safeguarding and promoting the welfare of students. All students have the right to be protected from all types of harm and abuse, and all systems, processes and policies should operate with the best interests of the child at their heart. This *Safeguarding and Child Protection Policy* ("this Policy") forms a fundamental part of our approach to providing excellent support and pastoral care to *all* students, including young people who may be over the age of 18 years.

1.1.2 This Policy and its implementation procedures set out the arrangements to safeguard and promote the welfare of students who engage with Services at Aspirio Ltd. They have been prepared in compliance with, and regarding:

- The Education Acts
- *Education (Independent Schools Standards) Regulations* 2014 (as amended from time to time)
- *The Independent School Standards Guidance for Independent Schools* April 2019
- *Safeguarding and protecting people for charities and trustees* (Charity Commission, June 2022)
- Safeguarding Vulnerable Groups Act 2006
- The Protection of Freedoms Act 2012
- The Children Act 2004
- *What to do if you're worried a Child is being Abused* March 2015
- *Working Together to Safeguard Children* July 2018 (A guide to inter-agency working to safeguard and promote the welfare of children)
- *Keeping Children Safe in Education* September 2014
- *Disqualification under the Childcare Act 2006* September 2018



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- *Information Sharing: advice for practitioners providing safeguarding services* July 2018
- DBS Referrals Guidance (as may be amended from time to time)
- *Teacher misconduct: regulating the teaching profession* March 2014 (and related guidance)
- *Use of Reasonable Force in Schools* July 2013
- *Preventing and Tackling Bullying* July 2017
- *Mental Health and Behaviour in Schools* November 2018
- *Statutory Framework for the Early Years Foundation Stage (EYFS)* September 2021
- *Prevent Duty Guidance 2021, Channel Guidance 2020, and Prevent Departmental Advice 2015*
- *The use of social media for online radicalisation* July 2015
- *Teaching Online Safety in School* June 2023
- *Sharing nudes and semi-nudes: advice for education settings working with children and young people* UKCIS December 2020
- *Relationships Education, Relationships and Sex Education (RSE) and Health Education* 2019
- *When to call the police: guidance for schools & colleges* NPCC

1.1.3 Aspirio Ltd recognises and acts upon the legal duties set out in the above statutes, regulations and guidance to protect its students (and staff) from harm and to cooperate with other agencies in carrying out those duties and responding to safeguarding concerns.

1.1.4 This Policy is used in accordance with locally agreed inter-agency procedures and specifically in accordance with Bath and Northeast Somerset's local safeguarding partner guidance, including the local criteria for action and protocol for assessments (see para 11.3 for contact details). Aspirio Ltd will ensure that its safeguarding arrangements consider local procedures and practices, including local criteria for action and protocol for assessment.

1.1.5 This Policy is addressed to all staff members at Aspirio Ltd (temporary and permanent). Adherence to it is mandatory for all staff, and its use is not subject to discretion. This Policy applies whenever staff work with students.

1.1.6 This Policy is available to all parents, staff and volunteers on Aspirio Ltd.'s website. A paper copy of this Policy is also available to parents upon request at info@aspirio.co.uk.

1.1.7 Students are taught about how to keep themselves and others safe both on and offline, including how to adjust their behaviour to reduce risks, keep themselves safe and build resilience; and are made aware of this Policy through the introductory session with their mentor.

1.2 **Creating a Culture of Safeguarding**

1.2.1 Aspirio Ltd recognises that safeguarding covers much more than child protection, and so this Policy will operate in conjunction with other policies, which can be found on the website at www.aspirio.co.uk. These include equal opportunities, information sharing and online safety (including mobile technology and social media).



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1.2.2 'Safeguarding' is broader than 'child protection'. As well as protecting children from harm, 'safeguarding' widens the responsibility to preventing harm and promoting the welfare of children. It is recognised that safeguarding and promoting the welfare of children includes:

- Protecting children from maltreatment
- Preventing the impairment of children's mental and physical health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

Where a student is suffering significant harm or is likely to do so, action will be taken to protect that student. Action will also be taken to promote the welfare of a student needing additional support, even if they are not suffering harm or at immediate risk. Aspirio Ltd recognises the importance of children receiving the right help at the right time to address risks and prevent issues from escalating, the importance of acting on and referring the early signs of abuse and neglect, keeping clear records, listening to the views of the students, reassessing concerns when situations do not improve, sharing information quickly, and challenging inaction.

1.2.3 Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who encounters children and their families and carers has a role to play in safeguarding children. Everyone who works at Aspirio Ltd should make sure that their approach is child-centred (that is, that they always consider what is in the best interests of the child).

1.2.4 As well as ensuring that Aspirio Ltd.'s policies and procedures support its safeguarding responsibilities, Aspirio Ltd will work with pupils and their families, and contribute to inter-agency working, in line with the statutory guidance *Working Together to Safeguard Children*. This includes providing a coordinated 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.

We are committed to working in partnership with parents, Social Services Departments and diverse communities, to continuously develop and improve the safeguarding culture within our community.

1.2.5 Having these safeguards in place not only protects and promotes the welfare of children but also enhances the confidence of our staff, volunteers, parents/carers and the public.

1.2.6 Aspirio Ltd has systems to:

- Prevent unsuitable people from working with students.
- Identify students who are at risk of and/or are likely to suffer significant harm, take appropriate action, and promote the welfare of students in need of additional support.
- Promote safe practices and challenge poor and unsafe practices.



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- Protect students and staff from online risks; these include online safety education and training, policies and procedures governing the use of IT, and procedures to manage any incidents that occur.
- Email messages between staff and students are scanned for inappropriate language and behaviour.
- Deal with issues of confidentiality, information sharing and consent.
- Ensure that staff do not, through their actions, place **students** at risk of harm or place themselves at risk from an allegation of harm (by providing guidance on areas such as 1:1 tuition and/or inappropriate electronic communication).

1.2.7 Aspirio Ltd encourages the students in its care to raise any concerns that they might have and ensure that these are taken seriously. Aspirio Ltd also encourages pupils to contribute their own ideas, appropriate to their age and understanding, about how their safety and welfare could be further improved.

1.3 Implementation Procedures

Aspirio Ltd has implementation procedures to assist staff and volunteers when handling safeguarding concerns.

All staff at Aspirio Ltd. have access to information on these procedures, which must always be followed.

1.4 Children potentially at greater risk of harm

1.4.1 **Children with Special Educational Needs and Disabilities or Physical Health Issues**

Children with special educational needs and disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline, including vulnerability to child-on-child abuse. Staff must be alert to the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These may include:

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



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To address these additional challenges, such children may require extra support and attention, alongside any appropriate communication support. Their additional vulnerabilities should also be carefully considered in situations where reasonable force may be needed.

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

Being LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT or perceived to be LGBT can be targeted by other children and risks can be compounded when such children lack a trusted adult. Staff should, therefore, endeavour to reduce the additional barriers faced and provide a safe space for them to speak out or share their concerns.

1.5 Private Fostering

Private fostering occurs when a child under the age of 16 (or 18 if disabled) is provided with care and accommodation by someone to whom they are not related in that person's home. If a staff member becomes aware that a student may be in a private fostering arrangement, they should notify the student's school and local authority of the circumstances.

2. Aims

2.1 Our aims are to:

- 2.1.1 Create an environment which is safe and secure for all students.
- 2.1.2 Encourage our students to establish satisfying relationships with their families, peers, and other adults.
- 2.1.3 Encourage students to develop a sense of autonomy and independence.
- 2.1.4 Work with parents to build their understanding of and commitment to the welfare of all students.

2.2 To fulfil these aims, the Director of Aspirio Ltd will take the necessary steps to ensure that:

2.2.1 All staff receive training in safeguarding children and an explanation of the systems which support this as part of their induction. This includes:

- Aspirio Ltd.'s Safeguarding and Child Protection Policy (which includes whistleblowing procedures)
- Part 1/Annex A of *Keeping Children Safe in Education* (and Annex B for those who work directly with children)
- Aspirio Ltd.'s behaviour policy
- Online safety

2.2.2 All staff are trained in child protection (including Prevent awareness, online safety training, the local early help assessment process, the referrals process and how to manage a report of child-



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on-child sexual violence or sexual harassment) regularly (in line with local safeguarding partner requirements), and receive safeguarding and child protection updates as required, but at least annually. Safeguarding training must be integrated, aligned and considered as part of Aspirio Ltd.'s safeguarding approach and staff training programme.

2.2.3 Aspirio Ltd is committed to ensuring that every employee undergoes an enhanced DBS disclosure prior to commencing employment. Additionally, a Barred List Check and Prohibition Order check (where applicable) are conducted. Relevant staff are also asked to confirm that they do not meet the criteria for disqualification under the Childcare Act 2006 and the 2018 Regulations.

2.2.4 Aspirio Ltd will refer to the Disclosure and Barring Service (DBS) anyone who has harmed, or poses a risk of harm, to a child where:

- the harm test is satisfied in respect of that individual.
- the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that the individual has committed a listed relevant offence; and
- the individual has been removed from working (paid or unpaid) in regulated activity or would have been removed if they had not left (this includes suspension or deployment to another area of work that is not regulated activity)

The referral will be made as soon as possible after the resignation, removal or redeployment of the individual by the procedural guidance at

<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>.

2.2.5 All Aspirio Ltd employees are alert to signs of abuse and neglect, and all staff know to whom they should report concerns or suspicions of abuse or neglect.

2.2.6 All Aspirio Ltd employees keep themselves updated on safeguarding issues and child protection procedures by accessing advice, guidance and training as appropriate to their role.

2.3 This Policy is compatible with and meets all applicable requirements of Aspirio Ltd.'s local safeguarding partners. Aspirio Ltd ensures that it has positive communication with the local safeguarding partners to ensure compliance with local protocol and access to relevant support. The local safeguarding partners can be contacted through the Local Social Services Department (Children's Services) "Social Services". Their contact details are set out in paragraph 11.3 below.

3. Responding to Safeguarding and Child Protection Concerns

3.1 Everyone who encounters children and their families has a role in safeguarding them. Aspirio Ltd mentors are particularly important as they can identify concerns early and provide help for students to prevent concerns from escalating. Aspirio Ltd staff have a responsibility to identify children who may need extra help or who are suffering or are likely to suffer significant harm. All staff are responsible for taking appropriate action, working with other services as needed.



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- 3.2 Aspirio Ltd employees should not assume that a colleague or another professional will act and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. All concerns, discussions, decisions made, and the reasons for those decisions should be recorded in writing. Fears about sharing information **must not** be allowed to stand in the way of the need to promote welfare and protect the safety of children.
- 3.3 If employees have concerns about a child (as opposed to a child being in immediate danger or at risk of harm – see para 3.5 below), they will need to decide what action to take. All employees should be prepared to identify children who may benefit from **early help**, that is, support as soon as a problem emerges. The early help process may also involve sharing information with other professionals and contributing to an early help assessment.
- 3.4 Any child may benefit from early help, but employees should be particularly alert to the potential need for early help for a child who:
- Is disabled, has certain health conditions and has specific additional needs
 - Has special educational needs
 - Has a mental health need
 - Is a young carer
 - Is showing signs of being drawn into anti-social or criminal behaviour
 - Is frequently missing/goes missing from care or from home
 - Is at risk of modern slavery, trafficking, sexual or criminal exploitation
 - Is at risk of being radicalised or exploited
 - Has a family member in prison, or is affected by parental offending
 - Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
 - Is misusing alcohol and other drugs themselves
 - Has returned home to their family from care
 - Is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage
 - Is a privately fostered child, and
 - Is persistently absent from education, including persistent absences for part of the school day
- 3.5 If a child is in **immediate danger or at risk of harm**, a referral must be made to the local authority children's social care and/or the police immediately (see section 5.12). It is not the role of Aspirio Ltd to investigate suspected or alleged abuse; this is the role of the Police and Social Services.
- 3.6 What is Child Abuse?

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill-treatment that is not physical, as well as the impact of witnessing the ill-treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institution or community setting by those known to them or, more rarely, by others. Abuse



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can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or another child or children. Abuse, neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

The categories listed below are drawn from *Keeping Children Safe in Education*:

- 3.6.1 **Physical abuse** – a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms or deliberately induces illness in a child.
- 3.6.2 **Emotional abuse** – the persistent emotional maltreatment of a child, such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
- 3.6.3 **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 the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities such as involving children in looking at or the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.
- 3.6.4 **Neglect** - the persistent failure to meet a child’s basic physical and/or psychological needs likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy, for example, because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); 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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3.6.5 Child sexual exploitation (CSE), child criminal exploitation (CCE) and forms of so-called 'honour-based' abuse, including female genital mutilation (FGM), are child abuse and domestic abuse and attempts to draw children into violent extremism or serious violent crime should also be treated as safeguarding issues. Further information on these areas can be found in the *Safeguarding Procedures*. If an employee discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the employee must report this to the police.

3.6.6 Sharing nude and semi-nude images is a child protection issue. Even if explicit material is sent or elicited without malicious intent, the consequences are serious and put those involved at risk of serious harm. Having or sending explicit material on digital devices is also a criminal offence for those under 18. Aspirio Ltd takes incidences of sharing nude and semi-nude images extremely seriously and deals with them in accordance with child protection procedures, including reporting to the police.

3.6.7 **Who are the abusers?** Abusers might be parents or carers, siblings or members of the extended family, neighbours, teachers, or strangers; in short, an abuser could be anyone.

3.6.8 **Child-on-child abuse: all employees should also recognise that children can abuse other children** and that this can happen and must be addressed. It is important that employees are alert to the signs of child-on-child abuse and that students feel able to report incidents, knowing they will be treated seriously. Child on child abuse is most likely to include, but is not limited to:

- bullying (including cyber, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse')
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- 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 engage in sexual activity with a third party
- consensual and non-consensual sharing of nudes and semi-nude images and or videos (also known as sexting or youth-produced sexual imagery),
- upskirting, which typically involves taking a picture under a person's clothing without their permission, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse, or humiliation used as a way of initiating a person into a group and may also include an online element)

It is more likely that girls will be victims of child-on-child abuse and boys' perpetrators, but all child-on-child abuse is unacceptable and will be taken seriously. Child-on-child abuse should be recognised as abuse and challenged as such. A zero-tolerance approach will be taken whereby it is never passed off as 'banter', 'just having a laugh', 'part of growing up' or 'boys being boys. This can



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lead to a culture of unacceptable behaviours, an unsafe environment for children and, at worst, children accepting this as normal and not coming forward to report it. Aspirio Ltd seeks to minimise the risk of such abuse by ensuring that it is clear to all members of its community that it is not tolerated.

In such cases of child-on-child abuse, Aspirio Ltd.'s response will include referral to local authority children's social care or the police. Victims, perpetrators, and any other child affected will be supported within the pastoral care structure, taking account of their views and feelings, and support may include referral to counselling where appropriate. All children involved will be treated as at risk. Further information can be found in the *Safeguarding Procedures*.

3.6.9 Contextual safeguarding: safeguarding incidents and/or behaviours can be associated with factors outside of mentoring sessions. All employees should consider the context within which such incidents and/or behaviours occur. It is important to provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

3.7 Signs of abuse

All Aspirio Ltd employees should be aware of indicators of abuse and neglect, understanding that children can be at risk of harm inside and outside school, inside and outside of home and online. Exercising professional curiosity and knowing what to look for is vital for the early identification of abuse and neglect so that employees can identify cases of children who may be in need of help or protection.

The following may help employees to be aware of possible signs of abuse - There are further sources of information such as *What to do if you're worried a child is being abused* and the NSPCC website. However, such lists are not exhaustive - if employees are unsure, they should always seek advice and report concerns even where signs/indicators are not present. Employees should also be alert to behaviours or circumstances that put children in danger, such as drug taking, alcohol abuse, self-harm, truanting, cyberbullying and sexting.

(There may be other signs of abuse specific to female genital mutilation and to radicalisation of young people. These are described in the *Safeguarding Procedures*.)

3.7.1 Physical Abuse

- Unexplained injuries/burns
- Untreated injuries
- Bruises/abrasion around the face
- Bi-lateral injuries e.g. two bruised eyes
- Bite marks
- Bruising abrasions to lips, cheeks, outer ear



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3.7.2 Emotional Abuse

- Excessive overreaction to mistakes
- Continual self-deprecation
- Excessive rocking, thumb sucking, hair twisting
- Extreme compliance/aggression
- Drug, alcohol and substance misuse
- Significant peer relationship difficulties

3.7.3 Sexual Abuse

- Sexual awareness inappropriate to the child's age, including provocative sexual behaviour
- Self-harm
- Pregnancy
- Sexually transmitted diseases
- Sudden changes in behaviour or school performance
- Fear of undressing for gym
- Depression/withdrawal
- Drug, alcohol, substance abuse

3.7.4 Neglect

- Constant hunger, tiredness and/or poor personal hygiene
- Untreated medical problems
- Destructive tendencies
- Social isolation
- Poor self-esteem and/or relationship with peers
- Excessive rocking, hair twisting, thumb sucking

3.7.5 Missing Children

A child going missing from an education setting is a potential indicator of abuse and neglect. Employees should treat prolonged or repeated absences from sessions, or patterns of absence with no satisfactory explanation, as a potential safeguarding issue and take action accordingly.

3.7.6 Mental Health

All employees should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering, abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Employees are, however, well placed to observe children and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. It is also important that employees are aware of how adverse childhood experiences can have a lasting impact on children's mental health, behaviour and education. If employees have a concern about a child which is also a safeguarding concern, immediate action should be taken following the procedures in this Policy.



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4. Designated Safeguarding Lead (DSL)

4.1 Aspirio Ltd has appointed a Designated Safeguarding Lead.

The Designated Safeguarding Lead will:

4.1.1 be responsible for ensuring that the guidance and regulations in paragraphs 1.1.2 deal with all cases of suspected or actual child protection concerns.

4.1.2 refer cases of suspected abuse or allegations to the local Social Services Department and/or the police by local safeguarding partner procedures and work with other agencies in line with *Working Together to Safeguard Children*.

4.1.3 receive *Prevent* awareness training; provide advice and support and make appropriate referrals through the *Channel* programme.

4.1.4 oversee online safety (as outlined in the Online Safety Policy)

4.1.5 ensure that she knows the latest national and local guidance and requirements and will keep employees informed as appropriate.

4.1.6 receive appropriate training in child protection matters and interagency working, including national and local bodies, at least every two years, and in addition to formal training, update their knowledge and skills at regular intervals and at least annually to keep up with developments relevant to the role.

4.1.7 act as a source of advice and support within Aspirio Ltd and coordinate action regarding referrals for children and allegations against staff.

5. Responding to Disclosures of Abuse

5.1 Children are more likely to be abused by someone they know and trust than by a stranger. Employees are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. Employees should also be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may feel embarrassed, humiliated, or threatened. This should not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns about a child. When concerned about the welfare of a child, employees should always act in the child's best interests and consider how best to build trusted relationships with children, which facilitates communication.

5.2 Employees should make themselves available to reassure the students that what they say is being taken seriously and without criticism. They should respond in a supportive, calm manner, avoiding asking detailed questions. The employee's role is to listen, record and report, not to investigate. A student should never be given the impression that they are creating a problem by reporting any form of abuse and/or neglect. No student should ever be made to feel ashamed for



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Making a report. Employees should also ensure that their behaviour and actions do not put students or themselves at risk of harm.

5.4 Immediate Response

If a disclosure is made, the employee **should**:

- 5.4.1 allows the pace of the conversation to be dictated by the student.
- 5.4.2 Ask open questions encouraging the student to talk, such as “Can you tell me what happened?”
- 5.4.3 Accept what the pupil says and do not ask for further details.
- 5.4.4 Acknowledging how hard it was for them to tell you and showing by voice tone and/or facial expression that you are taking their concerns seriously.
- 5.4.5 Carefully note any visible signs of possible injury or neglect (note paragraph 5.5.4 below).
- 5.4.6 Reassurance the pupil that they have done the right thing and are not at fault. Explain to whom you must tell (the Designated Safeguarding Lead) and why.

5.5 The employee **should not**:

- 5.5.1 burdens the pupil with guilt by asking questions such as “Why didn’t you tell me before?”
- 5.5.2 interrogate or pressure the pupil to provide information.
- 5.5.3 ask any potentially leading questions, as this may impact any potential case brought to court.
- 5.5.4 undress the child or examine clothed parts of the child’s body to determine the nature of any such injuries/neglect.
- 5.5.5 criticise the alleged perpetrator. This may be someone they love.
- 5.5.6 promise confidentiality (see paragraphs 5.6 and 5.7).
- 5.5.7 make promises they cannot keep, such as “I’ll stay with you all the time” or “It will be all right now”.
- 5.5.8 put words in the child's mouth (i.e. finish their sentences).
- 5.5.9 jump to conclusions or speculate about what happened or might have happened or make accusations.
- 5.5.10 shows an overly emotional reaction, such as expressing disgust, shock or disbelief.
- 5.5.11 attempt to investigate the allegations.



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- 5.6 Employees must not promise confidentiality if a student confides in an employee and requests that the information be kept secret. Employees must tell the pupil sensitively that they are responsible for informing the named Designated Safeguarding Lead so that the child can be helped to stay safe and feel better.
- 5.7 In every case, the employee should consider whether the pupil can consent to share the information and, if so, seek to obtain that consent. If the student does not consent, the member employee should explain that they must share the information with the Designated Safeguarding Lead and reassure them that it will *only be disclosed* to others who *need to know*.
- 5.8 Aspirio Ltd recognises that children who are abused may feel helpless and humiliated, may blame themselves, and find it challenging to develop and maintain a sense of self-worth. We recognise that Aspirio Ltd may provide the only stability in the lives of children who have been abused or who are at risk of harm. Aspirio Ltd has age-appropriate systems for children to express their views and give feedback so that their wishes or feelings will be considered when determining what action to take and what services to provide. However, the child's wishes or feelings cannot override the duty to refer suspected abuse to local authority children's social care or police.
- 5.9 Aspirio Ltd will provide continuing support to a pupil who has disclosed abuse by promoting a caring and safe environment and encouraging self-esteem and self-assertiveness through the curriculum and relationships. In doing so, Aspirio Ltd will act with guidance from the relevant authorities to ensure that, for example, legal proceedings are not compromised.
- 5.10 All allegations involving employees will be discussed immediately with the Local Authority Designated Officer (LADO¹) before any investigation takes place. In borderline cases, these discussions can be held without naming the individual.

The police shall be informed at the outset of immediate risk or serious harm to children.

5.11 Recording Information

Aspirio Ltd employees should:

5.11.1 record the disclosure or concern, including the date, time, place and context, and what has been said (wherever possible, using the child's exact words, even if they seem childish, rude or inappropriate), not assumption or interpretation.

5.11.2 clearly distinguish between fact, observation, allegation and opinion.

5.11.3 record any observed injuries and bruises.

5.11.4 note the non-verbal behaviour and the keywords in the language used by the pupil (do not translate into "proper terms").



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5.11.5 alert the Designated Safeguarding Lead.

5.11.6 appreciate that their records may be used in criminal or disciplinary investigations.

5.12 Reporting Concerns

5.12.1 Any student concerns must be discussed with the Designated Safeguarding Lead as soon as possible and, at the latest, by the end of the working day (8 pm).

5.12.2 Where the disclosure identifies a safeguarding issue, the Designated Safeguarding Lead will report it to the local Social Services Department within 24 hours. In the most serious cases, if there is suspicion that a crime has been committed, the Designated Safeguarding Lead will contact the police.

5.12.3 Aspirio Ltd.'s procedures differentiate between safeguarding children who have suffered significant harm and those who need support from one or more agencies. In cases where a child is not suffering or at risk of suffering serious harm but instead needs additional support, an inter-agency assessment will be undertaken to determine the most appropriate action.

5.12.4 Whilst the Designated Safeguarding Lead will usually decide whether to make a referral, **in exceptional circumstances, such as in an emergency or a genuine concern that appropriate action has not been taken, anyone can refer their concerns to local authority children's social care directly** (see section 9 below). If an employee makes a referral independently, they must inform the Designated Safeguarding Lead as soon as possible.

5.12.5 **A referral should be made immediately if a child is at risk of immediate serious harm. If the child's situation is not improving, the employee with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.**

6 **Allegations against staff**

6.1 Aspirio Ltd must follow the procedures for handling allegations made against employees set out in Part 4 of *Keeping Children Safe in Education*. The aim is to deal with any allegation quickly, fairly, and consistently, which provides adequate protection for the child and, at the same time, appropriate support for the person who is the subject of the allegation.

6.2 Where a safeguarding-related allegation or cause for concern is made against any employee (including the Designated Safeguarding Lead), the matter should be reported immediately to the Director of Aspirio Ltd. **In all cases, the LADO should be immediately contacted** to discuss the allegation. The Director will decide how to proceed and, eventually, whether or not to suspend an employee, following consultation with the LADO (and, in the most serious cases, the police). In borderline cases, discussions with the LADO can be held informally without naming Aspirio Ltd or an individual. Discussions should be recorded in writing and any



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Communication with the individual and the parents of the child/children should be agreed upon. Suspension is not an automatic response, and the decision will be taken according to the circumstances of each case, giving due weight to the views of the LADO and guidance in *Keeping Children Safe in Education* and *Working Together to Safeguard Children*.

- 6.6 In considering the available options, including redeployment of the employee, the Director will ensure that their primary concerns are the safety and well-being of the students and the need for a full and fair investigation, which will be led by the LADO, the police, or Aspirio Ltd under the LADO's guidance.
- 6.7 Aspirio Ltd will refer to the Disclosure and Barring Service (DBS) anyone who has harmed or poses a risk of harm to a child, as outlined in para 2.2.6 above. The referral will be made as soon as possible, and ordinarily, after the investigation, when the individual is removed from regulated activity.
- 6.8 We will provide information to the DBS about an employee who is required to do so by our legal duty.
- 6.9 If a substantiated allegation against an employee has been made, Aspirio Ltd. will work with the LADO to determine the next steps regarding the individual and whether improvements can be made to Aspirio Ltd.'s procedures or practices to help prevent similar events.
- 6.10 Low-level concerns

6.10.1 A low-level concern about an employee's behaviour is one where such behaviour does not meet the 'harm threshold'. It appears inconsistent with the staff code of conduct or professional boundaries.

6.10.2 It is crucial to share any such concerns as soon as reasonably possible. This will maintain an open and transparent culture within Aspirio Ltd, reinforcing its ethos and values; ensure that adults working for Aspirio Ltd act within professional boundaries; and enable concerning, problematic, or inappropriate behaviour to be identified and addressed early, minimising the risk of abuse.

6.10.3 Low-level concerns about an employee may be shared initially with the DSL/Director. Employees are encouraged to self-refer where, for instance, they have found themselves in a situation which could be misinterpreted or, on reflection, feel they may have compromised Aspirio Ltd.'s expected professional standards.

6.10.4 The Director will investigate the concern, speaking to the person who raised the problem, the individual involved, and any witnesses. Local thresholds for action or doubt may trigger consultation with the LADO whether a low-level concern meets the harm threshold. The action to be taken will be determined by and proportionate to the nature of the incident, whether the report can be substantiated and whether any



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Patterns of behaviour are emerging. Support will be offered where appropriate and where needed to enable the employee in question to correct their behaviour in future.

6.10.5 The Director must record all low-level concerns in writing, including details of:

- The concern.
- The context of the report.
- The name of the individual sharing the concern (requests for anonymity should be respected as far as reasonably possible).
- Action taken and the rationale for this.

6.10.6 Records of low-level concerns must be reviewed periodically to identify any patterns of concerning, problematic or inappropriate behaviour. Should a pattern of behaviour be identified, Aspirio Ltd will decide on a course of action depending on the nature of the concerns. This will include referral to the LADO if the harm threshold is met. The review of records will also consider whether these indicate any broader cultural issues in Aspirio Ltd, which should be addressed by revising school policies or providing further training.

6.10.7 Further guidance on low-level concerns can be found in Keeping Children Safe in Education, part 4 or section B6 of the *Safeguarding Procedures*.

7. Roles and Responsibilities

7.1 In summary, every employee of Aspirio Ltd should:

- 7.1.1 protect students from abuse
- 7.1.2 follow Aspirio Ltd.'s safeguarding policy and procedures and read sections of *Keeping Children Safe in Education* appropriate to their role, including subsequent updates to this guidance
- 7.1.3 know how to access and implement the procedures
- 7.1.4 know the identity of Aspirio Ltd.'s Designated Safeguarding Lead/s and who to speak to in the absence of the Designated Safeguarding Lead/s
- 7.1.5 report all safeguarding concerns to the Designated Safeguarding Lead (subject to paragraphs 5.12.4, 6.2 and 6.3 of this Policy)
- 7.1.6 keep a record of any safeguarding concern, conversation or incident (by paragraphs 3.2 and 5.11 of this Policy)
- 7.1.7 undertake appropriate training as detailed in 2.2.2 above.

8. Referring Concerns to Social Services

8.1 The decision to make a referral is serious and requires careful judgment. The Director/Designated Safeguarding Lead should usually only make such decisions. In cases of serious harm or if a crime may have been committed, the police will be informed from the outset. However,



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Anyone can directly refer their concerns to local authority children's social care (see section 9 below).

- 8.2 Children's social care assessments should consider where children are being harmed in contexts outside the home, so Aspirio Ltd must provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and enable a contextual approach to address such harm.
- 8.3 Parental consent is not a requirement for referrals to statutory agencies. However, Aspirio Ltd should aim to gain the consent of individuals or their parents, depending on age and the circumstances, to share information about them with Social Services and other agencies. Aspirio Ltd should be mindful of situations where doing so would place a child at increased risk of harm. Aspirio Ltd may share information without consent; if it is not possible to gain consent, it cannot be reasonably expected that Aspirio Ltd will gain consent or if gaining consent would place a child at risk. Advice to determine the nature of any discussions with parents should be sought from Social Services before making a referral.
- 8.4 If there are concerns about a student's risk of radicalisation, Aspirio Ltd employees should follow safeguarding guidelines by reporting to the Designated Safeguarding Lead. This may lead to a referral through the *Channel* programme.
- 8.5 By paragraph 5.12.2 of this Policy, where the disclosure relates to actual abuse or the suspicion of abuse, the Designated Safeguarding Lead will report the disclosure to Social Services within 24 hours.
- 8.6 If Aspirio Ltd makes a referral to Social Services, they should agree with the referral recipient on what precisely the child and parents will be told, by whom, and when. The Designated Safeguarding Lead should ask to be kept informed of the timing of the strategy discussion between Social Services and the police, which will decide whether and how to investigate. The Designated Safeguarding Lead should be prepared to contribute to the strategy discussion.
- 8.7 The local authority should decide, within one working day of a referral, about the required response type and let the referrer know the outcome. The referrer should follow up if this information is not forthcoming. A record of each contact with Social Services, including the name of the officer with whom Aspirio Ltd has spoken and the date and time of the call, should be kept. If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures.

9. Duty to report concerns about the management of safeguarding

- 9.1 Aspirio Ltd recognises that students cannot be expected to raise concerns in an environment where staff fail to do so. Employees should feel able to raise concerns about poor or unsafe practices and potential failures in Aspirio Ltd.'s safeguarding regime and feel confident that the Director will take such concerns seriously.



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- 9.2 the employees must raise concerns where they reasonably believe that safeguarding concerns exist or where they have concerns regarding the management of safeguarding issues.
- 9.3 Employees should bring their concerns to the Designated Safeguarding Lead's or the Director's attention.
- 9.4 However, where someone reasonably believes these reporting routes to be inappropriate or has reported concerns and no action has been taken, they should refer their concerns to local authority children's social care directly or use the NSPCC whistleblowing helpline (see section 11 below for contact details).

10. Monitoring and Review

- 10.1 The workings of this policy will be monitored locally by the designated safeguarding lead.
- 10.2 Aspirio Ltd will undertake periodic checks to monitor the effectiveness of the implementation of these policies and procedures, together with a review of the safeguarding incidents that have arisen and how they were managed.
- 10.3 This policy was last reviewed and updated on 13 March and will be reviewed again in the event of any significant changes or by March 2026 at the latest.

11. Key Contacts

Designated Safeguarding Leads and Director of Aspirio Ltd

Kylie Stewart
DSL and Director of Aspirio Ltd

kylie@aspirio.co.uk
07917 755744

11.1 multi-agency contacts

Bath and NE Somerset contacts:

<http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection>

In an emergency and if your DSL is unavailable, please call:

B&NES Children and Families Duty and Assessment Team

01225 396312 / 01225 396313 and ChildCare_Duty@bathnes.gov.uk

If outside of office hours, please call the **Emergency Duty Team** on

01454 615165



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If a child or young person is in **immediate danger**, please dial **999** and ask for police assistance.

LADO
Sarah Hogan

01225 396810 (Mon-Fri office hours)
The quickest way to contact:
lado@bathnes.gov.uk

B&NES CAMHS

01865 903889

Wiltshire CAMHS

01865 903777

www.oxfordhealth.nhs.uk/camhs/contacts - online forms for referral

Local Police Avon and Somerset

101 or 999 in an emergency

Neighbouring Local Authority Contacts:

South Gloucestershire contacts:

<https://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/>

South Gloucestershire Children's Services: **01454 868 008 or 01454 866000**

South Gloucestershire Children's Services Emergency/out of hours: **01454 615165**

Local Authority Designated Officer, Tina Wilson: **01454 868508 or email**

lado@southglos.gov.uk

Swindon Contacts:

swindonmash@swindon.gov.uk

Swindon MASH: **01793 466903**

Swindon Out of Hours emergency duty service: **01793 436699**

Local Authority Designated Officer: **01793 463 854**

Wiltshire Contacts:

mash@wiltshire.gov.uk

Wiltshire MASH: **0300 456 0108**

Wiltshire Out of Hours Emergency Duty Service: **0300 456 0100**

Somerset Contacts:

childrens@somerset.gov.uk

Somerset Direct – Children's Services Team: **0300 123 2224**

DSL consultation line – **0300 123 3078**

Somerset Out of Hours Emergency Duty Team: **0300 123 2327**

The Local Authority Designated Officer is Anthony Goble: **0300 123 2224**



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Bristol Contacts:

<https://bristolsafeguarding.org/contact-us/>

Bristol Safeguarding Children's Board: **0117 903 6444**

Bristol Emergency Duty Team: **01454 615 165**

National organisations that offer guidance on specific Safeguarding Issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues:

- ❖ NSPCC offers information for schools on the [TES website](https://www.nspcc.org.uk) and its website: <http://www.nspcc.org.uk>
- ❖ NSPCC helpline number for adults is **0808 800 5000**, and Childline is **0800 1111**
- ❖ The NSPCC also offers a specific helpline for sexual abuse in education: email help@nspcc.org.uk, telephone 0800 136663.
- ❖ For safeguarding issues related to online safety, CEOP www.ceop.police.uk
- ❖ The DfE dedicated telephone helpline and mailbox for non-emergency advice for staff and governors: **020 7340 7264** and counterextremism@education.gsi.gov.uk
- ❖ Schools can also access broad government guidance on several issues related to Safeguarding via the GOV.UK website <https://www.gov.uk>
- ❖ In addition to the training provided by the DSL, training for staff on Prevent and Channel can be found at www.elearning.prevent.homeoffice.gov.uk
- ❖ The Counter Terrorism Security Advisor in this locality is Jo Johnson-Taylor:
Email ctsa@avonandsomerset.pnn.police.uk
- ❖ NSPCC Whistleblowing Helpline: **0800 028 0285**
- ❖ CEOP: www.ceop.police.uk/ceop-reporting/
- ❖ Citizens Advice Bureau (Bath branch): **0808 278 7897**

Reviewed: March 2025

Following Review: March 2026