



SENse Learning Safeguarding Policy
Including Child Protection

This is a September 2023 updated policy

SENse Learning Limited
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Registered in England & Wales No. 11789825

Making the **personal** learning journey make **SENse**

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Safeguarding Policy Statement

SENse Learning Limited is a bespoke tuition and Alternative Provision that works with children, young people and vulnerable adults up to 25 who are out of school, struggling to attend or who are classed as NEET.

We are on a mission to ensure no child is left behind, by providing bespoke learning packages to students with additional needs. We believe that each young person is unique and that the right support can make a positive and lasting impact.

SENse Learning takes its responsibility to safeguard children extremely seriously and this provision will train and empower all Associates to recognise and respond effectively to protect a child who may be at risk of significant harm. Our policies and procedures are thorough to ensure we are always vigilant in keeping our young people safe.

We are committed to taking all reasonable steps to protect our children, young people and vulnerable adults who access our service, from harm, whilst respecting their rights, wishes and feelings. We ensure we meet our responsibilities and uphold legislative requirements regarding the safeguarding of children, young people and vulnerable adults.

We will ensure all staff/Associates maintain an attitude of 'it could happen here' and feel able to raise concerns either about a child at risk or a member of staff/Associates whose behaviour may present a risk to a child.

This policy outlines what staff/Associates should be aware of, and what to do, should they have any concerns around our children, young people and vulnerable adults.

This policy is reviewed in line with:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002
- Keeping Children Safe in Education (DfE September 2022)
- Sexual Violence and Sexual Harassment between children in schools and colleges 2018
 - Working Together to Safeguard Children 2018
- Regulated Activity in relation to children:
- The Education (Child Information) (England) Regulations 2005
- Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015
- Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015)
- Dealing with Allegations of Abuse against Teachers and Other staff/Associates (2012)
 - Children Missing Education Statutory guidance 2016
- Local Safeguarding Children Board Interagency and safeguarding procedures West Sussex Safeguarding Children Board
- Data Protection Act 1998/2018
- Freedom of Information Act 2000
- Safer Recruitment 2018

For each Local Authority that we work with in terms of student referrals to SENse Learning Ltd, we ensure we uphold their particular Local Safeguarding Children's Board procedures. See Appendix 1 for each Local Authority key contact details.

Contact details for the company Designated Safeguarding Leads (DSLs) are:

- Designated Safeguarding Lead in our provision:

Lucy McMann

Lucy McCully

- Deputy Designated Safeguarding Lead(s):

Sophie Amos (Post 18)

Sian Bryne

Linda Oliver

Hilary Hutchinson

- Safeguarding Consultant Expert:

Paul Noke

To speak to any of the Lead or Deputy DSLs please call on 01444 400167.

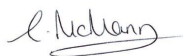
This policy is reviewed annually or more frequently if there are relevant changes in legislation in the interim period.

All SENse Learning staff are required to read this policy.

This policy is to be agreed and adopted by the Managing Director.

Name: Lucy McMann

Position: Managing Director



Signature:

25/10/22

Definitions

- **Safeguarding** is a term, which is broader than 'child protection' and relates to the action taken to promote the welfare of children and young people and protect them from harm. Safeguarding is everyone's responsibility.
- **Provision** is the term we use to describe our educational alternative provision
- **Children and young people** -throughout the document, references are made to 'children and young people'. These terms are interchangeable and refer to children who have not yet reached 18 or vulnerable adults up to the age of 25.
- **Staff/Associates** - includes any adult who is employed or contracted to work with children or young people, including
- **MASH** -stands for Multi Agency Safeguarding Hub
- **LAs** stands for Local Authority

Introduction

Safeguarding children and child protection applies to all children up to the age of 18.

Safeguarding is the action taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- Protecting children from abuse and maltreatment
- Preventing harm to children's health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering from, or likely to suffer, significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

Safeguarding children is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

The purpose of this policy is to inform staff/Associates, parents, volunteers and external professionals about the provision's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.

We recognise that all adults, including temporary staff/Associates, volunteers and other professionals, have a full and active part to play in protecting children from harm and that the child's welfare is our paramount concern.

All staff/Associates believe that our provision should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.

Our Aims

Our provision will:

- Have safeguarding at the heart of everything we do
- Maximise the opportunities to teach our students how to keep safe both in the real and virtual world
- Support the student's development in ways that will foster security, confidence and independence
- Provide an environment in which students feel safe, secure, valued, respected and confident
- Ensure that ALL of our students know a member of staff/Associates they can talk to if they are worried about something
- Where there is a safeguarding concern, provision leaders should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, all systems and processes should operate with the best interests of the child at the heart
- Make sure all our staff/Associates, including volunteers know how to contact child protection agencies should they need to.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the provision, contribute to assessments of need and support packages for those children;
- Emphasise the need for good levels of communication between all members of staff/Associates and between the provision and other agencies;
- Have and regularly review, a structured procedure within the provision which will be followed by all members of the provision community in cases of suspected abuse;
- Develop and promote effective working relationships with other agencies, especially the Police and Children's Social Care;
- Ensure that all adults within our provision who have access to children have been recruited and checked as to their suitability in accordance with Part 3 of Keeping Children Safe in Education 2022 and all associates undergo an enhanced DBS with SENse Learning.
- Have in place, other, up to date policies which support safeguarding. (Please see Annex 1 for a list of such policies.)

We also recognise the voice of the child - Working Together to Safeguard Children 2018

SENse Learning recognises the findings in the guidance given in Working Together to Safeguard Children 2018, where children expressed that they wanted an effective safeguarding system to be:

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening, to be heard and understood, and to have that understanding acted upon
- **Stability:** to be able to develop an ongoing stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not

- Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- Support: to be provided with advocacy to assist them in putting forward their views
- Protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee
- We will use this information to support the training of our staff/Associates and review this and other policies as appropriate.

Confidentiality

Our provision will

- As a general principle, all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis. It must also be proportional and relevant.
- The Designated Safeguarding Lead will disclose any child protection related information about a child to other members of staff/Associates /Associate on a need-to-know basis only and full details should only be shared between the Directors.
- All Associates must be aware that they have a professional responsibility to share information with other agencies to safeguard children.
- All Associates must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.
- The intention to refer a child to Children's Social Care will be shared with parents/carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, advice should be sought from the local area's referral process.
- KCSiE very clearly outlines the expectations of our Designated Safeguarding Lead (DSL) in promoting the educational outcomes for children by sharing information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced. We will follow this guidance.
- Our educational provision will approach sharing of such information sensitively, in collaboration with the child or young person, parents and carers. When supporting the educational outcomes for a child, staff/Associates may need to know that the child is or has been supported by safeguarding agencies, but it will often not be necessary to share the details of the actual safeguarding concerns.

Role of the Company's Designated Safeguarding Lead

- We recognise Keeping Children Safe in Education (KSCiE) 2022, Annex C, gives an overview of the role of DSL.
- The Designated Safeguarding Leads and Deputies within our provision will have the role explicitly stated in their job description.
- Attend initial training for their role and refresh this within two years.
- Keep their knowledge and skills updated at least annually.
- Ensure that all staff/Associates know who the Designated Safeguarding Lead is, their role and how to make contact.
- Ensure that all staff/Associates understand their responsibilities in relation to signs of abuse and responsibility to refer any concerns to the Designated Safeguarding Lead. In addition, the Designated Safeguarding Lead should ensure that all staff/Associates read and understand Part 1 of Keeping Children Safe in Education 2022 and have a record of when this was done.
- Our DSL will pay particular attention to training staff/Associates and volunteers who have been unable to attend safeguarding training days.
- Ensure that new staff/Associates participate in safeguarding training as part of their induction.
- Ensure that all staff/Associates receive safeguarding and child protection updates as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children. The Designated Safeguarding Lead will also ensure staff/Associates, including all senior leaders are kept fully aware of any significant changes or updates to local authority child protection and safeguarding procedures, as and when they occur.
- Help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced, with teachers and leadership staff/Associates.
- Liaise with relevant curriculum leads in setting to ensure Relationship Education, Relationship and Sex Education and Health Education is considered within all aspects of the curriculum.
- Maintain child protection records for each child where concerns have been raised and ensure the receiving school is informed of any concerns and files are transferred when the child moves to another educational setting. Reports 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.
- During term time the designated safeguarding lead (or a deputy) will always be available (during school or college hours) for staff/Associates to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person.
- It is a matter for our educational provision and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities. We will ensure that we provide the Local Authority with up to date emergency contact details should the Local Authority need to discuss an urgent safeguarding matter/issue/concern when the educational provision is closed.
- The DSL will be afforded time to keep up to date with any developments relevant to their role.
-

When to be Concerned - a Child at Risk of Abuse

The National Society for the Prevention of Cruelty to Children, defines child abuse:

“Any form of physical, emotional or sexual mis-treatment or lack of care that leads to injury or harm”

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Categories of Child Abuse

There are many aspects to child abuse, and they are not always easy to identify. However, four main areas which can be identified are:

- **Neglect**

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy 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.

Recognising neglect

Indicators in the child

Physical presentation

- failure to thrive or, in older children, short stature
- underweight
- frequent hunger
- dirty, unkempt condition
- inadequately clothed, clothing in a poor state of repair
- red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- swollen limbs with sores that are slow to heal, usually associated with cold injury
- abnormal voracious appetite
- dry, sparse hair

- recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
- unmanaged / untreated health/medical conditions including poor dental health
- frequent accidents or injuries.

Development:

- general delay, especially speech and language delay
- inadequate social skills and poor socialisation.

Emotional/behavioural presentation:

- attachment disorders
- absence of normal social responsiveness
- indiscriminate behaviour in relationships with adults
- emotionally needy
- compulsive stealing
- constant tiredness
- frequently absent or late at school
- poor self esteem
- destructive tendencies
- thrives away from home environment
- aggressive and impulsive behaviour
- disturbed peer relationships
- self-harming behaviour

Indicators in the parent:

- dirty, unkempt presentation
- inadequately clothed
- inadequate social skills and poor socialisation
- abnormal attachment to the child e.g. anxious
- low self- esteem and lack of confidence
- failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods
- wider parenting difficulties may or may not be associated with this form of abuse

Indicators in the family/environment:

- history of neglect in the family
- family marginalised or isolated by the community
- family has history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family

- family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
 - dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
 - poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
 - lack of opportunities for children to play and learn.
- **Physical Abuse**

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

Recognising physical abuse

The below lists are not exhaustive indicators in the child:

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- bruising in or around the mouth
- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- variation in colour possibly indicating injuries caused at different times
- the outline of an object used e.g. belt marks, hand prints or a hair brush
- linear bruising at any site particularly on the buttocks, back or face
- bruising or tears around or behind, the earlobe/s indicating injury by pulling or twisting
- bruising around the face
- grasp marks to the upper arms, forearms or leg
- petechial haemorrhages (pinpoint blood spots under the skin) commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent
- there are associated old fractures

- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer but it may be self-harm even in young children.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds, which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars

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

Emotional/behavioural presentation:

Refusal to discuss injuries

- admission of punishment which appears excessive
- fear of parents being contacted and fear of returning home
- withdrawal from physical contact
- arms and legs kept covered in hot weather
- fear of medical help
- aggression towards others
- frequently absent from school

- an explanation which is inconsistent with an injury
- several different explanations provided for an injury.

Indicators in the parent:

- may have injuries themselves that suggest domestic violence
- not seeking medical help/unexplained delay in seeking treatment reluctant to give information or mention previous injuries
- absent without good reason when their child is presented for treatment
- disinterested or undisturbed by accident or injury
- aggressive towards child or others
- unauthorised attempts to administer medication
- tries to draw the child into their own illness
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else to undertake their child's care.
- may appear unusually concerned about the results of investigations which may indicate physical illness in the child
- wider parenting difficulties may (or may not) be associated with this form of abuse parent/carer has convictions for violent crimes.

Indicators in the family/environment:

- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

- **Sexual Abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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) by establishing a close relationship or friendship. Sexual abuse is not solely perpetrated by adult males; women can also commit acts of sexual abuse as can other children.

Recognising sexual abuse

Indicators in the child: Physical presentation

- urinary infections, bleeding or soreness in the genital or anal areas

- recurrent pain on passing urine or faeces
- blood on underclothes
- sexually transmitted infections
- vaginal soreness or bleeding
- pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Emotional/behavioural presentation

- makes a disclosure
- demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- self-harm - eating disorders, self-mutilation and suicide attempts
- poor self-image, self-harm, self-hatred
- reluctant to undress for PE
- running away from home
- poor attention / concentration (world of their own)
- sudden changes in school work habits, become truant
- withdrawal, isolation or excessive worrying
- inappropriate sexualised conduct
- sexually exploited or indiscriminate choice of sexual partners
- wetting or other regressive behaviours e.g. thumb sucking
- draws sexually explicit pictures
- depression.

Indicators in the parents

- comments made by the parent/carer about the child
- lack of sexual boundaries
- wider parenting difficulties or vulnerabilities
- grooming behaviour
- parent is a sex offender

Indicators in the family/environment

- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, or a culture of physical chastisement
- family member is a sex offender.

- **Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to 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 ability 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child although it may occur alone.

Recognising emotional abuse

Indicators in the child

- Developmental delay
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- aggressive behaviour towards others
- child scapegoated within the family
- frozen watchfulness, particularly in pre-school children
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' - difficulty relating to others
- over-reaction to mistakes
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- self-harm
- fear of parents being contacted
- extremes of passivity or aggression
- drug/solvent abuse
- chronic running away
- compulsive stealing
- low self-esteem
- air of detachment – 'don't care' attitude
- social isolation – does not join in and has few friends
- depression, withdrawal
- behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- low self-esteem, lack of confidence, fearful, distressed, anxious
- poor peer relationships including withdrawn or isolated behaviour.

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
- abnormal attachment to child e.g. overly anxious or disinterest in the child
- scapegoats one child in the family

- imposes inappropriate expectations on the child e.g. prevents the child's developmental
- exploration or learning, or normal social interaction through overprotection
- wider parenting difficulties may, or may not, be associated with this form of abuse.

Indicators in the family/environment

- lack of support from family or social network
- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Additional Safeguarding Issues, including online safety

Complex forms of abuse can often be difficult to identify and may even fall into more than one category.

Some examples are:

- **Fabricated Induced Illness:**

It happens when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. The parent or carer tries to convince doctors that the child is ill, or that their condition is worse than it really is.

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- discrepancies between reported and observed medical conditions, such as the incidence of fits
- attendance at various hospitals, in different geographical areas
- development of feeding / eating disorders, as a result of unpleasant feeding interactions
- the child developing abnormal attitudes to their own health
- non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- speech, language or motor developmental delays
- dislike of close physical contact
- attachment disorders
- low self esteem
- poor quality or no relationships with peers because social interactions are restricted
- poor attendance at school and under-achievement.

- **Child Criminal Exploitation**

CCE is where an individual 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, being coerced into moving drugs or money across the country (county lines, see page 85 for more information), forced to shoplift or pickpocket, or to threaten other young people.

- Can affect any child or young person (male or female) under the age of 18 years
- The experiences of girls being criminally exploited can be very different to boys indicators of CCE may also be different for girls.
- Can affect any vulnerable adult over the age of 18 years

- Can still be exploitation even if the activity appears consensual
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- Can be perpetrated by individuals or groups, males or females, and young people or adults
- Is typified by some form of power imbalance in favour of those perpetrated the exploitation
- Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status and access to economic or other resources.

Some of the following can be indicators of CCE:

- Children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late;
- children who regularly miss school or education or do not take part in education.

● **County Lines**

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection.

Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs.

Further information on the signs of a child’s involvement in county lines is available in guidance published by the [Home Office - County Lines](#)

● **Child Sexual Exploitation**

CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. It can be a one - off occurrence or might happen over time. It is a form of child sexual abuse.

CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Some of the below can be indicators of CSE:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation; • children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; • children who regularly miss school or education or do not take part in education. • children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant.

Educational provisions play a vital role in keeping children safe from CSE and often have more information than any other agency. Where educational provisions have concerns, they must be persistent in referring those concerns, and escalate using the professional difference protocol if necessary.

- **Harmful practices related to culture and faith-based beliefs:**

So called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of these dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be managed and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

- Female Genital Mutilation (FGM)

All provisions have a legal obligation to report acts of Female Genital Mutilation.

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM

The Home Office has published procedural information on the duty to help health and social care professionals, teachers and the police understand: the legal requirements placed upon them, a suggested process to follow, and an overview of the action which may be taken if they fail to comply with the duty. It also aims to give the police an understanding of the duty and the next steps upon receiving a report.

- **Forced Marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. We recognise our school/college can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published Statutory Guidance Multi-agency Force Marriage Guidance pages 32-35 of which focus on the role of schools and colleges.

- **Radicalisation**

Where a person is encouraged to become an advocate of a radical political or religious movement which supports terrorism and or violent extremism. Children and young people may be exposed to messages about terrorism and or extremism through a family member or friend, a religious school or group, or through social media and the internet.

As part of our safeguarding training, SENse Learning will train all staff/Associates at least annually in respect of preventing radicalisation.

We are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 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.

The PREVENT Duty will be seen as part of schools' and colleges' wider safeguarding obligations.

Our Designated Safeguarding Leads and other senior leaders will familiarise themselves with the revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76, which are specifically concerned with schools and childcare.

The guidance is set out in terms of four general themes: risk assessment, working in partnership, staff/Associates training, and IT policies. There is additional guidance: Prevent duty guidance: for further education institutions in England and Wales that applies to colleges.

We recognise that further information can be obtained from WSCC Preventing Extremism and also Keeping Children Safe in Education 2022 for national on-line training courses.

Channel Programme - for those at risk of radicalisation

We recognise Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

Prevent referrals may be passed to a multi-agency Channel Panel, which will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. A representative from the school or college may be asked to attend the Channel Panel to help with this assessment. An individual's engagement with the programme is entirely voluntary at all stages.

Our designated safeguarding lead/senior staff/Associates will understand when it is appropriate to make a referral to the Channel programme.

- **Child on child abuse**

We believe that all children have a right to attend an educational provision and learn in a safe environment. Children should be free from harm by adults in the provision and other pupils.

We recognise that some pupils will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy or anti - bullying policy in the first instance.

However, we recognise that some allegations may be of such a serious nature that they may raise safeguarding concerns.

All staff/Associates should recognise that children are capable of abusing their peers. All our staff/Associates should be clear about our policy and procedures with regard to peer on peer abuse.

We recognise the importance of an ambitious broad and balanced curriculum which develops students' understanding of consent, acceptable behaviour, keeping themselves safe and healthy relationships.

We will ensure that our policy will include procedures to minimise the risk of child on child abuse. How allegations of peer on peer abuse will be recorded, investigated and dealt with; Clear processes as to how victims, perpetrators and any other child affected by peer on peer abuse will be supported.

A clear statement that abuse is abuse and should never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”.

Recognition of the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys’ perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously.

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

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between peers
- Physical abuse such as hitting, kicking, shaking biting, hair pulling or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- Sexual violence such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and or encourages sexual violence)
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse.
- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery): The Department for Education provides Searching Screening and Confiscation Advice for schools. The UK Council for Internet Safety (UKCIS) Education Group has published Guidance Sexting in Schools & Colleges on Responding to Sexting Incidents.
- Initiation/hazing type violence and rituals.

If you have any concerns regarding child on child abuse, you must speak with the DSL as soon as possible. Remember to include facts in your daily reports and let your student know that you will speak with someone who will be able to help. Let your student know that they can be confident in sharing concerns with you and that their concerns will be treated seriously.

● **Domestic Abuse**

Our provision recognises the definition of domestic abuse to be any 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, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Any concerns regarding domestic abuse will be considered by the designated safeguarding lead or deputy and advice and guidance obtained from a LA's Referral mechanism.

- **Sexual Violence and Sexual Harassment between Children in Provision**

Our provision recognises sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable.

It is important that all victims are taken seriously and offered appropriate support. staff/Associates should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Our staff/Associates will be aware of the importance of:

- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
 - not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”;
- and
- Challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Rape & Sexual Assault, including by penetration

It is important that education staff/Associates 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;

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent

to the touching and A does not reasonably believe that B consents.

- **Consent**

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names; • Sexual "jokes" or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence³. It may include:
 - o Non-consensual sharing of sexual images and videos; Sexualised online bullying; Unwanted sexual comments and messages, including, on social media; and Sexual exploitation; coercion and threats

- **Upskirting**

We recognise that upskirting is a criminal offence and we will take any allegations of such behaviour very seriously. Upskirting typically involves taking a picture up or under a person's clothing without them knowing. The picture is taken with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

When an allegation of upskirting is brought to our attention we will respond as we would for any other disclosure of potential abuse.

We will follow the principles as set out in responding to reports of sexual violence and harassment above and will take advice from MASH/LA's referral mechanisms on how to progress any allegation of upskirting.

Where any suspect for a case of upskirting is identified as being a pupil at our provision we will initially be guided by police but will always seek to support that pupil.

If any of the above occur or are suspected of occurring;

We recognise our initial response to a report from a child is critically important.

It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe.

A victim should never be given the impression that they are creating a problem by

reporting such matters.

If staff/Associates have a concern about a child, or a child makes a report to them, they should speak immediately to the Designated Safeguarding Lead (or a deputy).

We also understand that safeguarding and supporting the alleged perpetrator is a difficult balancing act to consider.

On one hand they need to safeguard the victim (and the wider pupil/student body) and on the other hand provide the alleged perpetrator with an education, safeguarding support as appropriate and implement any disciplinary sanctions.

Consider the age and the developmental stage of the alleged perpetrator and nature of the allegations. Any child will likely experience stress as a result of being the subject of allegations and/or negative reactions by their peers to the allegations against them.

Consider the proportionality of the response. Support (and sanctions) should be considered on a case-by-case basis.

An alleged perpetrator may potentially have unmet needs (in some cases these may be considerable) as well as potentially posing a risk of harm to other children. Harmful sexual behaviours in young children may be (and often are) a symptom of either their own abuse or exposure to abusive practices and/or materials.

Where victim and alleged perpetrator remain in school, Risk Assessments MUST be undertaken about how that can be managed as safely as possible. Further advice on managing harmful sexual behaviours in educational provisions, including risk assessments, can be found in West Sussex Service for Schools Safeguarding In Education Resources.

It is important that if the alleged perpetrator does move to another educational institution (for any reason), that the new educational institution is made aware of any ongoing support needs and where appropriate, potential risks to other children and staff/Associates. The Designated Safeguarding Lead should take responsibility to ensure this happens as well as transferring the child protection file.

It is also very important to monitor the emotional health and well-being of all involved, including the alleged perpetrator and school/college must consider accessing Youth Emotional Support (YES) or more specialist services. Where there are concerns, the school/college should discuss them with MASH/Early Help workers.

- **Online Safety**

Our provision recognises the use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. An effective and proactive approach to online safety empowers a provision to protect and educate all the students in SENsE Learning in their use of technology and establishes mechanisms to identify, intervene in and escalate any incident where appropriate. It also empowers children and young people to make informed choices and keep themselves safe online.

The breadth of issues classified within online safety is considerable, but can be

categorised into three areas of risk:

- **Content:** being exposed to illegal, inappropriate or harmful material; for example pornography, fake news, racist or radical and extremist views
- **Contact:** being subjected to harmful online interactions with other users; for example commercial advertising as well as adults posing as children or young adults
- **Conduct:** personal online behaviour that increases the likelihood or, or causes, harm; for example making, sending and receiving explicit images, or online bullying
- **Commerce:** risks such as online gambling, inappropriate advertising, phishing and or financial scams

We will maximise the opportunities to teach our young people to stay safe online. We recognise there are many resources available and will consider which ones suit the needs of our provision.

Due to young people being educated in the home, we will ensure consistent and thorough monitoring of students when on electronic devices. Any SENse Learning equipment will have the necessary filters and software in place to ensure students are kept safe.

We recognise that it is essential that appropriate filters and monitoring systems are in place, we recognise that over-blocking does not lead to unreasonable restrictions as to what children can be taught with regard to online teaching and safeguarding.

We recognise that many young people have unlimited access to the internet via 3G, 4G and 5G, in particular and we will carefully consider how this is managed on our premises and issue specific guidance for pupils and staff in respect of this.

We understand that technology in this area evolves and changes rapidly and we will therefore keep the matter under regular review by, for example, using relevant assessment tools, 360 Safe Website, and online safety in schools questions from the governing body. UKCIS has published online safety in schools and colleges: Questions from the Governing Board.

We recognise that there is a substantial amount of support available for remote education contained within Annex C of Keeping Children Safe in Education 2020, which we will review for suitability for our setting.

The Safeguarding Team recognise the need for staff/Associates to undergo regularly updated safeguarding training and the requirement to ensure our children are taught about safeguarding, including online. With that in mind, online safety training for staff will be integrated, aligned and considered as part of our overarching safeguarding approach. It will also be considered within our teaching and learning policy and practice.

Where children are being asked to learn online at home the Department has provided advice to support schools and colleges to do so safely: safeguarding in schools and colleges and other providers and safeguarding and remote education. The NSPCC

and PSHE Association also provide helpful advice:

- NSPCC Learning
- PSHE Association coronavirus hub

Dealing with disclosures and concerns about a child or young person

We ensure our provision will be a safe place where children and young people feel able to talk to a trusted adult if they are concerned. We are also determined that all staff/Associates, including volunteers, will know how to respond appropriately should a child or young person disclose to them.

If a child discloses

- accept what the child says
- stay calm, the pace should be dictated by the child without them being pressed for detail.
- DO NOT ASK LEADING QUESTIONS such as “did x touch you there?” It is our role to listen - not to investigate
- if more information is needed to establish if there has been abuse use open questions
 - such as “describe what happened?” “tell me what happened?” Use age appropriate words; avoid jargon or terms the child may well not understand.
- be careful not to burden the child with guilt by asking questions like “Why didn’t you tell me before?” but you could ask ‘Have you spoken to anyone else about this?’
- acknowledge how hard it was for the child to tell you
- do not criticise the perpetrator, the child might have a relationship with them
- do not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why and, depending on the child’s age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as “I’ll stay with you all the time” or “it will be all right now.”
- if you are in any doubt as to whether to refer the matter, the DSL and deputies should discuss with MASH/LA referral systems.
- victims should be taken seriously, kept safe and never made to feel like they are creating a problem for reporting abuse, sexual violence or sexual harassment.

When recording information

- any records made may well be used
- make detailed notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what was said but not your assumption or interpretation.
- if it is observation of bruising or an injury record the detail, e.g. “right arm above elbow”.
 - use skin / body maps if necessary.
- do not take photographs
- note the non-verbal behaviour and the key words in the language used by the child (try
 - not to translate into ‘proper terms’).
- record the date, time and location where the notes were made and if anyone else was present.
- pass the notes as soon as possible to your designated safeguarding lead.

Reporting Procedures

It is the responsibility of all professionals to report concerns, NOT to decide whether it is or is not child abuse.

- The DSL/Safeguarding Team will deliver yearly training to all staff/Associates as part of induction and inset, this will always detail the procedures for reporting at SENse Learning.
- If a serious concern arises which needs immediate attention, please call through to Head Office and ask to speak to a member of the safeguarding team. The Safeguarding team will then decide on course of action. Associates/staff to write this up as a safeguarding concern on LearnTrek.
- In all other circumstances where a safeguarding concern needs to be reported. Staff/Associates to record this through a safeguarding concern on LearnTrek software. Staff can find this tab at the top of the students log area. This involves writing the time, date, location and concern with any actions already being taken i.e. telling Case Lead. If there are paper copies of notes, these will need to be handed to the Safeguarding Team and kept in a lockbox which the Safeguarding Team have access to.
- The Safeguarding Team will then review and carry out the relevant next steps.
- The Safeguarding Team will feed back on a need to know basis.
- The Safeguarding Team will ensure they add the actions they have taken, any communications around the concern and the thought processes around decision making.
- The Safeguarding Team will feedback students of concern in their fortnightly safeguarding meeting and will regularly review their processes and reporting systems, including conducting an annual audit.
- The Safeguarding Team will email the 'on roll' school

Record Keeping and Information sharing

See our GDPR Policy for further policies around information sharing.

Child Protection Files

Records kept for child protection purposes must be kept securely, separate from other records and accessed only by those who need to do so for safeguarding and / or monitoring purposes. These will be kept on LearnTrek, a bespoke secure software. Each child should have a separate record.

Each record must be accurate, legible and entries made as soon as practicable after a concern is raised.

Where computer systems are used, staff/Associates must still have access to paper forms so immediate conversations with a child / body map drawings etc. can be made contemporaneously.

Any paper records generated above must be retained within the file, even where they have been scanned to a computer record.

Where there is more than one sibling, each sibling should have their own record, cross referenced where necessary to their siblings.

Each file should have a chronology to enable assessment which is regularly updated. Each file should have an up to date contact number for other key professionals.

Safer Recruitment

Safer recruitment is part of the Recruitment and Selection Policy. See our other Policy document for this policy, this also includes Disclosure and Barring Service information. KCSiE 2022 highlights that educational settings should consider online searches as part of their due diligence checks on shortlisted candidates.

Our Business Team will maintain a single central register of all checkers carried on all Staff, Associates and volunteers who will work with anyone within the scope of this policy. KCSiE 2022 clarifies that a CV should only be accepted alongside a full application form and is not sufficient on it's own to support safer recruitment.

Whistleblowing and Managing Allegations against Staff/Associates

LADO and Assistant LADO Contact Details

The LADO's for West Sussex area:

- Miriam Williams
- Donna Tomlinson

The Assistant LADO for West Sussex area:

- Sally Arbuckle The LADO should be contacted either by email:

LADO@westsussex.gov.uk or by phone, LADO consultation contact number: 0330 222 6450.

The LADO for Brighton and Hove area:

- Darren Clews The LADO should be contacted by phone: 07795 335879 or 01273 295643.

The LADO for Surrey area should be contacted either by email:

lado@surreycc.gov.uk or by phone: 0300 123 1650*.

The LADO for BANES area should be contacted either by email: lado@bathnes.gov.uk or by phone: 01225 396810.

The LADO for Milton Keynes area should be contacted either by email:

lado@milton-keynes.gov.uk or by phone: 01908 254300.

This applies to any member of staff/volunteer whom the staff member has contact with in their personal, professional or community life. An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way that indicates s/he would pose a risk of harm if they work regularly or closely with children.

If staff have concerns about another staff member then this should be referred to the Director, Assistant Director or Independent Safeguarding Adviser. If the allegation is against the Director, then the referral should be made to the LADO.

The person to whom an allegation against another member of staff is first reported, should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a 'need to know' basis only.

Provision complaints

Complaints by parents about any aspect of educational provision MUST be reviewed to ensure there are no allegations against staff contained within the complaint which require referral to LADO

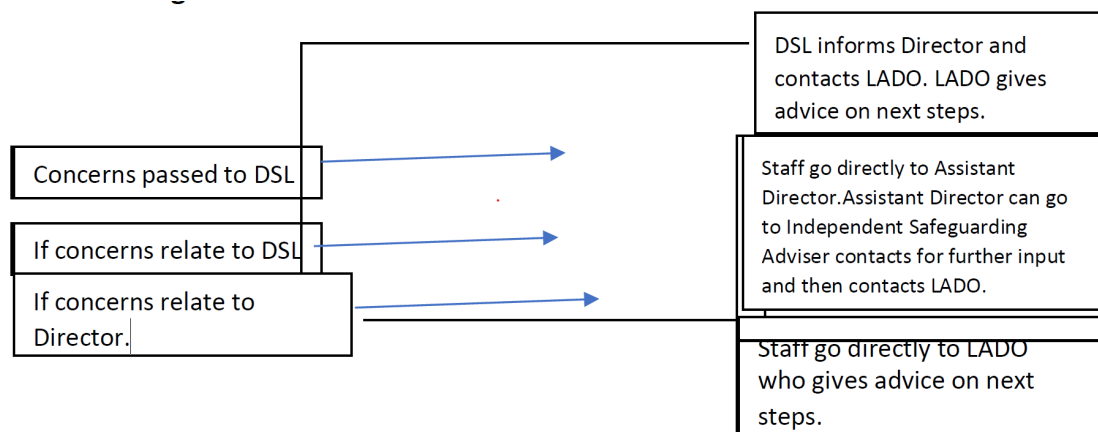
Allegations against a member of staff, including volunteers

Making an immediate written record of the allegation using the informant's words including: time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present

- This record should be signed, dated and immediately passed on to the Director
- The recipient of an allegation must not unilaterally determine its validity and failure to report it in accordance with procedures is a potential disciplinary matter. The Director will not investigate the allegation themselves, or take written or detailed statements, but will assess and decide whether to refer the concern to the LADO. If there is any doubt as to whether to refer, advice should be taken from the LADO.
- If there are concerns that a child is at risk, the matter must be immediately reported to MASH/LA's referral mechanism.
- Any records generated in the course of such matters must be retained securely, away from other child protection and personnel records and only be accessed by those who need to for investigation / review purposes.

Guidelines can be found on different Local Authorities websites in regards to procedures specific to LA's and LADO details.

Flow Diagram - LADO referrals



What Staff/Associates should do if they have concerns about safeguarding practices within the provision

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the provisions safeguarding regime and know that such concerns will be taken seriously by the Managing Director and Operational Director.

- Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the provisions leadership team (Managing Director and Operational Director)
- Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.
- Advice can be taken from the Independent Safeguarding Adviser before the LADO is felt appropriate.

Whistleblowing/Confidential reporting

We will ensure that all SENse Associates staff are aware of their duty to raise concerns, where they exist, about the actions or attitudes of colleagues. If necessary, the member of staff can speak with the Director or with the LADO.

All LA's have different reporting systems. Please see the individual websites for accessing the confidential reporting policies and procedures.

Low Level Concerns

The term 'low level' concern does not mean that it is insignificant. A low level concern is any concern - no matter how small, and even if no more than causing a sense of unease or 'nagging' doubt – that an adult working in or on behalf of the school or college 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 or is otherwise not considered serious enough to consider a referral to the LADO.

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

- being over friendly with children;
- having favourites;
- taking photographs of children on their mobile phone;
- 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.

It is important that at SENse Learning staff feel able to share low-level concerns as well as those higher level ones. The purpose of this part of the policy is to create and embed a culture of openness, trust and transparency in which the SENse Learning's values or college's values and expected behaviour are constantly lived, monitored and reinforced by all staff.

We will achieve this by

- ensuring their staff are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others;
- empowering staff to share any low-level safeguarding concerns through our reporting processes
- addressing unprofessional behaviour and supporting the individual to correct it at an early stage;
- providing a responsive, sensitive, and proportionate handling of such concerns when they are raised; and,
- helping identify any weakness in our safeguarding system.

Low level concerns should be recorded in writing. The record should include details of the concern, the context in which the concern arose, and action taken. They should be raised through the normal Learntrek safeguarding procedures.

Any records generated in respect of an allegation must be kept securely, accessed only by those who require to do so for legitimate investigation/safeguarding/review purposes.

Any records must be kept separate for any other personal file relating to that staff member.

Any records must not be kept in any child's child protection file.

We recognise that, on occasions, we may disagree with a safeguarding decision made by another safeguarding professional or agency. We recognise that we must challenge such decisions and recognise such challenges as a vital tool in keeping children safe.

On occasions there may be differences of opinion between professionals in response to a specific safeguarding matter, for example, from the view of the school, Children's Social Care closing a case too early or removing a child from a child protection plan too soon.

In such circumstances, the Designated Safeguarding Lead will assess the impact of such a decision on the child(ren) and where concerns remain, the Designated Safeguarding Lead will engage with each individual LA's '*Professional Differences and Concerns Protocols*' or similar.

Adult Safeguarding

At SENse Learning we work with young people, some of whom are over 18 years of age. When a student turns 18 they are classed as an adult and as such they move from the children to adults teams for safeguarding.

The aim of adult safeguarding is:

- To stop abuse and neglect
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned.
- Raises public awareness so that communities as a whole, alongside professionals play their part in preventing, identifying and responding to abuse and neglect.

The six principles of adult safeguarding are:

1. Empowerment
2. Protection
3. Prevention
4. Proportionate and least intrusive response
5. Partnership
6. Accountability

Definitions of abuse:

Physical abuse- Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Sexual abuse- Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Psychological abuse - Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Financial or material abuse - This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory abuse - This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Organisational abuse - Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs

Neglect or acts of omission - These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Domestic abuse - In 2013, the Home Office announced changes to the definition of domestic abuse as below:

An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality

Includes psychological, physical, sexual, financial, emotional abuse; so-called 'honour-based' violence; Female Genital Mutilation; forced marriage.

Age range extended down to 16.

Many people think that domestic abuse is restricted to abuse between intimate partners, but this is incorrect. It actually extends to other family members as well and a great deal of the safeguarding work that occurs at home is in fact concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

Self neglect - Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is also defined as the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.

Modern slavery - Modern slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Dealing with a disclosure from a post 18 student:

- Allow the individual to speak without interruption
- Never trivialise or exaggerate the issue
- Never make suggestions
- Reassure the individual and let them know they were right to report the matter.
- Always ask enough questions to clarify understanding but not probe or interrogate.
- Be honest – the staff member should let the individual know that it cannot be kept a secret and someone else will need to be told.
- Try to remain calm, remembering that this is not an easy thing for them to do.
- Do not show emotions – to show anger, disgust or disbelief may stop the individual talking. This may be because the individual feels they are upsetting the staff member or feel the staff member's negative feelings are directed towards them.
- Let the individual know they are taking the matter very seriously.

- Make them feel secure and safe without causing them any further anxiety.
- Make a written record as soon as it is practically possible of what has happened.
- If the member of staff believes the concern needs immediate attention, they should contact the Adult Safeguarding Lead (Sophie Amos 01444 400896).
- The member of staff must submit the referral/concern through Learntrek.
- If the concern is non-urgent, the member of staff needs to record the concern through Learntrek to enable concerns to be logged.
- The concern must be factual and not contain the staff member's opinions or analysis. Terms such as "I think..." and "In my opinion...." must be avoided.

How to report concerns at SENSE for a young person over the age of 18:

It is the responsibility of all professionals to report concerns, NOT to decide whether it is or is not abuse.

- The Adult DSL/Safeguarding Team will deliver yearly training to all staff/Associates working with post 18 students as part of induction and inset, this will always detail the procedures for reporting at SENSE Learning.
- If a serious concern arises which needs immediate attention, please call through to Head Office and ask to speak to Sophie Amos if not available then a member of the safeguarding team. Sophie/the Safeguarding team will then decide on course of action. Associates/staff to write this up as a safeguarding concern on LearnTrek.
- In all other circumstances where a safeguarding concern needs to be reported. Staff/Associates to record this through a safeguarding concern on LearnTrek software. Staff can find this tab at the top of the students log area. This involves writing the time, date, location and concern with any actions already being taken i.e. telling Case Lead. If there are paper copies of notes, these will need to be handed to the Safeguarding Team and kept in a lockbox which the Safeguarding Team have access to.
- The Safeguarding Team will then review and carry out the relevant next steps.
- The Safeguarding Team will feed back on a need to know basis.
- The Safeguarding Team will ensure they add the actions they have taken, any communications around the concern and the thought processes around decision making.
- The Safeguarding Team will feedback students of concern in their fortnightly safeguarding meeting and will regularly review their processes and reporting systems, including conducting an annual audit.

Making the **personal** learning journey make **SENse**

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Registered in England & Wales No. 11789825

Appendices

Appendix 1 - Early Help

Any child may benefit from early help, but all SENse Learning Associates should be particularly alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

Appendix 2 - Safeguarding Children Board Continuum of Need/Threshold Guidance

- West Sussex
Our provision will use the Threshold Guidance in West Sussex to inform our decision making and which referral pathway to take.
- Surrey
A similar process will be done through Surrey Safeguarding Children Board Levels of Need protocol for those under Surrey County Council.
- BANES
A similar process will be done through Bath and North East Somerset Community Safety and Safeguarding Partnership Threshold protocol for those under BANES County Council.
- Milton Keynes
A similar process will be done through Milton Keynes Safeguarding Children Board Levels of Need protocol for those under Milton Keynes Council.

Appendix 3 - Other Vulnerable Groups

Special Educational Needs & Disabilities

As a specialist provision, we are aware that children with SEN and disabilities can face additional safeguarding challenges and expect all staff to recognise:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

All SENse Associates will have regular training in all Special Educational Needs relevant to our setting.

Children Looked After and Previously Looked After Children

As Directors of this provision we will ensure that staff have the skills, knowledge and understanding to keep looked after children safe.

- In particular, we will ensure that appropriate staff have the information they need in relation to a child's looked after legal status and contact arrangements with birth parents or those with parental responsibility
- The Designated Safeguarding Lead will have the details of the child's social worker and the name of the virtual school head in the authority that looks after the child
- We recognise a previously looked after child potentially remains vulnerable and we will ensure that all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, we will ensure our provision works together with other agencies and takes prompt action when necessary to safeguard these children, who are particularly vulnerable
- Our provision will work with the virtual school head to discuss how the provision can best support the child and meet the needs of the child's personal education plan and use any additional resource accordingly

Children potentially at greater risk of harm

As an Educational Provision we recognise children may need a social worker due to safeguarding or welfare needs

- Children may need this help due to abuse, neglect and/or complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as

well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health

- Local authorities should share the fact a child has a social worker, and we recognise that our Designated Safeguarding Lead should hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational outcomes. This should be considered as a matter of routine.
- As outlined in Chapter 7 above, we recognise there are clear powers to share this information under existing duties on both local authorities and schools and colleges to safeguard and promote the welfare of children.
- Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).

Children requiring Mental Health Support

We recognise our educational provision has an important role to play in supporting the mental health and wellbeing of our students.

We recognise 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.

Our Educational Provision has a Wellbeing Lead - Lucy McCully.

As an educational provision we will have a clear system and process in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

We will make sure all staff and volunteers are aware of our system. Where there are concerns about the mental health, wellbeing and safeguarding of a child, staff will immediately discuss those concerns with the Designated Safeguarding Lead.