

Ardmore Language Schools Safeguarding Policy

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Aim

Ardmore Language Schools provide English language summer and activity courses for children under 18 years at educational and residential centres of prestigious establishments.

They support children to academic excellence, through language learning, activity courses, character development and the creation of a global mindset.

Commitment

All children have the right;

- to be safe; no one should take this right away from them
- to protect their own bodies; their body belongs to them
- to say no; it is alright to say no to someone if that person tries to do something to them that they feel is wrong
- to tell; assure children that no matter what happens, staff will not be angry with them should report any incident that frightens or confuses them or makes them unhappy

Every member of staff must;

- accept that the well-being of children is of paramount importance
- be aware that they have statutory and moral duties to safeguard and promote the welfare of children and young people engaged in ALG activities
- read and understand this policy and the procedures, being aware of their responsibilities and duty of care
- understand that one person, or organisation, cannot have a complete picture of a child's needs, therefore ALG may be required to share information with relevant professionals when necessary
- complete the safeguarding induction and training, read and understand updates, and be able to recognise signs and indicators of potential abuse, neglect and/or exploitation
- undertake first aid training for the specific to the age range of their children and activities
- be aware that all allegations of serious abuse or harm by any person living with, working with, or looking after children, as well as serious accidents, illnesses and injuries will be reported to statutory agencies which is a duty according to government guidance
- be vigilant and act on any suspicions about the treatment of a child by their parents/carers, raising their concerns according to process, and immediately with their Designated Safeguarding Lead (DSL) for appropriate action to be taken, even if there is no clear disclosure
- be vigilant and act on any suspicions about the treatment of a child by their staff or 3rd party contractors, raising their Allegations/Low level Concerns according to process, and immediately with their DSL/HoS for appropriate action to be taken, even if there is no clear disclosure
- be aware of procedures for confidentiality and for sharing and receiving information, including the need for reporting and recording on the company's chosen recording system which is currently CPOMS (Child Protection Online Monitoring System)

Related documentation:

This policy has been developed in accordance with the following documents:

National Documents:

- Keeping Children Safe In Education (KCSIE 2024)
- Working Together to Safeguard Children (February 2023)

- Prevent Duty Guidance: For England and Wales (December 2023)
- Disqualification under the Childcare Act (July 2018)
- What to do if you are worried a child is being abused – Advice for practitioners (departmental advice) (March 2015)

This policy is updated annually, and in line with Cognita's Safeguarding and Child Protection Policy and Procedure – it is applied appropriately across all Active Learning Group brands. Staff are encouraged to comment on the contents based on their use of it and the effectiveness. This policy is based on KCSIE 2024 and any references to national guidance made within this document are in relation to the versions listed above.

Internal Documents

- Behaviour policy
- Drug and Alcohol Policy
- Safer Recruitment Policy
- Staff code of conduct
- Use of Reasonable Force, screening, searching and confiscation policy

Leadership and management of safeguarding

Ardmore endeavours to safeguard children and staff by:

- Promoting and prioritising the safety and wellbeing of children
- Practicing that Safeguarding is everyone's responsibility
- Adopting child protection guidelines through effective procedures and a staff code of conduct
- Ensuring appropriate action is taken in the event of incidents/concerns of abuse, neglect and/or exploitation and that support is provided to all parties
- Following carefully the procedures for safer recruitment and selection of staff
- Providing effective management for the staff through supervision, support and training
- Sharing information about child protection and good practice with children, parents and care givers, staff and any relevant third parties
- Sharing information about concerns with the agencies who need to know and involving parents and children appropriately
- Reviewing our policy and best practice at regular intervals

Proprietors and the Board

They must be accountable for safeguarding by:

- Ensuring that Ardmore Language Schools have appropriate structures, processes and resources so that safeguarding is central to the organisation's practice.
- Maintaining oversight of safeguarding issues through regular reports
- Appointing a lead safeguarding board member who will receive meeting papers and other relevant documents that will enable them to report on their assessment of safeguarding
- Receiving an annual report, commissioning specific audits into areas causing concern

Group Managing Director

The Group Managing Director is the most senior accountable person for all aspects of safeguarding in the Active Learning Group (ALG) of organisations. The group also has a Head of Safeguarding for the Active Learning Group (in which the Ardmore Language School's sits). Ardmore has a Global



Operations Director that also acts as the Designated Senior Person (DSP). Collectively they must ensure that:

- There is a strong culture of safeguarding across the organisation
- There are clear structures, processes, line management and resources to safeguard children at risk
- Senior leaders/directors are held to account for safeguarding
- They receive regular updates about safeguarding matters

Designated Safeguarding Lead

A Designated Safeguarding Lead (DSL) and deputies are appointed. The Designated Safeguarding Lead (DSL) is a member of the senior leadership team who will take responsibility for safeguarding and child protection in the organisation. This should be reflected in their job description.

- The Group's Head of Safeguarding is the person of contact following the brand's chosen DSL.
- The Designated Safeguarding Lead (DSL) must decide on out-of-hours and out-of-term contact e.g. via telephone or MS Teams.
- Please see the appendix for the DSL Role Profile.

Deputy Designated Safeguarding Leads

They support their Designated Safeguarding Lead and are trained to the same level. Their responsibilities should be reflected in their job description.

Safeguarding on site

Any safeguarding concerns about children are to be reported to the Centre Manager on site, who will undertake more in-depth safeguarding training as part of their induction. The Centre Manager will then create the child's profile on CPOMS, and the person who raised the concern will type their concern onto CPOMS directly. This will automatically notify the Global Operations Director, Operations Manager, and ALG Head Of Safeguarding of the concern.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to Children's Social Care (and, if appropriate, the Police) is made immediately by the DSL, who should follow the local authority's referral process. If the DSL is unavailable, then there should be no delay in another safeguarding staff member making a referral.

If you are unable to contact the safeguarding team at Head Office, you must contact the ALG Head of Safeguarding.

Staff knowledge and understanding Training

Designated Safeguarding Lead Training

- Designated Safeguarding Lead training every 2 years
- Annual refresher at our Network Meeting covering any legislation or policy changes inclusive of online safety and sharing good practice
- Prevent awareness training every 3 years via our online learning platform, Nimble
- Safer Recruitment training every 2 years (if applicable to your wider role) The online training is currently available from the NSPCC eLearning Portal (content formally managed by the UK Department for Education)
- FGM training every 5 years via our online learning platform, Nimble
- Government ACT training (2 years)

Full-time staff must

- Complete a safeguarding induction by the Centre Manager or DSL
- Complete a safeguarding training and knowledge test via our online training platform, Nimble achieving at least 80%. This must be renewed, annually, at least every year enabling them to recognise signs of abuse, neglect and/or exploitation.
- Report all allegations of serious abuse or harm by anyone living with or looking after children as well as serious accidents, illnesses and injuries sustained by any child in Ardmore's care
- Know who concerns or suspicions should be referred to
- Prevent training every 3 years via our online training platform, Nimble

Seasonal staff must

- Have a safeguarding induction by the Centre Manager or DSL
- Complete safeguarding training and knowledge test via our online training portal, Nimble, achieving at least 80%. This must be renewed at least every two years enabling them to recognise signs of abuse, neglect and/or exploitation.
- Report all allegations of serious abuse or harm by anyone living with or looking after children as well as serious accidents, illnesses and injuries sustained by any child in Ardmore's care.
- Be aware of the reporting lines within Ardmore's.
- Have an understanding and be able to report concerns using CPOMS.

Centre Manager

- In addition to the above training for seasonal staff the Centre Manager will have completed a face to face safeguarding training session as part of their Centre Management Training covering topics in more depth. The list is inclusive of, but not exclusive to
 - How and why we safeguard
 - Types of abuse
 - Preventative and responsive safeguarding
 - CPOMS
 - Responding to a disclosure
 - Harmful Sexual Behaviour
 - Previous case study examples
 - Safeguarding concerns about adults
 - Online safety
 - Prevent
 - Safer Recruitment
 - Whistleblowing

SAFEGUARDING PROCEDURES

What to do if you have a concern about a child

Safeguarding and promoting the welfare of children is everyone's responsibility. All staff should know what to do when a child discloses abuse to them, if they have safeguarding concerns or when other children or staff raise concerns about a child to them.



If a child tells a member of staff that they have been abused, neglected and/or exploited or if the member of staff is concerned about unmet need, they should:

- Make the child's welfare the focus
- Listen carefully and actively listen - if any notes are taken these need to be securely locked away to be returned to Head Office for shredding
- Not show any signs of shock as it may discourage the child from talking. Avoid comments like "I wish you had told me this earlier", "I cannot believe what I am hearing"
- Not ask any leading questions such as "how hard were you hit"
- Gather as much detail as they can around the context whilst not fully investigating (this is the role of the partner agencies – Children's Social Care and the Police)
- Ask if there is anything else that the child would like to tell them
- If abuse is disclosed, ask whether other adults observed the abuse and whether it has happened before
- Never promise to keep it a secret, explain that it will be referred in confidence e.g. "I am really concerned about what you have told me, and I have a responsibility to make sure that you are safe"
- Explain what will happen next.
- The Centre Manager (or Duty Manager in their absence) must inform the Global Operations Director and Active Learning Group Head of Safeguarding of any referrals made via telephone and updated on CPOMS.

Context around any disclosure should always be sought before any referral to partner agencies.

If a child has expressed any suicidal ideation when they disclosed their abuse, they must be 100% supervised by appropriate staff until support can be put in place, and referrals made. If following the procedure of informing parent would heighten risk to the child/others when the child must be supervised until such time that statutory agencies have made their initial decisions.

Reporting

All safeguarding concerns are to be recorded on CPOMS within 24 hours.
Records should include

- a clear and comprehensive summary of the concern
- details of how the concern was followed up and resolved
- a note of any action taken, decisions reached and the outcome
- staff should never take photos of a child's injuries unless directed to do so by Children's Social Care. If staff are directed to do so, you must record the rationale alongside the name and role of the person giving that instruction. All photos must be taken on work devices with a witness and then sent to a named person. Once the latter has received the image, then the photo should be deleted immediately from the work device. Photos must not ever be taken of intimate areas.

Staff recording disclosures must use the specific words that the child used (e.g. if referring to parts of their body), indicating these by using "speech marks/inverted commas".

If a disclosure of abuse has been made by the child, staff should immediately discuss the concerns verbally with the DSL, or Deputy DSL prior to writing up the record so that immediate action can be considered.

The Safeguarding team are responsible for making decisions on next steps and actions following any disclosure or reported concern. All discussions and decisions made, and the reasons/rationale for those decisions being made (and others not being made) must be recorded on the CPOMS safeguarding record.

If there is a serious allegation of abuse, the Head Of Safeguarding is to be informed verbally within that working day.

Procedure

Should there be a concern about a child:

1. the staff member who initially has the concern verbally notifies the Centre Manager (CM) of their concern (by telephone if offsite) If they are unable to contact the CM, they must contact a member of the Ardmore safeguarding team or contact The Active Learning Group's Head of Safeguarding directly (07912291197) *There must be no delay.*
2. the Centre Manager creates the child's profile on CPOMS and the staff member directly uploads their concern. *In cases where there is a clear disclosure of harm, the DSL will prioritise notifying Children's Social Care /Police as appropriate, before then creating the child's profile on CPOMS and the staff member recording their concern.*
3. CPOMS notifies the Head Office Safeguarding Team; Global Operations Director, Head of Operations, and ALG Head Of Safeguarding of the concern that has been recorded
4. the Centre Manager inputs agreed next actions on CPOMS, completes them, and feeds back to the staff member
5. the Centre Manager or Ardmore DSL makes any necessary referrals to Children's Social Care /Police, recording on CPOMS any actions taken or needed
6. the Centre Manager informs the Head Office Safeguarding Team of actions taken throughout the above

7. the Centre Manager and Global Operations Director will make a decision as to the most suitable person to inform the child's guardian/parents of the concern as appropriate and when safe to do, so taking the advice of external agencies, and other factors into consideration for example, any language barriers.
8. the Global Operations Director will inform the venue of if a safeguarding referral is made, however this would not include the names of anyone involved, only basic information in case it informs their future practice.

What to expect from Children's Social Care

- Children's Social Care should respond within 24 hours of receiving the referral and acknowledge receipt; the reporting person should request the name of the staff member they have spoken to and record this
- If no response is received, contact Children's Social Care again (ensuring you also log a record of your attempts to contact them on CPOMS).
- If it is considered that the response from Children's Social Care is not adequate, and/or not achieved in a timely manner i.e. the child is due to go home and you consider there to be a risk of harm, in discussion with the Designated Safeguarding Lead and/or Head Office Safeguarding Team(ALG) and /or Consultant Safeguarding Adviser (ALG), a decision should be made about whether to escalate the matter the Children's Social Care Team Manager.

Low Level concerns and self-reports

The notification and prompt handling of all concerns about adults, including those raised by individuals about themselves, is fundamental to safeguarding children. It helps to identify and prevent abuse and to protect adults against misunderstandings or misinterpretations. It also encourages openness, trust and transparency and it clarifies expected behaviours. Those raising concerns or reporting allegations in good faith will always be supported, and adults in respect of whom concerns, or allegations have been raised will not suffer any detriment unless the concern or allegation is found to be substantiated.

Self-reporting

From time to time an individual may find him/herself in a situation which might appear compromising to others, or which could be misconstrued. Equally, an individual may for whatever reason have behaved in a manner which on reflection he/she considers falls below the standard set out in the Code of Conduct, falls below the expected professional standards, or breaches this policy.

Self-reporting in these circumstances is encouraged as it demonstrates both awareness of the expected behavioural standards and self-awareness as to the individual's own actions or how they could be perceived. As such, the school sees self-reporting as an important means of maintaining a culture where everyone aspires to the highest standards of conduct and behaviour.

Low level concerns about an adult

From time to time an individual may notice behaviour, statements, or actions in others which leave them concerned. These are behaviour or actions which fall short of a formal allegation of abuse. These tend to be behaviours which indicate that our Code of Conduct has not been met. Any such concerns can be dealt with as a low-level concern.

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 for an allegation (see below). 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 with or within our organisation (teachers, visitors, staff etc) may have acted in a way that:

- is inconsistent with the staff Code of Conduct, including inappropriate conduct outside of work, and
- does not meet the allegations threshold (LADO) or is otherwise not considered serious enough to consider a referral to the Designated Officer.

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

- being over friendly with children
- having favourites
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- 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.

What happens with a LLC or Self Report

Should there be a LLC concern or allegation about **staff**

1. the staff member who has the concern should write a Low-Level Concern form and pass it to the Centre Manager
2. if the concern is about the Centre Manager, the concern should be passed to the Head Office safeguarding team
3. if the concern is about the Global Operations Director, or the Managing Director, then the concern must be passed onto the ALG Head of Safeguarding
4. if the concern is about the Managing Director, then the concern must be passed to the ALG Head of Safeguarding
5. Head Office safeguarding team to create person on CPOMS and the centre manager is to log the concern on CPOMS uploading a photo of the original form
6. the Head Office DSL team to contact the ER Manager at Cognita as soon as possible, but within an hour. If unavailable, the ALG Head of Safeguarding is to action this.
7. A meeting will be arranged with the Ardmore DSL, ALG Head of Safeguarding and ER Manager at Cognita as soon as possible.
8. A decision will be made with the Ardmore DSL, ALG Head of Safeguarding and ER Manager at Cognita if the content reaches allegation threshold or remains LLC or is a HR issue.
9. Any allegations to be referred to the LADO and reported to the Group CEO
10. Any DBS referrals to be completed by Cognita HR
11. All actions to be updated on CPOMS

Should there be a self-report completed

1. Staff member to request LLC/Self Report form from Centre Manager
2. Staff member to complete and inform the Centre Manager
3. Centre Manager to inform Head Office safeguarding team
4. Head Office safeguarding team to create adult on CPOMS
5. Centre Manager to upload the original copy of the form on CPOMS

6. Head Office safeguarding team are automatically notified, along with the ALG Head of Safeguarding
7. If there are any concerns about the content of the form then a meeting should be convened to discuss next steps
8. the Head Office DSL team to contact the ER Manager at Cognita if there is any concern around the content. If unavailable, the ALG Head of Safeguarding is to action this.

*The Consultant Safeguarding Advisor will be invited as required.

Having established that the concern is a Low-Level Concern as opposed to an Allegation, the appropriate staff member will discuss it with the individual who has raised it in order to gather further information if required, and will take any other steps fact find as necessary. Most low-level concerns by their very nature are likely to be minor and will be dealt with by means of management guidance, training, etc. The person to which the low-level concern relates must be informed of any concern raised about them once all risk has been identified and assessed. The person who has raised the low-level concern about their colleague will remain anonymous as far as possible.

No record will be made of the concern on the individual's personnel file unless either:

- a) the concern (or group of concerns) has been reclassified as an allegation; or
- b) the concern (or group of concerns) is sufficiently serious to result in formal action under Ardmore's grievance, capability or disciplinary procedure.

Ardmore want to create an environment where staff are encouraged and feel confident to self-refer if they have found themselves in a situation which might be misinterpreted, or they have behaved in a way that falls below professional standards. They do this by completing a self-referral form and passing this on to the DSL/Head of Safeguarding for Active Learning Group.

Allegations management

Allegations represent situations that might indicate a person may pose a risk of harm to children if they continue to work in regular or close contact with children in their present position, or in any capacity.

This policy now refers to agency staff on site (including freelancing instructors).

Procedure

If an allegation is made, or a LLC is assessed to be an allegation:

1. A meeting* will then be arranged, as required, with a member of the Head Office safeguarding team, ALG Head of Safeguarding and a member of the Cognita HR team as soon as possible
2. A decision will be made at this meeting with HR and the safeguarding team if the matter reaches allegation threshold, or remains LLC, or is a conduct matter i.e. an HR issue with the decision making recorded on CPOMS.

*The Consultant Safeguarding Advisor will be invited as required.

All concerns raised will be responded to using The Harm Tests; if the answer is yes to any of the below questions contact will be made with the LADO (referral or consultation)

1. behaved in a way that has harmed a child, or may have harmed a child;

2. possibly committed a criminal offence against or related to a child; or
3. behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.
4. behaved or may have behaved in a way that indicates they may not be suitable to work with children (potential transfer of risk)

Any allegations must be referred by the Head Office safeguarding team to the LADO and must be reported to the Group CEO (see below). In their absence, the ALG Head of Safeguarding will complete LADO referrals.

Any allegation that suggests a criminal act has occurred or is likely to must also be reported to the Police.

Allegations against agency/third party staff

In some circumstances we will have to consider an allegation against an individual not directly employed by Ardmore, where its disciplinary procedures do not fully apply, for example, Group Leaders provided by an agency or business. Whilst Ardmore are not the employer of the staff, they should ensure allegations are dealt with properly (KCSIE 2024). Decisions will need to be made in discussion with the agency as to whether it is appropriate to suspend the member of staff or redeploy whilst they carry out their investigation. Agencies should be fully involved and co-operate in any enquiries from the LADO, police and/or Children's Social Care Children's Social Care .

The agency will usually take the lead, but because agencies do not have direct access to children or other members of staff, they will not be able to collect the facts when an allegation is made, nor do they have all the relevant information required by the LADO as part of the referral process. Agency staff, whilst not employed by Ardmore are under the supervision, direction and control of the Ardmore when working in our Centres. They should be advised to contact their trade union representative if they have one, or a colleague for support.

The allegations management meeting which is often arranged by the LADO should address issues such as information sharing, to ensure that any previous concerns or allegations known to the agency are taken into account during the investigation. When using an agency, Ardmore will inform the agency of its process for managing allegations. This should include inviting the agency's human resource manager or equivalent to meetings and keeping them up to date with information about its policies.

When Ardmore are using a school, college or University premises, the DSL has a responsibility to report any safeguarding issues to the relevant staff from the establishment to allow the establishment to follow their safeguarding policies and procedures in the event of an allegation. Ardmore Head Office safeguarding team will support the school, college or University premises when necessary as directed by the LADO or Police.

Allegations against a member of staff who is no longer working on site should be referred to the Police by the individual making the allegation. Non-recent allegations of abuse should also be referred to the Police by the individual and in certain situations, ALG will contact the Police for advice.

It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and, at the same time, supports the person who is the subject of the allegation.

Dealing with the allegation

Initial discussion

- If the allegation is deemed to be a safeguarding allegation against and staff member inclusive of the Designated Senior Person or a senior member of staff, the Head Of Safeguarding will usually be the Case Manager. This decision will be made in partnership with the ER Manager, Cognita and the ALG Managing Director considering staff availability and any conflict of interest. The Group Managing Director will be kept informed throughout.
- The Case Manager and Local Authority Designated Officer (LADO) will discuss the nature, content and context of the allegation and agree what action will be taken. The Local Authority Designated Officer might want more information.
- If the initial sharing of information leads to a conclusion that there should be no further action, both the Case Manager and the Local Authority Designated Officer should record it in their respective records and agree what to write, and who will do it, to the person against whom the allegation was made. Ardmore should inform the ER Manager at Cognita HR of the LADO's guidance.
- There should be an agreement about any action should be taken against the person who made the allegation.

Strategy discussion

- If there is a suspicion that a child has been harmed or is at risk of being significantly harmed, a 'Strategy Discussion' will be convened by the Local Authority Designated Officer and/or the Police. Children's Social Care will be involved. The Case Manager may or may not be invited to this meeting. They must not inform the alleged perpetrator until the Strategy Discussion has taken place and there is an agreement about what can be disclosed.
- If it is decided that the concerns do not reach threshold for a statutory investigation, the Local Authority Designated Officer will determine what should happen next e.g. no further action, internal investigation by ALG. Ardmore should inform Cognita HR of the LADOs guidance.

Internal investigation

- If further enquires are needed, the Local Authority Designated Officer will agree with the Case Manager who is best placed to be the Internal Investigator (usually a senior member of staff) to undertake the investigation and how.
- Ardmore DSL or the ALG Head of Safeguarding will liaise with the ER Manager, Cognita, to gain HR support arranging invites to interviews.
- The Internal Investigator will arrange the member of staff to whom the allegation has been made to be interviewed about the matter. This should take place in a neutral setting inclusive of MS Teams and a minute taker should be provided. The investigation which may potentially also involve taking statements from children and other staff, again using a minute taker for the latter. Parents **must** be asked for consent, prior to their child being interviewed.
- The Case Manager will keep the Group Managing Director informed at all times.
- All staff to be interviewed must be given reasonable notice of any pending interview and allowed to have a representative attend with them.

A safeguarding investigation takes precedence over a grievance or disciplinary matter and should be completed first.

Suspension of an employee

- All options to avoid suspension will be considered before taking this step.
- Consideration should be given to the risk of harm and well-being of the child concerned. If the Case Manager is concerned about the welfare of other children in the community or the member of staff's family, the Local Authority Designated Officer and Children's Social Care should be notified.

- Suspension must be agreed with the Group Managing Director and ER Manager, Cognita HR. A member of staff should not be automatically suspended, and all other options should be considered.
- The Case Manager should check the views of the Local Authority Designated Officer, Children's Social Care, and the Police, as appropriate but ultimately it is the Group MD's decision
- Other considerations could include redeployment to supervised work with children, moving to a different organisation in the ALG Group.
- If the staff member is suspended, written confirmation should be sent within a working day setting out the reasons for the suspension. A named contact with their details should be given to provide support.
- The member of staff will be advised to contact a colleague or friend for support.
- They will also be given information about the employee support service.
- The member of staff will be kept informed about the progress of their case.
- Social contact should not be prevented.
- The Case Manager should use their professional judgment and seek advice from the Designated Officer about whether it is appropriate to inform parents and carers of the allegation, the progress of the case, or the outcome. If the decision is to share any information, parents must be made aware of the need for confidentiality.

Outcome of an allegation

The following definitions will be used when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient evidence to prove the allegation
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **False:** there is sufficient evidence to disprove the allegation
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence
- **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made

There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child or if a person poses a risk of harm to a child.

Any DBS referrals arising from any incident/investigation, following an allegation being made, will be completed by Cognita HR.

Online Safety

Technology often provides the platform that may facilitate harm. All staff should be aware of the unique risks associated with online safety, and that technology is a significant component in many safeguarding and wellbeing issues. DSLs are responsible for overseeing online safety in schools and should raise awareness in the staff group accordingly, including but not limited to, cyber-bullying, child sexual exploitation, radicalisation and sexual predation.

There are four main areas of risk:

Content: being exposed to illegal, inappropriate or harmful material.

Contact: being subjected to harmful online interaction with other users.

Conduct: personal online behaviour that increases the likelihood of (or causes) harm; for example, the making, sending and receiving of explicit images, or online bullying.

Commercial: risks such as online gambling, inappropriate advertising, phishing and or financial scams.

How do we manage online safety in our sites?

Children and young adults are allowed to have their personal phones throughout the programme.

Our sites have child appropriate filters on their WiFi.

Children can access the WiFi, however they can also use their own data roaming. We educate the children on Online Safety and the legislation in the UK in their Ardmore Life module and throughout the programme to deter children from accessing inappropriate content.

If there is an incident of concern or bullying with a mobile phone whilst attending Ardmore Language Schools, our Group Leader will remove the device and mediate between the pupils, using this as a teachable moment. The parents of both children will be made aware, and there may be follow-up support from the leadership team.

All incidents involving the sharing of nudes/semi-nude imagery/videos should be responded to in line with this policy. When an incident involving comes to a member of staff's attention:

- The incident should be referred to the DSL as soon as possible;
- The DSL should hold an initial review meeting with appropriate staff to obtain as much information as possible taking into consideration consent, power, the victim's wishes, ongoing risks, and risk of exploitation;
- There should be interviews with the children involved (if appropriate, seek advice from the ALG Head of Safeguarding);
- At any point in the process, if there is a concern that a child has been harmed or is at risk of harm, a referral should be made to Children's Social Care and/or the Police immediately.

The parents of each child involved should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the child at greater risk of harm and jeopardise any Police/Children's Social Care investigation;

Staff use of mobile phones:

The Centre Manager has a work mobile, this remains on site.

There are additional work phones which can be used by Ardmore staff.

Staff are not permitted to use their personal phones for work related purposes, unless there is an emergency on an excursion.

They must never use their personal phones to take any imagery of children.

Private fostering

In relation to private fostering arrangements, Ardmore Language School adheres to the Children (Private Arrangements for Fostering) Regulations (2005) and the Children Act (1989;2004). A private fostering arrangement is one where a child (under 16 years or under 18 years if they have a disability) is privately (without involvement of the Children's Social Care) cared for by someone other than a parent or close relative (grandparent, sister/brother, aunt/uncle, step-parents, and/or half siblings) expected to last for more than 28 days. Close relatives do **not** include great grandparents, great aunts/uncles or cousins. There is a duty on the parent of the child to inform the Children's Social Care if they are entering into a private fostering arrangement. However, if staff become aware of a family situation that appears to be a private fostering arrangement, then they/the DSL should have a discussion with the parents/carers/child and seek information. If it is established that the child will be/is in a private fostering arrangement, staff should notify them of their above duty.

Children in private fostering arrangements may be particularly vulnerable and so care and attention must be taken. Where there is reasonable cause to believe they have suffered or likely to suffer significant harm a referral must be made to Children's Social Care as per this policy where there are concerns.

Why does the Children's Social Care Children's Services need to know?

By law, the Children's Social Care must be informed about all private fostering situations. The child's parents, private foster carers and anyone else involved in the arrangement or who becomes aware of the arrangement, e.g., guardianship agencies, schools or health professionals are legally required to inform Children's Services. Children's Services have a legal duty to make sure all private fostering arrangements are safe for the child. Once informed of the arrangement, they will check the suitability of private foster carers, make regular visits to the child and ensure advice, help and support is available when needed.

Timescales for informing the Children's Social Care .

The child is not yet living with the private foster carers Within 6 weeks - beforehand.

The child will move in with the private foster carers within 6 weeks - immediately.

The child is already living with the private foster carers – immediately.

Whistleblowing

Active Learning Group is committed to the highest standard of openness, inclusiveness and accountability. Once you have passed on any concerns to the Designated Safeguarding Lead, and if you are unhappy with how it is being dealt with, please speak with your line manager in the first instance so that your concerns can be addressed.

If you are still unhappy you should contact the Active Learning Group's Head of Safeguarding and if you are still unhappy you should contact, the Whistleblowing Officer, Jayne Pinchbeck via whistleblowingofficer@cognita.com

You do not have to carry worries on your own.

Please see our Whistleblowing Policy for more information.

APPENDICES

Definitions and terminology

A child: The legal definition of a child in the UK is a person under the age of 18.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Providing help and support to meet the needs of children as soon as problems emerge;
- Protecting children from maltreatment (abuse, neglect and/or exploitation); whether that is within/outside the home or online
- Preventing impairment of children's physical and/or mental health and/or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

KCSIE 2024, Working Together to Safeguard Children (2023)

Safeguarding is what is done to prevent harm

Child protection is an integral part of the safeguarding process. It focuses on protecting individual children identified as suffering from or likely to be at risk of significant harm (Working Together to Safeguard Children 2023). Child protection is the response to harm.

Abuse, Neglect and/or Exploitation: Are all forms of maltreatment of a child. Somebody may abuse, neglect and/or exploit a child by inflicting harm (commission), or by failing to act to prevent harm (omission). Children may be abused, neglected and/or exploited in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused, neglected and/or exploited by one adult, or adults, or another child or group of children.

Local Safeguarding Partners. Previously known as Local Safeguarding Children Boards, LSPs are made up of the Children's Social Care, a clinical commissioning group for an area within the Children's Social Care, and the chief officer of Police for a Police area in the Children's Social Care area. They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs (Keeping Children Safe in Education, 2024)

Designated Safeguarding Lead

Purpose of role

- Ensure that child protection and safeguarding policies are in place, clearly laid out and accessible to staff, parents and guardians.
- Have responsibility for updating CPOMS with any safeguarding concerns
- Taking necessary actions and recording actions to keep children safe
- Ensure that all staff, children, parents and guardians are familiar with and understand all aspects of the safeguarding provision.
- Ensure that the camps operate in line with, and staff are updated with, all safeguarding legislation and that information, support and resources on the topic of child protection and safeguarding are accessible to staff, parents and guardian.
- Be a personal advisor to all staff, children, parents and guardians and promote their role to ensure that everyone knows who they are and how to contact them.



- Be the first point of contact for any staff, children, parents and guardians who have concerns about a child’s welfare.
- Attend and/or contribute to child protection conferences.
- Refer concerns to the relevant agencies, as required, and dependent on the specific circumstances.
- Use their specialist skills and training in child protection to support the identification of possible abuse/neglect/extremism/terrorism and decide on the most appropriate action”.
- Ensure that all staff are taking responsibility and follow the correct procedure for safeguarding the children in our care.

Types of abuse, neglect and/or exploitation and possible indicators

The term ‘maltreatment’ is often used as an umbrella term for harm caused to a child through abuse, neglect and/or exploitation. All staff should be aware of indicators of abuse, neglect and/or exploitation including sexual harassment and sexual violence so that they are able to identify cases of children who may be in need of help or protection. Abuse, neglect and/or exploitation 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.

Abuse			
Physical abuse	Emotional abuse	Sexual abuse	Neglect

Neglect

The persistent failure to meet a child’s basic physical and psychological needs which is likely to result in serious impairments to their health and/or development. Neglect may also occur during pregnancy. Once a child is born this may involve a parent or carer failing to provide food, shelter, clothing or a failure to protect from physical harm or danger or allow access to medical treatment and/or assessments (including for learning needs or other). It may also be unresponsiveness to a child’s basic emotional needs.

Obvious signs of lack of care including:

- Problems with personal hygiene
- Constant hunger
- Inadequate clothing
- Poor relationship with peers
- Emaciation
- Untreated medical problems
- Repetitive discipline issues, lateness, compulsive stealing

Physical Abuse

Actual or likely physical injury or failure to prevent physical injury or suffering to a child including 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 (Keeping Children Safe in Education, 2024)

Signs can include, but are not limited to:

- Physical signs do not tally with the given account of the occurrence
- Conflicting /unrealistic explanations of the cause
- Repeated injuries

- Bruising in unusual places
- Symmetry in injuries
- Delay in reporting or seeking medical advice.
- Unexpected covering up (e.g., long sleeves when previously short sleeves were worn)
- Reluctance to take part in activities requiring exposing body, e.g. swimming or some sports

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 or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. May also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (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, known as child-on-child abuse.

Signs can be, but are not exclusive to:

- Sudden changes in behaviour
- Displays of affection which are sexual and age inappropriate
- Tendency to cling or need constant reassurance
- Tendency to cry easily
- Regression to younger behaviour (thumb sucking, acting like a baby etc)
- Unexplained gifts or money
- Wetting/soiling day or night

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs can include, but are not limited to:

- Rejection
- Low self-esteem
- Being withdrawn/ isolation
- Rocking, hair twisting, thumb sucking (please note children with disability or learning need may display these behaviours to self-soothe- take advice)
- Child being blamed for actions of adults
- Child being used as a carer for younger siblings
- Affection and basic emotional care giving/warmth persistently absent or withheld
- Being angry and aggressive
- Swinging between withdrawn and angry/aggressive in short space of time
- Self-harm (in extreme cases)

Vulnerabilities

Whilst all children should be protected from abuse, neglect and/or exploitation, it is important that staff recognise that some groups of children are potentially at greater risk of harm (including online harm). For example, this vulnerable group includes, but is not limited to: those already known to Children's Social Care, those children with SEND, young carers, children with parents in prison/going through court proceedings, those identifying as LGBTQ+, those gender questioning, those who have been/are in looked after care, those living in homes characterised by domestic abuse and /or parental acrimony, including those involved in the court system. This policy will now consider two groups of children known to be more at risk of harm.

Children with Special Educational Needs and/or Disabilities (SEND)

Children with SEND are statistically more vulnerable to child abuse, neglect and/or exploitation including child on child abuse. Additional barriers can exist when recognising abuse and neglect in this group of children. These include:

- Assumptions that indicators of possible abuse as such communication relate to the child's disability without further exploration
- Assumptions that children with SEND can be disproportionately impacted by things like bullying without outwardly showing any signs
- Communication barriers and difficulties in overcoming these challenges and/or reporting their concerns to a trusted adult

Children who are lesbian, gay, or bisexual/other sexual orientation, and/or gender questioning

Whilst this is not an inherent risk factor for harm, they can sometimes be targeted by other children. We offer an inclusive environment, and children are encouraged to see support should they require it.

Terms

Children In Need (CIN) (section 17 of the Children Act 1989;2004)

- They are unlikely to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Children's Social Care .
- Their health or development is likely to be significantly impaired without the provision of services from the Children's Social Care .
- They have a disability. They may be blind, deaf or dumb, have a mental health disorder, permanent illness or injury or a congenital deformity.
- Children in Need may have special educational needs and disabilities, be asylum seekers, be young carers, have committed a crime, have parents in prison.

Child Protection (CP) (section 47 of the Children Act 1989; 2004)

Where a child has been or are likely to be significantly harmed, a child protection investigation will usually take place under s47; this will be led by Children's Social Care , the Police or both. The case will then either move forwards for an Initial Child Protection Case Conference (ICPCC) or the child will be assessed CIN (above). The DSL may be asked to attend the ICPCC if the disclosure occurred on one of the company's sites/made to an ALG employee.

At the ICPCC a decision will then be made as to whether the child is still at risk of harm, and if so, they will be made subject to a CP plan. On occasion, the decision is that the child will be made subject to a CIN plan at the conference, usually when change has already occurred or where the alleged perpetrator of the abuse is no longer in the home.

All children who are defined as needing CP because they at risk of harm **will** have an allocated social worker and will be subject to a CP plan; this plan is reviewed with the parents, other professionals and social worker every 4-6 at a meeting called a Core Group. The DSL should have a copy of this plan prior

to the child attending any sessions and attend Core Groups if requested (please note that if the child is not coming to any further ALG events, camps etc then you should notify the social worker as you will have no further information). Please notify the allocated Social Worker if the child was due to attend a session but fails to attend.

Human Rights Act 1998

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

At Ardmore Language School we

- Must not unlawfully discriminate against attendees because of their protected characteristics.
- Must consider how they are supporting attendees with protected characteristics.
- Must take positive action, where proportionate, to deal with the disadvantages these attendees face. For example, by making reasonable adjustments for disabled children and supporting girls if there is evidence that they are being disproportionately subjected to sexual violence or harassment.

Further information (including on absolute and qualified rights) can be found at [Human Rights | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com).

Equality Act 2010

According to the Equality Act, we do not unlawfully discriminate against attendees because of their sex, race, disability, religion or belief, gender reassignment, pregnancy and maternity, or sexual orientation (protected characteristics).

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

For further information [Equality Act guidance | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com).

Grooming

Grooming is the process by which an individual prepares a child, significant adults including staff, and the environment for abuse, neglect and/or exploitation of this child. The motivation can be sexual, or increasingly financially related. Children and young people can be groomed online or in the real world, by a stranger or by someone they know or someone pretending to be someone they know, including peers. Groomers may be of any gender identity or sexual orientation. They could be of any age, including another young person and reside anywhere in the world. Many children and young people do not understand that they have been groomed, or that what has happened is abuse, neglect and/or

exploitation. The signs that a child is being groomed are not always obvious. Groomers will also go to great lengths not to be identified.

Children may:

- Be very secretive
- In a relationship with an older child offline/online
- Access to drugs and alcohol
- Sexual health issues
- Expressing suicidal ideation and/or self-harm including dysfunctional eating and/or excessive exercise

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age. See the [NSPCC website](#) for further information about grooming.

Modus operandi of grooming manifested by sex offenders (paedophiles)

In order for staff to be aware of potential grooming, they should be aware of the typical behaviours displayed by abusers

- Target vulnerable victim: Perpetrators target victims who are vulnerable, isolated, insecure and/or have greater emotional needs.
- Gain victim's trust: Offenders may allow a child to do something (e.g. eat ice cream, stay up late, view pornography) which is not normally permitted by the child's parents or the school in order to foster secrecy and intimacy.
- Gain the trust of others: Institutional offenders are often popular with children and parents, and often staff. Successfully grooming not only the victim but also other members of the victim's family and the community at large.
- Filling a need/becoming more important to the child: This can involve giving gifts, rewards, additional help or advice, favouritism, special attention and/or opportunities for special trips or outings.
- Isolating the child: The perpetrator may encourage dependency and subtly undermine the victim's other relationships with friends or family members. This may involve the offender making themselves the main point of contact for a particular child.
- Sexualising the relationship: This can involve playful touches, tickling and hugs. It may involve adult jokes and innuendo or talking as if adults, for example about marital problems or conflicts.
- Maintaining control and secrecy: Offenders may use their professional position to make a child believe that they have no choice but to submit to the offender.
- Making threats: Offenders may threaten the child with harm if they tell/do not continue with the abuse
- Blackmailing: Offenders may blackmail their victim, for example by saying they will share intimate photos
- Creating opportunity: Offenders will gradually seek to create the time and opportunity to allow for the grooming process to occur, and the eventual abuse of children. They may create scenarios where they have easy access to the child in an unstructured scenario such as lunch.

An individual may

- Gravitate towards a specific sex of pupil or year group
- Frequently spend time in isolation with one child
- Acting as a particular child's confidante

- Flirtatious behaviour or suggestive remarks of a sexual nature in the presence of a child, and/or about a child

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse, neglect and/or exploitation. Parents and carers can often feel, or have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Staff should consider the importance of understanding intra familial harms and any necessary support for siblings following incidents of child-on-child abuse, including sexual harassment and/or violence

The contextual safeguarding approach says that Children's Social Care practitioners, child protection systems and wider safeguarding partnerships need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse, neglect and/or exploitation beyond their front doors.

See Annex B of KCSIE 2024 for more information.

Child on Child Abuse

Staff should be aware that peers are capable of abusing their peers.

It is any form of physical, sexual, emotional, financial abuse or coercive control exercised between children in their relationships (intimate and non-intimate), friendships and wider peer groups. Different forms include but are not limited to serious bullying, cyberbullying, relationship abuse, domestic violence and abuse, child sexual exploitation, youth violence, harmful sexual behaviour, prejudice-based violence including, gender-based violence. Online peer-on-peer abuse e.g. sexting, online abuse, coercion, exploitation, peer-on-peer grooming, threatening language, distribution of sexualised content, and harassment. To protect children a "contextual safeguarding" approach (see below) is often taken which means safeguarding takes account of a child's experience of harm **outside** of their home e.g. with peers, in schools, in neighbourhoods or on-line which can affect their behaviour. We can adopt a contextual safeguarding approach by:

- Being aware of and seeking to understand the impact that these wider social contexts may be having on the children in our care.
- Creating a safe culture in the activity settings by, for example, discussing the implementation of policies and procedures that address peer-on-peer abuse and harmful attitudes.
- Promoting healthy relationships and attitudes to gender/ sexuality.
- Hotspot mapping to identify risky geographic areas on our properties and sites
- Training on potential bias and stereotyped assumptions
- Being alert to and monitoring changes in students' behaviour and/or attendance.

When does behaviour become abuse?

- Repeated over time
- Intended to cause serious harm

- Element of coercion or preplanning
- Imbalance of power (e.g. size, social status)

Child on child abuse is often motivated by prejudice against particular groups, for example, on grounds of race, religion, gender, sexual orientation, gender identity, special educational needs and/or disability, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences. All incidents of child-on-child abuse, both physical and emotional, on the basis of **protected characteristics** is taken extremely seriously.

Recent research suggests that child on child abuse is one of the most common forms of abuse affecting children in the UK. For example, more than four in ten teenage schoolgirls aged between 13 and 17 in England have experienced sexual coercion (Barter et al 2015). Two thirds of contact sexual abuse experienced by children aged 17 or under was perpetrated by someone who was also aged 17 or under (Radford et al 2011) and over a third of young boys in England admitted to watching porn and having negative attitudes towards women (University of Bristol and University of Central Lancashire, 2015). All staff should understand, that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported. Staff should therefore assume that child on child abuse is occurring and act accordingly.

If child on child abuse is suspected

- Report concerns verbally to the Centre Manager *without delay*
- A child is in immediate danger or at risk of harm a referral should be made by the DSL to Children's Social Care and /or the Police immediately.
- A record should be made using CPOMS (Child Protection Online Monitoring System).

The Designated Safeguarding Lead, in collaboration with the Head Office Safeguarding Team and/or Consultant Safeguarding Adviser, where required, will make a decision about whether the behaviour might indicate abuse and whether there is the need to contact/make a referral to Children's Social Care. Their discussion will agree the action e.g. first ensuring the safety and well-being of any child affected including the completion of a risk assessment, whether an investigation is needed, referral to other agencies e.g. the Police, where a crime might have been committed, or Children and Adolescent Mental Health Service (CAMHS) or a specialist team dealing with harmful sexual behaviour.

Be aware that:

- The abuse may indicate wider safeguarding concerns for the children.
- The victim and perpetrator are both at risk -although the perpetrator may pose a risk to other children, they may also be at risk themselves and have unmet needs.
- Power, consent and choices play a role, dependent on the child and the situation they could appear to be making choices whilst not consenting.
- Provide on-going support for the victim for their safety and address any unmet needs, monitor the child's well-being within the organisation, engage with the child's parents.
- Disciplinary action may be appropriate for the perpetrator as they have to take responsibility and realise the seriousness of their behaviour. It gives a message that such behaviour will not be tolerated, it ensures the future safety and well-being of the victim and other children. Permanent exclusion should be a last resort and used where it is required for the safety of the victim and other children.

Sexual Violence and Sexual Harassment between Children

- Child on child abuse can *include* two specific forms, known as Sexual Violence and Sexual Harassment. Any response to these should fall within, and be consistent with our safeguarding procedures.
- Sexual Violence includes sexual offences which fall under the Sexual Offences Act 2003.
- Sexual Harassment refers to 'unwanted conduct of a sexual nature'. This can occur online (including, but not limited to non-consensual sharing of images, making sexual comments on social media) and offline (including but not limited to making sexual comments, sexual taunting or 'jokes', and physical contact, for example, brushing against someone deliberately or interfering with their clothes).

Sexual Violence and Sexual Harassment can:

- occur between any two children, or a group of children against one individual or group
- be perpetrated by a child of any age against a child of any age
- be perpetrated by a child of any sexual orientation against a child of any sexual orientation
- include behaviours that exist on an often-progressive continuum and may overlap; and/or
- be online and offline (physical or verbal).
- sexual violence and sexual harassment are not acceptable, will never be tolerated, and are not an inevitable part of growing up

Responding to incidents involving sexual violence and/or sexual harassment

The basic safeguarding principle is:

- if a child is at risk of harm, is in immediate danger, or has been harmed, a referral must be made to Children's Social Care, and
- rape, assault by penetration and sexual assaults, and upskirting are crimes and must be reported to the Police.
- Parents or carers must and will normally be informed of their child's disclosure and subsequent referrals to external agencies (unless this would put the victim at greater risk)

If the victim does not give consent to share information, staff may still lawfully share it. Ultimately, the designated safeguarding lead (or a deputy) will have to balance the victim's wishes against their duty to protect the victim and other children. At Ardmore Language School we do not accept or tolerate sexual violence and/or sexual harassment, and we have clear systems on how to respond and report abuse below.

Based on having all of the information, the DSL/safeguarding team will take the appropriate action, taking into consideration consent, power, the victim's wishes, frequency, risk to others, and risk of exploitation.

When there has been a report of sexual violence, the designated safeguarding lead (or a deputy) should make an immediate risk and needs assessment this should be considered on a case-by-case basis.

The risk and needs assessment for a report of sexual violence should consider:

- the victim, especially their protection and support
- whether there may have been other victims
- the alleged perpetrator(s)
- all the other children, (and, if appropriate, adult students and staff)

- The time and location of the incident, and any action required to make the location safer.

Risk assessments should be documented (paper or electronic) and should be kept under review

How do we respond?

1. Consider the wishes of the victim and how they wish to proceed
2. Internally through pastoral support and 'teachable moments' – all evidence of our response should be recorded on CPOMS.
3. Early Help referral to be considered by DSL
4. Where a child has been harmed, is at risk of harm, or is in immediate danger, schools should make a referral to local Children's Social Care .
5. Where a criminal offence is likely to have occurred a Police report will be needed

When to call the Police

Where a criminal offence is likely to have occurred, and the Police will be needed:

- The DSL to lead
- At this stage we will generally inform parents or careers unless there are compelling reasons not to, or example, putting the child at greater risk.

Voice of the child

Ultimately the DSL will need to balance the victims wishes against their duty to protect the victim and other children. You may be asked not to tell anyone about the sexual violence or harassment. If the DSL decides to go ahead and make a referral to external agencies this should be handled extremely carefully. There are no easy or definitive answers when a victim makes this request. The reasons should be explained to the victim and appropriate support offered.

Upskirting

The Voyeurism Act 2019 states that "up skirting" is a criminal offence and typically refers to the taking of a photograph under someone's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification or to cause the victim humiliation, distress or alarm." Children with special educational needs and those who are or are perceived to be lesbian, gay, bisexual or transgender are particularly vulnerable to this act.

Extremism and radicalisation

Definitions

Radicalisation: A process by which someone adopts increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo, contemporary ideas and expressions of freedom of choice.

Extremism: Holding extreme political and religious views, the vocal or active opposition to the values of democracy, the rule of law (obeying the law), mutual respect and tolerance of different faiths, beliefs and those with no faith.

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

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

All children and young people are vulnerable to extremist ideology and radicalisation.

Children are vulnerable to extremist ideology and radicalisation. Education providers, including but not exhaustive of schools and colleges, are subject to a duty under section 26 of the Counter Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. For more information, please see the Preventing Extremism and Radicalisation Policy and Annex A of KCSIE 2024.

Indicators of radicalisation or extremism

- Behaviour becoming more centred on extreme ideologies
- Loss of interest in friends and activities not associated with the extreme ideology, group or cause.
- Changing their personal appearance to align with the extreme ideology, group or cause.
- Possession of materials or symbols associated with the extreme ideology, group or cause.
- Attempts to recruit others to the extreme ideology, group or cause.
- Communication with others that suggest an affiliation with an extreme ideology, group or cause.
- Using insulting or derogatory language about another extreme ideology, group or cause
- An increase in prejudice-related incidents committed by the individual for example.
 - physical or verbal assault
 - provocative behaviour
 - damage to property
 - derogatory name calling
 - possession of prejudice-related material
 - refusal to cooperate
 - supporting violence towards others

To safeguard against this all staff will

- Have an understanding of radicalisation and extremism.
- Complete the free government Prevent Awareness Training every three years.
- Be constantly vigilant to signs of radicalisation
- Respond quickly when issues arise.
- Help children to understand the dangers of radicalisation and exposure to extremist views including knowing how to be resilient against them and what to do if they are experiencing them.
- Inform parents of this approach to keep children safe from harm.
- Suspend “professional disbelief” that radicalisation “could not happen here” and adopt a “professional inquisitive” approach.
- Be confident to challenge views and intervene as early as possible to safeguard children.

Procedure

- Discuss any concerns about a child with the Designated Safeguarding Lead who, with the member of staff, will agree a course of action which could include referral to the Local Prevent Referral Team/Channel.
- A member of staff who does not agree with the decision and does not feel comfortable talking with their line manager can contact the Local Prevent Referral Team directly (see contact list) or use the whistleblowing policy.

Child sexual exploitation (CSE)

Definition

Child sexual exploitation is a form of child sexual abuse where an individual and/or group takes advantage of an imbalance in power to exploit, coerce, manipulate and/or deceive a child into a sexual activity.

Alongside age, other factors influencing a power imbalance include gender, sexual identity, cognitive ability, physical strength, and access to economic resources.

CSE can affect any child or young person under the age of 18.

- Children may be exploited by an individual, several individuals working as an organised group, or by a gang.
- Grooming is the process of 'preparing' a child or young person for a sexual purpose.
- Grooming is often slow and subtle, continuing for several weeks or months and lulling the child or young person into a false sense of security. It always involves manipulation and deceit.
- Two types of grooming are recognised: street grooming which occurs in the community, and online grooming using technology including the internet and mobile telephones.
- By the time a child or young person realises that they are not having a 'real' relationship they have probably been seriously abused sexually, physically and psychologically. They will probably have withdrawn from family and friends and there will be a threat of distribution of indecent images of them to their family. Some children may have developed substance addictions as a coping strategy or because they have been given substances during their exploitation.

Sexually Coercive Exploitation (SCE, sometimes referred to as 'Sextortion')

Increasingly children are being sexually coerced and exploited for money, rather than sexual motivation underpinning the actions of the offender.

The offender will demand the victim child self-generate nudes and send them to them. Whether or not the victim child sends these images/videos the perpetrator will blackmail the victim by threatening to share these with the wider community unless they send money to them.

There has been a rapid increase in these situations being reported nationally, with young males in particular being targeted, although it is increasingly females. As a result of this we hold an open-door policy in regard to children sending nudes/semi nudes rather than seeking to criminalise them. This approach will enable children to feel safe to share if they have shared nudes, or been asked to do this, with the aim that they can receive the support they do vitally may need in a timely manner. This is not the same as condoning or accepting sharing of these images as the norm. We are mindful this behaviour is illegal and will follow statutory duties where appropriate, which can include reporting matters on a case-by-case basis to the Police and Children's Social Care as needed.

Child Criminal Exploitation (CCE) and Serious Violence

Definition

- where an individual and/or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.
- The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology. CCE can include children being forced to work in cannabis factories, forced to shoplift or

pickpocket, or to threaten other young people. CCE also involves children and young people being coerced into moving drugs or money across the country; this is commonly referred to as County Lines.

- County Lines usually occurs through engaging children into gangs and using them to carry money or drugs from urban areas to suburban and rural areas, market and seaside towns. Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office.
- Children being criminally exploited may also be at higher risk of sexual exploitation

Procedure for CSE, CCE and Serious Youth Violence

Staff will:

- All staff have had safeguarding training including information on exploitation and grooming
- Help parents to understand any issues raised
- Contribute to inter-agency safeguarding and child protection arrangements where required
- Promote healthy and safe relationships
- Discuss concerns with the Designated Safeguarding Lead and agree a course of action
- Record all concerns on CPOMS

Sexually active youth

In law, a child is a person under the age of 18. Not all sexual activity involving a child is criminal, nor is it always abusive. Sexual activity involving a child **under 13** is *always* a criminal offence and Ardmore Language Schools will always refer such concerns to the Police.

Procedure: Report your concerns to your DSL who will use their professional judgement and seek advice from the Head of Safeguarding (in turn seeking advice from the Consultant Safeguarding Adviser where needed) to determine whether a concern about sexual activity involving a child **over** the age of 13 is exploitative or abusive, and whether the matter should be referred to Children's Social Care or the Police.

Honour Based Abuse (HBA)

HBA includes all incidents or crimes which have been committed to protect or defend the honour of the community and/or the family, and commonly involve practices such as FGM, forced marriage and/or breast flattening. Abuse often involves a wider network of family or community pressure and therefore it is important to be aware of this dynamic and consider risk factors when deciding on action. If staff have a concern that a child may be at risk of Honour Based Abuse, they **MUST** alert their DSL immediately.

Female Genital mutilation (FGM)

A child who has undergone FGM should **always** be seen as a child protection issue.

Definition: "Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons."

The UK Government has written advice and guidance on FGM that states:

“FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.”

“Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.”

Any staff reporting known acts of FGM (or has evidence to suggest that FGM is likely to occur) to the Police go via 101. They must be supported by a member of the safeguarding team should they do this.

Indications that FGM has taken place

- Spending long periods of time away from the sessions during the day e.g. extended toilet breaks.
- Discomfort on return from toilets, sitting, or changing clothes
- Not visiting the toilet
- Talk of a significant family event, often involving only the female members of the family

Indications that a child is at risk of FGM

- The family comes from a community that is known to practice FGM, especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety (or excitement) about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parents or guardians may comment on overseas travel.
- If a girl has already undergone FGM and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral should be made to the Designated Safeguarding Lead who will decide on the most appropriate course of action.

Procedure

- Take proactive action to protect and prevent girls from being forced to undertake FGM.
- Have a robust attendance policy and identify any unexplained absences from lessons and sessions.
- Staff should report any concerns to the Designated Safeguarding Lead who will seek advice from Children’s Social Care and the Police via 101
- Record all intervention accurately on CPOMS (Child Protection Online Monitoring System).

Emotional Wellbeing and Mental Health

Where children have suffered abuse, neglect and/or exploitation, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour and education.

All staff should also be aware that deteriorating emotional wellbeing and escalation of 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. Their experiences can also have been historic and emerge in later years in their

mental health. Please note, however, only appropriately trained health professionals must attempt to make a diagnosis of a mental health problem.

Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the DSL.

The Department of Education has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools. In addition, Public Health England has produced a range of resources to support staff to promote positive health, wellbeing and resilience among young people including its guidance, Promoting Children and Young People's Emotional Health and Wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol.

Whilst all children should be protected, it is important that staff recognise that some groups of children are potentially at greater risk of harm (including online harm). For example, this vulnerable group includes but is not limited to: those children with Special Educational Needs, young carers, those with a parent in prison, those identifying as LGBTQ+ and/or gender questioning, and those living in homes characterised by domestic abuse and/or parental acrimony.

Self-harm

Definition

- It is behaviour in which deliberate harm is caused to one's own body. There is a higher incidence amongst children with special educational needs.
- It can happen when a child is dealing with difficult experiences and emotions e.g. being bullied, difficult relationships with family or friends, experiencing depression or anxiety, having low self-esteem, experiencing some form of abuse. They harm themselves as a way of coping and relieving tension. Examples include cutting, picking skin, swallowing inedible objects or hazardous substances, taking an overdose of drugs, burning or scolding, hair-pulling, hitting parts of the body. It can also include eating disorders and excessive physical activity.
- Factors relating to the individual (depression, low self-esteem, substance abuse), their family (unreasonable expectations, abuse, parental relationships), their social situation (difficulty socialising, loneliness, being bullied), can contribute to making a child self-harm.

Indications that self-harm has taken place should be taken seriously and could include:

- Becoming withdrawn
- Wearing long sleeves during warm weather
- Avoiding friends and family
- Lower academic attainment
- Unexplained cuts, bruises, burns
- Changes in clothing
- Abuse of substances
- Changes in eating or sleeping habits
- Changes in behaviour and mood
- Expressing feelings of failure
- Talking about self-harm and suicide

Procedure

Maintain a supportive and open attitude, regardless of how you might feel about what you are hearing or seeing. Be non-judgmental. The fact that the child is talking to you shows that they are courageous and trust you.

Do not promise to keep what you are being told confidential.

Report the incident to the Designated Safeguarding Lead who will decide the best course of action which may include:

- the immediate safety of the child is of paramount importance; if they are acutely distressed, ensure that they are safe and that an adult remains with them at all times.
- if a child has self-harmed whilst attending an Ardmore activity, a first aider should be called immediately
- arranging professional assistance if needed e.g. nurse, doctor, Children's Social Care
- informing the parents of what has occurred unless to do so will heighten the risk of harm to the child, or the child escalating their self-harm (always seek advice)
- removing the child from activities if remaining on site would cause them more distress
- contacting the Group Leader and/or the agent
- recording on CPOMS noting what the child said, any concerns, dates and times, details of who was informed and what action was taken alerting the Managing Director and Active Learning Group Head Of Safeguarding.
- offering emotional support to the peer group, if they have been affected, as appropriate.
- Staff should document any concerns on self-harm, or suicidal ideation on any excursion information forms that may have risks attached, risk and mitigation should be documented, and dynamic risk assessments should take place.

Domestic Abuse

Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). The cross-government definition of domestic violence and abuse is that it may be a single incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological; physical; sexual; financial; and emotional. Exposure to domestic abuse and/or violence can have a serious, detrimental and long-term impact on a child's health, wellbeing, development and ability to learn. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the 2021 Act).

National Domestic Abuse Helpline

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked.

CONTACTS

ARDMORE LANGUAGE SCHOOL CONTACTS			
Title	Name	Role	Contact details
Group Managing Director	Nigel Miller	Group Managing Director	nigel.miller@activelearninggroup.co.uk 07703124999
Group Consultant Safeguarding Adviser	Alison Barnett	Consultant Safeguarding Advisor	alison.barnett@cognita.com 0771806988
Group Head Of Safeguarding	Natasha Keating	Group Head Of Safeguarding	Natasha.keating@activelearninggroup.co.uk 07912291197
Designated Safeguarding Lead UK and US	David Bridges	Global Operations Director	davidbridges@theardmoregroup.com 07891302597
Designated Safeguarding Person on Centre	Variable depending on location.	Centre Manager	Contact name and number for each centre will be shared on SharePoint.
Deputy Designated Safeguarding Person on Centre	Variable depending on location.	Centre Management Team	

OTHER CONTACTS			
Title	Name	Contact details	
Local Authority Designated Officer	Variable depending on location. Staff to see safeguarding board.	Contact details are provided to each centre based on their geographical location.	
Local Authority Designated Officer, out-of-hours	Variable depending on location. Staff to see safeguarding board.		
Children's Social Care	Variable depending on location. Staff to see safeguarding board.		
Children's Social Care out-of-hours	Variable depending on location. Staff to see safeguarding board.		

Confidential

Appendix : Low Level Concern (LLC) Form OR Self-Report
Please delete/circle clearly as appropriate

See Safeguarding Policy for more information about low level concerns and self-reporting

Organisation	
Name of adult making the report and signature	
Role of adult making the report	
For Low Level Concerns (LLC) ONLY Adult referred to in LLC and their role	
For Low Level Concerns ONLY Child referred to in LLC and their Class/Year	If a child was involved
Names of any witnesses	
Date	

Brief summary of information

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Date of receipt of LLC or Self-Report
Name:
Role:
Signature:

Follow up Actions Required by Safeguarding Lead /Managing Director/Proprietor

What	Who by	By when	Completed

Concern about a child

Do you have a suspicion, concern, or disclosure about a child

Is the child in immediate danger?

Respond

Yes

Contact the
Centre Manager
straight away

Discuss your
concerns with
your Designated
Safeguarding Lead
(DSL)
**Record On
CPOMS Inform
the original
referrer and note
on CPOMS**

No

Verbally notify the CM (by telephone
if offsite) and then create a
Cause for Concern Form

The CM should create the child on
CPOMS and uploads the staff Cause
for Concern form (the hard copy is
destroyed).

CPOMS and CM will notify the DSL

DSL and CM input agreed next
actions on CPOMS, and feeds back to
the staff member who raises the
concern

Head Office Safeguarding Team
make any necessary referrals to
external agencies

DSL or CM to choose appropriate
person to inform child's
guardian/parents when safe to do so.

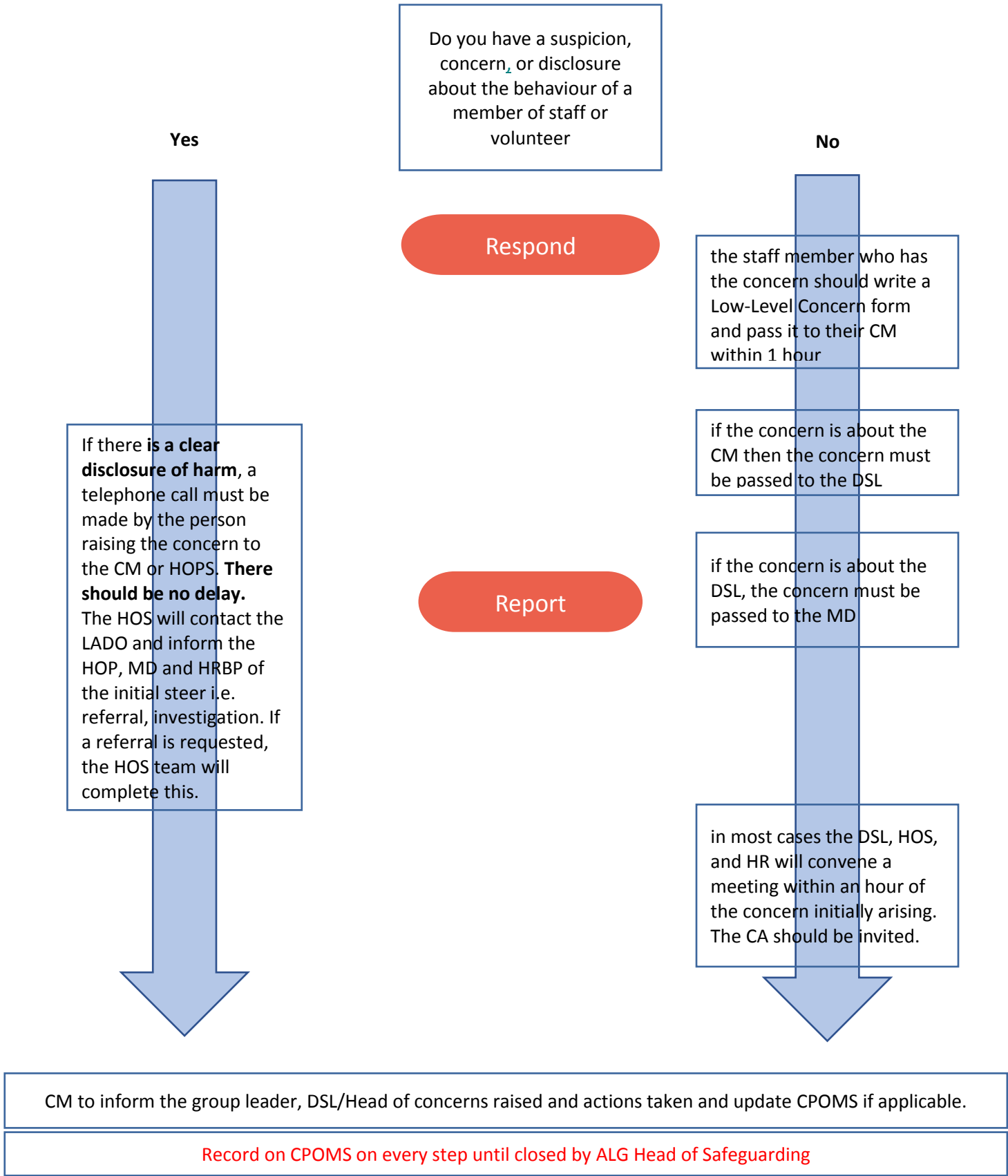
Report

Centre Manager to inform the child's school DSL/Head of concerns raised and actions taken and update CPOMS

*Parent(s)/Carer(s) should be informed that you are making a referral unless this will put the child at more risk

Record on CPOMS on every step until closed by ALG Head of Safeguarding

Concern about a staff member



Structure:

CEO for ALG

Managing Director (MD) *Trained to DSL level- access to CPOMS*

Operations Director (OpD) *Trained to DSL level- access to CPOMS*

Head Of Safeguarding (HOS) *Trained to DSL level- access to CPOMS*

Consultant Advisor (CA) *Trained to DSL level- access to CPOMS*

Designated Safeguarding Lead Role Profile

The Designated Safeguarding Lead (DSL) must be a member of the senior leadership team who will take responsibility for safeguarding and child protection in the organisation. The Designated Safeguarding Lead (DSL) must decide on out-of-hours and out-of-term contact e.g., via telephone or other.

The designated safeguarding lead is expected to:

Manage referrals

- refer cases of suspected abuse to the Children's Social Care as required
- refer cases to the Channel programme where there is a radicalisation concern as required
- refer cases where a crime may have been committed to the Police as required
- keep detailed, accurate, secure written records of concerns and referrals

Work with others

- act as a point of contact with other agencies and safeguarding partners
- liaise with the ALG Head Of Safeguarding and business Managing Director to inform them issues especially ongoing enquiries under section 47 of the Children Act 1989 and Police investigations
- work closely with the Recruitment Team to ensure all processes and procedures with regard to safeguarding and safer recruitment are in place and adhered to
- as required, liaise with the Head Of Safeguarding regarding concerns referred to the LADO
- act as a source of support, advice and expertise for all staff
- be the point of contact for staff, children, parents, guardians and schools about concerns related to children's welfare
- ensure each member of staff has access to, and understands, the safeguarding policy
- ensure staff are alerted to specific needs of children
- provide advice and support to staff on protecting children from the risk of radicalisation

Training

- The DSL should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.
- The designated safeguarding lead should undertake Prevent awareness training
- In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role.
- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulations

- understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at SuperCamps

Awareness

- ensure Ardmore Language Schools safeguarding policies are accessible, known, understood and used appropriately
- ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff to reduce barriers to disclosures
- Lead responsibility for web filtering and monitoring
- When using a school or college premises the DSL should ensure there are arrangements in place for Ardmore Language Schools to liaise with the school or college on safeguarding matters where appropriate, regardless of the child is not on roll at the school.
- Be aware that under the Police and Criminal Evidence Act (PACE) (1984) – Code C, the DSL is aware of the requirement for children to have an ‘Appropriate Adult’ when in contact with Police officers who suspect them of an offence. For more information, please see NCPP When To Call The Police.