October 2025

Atomic Science
Safeguarding & Child Protection Policy

Signed: T. Doran

Review period: Annually-The policy will be reviewed on an annual basis unless circumstances arise requiring the policy to be reviewed earlier.

Part 1: Safeguarding Policy

PART ONE: SAFEGUARDING POLICY

To be reviewed (annually): Due October 2026

1.0 INTRODUCTION

1.1 Atomic Science is committed to safeguarding and promoting the welfare of all the children who attend our clubs. We believe that:

- All children/young people have the right to be protected from harm, abuse and neglect
- That every child/young person need to be safe and to feel safe at Atomic Science events
- Children/young people need support that matches their individual needs
- All children/young people have the right to express their views and feelings
- All children/young people should be encouraged to respect each other's values and support each other
- All children/young people have the right to be supported to meet their emotional and social needs
- All staff from Atomic Science have an important role to play in safeguarding children and protecting them from abuse

2.0 OVERALL AIMS

2.1 This policy will contribute to the protection and safeguarding of children attending any Atomic Science events and promote their welfare by:

- Clarifying standards of behaviour for staff and children
- Contributing to the establishment of a safe, resilient and robust ethos in Atomic Science, built on mutual respect and shared values
- Encouraging children to participate
- Alerting staff to the signs and indicators that all may not be well
- Developing staff awareness of the causes of abuse
- Developing staff awareness of the risks and vulnerabilities the children face
- Addressing concerns at the earliest possible stage

2.2 This policy will contribute to the protection of the children by:

- Implementing Child Protection Policies and procedures; and
- Working in partnership with children, parents/ carers and other agencies

2.3 This policy extends to any establishment Atomic Science engages to deliver activities to children on our behalf including alternative provision settings.

- Atomic Science will ensure that any commissioned agency will reflect the values, philosophy and standards of Atomic Science. Confirmation should be sought from the Atomic Science that appropriate risk assessments are completed.

3.0 KEY PROCESSES

3.1 All staff must be aware of the guidance issued by the Northamptonshire Safeguarding Children Partnership (NSCP), including any threshold guidance.

4.0 EXPECTATIONS

4.1 All staff and volunteers will:

- Be familiar with this Safeguarding Policy
- Understand their role in relation to safeguarding
- Be subject to Safer Recruitment processes and checks
- Be alert to signs and indicators of possible abuse
- Record concerns and give the record to the Designated Safeguard Lead (DSL), or deputy DSL and
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix 2
- You must inform the DSL immediately and provide a written account as soon as possible.

4.2 All staff will receive annual Safeguarding training and update briefings as appropriate. Key staff will undertake more specialist safeguarding training.

5.0 THE DESIGNATED SAFEGUARDING LEAD (DSL)

5.1 Our DSL is Tom Doran tom@atomicscience.org 01604 556551. Whilst the activities of the DSL can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding and child protection remains with the DSL. This responsibility should not be delegated.

5.2 Atomic Science Director is appointed to the role of DSL. This should be explicit in the role-holder's job description.

5.3 Any steps taken to support a child who has a safeguarding vulnerability must be reported to the lead DSL in Atomic Science; the DSL will go through the relevant actions to ensure all steps are covered.

5.4 Safeguarding and Child Protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to support an individual child and/or family. A written record will be made of what information has been shared, with whom, and when.

5.5 Access to records by staff other than by the DSL and Deputy DSL will be restricted.

5.6 Our DSL and any deputies must undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated every two years.

6.0 Atomic Science Director (Tom Doran)

6.1 The Director is accountable and must ensure that they comply with their duties under legislation.

6.2 The Director will ensure that:

- There are appropriate policies and procedures in place in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare
- Atomic Science operates "Safer Recruitment" procedures and ensures that appropriate checks are carried out on all new staff
- That appropriate time is made available to the DSL and deputy DSL(s) to allow them to undertake their duties
- The Atomic Science Director and all other staff who work with children undertake safeguarding training on an annual basis with additional updates as necessary within a 2-year framework and a training record maintained

- Temporary staff and volunteers are made aware of the Atomic Science arrangements for safeguarding & child protection and their responsibilities
- The Atomic Science remedies any deficiencies or weaknesses brought to its attention without delay; and
- Atomic Science has procedures for dealing with allegations of abuse against staff/volunteers

6.3 The Director should review all policies/procedures that relate to safeguarding and child protection annually.

6.4. The Director will receive safeguarding training relevant to the governance role and this will be updated every 2 years.

7.0 A SAFER Atomic Science culture

SAFER RECRUITMENT AND SELECTION

- 7.1.1 Atomic Science is aware of 'Keeping Children Safe in Education Sept 25'. Safer Recruitment practice includes scrutinising applicants, verifying identity and qualifications, obtaining professional references, checking previous employment history date and job title while ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and appropriate checks including criminal record checks (DBS checks). In line with government guidance, candidates with the appropriate level of DBS (enhanced) and in the 'child workforce' who are registered on the Update Service do not require an Atomic Science DBS.

- 7.1.2 All recruitment materials will include reference to the Atomic Science' commitment to safeguarding and promoting the wellbeing of pupils

INDUCTION

7.2.1 All staff must be aware of systems within Atomic Science which support safeguarding, and these should be explained to them as part of staff induction. This should include:
- The safeguarding and child protection policy
- The behaviour policy
- The staff behaviour policy (sometimes called a code of conduct)
- The role of the DSL (including the identity of the DSL and any deputies)
Copies of policies and a copy of part one of the KSCIE-25 document should be provided to staff at induction

STAFF SUPPORT

7.3.1 We recognise the stressful and traumatic nature of safeguarding and child protection work. We will support staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate

8.0 WHAT WE WILL DO WHEN WE ARE CONCERNED

8.1 Where unmet needs have been identified for a child/ young person but there is no evidence of a significant risk, staff will discuss the children with the relevant staff at that child's school to gain further pertinent information

8.2 At this stage, simple reasonable adjustments within the setting may be all that is needed to address the unmet needs and after reviewing the child/young person may need no further response. Should we still feel concerned, we will report our concerns to school staff and ensure an escalation to MASH or the police where appropriate

9.0 RISK REDUCTION

9.1 Atomic Science has "due regard to the need to prevent people being drawn into terrorism" (section 26, Counter Terrorism and Security Act 2015). This is known as The Prevent Duty. All staff undertake Prevent training every three years

9.2 There is no single way to identify an individual who is likely to be susceptible to an extremist ideology. Specific background factors may contribute to vulnerability, and these are often combined with specific needs for which an extremist group may appear to provide answers, and specific influences such as family, friends and online contacts. The use of social media has become a significant feature in the radicalisation of young people

9.3 Staff within Atomic Science will be alerted to changes in a child's behaviour or attitude which could indicate that they are in need of help or protection

9.4 When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak to the DSL/Director

10.0 SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN

10.1 It is important that Atomic Science staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003.

PART TWO - THE KEY PROCEDURES

11.0 RESPONDING TO A CONCERN

11.1 Emergency Response - If a child is at imminent risk of significant harm/immediate danger Atomic Science staff will call 999 in the first instance (for police or ambulance)

11.2 Non-Emergency Response - If there is no risk of immediate danger, we will notify staff at the child's school and aid with the submission within a maximum 24-hour period, this should be done in consultation with the referring agency or education provision

12. MULTI-AGENCY WORK

12.1 We work in partnership with other agencies to promote the best interests of the children as a top priority in all decisions and actions that affect them. Atomic Science will, where necessary, liaise with these agencies. Where the child already has a safeguarding Social Worker or Family Support Worker, the request for support should go immediately to the team involved, or in their absence to their team manager

12.2 When invited the DSL will participate in a multi-Agency safeguarding strategy meeting, usually by conference phone, adding Atomic Science held data and intelligence to the discussion so that the best interests of the child are met

12.3 We will co-operate with any Child Protection enquiries conducted by Children's Social Care

12.4 We will provide reports as required for relevant meetings. If our DSL is unable to attend, a written report will be sent and shared with at least 24 hours prior to the meeting

13. OUR ROLE IN SUPPORTING CHILDREN

13.1 Atomic Science' staff will offer appropriate support to individual children who have experienced abuse, who have abused others (*child on child abuse*) or who act as Young Carers in their home situation

13.2 Atomic Science would follow a safeguarding action plan devised by involved agencies, implemented, and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings.

13.3 We will ensure Atomic Science works in partnership with parents / carers and other agencies as appropriate.

14.0 RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF

14.1 This procedure must be used in any case in which it is alleged that a member of staff has:

- Behaved in a way that has harmed a child or may have harmed a child
- Possibly committed a criminal offence against or related to a child; or Behaved in a way that indicates s/he is unsuitable to work with children
    - Any actions in line with (Appendix 3)

14.2 Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in Atomic Science to abuse children

14.3 All staff working within our club must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately

14.4 Allegations or concerns about staff, colleagues and visitors must be reported directly to the Organisation Director who will liaise with the Designated Safeguarding Lead, who will decide on any action required

15.0 CHILDREN WITH ADDITIONAL NEEDS

15.1 Atomic Science recognises that all children have a right to be safe.
Some children may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug/alcohol abusing parents, etc

16.0 LINKS TO ADDITIONAL INFORMATION ABOUT SAFEGUARDING ISSUES AND FORMS OF ABUSE

https://northamptonshirescb.proceduresonline.com/

16.1 Staff who work directly with children, and their leadership team should refer to this information.

16.2 Guidance on children in specific circumstances found in Annex A of KCSIE- 25, and additional resources as listed below:

Issue	Guidance	Source

Abuse	https://www.nspcc.org.uk/what-is-child-abuse/types- of-abuse/	NSPCC
Bullying	https://learning.nspcc.org.uk/child-abuse-and-neglect/bullying	NSPCC
Children and the Courts	https://gb.safeguarding.network/content/safeguardin &-resources/children-care-others/children-and-the-court-system/	Safeguarding Network
Family Members in prison	https://www.nicco.org.uk/	Barnardo's in partnership with Her Majesty's Prison and Probation service (HMPPS) advice
Drugs	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_Foundation s.pdf	DfE & ACPO
Domestic Abuse	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/	NSPCC
Child Exploitation	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/	NSPCC
Homelessness	https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets	HeLG
Health & Wellbeing	https://learning.nspcc.org.uk/child-health-development/promoting-mental-health-wellbeing	NPSCC
Radicalisation	https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/protecting-children-from-radicalisation/	NSPCC

Mental Health	https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/	NSPCC
On-line	http://policeandFoundations.org.uk/onewebmedia/Searching%20Screening%20&%20Confiscation%20Jan%202018.pdf	Police and Foundations panels

APPENDIX 1

DEFINITIONS AND INDICATORS OF ABUSE

1. NEGLECT

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor Club attendance or often late for Clubs;
- Poor concentration; Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;

- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from Clubs; or
- The child is left at home alone or with inappropriate carers.

2. PHYSICAL ABUSE

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

3. SEXUAL ABUSE

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness:
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance:
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

4. EXPLOITATION

Child Sexual Exploitation occurs when a child or young person, or another person, receives "something" (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person

The presence of any significant indicator for sexual exploitation should trigger a referral to Local Authority/ Children's Trust Children's Trust. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.
- Missing for periods of time (CSE and County Lines)

5. EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may

involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. 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.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways - as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faces, enuresis.

N.B.: Some situations where children stop communicating suddenly (known as "traumatic mutism") can indicate maltreatment.

6. RESPONSES FROM PARENTS/CARERS

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;

- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household;
- Evidence of coercion and control.

7. DISABLED CHILDREN

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting,
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

APPENDIX 2

DEALING WITH A DISCLOSURE OF ABUSE

When a pupil tells me about abuse they have suffered, what should I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.

- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.
- If the disclosure relates to a physical injury do not photograph the injury, but record in writing as much detail as possible.

NB, it is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards
You should not deal with this yourself. Clear indications or disclosure of abuse must be reported to Local Authority/ Children's Trust without delay, by the Director, DSL or in exceptional circumstances by the staff member who has raised the concern.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your DSL.

APPENDIX 3

ALLEGATIONS ABOUT A MEMBER OF STAFF OR VOLUNTEER

1. Inappropriate behaviour by staff/volunteers could take the following forms:

- Physical
  For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling.
- Emotional

For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.

- Sexual
  For example, sexualised behaviour towards pupils, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault and rape.
- Neglect
  For example, failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
- Spiritual Abuse
  For example, using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.

2. If a child makes an allegation about a member of staff, visitor or volunteer the Director must be informed immediately. The Director must carry out an urgent initial consideration in order to establish whether there is substance to the allegation.

3. The Director should exercise and be accountable for their professional judgement on the action to be taken as follows:

- If the actions of the member of staff, and the consequences of the actions, raise credible Child Protection concerns the Director may initiate internal referrals within Local Authority/ Children's Trust Children's Trust to address the needs of children likely to have been affected.
- If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil, these should be addressed through the Organisation 's own internal procedures.
- If the Director decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child safeguarding file. The allegation should be removed from personnel records.

4. Where an allegation has been made against the Director, then the Local Authority Designated Officer (LADO) should be contacted. You can contact the Designated Officer for North Northamptonshire, Sheila Kempster on 07831 123193 or for West Northamptonshire, Andy Smith on 07850 854309. Please contact LADO on Monday – Friday between 14:00 – 17:00

5. SAFEGUARDING LEADERS
Safeguarding Leaders
Tom Doran

Director
DSL
Contact – 01604 556551

If you are concerned, please speak to the designated safeguarding lead straight away. Our safeguarding team will make contact with children's social care or other external agencies.