**IMAGINARIUM**

**Child Protection and Safeguarding Policy**

**and Procedure**

This policy was adopted on 7.12.23

This policy is due for review on 7.12.24

**Key contacts**

* Designated Safeguarding Lead: Lauren Clowes, 07734823689
* Deputy Designated Safeguarding Lead: James Gardiner, 07740474477
* Local Authority Designated Officer (LADO, Sam Efde and Assistan**t LADO, Susan Giles)** Consultation via the online portal [here](https://www.eastsussex.gov.uk/children-families/professional-resources/allegations/referrals/form-lado-referral)
* **Referrals into Early Help and Social Care Single Point of Advice**: 01323 464222   
  [Contacting the Single Point of Advice (SPoA) | East Sussex County Council](https://www.eastsussex.gov.uk/children-families/professional-resources/spoa)
* **Emergency Duty Service (after hours, weekends and public holidays)**: 01273 335906/01273 335905
* National police Prevent advice line on 0800 011 3764

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# INTRODUCTION

* 1. Our whole setting approach to safeguarding is based upon an understanding of the local context and an attitude of ‘*it could happen here’*. We believe that children should feel safe and respected and understand the importance of helping them to know how to stay safe and ask for help if they need it.
  2. Our pupils’ welfare is our paramount concern. The governing body will ensure that our setting will safeguard and promote the welfare of children and work together with other agencies to ensure that our setting has robust arrangements to identify, assess and support those children who are experiencing or likely to experience harm.
  3. Our setting is a community and all those directly connected, staff, volunteers, directors, parents, families and pupils, have an essential role to play in making it safe and secure.
  4. Safeguarding is not an isolated activity which is undertaken by a select few within only certain areas of setting practice. Safeguarding children is everyone’s responsibility and everyone at our setting who has contact with children and families must play an active role in keeping children safe from harm. In that respect we take a whole setting approach to safeguarding, ensuring that it is at the forefront of all our work, that it underpins all of our policies and processes and that everything we do is always with the best interests of the children at heart.
  5. Our setting will provide a caring, positive and stimulating environment that promotes the social, physical, emotional and moral development of the individual child, and where children feel safe.
  6. We always take a child centred approach to our work and ensure that we listen to the voice of the child so that all children feel heard and understood. When children talk to an adult about a concern they may have they will always be taken seriously, they will always be supported and kept safe, they will never be given the impression that they are creating a problem or have anything to feel ashamed about.
  7. We understand that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This will not prevent staff from having professional curiosity and speaking to the DSL if they have concerns about a child.
  8. So that children are able and confident to raise concerns with adults we ensure that our safeguarding systems are well promoted, easily understood and easily accessible. Alongside this we expect all staff to develop positive relationships with children, which build trust and facilitate communication.
  9. To support children who may not wish to directly speak with an adult in the setting there are other means such as worry boxes.
  10. To support children who may wish to seek help from beyond the setting we have posters and signposting to agencies such as Child Line or the NSPCC.
  11. We recognise that abuse may occur in a range of situations: within families or households, within the community, or online or face to face. We also recognise too that it is not only adults who may abuse children but also that children can abuse other children as well.
  12. We recognise that just because children are not raising concerns, that is not to say that there are no concerns. For example, there may be no reported cases of child on child abuse, but such abuse may still be taking place and is simply not being reported, this is why it is so important to listen to children, teach them about risk and safety and raise awareness around how to seek support and what the setting will do.
  13. We take a zero-tolerance approach to child on child abuse. Further information on this area of work is within Appendix C of this policy.
  14. We will work with parents to build an understanding of the setting’s responsibilities to ensure the welfare of all children, including the need for referrals to other agencies, such as Children’s Social Care, in some situations.

1. **SCOPE**
   1. In line with the law, this policy defines a child as anyone under the age of 18 years.
   2. Safeguarding and promoting the welfare of children is defined as

* Protecting children from maltreatment
* Preventing impairment of children’s mental and physical health or development
* Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
* Taking action to enable children to have the best outcomes
  1. Child protection is the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
  2. This policy applies to all adults engaged in any activity at the setting, including all permanent, temporary and support staff, directors, volunteers, contractors and external service or activity providers. Within this document the term ‘staff’ will be used to denote those adults, specified within the previous sentence.

1. **ROLES AND RESPONSIBILITIES**
   1. The settings lead person with overall responsibility for child protection and safeguarding is the Designated Safeguarding Lead (DSL). At our setting the DSL is LAUREN CLOWES. To ensure that there is cover for this role; we have 1 deputy DSL. They are: JAMES GARDINER The DSL’s responsibilities are described in Appendix E of this policy.
   2. This person will have the appropriate authority and be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children. The DSL’s lead responsibility will not be delegated.
   3. The setting has a Designated Teacher who is responsible for promoting the educational achievement of children who are looked after. At our setting the Designated Teacher is JAMES GARDINER They will work with the Virtual setting Directors to discuss how available funding can be best used to support the progress of looked after children and meet the needs identified in the child’s personal education plan.
   4. The manager for dealing with allegations of abuse made against setting staff members is the DSL. The manager for dealing with allegations against the DSL is the Operations Director. The procedure for managing allegations is detailed in Appendix A of this policy.
   5. The DSL will ensure that the policies and procedures are fully implemented, and resources and time are allocated to enable staff to discharge their safeguarding responsibilities.
   6. The Directors are responsible for ensuring that safeguarding arrangements are fully embedded within the setting’s ethos and reflected in the setting’s day-to-day practice as part of a whole setting approach.
   7. We will ensure that all staff members, directors, volunteers and external providers have received training so that they know how to recognise potential safeguarding concerns, how to respond to children who disclose concerns and what to do if they are concerned about a child.
   8. All new staff will be provided with a copy of this policy as part of their induction. Existing staff are expected to read the policy at least annually, to familiarise themselves with any updated practice. In either circumstance staff are expected to read the document in its entirety to ensure that they are aware of not just their own role and responsibilities but also the role of other key members of staff such as the headteacher and the DSL.
2. **SUPPORTING CHILDREN**
   1. Our setting will support all pupils by:

* taking a child centered approach to all aspects of our work;
* providing a preventive curriculum which includes social and emotional aspects of learning;
* ensuring a comprehensive response across the curriculum to online safety, enabling children and parents to learn about the risks of new technologies and social media and to use these responsibly at setting and at home;
* filtering and monitoring internet use, to safeguard from potentially harmful and inappropriate online material,
* ensuring that safeguarding is included across the curriculum to help children stay safe, recognise when they do not feel safe and identify who they might or can talk to;
* recognising that effective education will be tailored to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with special educational needs or disabilities;
* providing pupils with appropriate adults to approach if they are in difficulties;
* ensuring that our safeguarding systems are well promoted, easily understood and easily accessible to children;
* ensuring that when children talk to an adult about a concern they may have they will always be taken seriously, they will always be supported and kept safe, they will never be given the impression that they are creating a problem or have anything to feel ashamed about.
* Ensuring that our systems of gathering pupil voice capture the full breadth of the pupil demographic, including pupils with SEND and those who are vulnerable or have experienced challenges in their lives, to understand the experience of pupils at the setting, so that this can inform the development of safeguarding practice.
* supporting the child’s development in ways that will foster security, confidence and independence;
* encouraging development of self-esteem and self-assertiveness while not condoning aggression or bullying;
* liaising and working together with other support services and those agencies involved in safeguarding children;
* monitoring children who have been identified as having welfare or safeguarding concerns and providing appropriate support.
* ensuring that all staff are aware of the early help process, and understand their role in it, including acting as the lead professional where appropriate.
* Ensuring that all staff have a clear understanding of the needs of the children they are working with and understand that whilst all children need to be protected some groups of children are potentially at greater risk of harm through additional vulnerabilities or circumstances.
  1. Additional vulnerabilities and circumstances can include:
* Looked after children
* Previously looked after children
* Children who have a mental health need
* Children who are young carers
* Children showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
* Children frequently going missing from care or from home
* Children at risk of modern slavery, trafficking, sexual or criminal exploitation
* Children in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues or domestic abuse
* Children with a family member in prison, or who is affected by parental offending
* Children at risk of ‘honour’-based abuse such as Female Genital Mutilation or Forced Marriage
* Children misusing drugs or alcohol themselves;
* Children who have returned home to their family from care;
* Children showing early signs of abuse and/or neglect;
* Children at risk of being radicalised or exploited;
* Privately fostered children
* Children who are persistently absent from education, including persistent absences for part of the setting day
* Children or young people who identify as lesbian, gay, bi or trans (LGBT), or who are perceived by other children to be LGBT (whether they are or not).
* Being LGBT, or perceived to be, is not in itself an inherent risk factor for harm, but this group can be targeted by other children. Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open, so as a setting we endeavour to reduce any additional barriers faced, and provide a safe space for them to speak out or share their concerns with members of staff.
  1. Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children (whether or not they have a statutory Education, Health and Care Plan). These can include:
* assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s condition without further exploration;
* being more prone to peer group isolation or bullying/cyberbullying (including prejudice based bullying) than other children;
* the potential for children with SEND or certain medical conditions being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; and
* communication barriers and difficulties in managing or reporting these challenges.
* cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in settings or colleges without understanding the consequences of doing so.
  1. Children who have a social worker due to safeguarding or welfare needs may be vulnerable to further harm due to experiences of adversity and trauma, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and positive mental health. Our setting will identify the additional needs of these children and provide extra monitoring and pastoral/academic support to mitigate these additional barriers. We recognise that even when social care intervention has ended, these additional barriers may persist, therefore so too will our additional monitoring and support.
  2. 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. Where it is known that children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can impact on their mental health, behaviour and education. Our setting will identify the additional needs of these children and provide extra monitoring and pastoral support to mitigate these additional barriers. Where necessary, referrals will be made to mental health professionals for further support.
  3. Our setting takes a trauma informed approach to supporting children, considering their lived experience, and factoring this into how we can best support them with their welfare and engage them with their learning.

1. **CHILD PROTECTION AND SAFEGUARDING PROCEDURE**
   1. We have developed a structured procedure in line with Pan-Sussex Child Protection and Safeguarding Procedures and Keeping Children Safe in Education: 2023, which will be followed by all members of the setting community in cases where there are welfare or safeguarding concerns. This is detailed in Appendix A of this policy.
   2. In line with the procedures, the Children’s Social Care Single Point of Advice (SPoA) will be contacted as soon as there is a significant concern, or where level 3 support is required.
   3. Where a crime may have been committed the police will be involved as necessary (using the NPCC-[When to call the police](https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20police%20guidance%20for%20schools%20and%20colleges.pdf) guidance to inform this decision.
   4. Where the police speak with children formally at setting then the requirement, outlined in [PACE Code C 2019](https://www.gov.uk/government/publications/pace-code-c-2019/pace-code-c-2019-accessible#police-and-criminal-evidence-act-1984-pace-code-c), for children to have an Appropriate Adult will be adhered to.
   5. We will ensure that all parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of children and act in the best interests of children by publishing the policy and procedures on our website and by referring to them in our introductory setting materials.
2. **THE MANAGEMENT OF SAFEGUARDING**
   1. We recognise that safeguarding is not a discrete area of work: there is a safeguarding dimension to almost every area of setting practice. As part of our whole setting approach, and to ensure an holistic view of all children, we have structures and systems in place, such as scheduled meetings and shared databases, to ensure that the DSL has oversight of areas of setting organisation which may not fall directly within their remit, but may impact upon effective safeguarding. These areas include behaviour, attendance, medical needs/first aid, SEND and bullying. Information from these areas will be factored into safeguarding decision making for individual children so that their needs are considered holistically.
   2. We will ensure that the DSL is kept informed of any incident of physical intervention with a child and will be aware of behaviour plans for specific children.
   3. We will ensure that the DSL is kept informed of attendance patterns, and where there are concerns for individual children the response to this will be considered within the context of safeguarding.
   4. We will ensure that the DSL is kept informed of arrangements for first aid and children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.
   5. Systems are in place to ensure that hate incidents, e.g. racist, homophobic, transphobic gender or disability-based bullying/cyberbullying, are reported, recorded and considered under safeguarding arrangements by the DSL.
3. **REPORTING CONCERNS AND RECORD KEEPING**
   1. All safeguarding and welfare concerns, discussions and decisions made will be recorded in writing and kept in line with the ESSCP Keeping Records of Child Protection and Welfare Concerns Guidance. At our setting we store records in a password protected drive to which all staff have access for the purposes of recording concerns they may have about children. If a form has been filled in by hand, it will be scanned and the electronic version saved into the correct drive. The handwritten original will be destroyed once we have securely saved a copy.
   2. The DSL will ensure that child protection files are kept up to date and that information will be kept confidential and stored securely.
   3. Records will 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

Please refer to Appendix G for guidance on recording and analysing concerns

* 1. The DSL will ensure that files are only accessed by those who need to see them and where files or content are shared, this will happen in line with information sharing advice and guidance.
  2. We will continue to support any pupil leaving the setting about whom there have been concerns by ensuring that all appropriate information, including welfare and safeguarding concerns, is forwarded under confidential cover to the pupil’s new setting as a matter of priority, and within 5 working days.
  3. When a pupil is due to transfer to another setting the DSL will consider if it would be appropriate to share any information with the new setting or college in advance of the pupil leaving. For example, information that would allow the new setting or college to continue supporting children who have or have had a social worker and been victims of abuse and have that support in place for when the child arrives.
  4. When a new pupil joins our setting, and there is a record of safeguarding or welfare concerns, we will ensure that this information is shared appropriately with the DSL, the Designated Teacher for Looked After Children (LAC), and staff members as necessary.

1. **SAFER WORKFORCE AND MANAGING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS**
   1. Our setting has robust safer recruitment procedures to help prevent unsuitable people from working with children.
   2. All individuals working in any capacity at our setting will be subjected to safeguarding checks in line with the statutory guidance Keeping Children Safe in Education: September 2023.
   3. We will ensure that agencies and third parties supplying staff provide us with written confirmation that they have made the appropriate level of safeguarding checks on individuals working in our setting. We will also ensure that any agency worker presenting for work is the same person on whom the checks have been made.
   4. Professional visitors, such as Educational Psychologists, Social Workers or Local Authority Officers, will be expected to provide a professional proof of identity. Where necessary we will seek further reassurances from their employers that these persons have suitable DBS clearance etc.
   5. External organisations can provide a varied and useful range of information, resources and speakers that can help our setting to enrich children’s education, but we will always give careful consideration to the suitability of any external organisations. This may include an assessment of the education value, the age appropriateness of what is going to be delivered and whether relevant checks will be required.
   6. Parents or other relatives of children or other visitors attending activities such as a parents evening or sports day will not be expected to provide any DBS or barred list checks. The Directors and DSL will decide case by case or event by event the level of supervision, if any, required for such persons.
   7. We will ensure that we receive written confirmation from Alternative Provision providers that they have made the appropriate level of safeguarding checks on individuals working for their organisation.
   8. Every job description and person specification will have a clear statement about the safeguarding responsibilities of the post holder.
   9. We will ensure that at least one member of every interview panel has completed safer recruitment training.
   10. The DSL and the Deputy DSL are responsible for ensuring that our single central record is accurate and up to date.
   11. We have a procedure in place to manage allegations against members of staff and volunteers, including low-level concerns, no matter how small, in line with Keeping Children Safe in Education: September 2023. This procedure is detailed in Appendix A of this policy.
2. **STAFF INDUCTION, TRAINING AND DEVELOPMENT**
   1. All new members of staff, including newly qualified teachers and teaching assistants, will be given an induction which includes the following:

* Issue and explain the safeguarding and child protection policy
* Issue and explain the behaviour policy
* Issue and explain the staff behaviour policy/code of conduct
* Issue and explain the policy/guidance which includes the safeguarding response to children who go missing from education
* Explain the role of the DSL and share the identities of the DSL and all DDSLs
* Issue Part One or Annex A\* and Annex B of Keeping Children Safe in Education September 2023
* Child protection and safeguarding training (including online safety)
* All new members of staff are expected to read the above-mentioned documents and to sign an acknowledgement of this.

\*Part One of Keeping Children Safe in Education is ‘information for all staff’ and in general **all** staff will be expected to read it. Annex A is a condensed version of Part One and it may be issued instead of Part One to *some* staff who do not directly work with children. Decisions around which version is read by whom will be made on an individual basis by the Directors and DSL.

* 1. The safeguarding induction and ongoing safeguarding training of staff will be integrated, aligned and considered as part of the whole setting safeguarding approach and wider staff training and curriculum planning. In particular it will include:
* Staff understand the difference between a safeguarding concern and a child in immediate danger or at risk of significant harm.
* Staff advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned.
* When concerned about the welfare of a child, staff should always act in the best interests of the child.
* Staff understand that children’s poor behaviour may be a sign that they are suffering harm or that they have been traumatised by abuse.
* Staff understand that children who have a social worker may be educationally disadvantaged and face barriers to attendance, learning, behaviour and positive mental health and that these barriers may persist even when the social care intervention ceases.
* Staff understand that mental health issues for children may be an indicator of harm or abuse, or where it is known that a child has suffered harm or abuse this may impact on their mental health, behaviour and education.
* Staff understand that safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside of these environments. All staff, but especially the DSL (and deputies), should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, sexual abuse, serious youth violence and county lines.
* Staff understand that technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse and other risks online as well as face to face. In many cases abuse and other risks will take place concurrently via online channels and in daily life. Children can also abuse other children online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography, to those who do not want to receive such content.
* Staff to be aware that children can abuse other children (often referred to as child on child abuse) and that it can happen both inside and outside of setting and online.
* Staff to understand, that even if there are no reports in the settings of child on child abuse it does not mean it is not happening, it may be the case that it is just not being reported.
* Staff to understand the importance of challenging inappropriate behaviours between children, that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.
* Staff know how to respond to a child who makes a disclosure of abuse or harm.
* If staff are unsure, they should always speak to the DSL or deputy DSL.
* If staff have any concerns about a child’s welfare, they should act on them immediately.
* Staff should not assume a colleague or another professional will take action.
* The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from SPoA. In these circumstances, any action taken should be shared with the DSL (or deputy) as soon as is practically possible.
* Teaching staff in all subject areas to understand that there will be various opportunities, planned and unplanned, to reference, reinforce or develop aspects of the safeguarding agenda within their lessons such as online safety, healthy relationships, challenging hate or prejudice and critical thinking.
  1. The DSL will undergo updated safeguarding and child protection training every two years. In addition to this their knowledge and skills will be updated regularly, and at least annually, to keep up with developments relevant to the role.
  2. All staff members of the setting will receive appropriate safeguarding and child protection training (whole-setting training) annually. The DSL will provide ongoing briefings to the setting on any changes to safeguarding and child protection legislation and procedures and relevant learning from local and national serious case reviews as required, throughout the year.
  3. Staff members who miss whole setting training will be required to undertake other relevant training to make up for it, e.g. by joining another setting’s whole-setting training, or receiving 1:1 training from the DSL. The DSL will be responsible for arranging this.
  4. We will ensure that staff members provided by other agencies and third parties, e.g. supply teachers and contractors, have received appropriate safeguarding and child protection training commensurate with their roles before starting work. They will be given the opportunity to take part in whole-setting training if it takes place during their period of work for the setting.
  5. On the first occasion which staff members provided by other agencies and third parties, e.g. supply teachers and contractors come to our setting to work; they will be provided with details of the safeguarding arrangements at our setting, which will include identifying the DSL and the process for reporting welfare concerns. This will be in the form of the Visitor Information Leaflet.
  6. The setting will maintain accurate records of staff induction and training.

1. **CONFIDENTIALITY, CONSENT AND INFORMATION SHARING**
   1. We recognise that all matters relating to safeguarding and child protection are confidential.
   2. The DSL will disclose information about a pupil to other members of staff on a need-to-know basis, and in the best interests of the child.
   3. All staff members are aware that they cannot promise a child to keep secrets which might compromise the child’s safety or wellbeing.
   4. All staff members have a professional responsibility to share information with other agencies in order to safeguard children.
   5. All our staff members who come into contact with children will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children’s welfare.
   6. We will ensure that staff members are confident about what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent. This is covered in greater detail in Appendix A of this policy.
2. **INTER-AGENCY WORKING** 
   1. We will develop and promote effective working relationships with other agencies, including agencies providing early help services to children, the police and Children’s Social Care.
   2. We will ensure that relevant staff members participate in multi-agency meetings and forums, including child protection conferences and core groups, to consider individual children.
   3. We will participate in safeguarding practice reviews (previously known as serious case reviews), other reviews and file audits as and when required to do so by the ESSCP. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.
3. **CONTRACTORS, VOLUNTEERS, VISITORS, SERVICE AND ACTIVITY PROVIDERS ALTERNATIVE PROVISION PROVIDERS**
   1. We will ensure that contractors and providers are aware of our setting safeguarding and child protection policy and procedures. We will require that employees and volunteers provided by these organisations use our procedure to report concerns. Any person entering the site for the first time will be provided with details of the safeguarding arrangements at our setting, which will include identifying the DSL and the process for reporting welfare concerns. This will be in the form of the Visitor Information Leaflet.
   2. We will seek written confirmation that employees and volunteers provided by these organisations and working with our children have been subjected to the appropriate level of safeguarding check in line with Keeping Children Safe in Education: September 2023. If assurance is not obtained, permission to work with our children or use our setting premises may be refused.
   3. When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement.
   4. When the setting place a pupil with an alternative provision provider, the setting continues to be responsible for the safeguarding of that pupil. The setting will obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the setting would otherwise perform in respect of our own staff. We will also ensure that the alternative provision provider is aware of any risk factors or safeguarding concerns for any pupil placed with them by us and that they can meet their needs. In respect of us being responsible for the safeguarding of that pupil we will establish agreements and protocols with the alternative provision provider for the sharing of information such as daily attendance or emerging concerns.
4. **SITE SECURITY**
   1. The setting site is surrounded by a continuous perimeter fence/wall to reduce the risk of unauthorised access/egress.
   2. All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light.
   3. We check the identity of all visitors and volunteers coming into setting. Visitors are expected to sign in and out in the office visitors’ log and to display a visitor’s badge while on the setting site. Any individual who is not known or identifiable will be challenged for clarification and reassurance.
   4. The setting will not accept the behaviour of any individual, parent or anyone else, that threatens setting security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the setting site.
5. **WHISTLEBLOWING AND COMPLAINTS**
   1. We recognise that children cannot be expected to raise concerns in an environment where staff members fail to do so.
   2. We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of safeguarding and child protection, which may include the attitude or actions of colleagues (including low-level concerns). If necessary, they will speak with the headteacher, the chair of the governing body or with the Local Authority Designated Officer (LADO). Should staff not feel able to raise concerns with any of the aforementioned they can contact the NSPCC helpline on 0800 028 0285 or via [help@nspcc.org.uk](mailto:help@nspcc.org.uk) or [Whistleblowing Advice Line NSPCC](https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/whistleblowing-advice-line/)
   3. We have a clear reporting procedure for children, parents and other people to report concerns or complaints, including abusive or poor practice. This is outlined in our Complaints Policy.
6. **QUALITY ASSURANCE**
   1. We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of welfare concern and safeguarding files and records by the DSL.
   2. The Directors will ensure that action is taken to remedy without delay any areas for development identified in safeguarding and child protection arrangements.
7. **THE LEGAL FRAMEWORK**
   1. Section 175 of the Education Act 2002 places a duty on governing bodies of maintained settings and further education institutions (including sixth-form colleges) to make arrangements for ensuring that their functions relating to the conduct of the setting are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the setting. Section 157 of the same Act places a similar duty on non-maintained and independent educational establishments, including free settings and academies.
   2. Under section 10 of the Children Act 2004, all maintained settings, further education colleges and independent settings, including free settings, academies and early years providers, are required to cooperate with the local authority to improve the well-being of children in the local authority area.
   3. Under section 14B of the Children Act 2004, the East Sussex Safeguarding Children Partnership (ESSCP) can require a setting, college or early years provider to supply information in order to perform its functions. This must be complied with.
   4. Under section 40 of the Childcare Act 2006, early years providers registered on the Early Years Register and settings providing early years childcare, must comply with the welfare requirements of the Early Years Foundation Stage
   5. This policy and the accompanying procedures have been developed in accordance with the following statutory guidance and local safeguarding procedures:

* *Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children, July 2018*
* *Keeping Children Safe in Education: Statutory Guidance for settings and Colleges, September 2023*
* *Pan-Sussex Child Protection and Safeguarding Procedures*
* *Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018*
* *What to do if you’re worried a child is being abused, March 2015*
* *Statutory Framework for the Early Years Foundation Stage, September 2021*

1. **POLICY REVIEW**
   1. This policy and the procedures will be reviewed every academic year. All other linked policies will be reviewed in line with that policy review cycle.
   2. The DSL will ensure that staff members are made aware of any amendments to policies and procedures.
2. **LINKED POLICIES AND PROCEDURES**

The following policies are available from the SLES Safeguarding czone page:

* Online Safety Policy and Guidance
* Staff Behaviour Policy / Code of Conduct
* Keeping Records of Child Protection and Welfare Concerns
* Protocol for Managing Child on Child Harmful Sexual Behaviour in settings

# **APPENDIX A**



1. **DEFINITIONS**
   1. **Children** are any people who have not yet reached their 18th birthday; a 16-year-old, whether living independently, in further education, in the armed forces or in hospital, is a child and is entitled to the same protection and services as anyone younger.
   2. **Child protection** is part of safeguarding and promoting the welfare of children and refers to activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.
   3. **Early help** means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years to teenage years.
   4. **Harm** is ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.
   5. **Safeguarding** is the action we take to promote the welfare of children and protect them from harm.

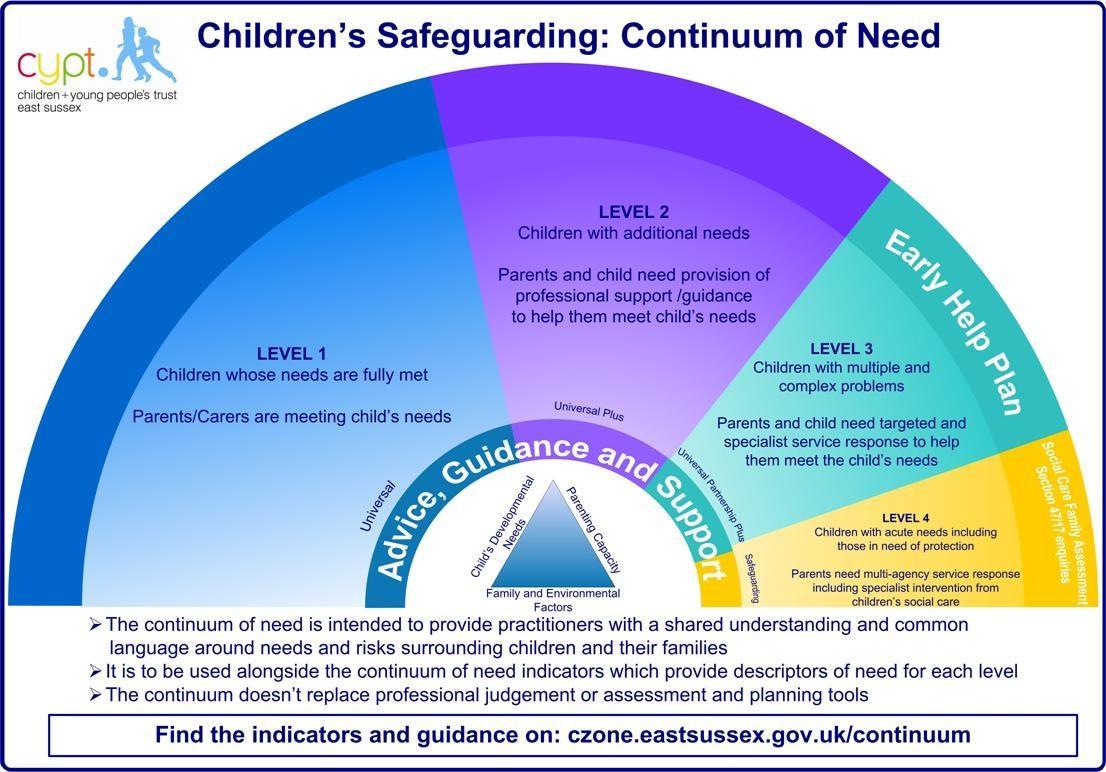
* protecting children from maltreatment;
* preventing impairment of children’s mental or physical health and development;
* ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
* taking action to enable all children to have the best outcomes.

1. **CATEGORIES OF ABUSE**
   1. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an 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.
   2. **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.
   3. **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 capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
   4. **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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (which is classed within a broader range of issues known as child on child abuse) in education and all staff should be aware of it and of the setting policy and procedures for dealing with it. The setting response to child on child abuse is detailed within Appendix C of this policy.
   5. Child sexual exploitation is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet.
   6. **Neglect**: the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy, for example, 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.
   7. Depending on the age and capacity of the child, staff should be aware of possible self-neglect, e.g. where a child may not be following medical guidance or taking medication as prescribed. Where this is this the case this should be raised as a safeguarding concern.
2. **RECOGNITION – WHAT TO LOOK FOR**
   1. Staff members should refer to the detailed information about the categories of abuse and risk indicators in the [*https://sussexchildprotection.procedures.org.uk/page/contents*](https://sussexchildprotection.procedures.org.uk/page/contents)for further guidance.
   2. In an abusive relationship, the child may:

* appear frightened of their parent(s)
* act in a way that is inappropriate to their age and development, although full account needs to be taken of different patterns of development and different ethnic groups
* however, they may also not exhibit any signs of stress/fear
  1. In an abusive relationship, the parent or carer may:
* persistently avoid child health services and treatment of the child's illnesses
* have unrealistic expectations of the child
* frequently complain about or to the child and fail to provide attention or praise
* be absent
* be misusing substances
* persistently refuse to allow access on home visits by professionals
* be involved in domestic violence and abuse
* be socially isolated

* 1. Serious case reviews, now known as safeguarding practice reviews, have found that parental substance misuse, domestic abuse and mental health problems, if they coexist in a family could mean significant risks to children. Problems can be compounded by poverty; frequent house moves or eviction.

1. **SAFEGUARDING CHILDREN CONTINUUM OF NEED**
   1. The Safeguarding Children Continuum of Need has been developed so that everyone working with children in East Sussex has a common language for understanding the needs and risks surrounding children and their families. It is important that all members of staff are familiar with it.
   2. The Continuum of Need shows that a child’s or family’s additional needs can be on a range from one to four, and that needs can shift from early help to child protection and back to preventative early help. It covers children whose needs are increasing as well as children whose needs are decreasing after Children’s Social Care involvement. The Continuum of Need will help practitioners to identify the right level of support for the child in the least intrusive way while keeping the child safe.



* 1. **The Continuum of Need identifies four levels of need.**

Level 1:

* children who are achieving expected outcomes
* their needs are met by their parents and by accessing universal services such as health and education
* they do not have additional needs

Level 2:

* children with additional needs
* parents need professional support or guidance to help them meet their children's needs
* extra support can usually be provided by agencies that already know the family, e.g. their pre-setting, setting or college or NHS community services such as Health Visiting

Level 3 :

* children with multiple and complex needs
* children and parents need targeted early help or specialist services to meet the children's needs
* needs are met through multi-agency support and the use of Early Help Plans

Level 4:

* children with acute needs, including those in need of protection
* children and parents need multi-agency responses which include specialist intervention from Children’s Social Care through the family assessment process
  1. By referring to the Continuum of Need and indicators, the setting can identify when assessment and support for a child and family need 'stepping up' to a referral to Social Care and when the needs of a child and their family have been reduced enough for them the be 'stepped down' to early help services.
  2. When assessing cases of possible neglect the ESCC Neglect Matrix will be used. This tool mirrors the Continuum of Need, but with greater focus upon potential indicators of neglect mapped across each of the four levels of need.

1. **WHAT ACTION TO TAKE IF YOU HAVE CONCERNS ABOUT A CHILD**
   1. When concerned about the welfare of a child, staff should always act in the best interests of the child.
   2. Staff should always speak to the DSL or deputy DSL about any concern with a child.
   3. If staff have any concerns about a child’s welfare, they should act on them immediately.
   4. Staff should not assume a colleague or another professional will take action.
   5. The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from SPoA (see appendix H). In these circumstances, any action taken should be shared with the DSL (or deputy) as soon as is practically possible.
   6. At Imaginarium, all concerns should be reported using the welfare concern form and any other associated forms, which are available in our shared drive or in paper form.

Refer to Appendix I for the Safeguarding Reporting Process Flowchart

1. **DEALING WITH A DISCLOSURE MADE BY A CHILD** 
   1. If a child discloses that he or she has been abused or experienced harm in some way, the member of staff or volunteer should follow this guidance.

* Listen to what is being said without displaying shock or disbelief.
* Only ask questions when necessary to clarify.
* Accept what is being said.
* Allow the child to talk freely – do not put words in the child’s mouth.
* Reassure the child that what has happened is not his or her fault.
* Do not promise confidentiality – it may be necessary to refer the child to Children’s Social Care.
* Stress that it was the right thing to tell.
* Do not criticise the alleged perpetrator.
* Explain what has to be done next and who has to be told.
* Inform the DSL without delay.
* Complete the child protection welfare concern form and pass it to the DSL.
* Dealing with a disclosure from a child and safeguarding issues can be stressful. Consider seeking support for yourself and discuss this with the DSL.

1. **DISCUSSING CONCERNS WITH THE FAMILY AND THE CHILD** 
   1. In general we will always discuss any concerns the setting may have with the child’s parents. They need to know that we are worried about their child. However, we will not discuss our concerns if we believe that this would place the child at greater risk or lead to loss of evidence for a police investigation.
   2. If we make a decision not to discuss our concerns with the child’s parents or carers this will be recorded in the child’s safeguarding file with a full explanation for our decision.
   3. It is important to consider the child’s wishes and feelings, if age appropriate, as part of planning what action to take in relation to concerns about their welfare.
   4. When talking to children, we will take account of their age, understanding and preferred language, which may not be English. It is also important to consider how a disabled child may need support in communicating.
   5. How we talk to a child will also depend on the substance and seriousness of the concerns. We may need to seek advice from Children’s Social Care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised.
   6. If concerns have arisen as a result of information given by a child, we will reassure the child but not promise confidentiality.
   7. We will discuss our concerns with the parents and seek their consent to making a referral to Children’s Social Care, unless we consider that this would place the child at increased risk of significant harm.
   8. We do not need the parents’ consent to make a referral if we consider the child is in need of protection, although parents will ultimately be made aware of which organisation made the referral.
   9. If parents refuse to give consent to a referral but we decide to continue, we will make this clear to Children’s Social Care.
   10. If we decide to refer a child without the parents’ consent, we will record this with a full explanation of our decision.
   11. When we make our referral, we will agree with Children’s Social Care what the child and parents will be told, by whom and when.
2. **EARLY HELP FOR CHILDREN AND FAMILIES**
   1. Most parents can look after their children without the need of help other than from their family or friends. However, some parents may need additional help from our setting or other services such as the NHS. Providing help early is more effective in promoting the welfare of children than reacting later.
   2. Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for the children identified in part 4 of the main policy document.
   3. Our setting will work together with other agencies to provide a coordinated offer of early help, in line with *Working Together to Safeguard Children July 2018* and local guidance, to any child who needs it.
   4. We will pool our knowledge within the setting and with other agencies about which families or children need additional support in a range of ways so that we can work out how best to help them. We will use the East Sussex Safeguarding Continuum of Need tool to identify what level of need the child or their family has.
   5. We will work closely with targeted early help services and Children’s Social Care if we feel families need more support and input, or children are at risk of harm, and we will continue to provide support if other services are also needed.
   6. We will talk to the family about referral to a targeted early help service and explain that there may be a need to involve other professionals, including talking to a social worker about our concerns. We will seek the family’s consent for the referral.
   7. If the family does not consent to an early help service, we will make a judgement about whether the needs of the child will escalate, or the child will become unsafe without help. If our judgement is that the needs or concerns will escalate, then we will contact the Children’s Social Care Single Point of Advice for a consultation with a qualified social worker in order to make a shared decision about whether the level of concerns calls for a referral to Children’s Social Care.
3. **CHILDREN’S SOCIALCARE-LED RESPONSES TO CONCERNS ABOUT A CHILD** 
   1. Once Children’s Social Care has accepted our referral as needing a social-care-led response (Level 4 of the Continuum of Need), we will cooperate with Children’s Social Care and the police in any emergency action they take using their legal powers for immediate protection of the child.
   2. We will participate in any multi-agency discussions (strategy discussions), if invited to do so, and share information about the child and their family to plan the response to concerns.
   3. We will ensure that a relevant staff member participates in all initial and review child protection conferences, if we are invited to attend. The staff member will work together with other agencies to discuss the need for and agree to an outcome focused child protection plan and will ensure that the child’s wishes, and views are considered in their own right in planning.
   4. If we are members of the core group to implement a child protection plan, we will ensure a relevant staff member participates in all core group meetings.
   5. We will ensure that we complete all actions allocated to us as part of the outcome-focused plan, whether a child protection plan or a family support plan, in a timely way.
   6. We will continue to monitor children once their plans are ended to ensure that they are supported and kept safe.
4. **INFORMATION SHARING AND CONSENT**
   1. It is essential that people working with children can confidently share information as part of their day-to-day work. This is necessary not only to safeguard and protect children from harm but also to work together to support families to improve outcomes for all.
   2. The setting may have to share information about parents or carers, such as their medical history, disability or substance misuse issues, for investigations of child abuse carried out by Children’s Social Care.
   3. We will proactively seek out information as well as sharing it. This means checking with other professionals whether they have information that helps us to be as well informed as possible when working to support children.
   4. The Data Protection Act 2018 and the General Data Protection Regulations 2018 are not barriers to sharing information and do not change duties under safeguarding. They are there to ensure that personal information is managed in a sensible way and that a balance is struck between a person’s privacy and public protection.
   5. We should be sharing any concerns we have with parents at an early stage, unless this would put a child at greater risk or compromise an investigation. Parents need to know what our responsibilities are for safeguarding and protecting children and that this involves sharing information about them with other professionals.
   6. We will be clear about the purpose of sharing confidential information and only share as much as we need to achieve the purpose.
   7. We will try to get consent from parents (or the child, if they have sufficient understanding[[1]](#footnote-0)) to share information, if possible. However, we do not need consent if we have serious concerns about a child’s safety and well-being. If we decide to share information without consent, we will record this with a full explanation of the decision.
   8. Consent will not be sought from parents or carers (or the child, if they have sufficient understanding), if:

* it would place a child at increased risk of harm; or
* it would place an adult at risk of serious harm; or
* it would prejudice a criminal investigation; or
* it would lead to unjustified delay in making enquiries about allegations of significant harm to a child; or
* required by law or a court order to share information.
  1. Consent is not necessary in cases where Children’s Social Care are making child protection enquiries under section 47 of the Children Act 1989. Information needs to be shared with Children’s Social Care; staff members must make sure to record what information has been shared.
  2. Consent is necessary, for:
* Children’s Social Care investigations or assessments of concerns under section 17 of the Children Act 1989. Children’s Social Care will assume that we have obtained consent from the parents to share information unless we make them aware that there is a specific issue about consent. This must be discussed with a social worker in the Single Point of Advice.
* Early help (level 3) referrals and assessments. Assessments are undertaken with the agreement of the child and their parents or carers.
  1. Where there is any doubt about the need for seeking consent, advice will be sought from the DSL or from the Children’s Social Care Single Point of Advice.
  2. A record will be made of the decision to share information, with or without consent, and the reasons for it. Equally a record will be made of any decision not to share information including the reason for this.

1. **RECORD KEEPING**
   1. Accurate and timely record keeping is an important part of the setting’s accountability to children and their families and will help us in meeting our key responsibility to respond appropriately to welfare concerns about children.
   2. All concerns, discussions and decisions made, and the reasons for those decisions, will be recorded in writing. Information will be kept confidential and stored securely.
   3. Records will 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.
  1. Records will be factual, accurate, relevant, up to date and auditable. They will support monitoring, risk assessment and planning for children and enable informed and timely decisions about appropriate action to take.
  2. All staff members, directors, volunteers, contractors and activity providers will ensure that they record and report safeguarding concerns in line with guidance from the ESSCP Keeping Records of Child Protection and Welfare Concerns Guidance.
  3. The DSL will ensure that records are maintained accurately for children with safeguarding concerns and that stand-alone files are created and maintained in line with requirements of the above guidance.

1. **PROFESSIONAL CHALLENGE AND DISAGREEMENTS**
   1. Working with children and families, and in particular child protection work, is stressful and complex, as well as involving uncertainty and strong feelings. To ensure that the best decisions are made for children, we need to be able to challenge one another's practice.
   2. We will promote a culture within our setting that enables all staff members to raise, without fear of repercussions, any concerns they may have about the management of safeguarding in the setting. This may include raising concerns about decisions, action and inaction by colleagues about individual children. If necessary, staff members will speak with the Designated Safeguarding Lead, the headteacher, or the chair of directors.
   3. Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.
   4. If there are any professional disagreements with practitioners from other agencies, the DSL or the Directors will raise concerns with the relevant agency’s safeguarding lead in line with section 7.2 [*Resolving Professional Differences*](https://sussexchildprotection.procedures.org.uk/skypzp/complaints-and-professional-disagreements/resolving-professional-differences#s4033) guidance in the Pan-Sussex Child Protection and Safeguarding Procedures.
   5. If the setting disagrees with the child protection conference chair's decision, the DSL or the headteacher will consider whether they wish to challenge it further and raise the matter with Children’s Services Head of Safeguarding.
2. **PROCEDURE FOR MANAGING ALLEGATIONS OF ABUSE AGAINST STAFF**
   1. Within this document the term staff should be broadly read as any adult working within the setting, whether directly employed, providing a contracted service, a one-off service such as a supply teacher or a volunteer**.**
   2. Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children at our setting. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.
   3. Allegations sometimes arise from a differing understanding of the same event but, when they occur, they are distressing and difficult for all concerned. We also recognise that some allegations are genuine and there are some adults who deliberately seek to harm or abuse children.
   4. We will take all possible steps to safeguard our children and to ensure that the adults in our setting are safe to work with children. We will always ensure that the procedures outlined in Part 4 of Keeping Children Safe in Education September 2023 and Pan Sussex Procedures are adhered to and will follow the flowchart in Appendix F of this policy.
   5. If an allegation is made or information is received about an adult who works in our setting which indicates that they have:

* behaved in a way that has harmed a child, or may have harmed a child and/or;
* possibly committed a criminal offence against or related to a child and/or;
* behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or;
* behaved or may have behaved in a way that indicates they may not be suitable to work with children

the member of staff receiving the information will inform the DSL immediately. Should an allegation be made against the DSL, this will be reported to the Chair of directors. In the event that neither the DSL nor Chair of directors are contactable on that day, the information must be passed to and dealt with by either the member of staff acting as the DSL or the Vice Chair of directors.

* 1. The DSL or Chair of directors will follow the flowchart in Appendix F of this policy. No member of staff or the governing body will undertake further investigations before receiving advice from Single Point of Advice or LADO.
  2. Any member of staff or volunteer who does not feel confident to raise their concerns with the DSL or Chair of directors should follow the flowchart in Appendix F of this policy and make the appropriate contact direct.
  3. Supporting people:
* The setting together with Children’s Social Care and the police, if they are involved, will consider the impact on the child concerned and provide support as appropriate.
* The headteacher will ensure that the child and family are kept informed of the progress of the investigation.
* The setting will need to contact their Personnel/HR lead for the organisation for advice in relation to the investigation of any allegation in line with the Councils’ Disciplinary Policy, where appropriate.
* The staff member who is the subject of the allegation will be advised to contact their union, professional association or a colleague for support, (depending on the outcome of the safeguarding strategy meeting which will be chaired by Children’s Social Care or the LADO if the staff member is employed by ESCC).
* The Personnel/HR lead for the organisation will ensure that the staff member is provided with appropriate support, if necessary, through occupational health or welfare arrangements.
* The headteacher will appoint a named representative to keep the staff member updated on the progress of the investigation; this will continue during any police or section 47 investigation or disciplinary investigation.
* The legislation imposing restrictions makes clear that “publication” of material that may lead to the identification of the teacher who is the subject of the allegation is prohibited. “Publication” includes “any speech, writing, relevant programme or other communication in whatever form, which is addressed to the public at large or any section of the public”. This means that a parent who, for example, published details of the allegation on a social networking site would be in breach of the reporting restrictions (if what was published could lead to the identification of the teacher by members of the public).
  1. The setting has a legal duty to refer to the Disclosure and Barring Service (DBS) anyone who has harmed, or poses a risk of harm, to a child, or if there is reason to believe the member of staff has committed one of a number of listed offences, and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. If these circumstances arise in relation to a member of staff at our setting, a referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the LADO and/or the Personnel/HR lead for the organisation. In the case of a member of teaching staff, a decision will be made about whether to refer the matter to the Teaching Regulation Agency to consider prohibiting the individual from teaching.
  2. In line with Keeping Children Safe in Education September 2023, under no circumstances will the setting decide to cease to use a supply teacher due to safeguarding concerns, without finding out the facts and liaising with the LADO to determine a suitable outcome.
  3. Where there are conduct issues with a supply teacher, which may not reach the threshold for safeguarding, we will consult the LADO nonetheless.
  4. The agency for the supply teacher will be fully involved and expected to co-operate in any enquiries from the LADO, police and/or children’s social services.
  5. Where directed to do so by the LADO, police and/or children’s social services, the setting will support any safeguarding investigation of a supply teacher by collecting the facts when an allegation is made.
  6. In this respect it may be that the setting take a lead on that safeguarding element of investigation.

1. **PROCEDURE FOR MANAGING LOW-LEVEL CONCERNS**
   1. As part of our whole setting approach to safeguarding, we promote an open and transparent culture in which all concerns about all adults working in or on behalf of the setting (including supply teachers, volunteers and contractors) are dealt with promptly and appropriately.
   2. Creating a culture in which all concerns about adults (including allegations that do not meet the harms threshold are shared responsibly and with the right person, recorded and dealt with appropriately, is critical. This will encourage an open and transparent culture; enable our setting to identify concerning, problematic or inappropriate behaviour early; minimise the risk of abuse; and ensure that adults working in or on behalf of the setting are clear about professional boundaries and act within these boundaries, and in accordance with the ethos and values of the setting.
   3. If anyone has a ‘low-level’ concern this does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold set out in section 13 of this annex. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a ‘nagging doubt’ - that an adult working in or on behalf of the setting may have acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, but does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.
   4. 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
* Using inappropriate sexualised, intimidating or offensive language.
* Humiliating pupils.
  1. 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.
  2. It is crucial that any such concerns, including those which do not meet the allegation/harm threshold, are shared responsibly with the DSL (this should include self-referral) so that they can be recorded and dealt with appropriately. (Where the concerns may be about the DSL, see 13.5 above for who to refer these to). Ensuring they are dealt with effectively should also protect those working in or on behalf of settings and colleges from becoming the subject of potential false low-level concerns or misunderstandings.
  3. If the concern has been raised via a third party, the headteacher will collect as much evidence as possible by speaking directly to the person who raised the concern, unless it has been raised anonymously and to the individual involved, along with any witnesses.
  4. Where a low-level concern arises about supply staff or contractors, their employer will be notified so that any potential patterns of inappropriate behaviour can be identified.
  5. If there is ever any doubt as to whether information which has been shared about a member of staff as a low-level concern in fact meets the harm threshold, then the LADO will be consulted.
  6. To ensure that there is clarity about how staff should behave, and to avoid inadvertent or thoughtless behaviour, staff should ensure that they have fully read and understood the Staff Code of Conduct.

1. **THE USE OF ‘REASONABLE FORCE’**
   1. There are circumstances when it will be appropriate for staff to use reasonable force to safeguard children. The term ‘reasonable force’ covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. ‘Reasonable’ in these circumstances means ‘using no more force than is needed’. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm out of the classroom.
   2. Please see [Sussex Restrictive Physical Intervention Policy](https://sussexchildprotection.procedures.org.uk/tkysso/the-child-protection-plan/restrictive-physical-intervention-policy) for further guidance on the use of reasonable force and restrictive physical interventions.
   3. When managing incidents of reasonable force and restrictive physical interventions the setting will consider whether to liaise with the LADO, where it is thought that the physical intervention may lead to an allegation.

# **APPENDIX B**



1. **INTRODUCTION**
   1. Annex B of Keeping Children Safe in Education September 2023 identifies a number of specific safeguarding issues, listed below, which all staff need to be aware of. All staff must read Annex B of Keeping Children Safe in Education September 2023 to ensure that they can identify any indicators of any of these possible issues and raise them with the DSL where they have a concern about a child at the setting.

* Child abduction and community safety incidents
* Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)
* County lines
* Children and the court system
* Children missing from education
* Children with family members in prison
* Cybercrime
* Domestic abuse
* Homelessness
* Mental health
* Modern Slavery and the National Referral Mechanism
* Preventing radicalisation, the Prevent duty and the Channel Process
* Sexual violence and sexual harassment between children in settings and colleges
* Serious Violence
* So-called ‘honour’-based abuse (including Female Genital Mutilation and Forced Marriage)
  1. There is mandatory reporting duty for teachers with regards to FGM so staff should take careful note of that when reading Annex B of Keeping Children Safe in Education.
  2. Within this appendix there is further local information, in addition to the information provided in Annex B of Keeping Children Safe in Education September 2023, on the following issues
* Children Missing from Education
* CCE, CSE and County Lines: MACE
* Domestic abuse
* Children with medical conditions
* Prevent
* Private Fostering
* Self-Harm and suicidal behaviour
  1. Child on child abuse is dealt with separately in Appendix C of this policy.
  2. Further information about preventing extremism and radicalisation (the Prevent Duty) is provided in Appendix D of this policy.

1. **CHILDREN WHO ARE ABSENT FROM EDUCATION**
   1. All staff should be aware that children being absent from setting or college, particularly repeatedly and/or for prolonged periods, and children missing education can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect such as sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, socalled ‘honour’-based abuse or risk of forced marriage. Early intervention is essential to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future.This includes when problems are first emerging but also where children are already known to Children’s Social Care and need a social worker (such as on a child in need or child protection plan, or as a looked after child), where going missing from education may increase known safeguarding risks within the family or in the community. It is important that staff are aware of their setting or college’s unauthorised absence procedures and children missing education procedures.
   2. All staff should be aware of the importance of completing registers in a timely and accurate way.
   3. All in-setting procedures around absence, as per the Attendance Policy, should be followed by staff. Although the DSL has oversight of attendance, this does not prevent staff from speaking directly with the DSL about the attendance/absence of any child about whom they have concerns, and indeed they should do so.
2. **CCE, CSE AND COUNTY LINES: MACE**
   1. As part of the graduated support available to settings for MACE (Multi Agency Child Exploitation) and VARP (Vulnerable Adolescent Risk Panel) pupils at risk of exclusion there is a mechanism to ensure that settings are aware of the support available to them to maintain the placement when a pupil open to the MACE Operational Group or VARP is at risk of exclusion. To ensure settings are aware of the universal support available to maintain full time education in these cases, and to provide an opportunity for additional, targeted, multi-agency support where required, an Education Review Meeting (ERM) can be requested by the setting, through the MACE Operational Group process, or through the VARP, as a tool to prevent exclusion. An ERM will also be automatically triggered by the fixed term exclusion of a pupil open to MACE Operational Group or VARP, to prevent the risk associated with further exclusion. Further information on ERMs is on the Behaviour and Attendance Service, [ESBAS Resources page](https://czone.eastsussex.gov.uk/inclusion/attend).
3. **DOMESTIC ABUSE**
   1. Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.
   2. When approaching conversations with children or adults about domestic violence and abuse we will do so in line with the ESCC Domestic Abuse Toolkit: Supported Conversations with Young People and their Carers
4. **CHILDREN WITH MEDICAL CONDITIONS**
   1. Children with medical conditions will be supported in accordance with the statutory guidance Supporting Pupils at setting with Medical Conditions 2015.
   2. The setting will ensure that arrangements are in place to support children with medical conditions. These arrangements will be informed through liaison with the parents and medical professionals, where appropriate, and dependent on the age and capacity, the child as well.
   3. Most ongoing conditions will require an individual healthcare plan, unless it is agreed that this would be inappropriate and disproportionate.
   4. The healthcare plan will be shared with staff as necessary, to ensure that staff are aware of what arrangements are in place, as well as any emergency procedures.
   5. Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.
   6. The DSL will consult with Health Professionals and consider further safeguarding actions in the event of:

* concerns about attendance
* if a medical condition is impacting on a child’s ability to participate in normal setting activities
* if emergency treatment is being provided regularly
* If there has been a significant health event at setting
  1. In respect of health concerns for a child the DSL will give due consideration to the possibility of fabricated or induced illness and perplexing presentations.

1. **PRIVATE FOSTERING**
   1. Parents and carers often fail to notify settings about private fostering arrangements even though they are legally required to notify Children's Services. Often this is because they are unaware of the requirements. They believe that this is a private family arrangement which does not concern anybody else.
   2. Private Fostering definition: Private fostering occurs when a child under 16 (or 18 if the child is disabled) is cared for and lives with an adult who is not a relative for 28 days or more. This could be a step-parent (by marriage or civil partnership), grandparent, step grandparent, brother, sister, uncle or aunt.
   3. Private fostering is a private arrangement made by the parent(s), (or those with parental responsibility) for someone to care for their child because they are unable to do so (permanently or temporarily). This may be due to a number of reasons such as parental ill health, a parent going abroad or into prison, a child being brought to the UK to study English or the relationship between the child and parent has broken down.
   4. In any setting, staff play an essential role in identifying privately fostered children. If you know a child is being privately fostered you should advise the parent/carer that they have a legal obligation to report the arrangement to Children Social Care at least six weeks before it happens or within 48 hours if the arrangement is current, having been made in an emergency.
   5. Alert your Designated Safeguarding Lead who will ensure this is followed up with Children Social Care and the arrangement is assessed, approved and monitored.
2. **SELF-HARM AND SUICIDAL BEHAVIOUR**
   1. Self harm, self-mutilation, eating disorders, suicide threats and gestures by a child must always be taken seriously and may be indicative of a serious mental or emotional disturbance. We will make use of the ESCC [Self-harm Toolkit](https://czone.eastsussex.gov.uk/health-wellbeing/mhew/self-harm) to support our practice in this area.
   2. The DSL will always make onward referrals to mental health specialist services or Children’s Social Care, in line with the Pan-Sussex Child Protection and Safeguarding Procedures.
   3. Within East Sussex there is a protocol so that when a young person attends the Emergency Department of The Conquest Hastings or the Eastbourne District General Hospital, and self-harm is evident, the hospital will seek to share information with the DSL at the young person’s setting or college. The sharing of this information is based entirely upon consent from the young person/parent/carer, so the setting will not receive information about every incident. Where the setting does receive information about an incident of self-harm, this will be a care plan devised by a paediatric liaison mental health nurse who assessed the young person at the hospital. Any care plan received will be used to inform the ongoing safeguarding of that young person and communication/liaison with the young person/parent/carer will be arranged to facilitate this.
   4. If a young person’s presentation at the Emergency Department represents a safeguarding concern, then the safeguarding team at the hospital will raise this through their own safeguarding processes and SPOA will be informed. In this respect not all presentations at the Emergency Department will automatically trigger a referral to SPOA, so if on receipt of a care plan from the hospital further concerns emerge, either from existing contextual information the setting has, or from new information shared by the young person, then we will follow our usual safeguarding processes and consider making a referral to SPOA.

Further information on the local procedures in response to the above issues can be found within section 8 of the [Pan-Sussex Child Protection and Safeguarding Procedures](https://sussexchildprotection.procedures.org.uk/page/contents).

# APPENDIX C



**At this setting we take a zero-tolerance approach to child on child abuse.**

* 1. Throughout this appendix reference will be made to the terms perpetrator and victim. These terms appear within DfE guidance such as Keeping Children Safe in Education and are easily understood. These terms are being used within this document to aid the flow of sentences however when discussing incidents of child on child abuse with children, parents or carers the term perpetrator will be replaced with ‘child who has displayed X behaviour’ and victim will be replaced with ‘child who has experienced X behaviour’.
  2. All staff will be aware that children can abuse other children (often referred to as child on child abuse) and that it can happen both inside and outside of setting and online. It is important that all staff recognise the indicators and signs of child on child abuse and know how to identify it and respond to reports.
  3. 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 children (teenage relationship abuse);
* physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
* sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
* sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;
* causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
* consensual and non-consensual sharing of nudes and semi nudes images and or videos (also known as sexting or youth produced sexual imagery);
* upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and
* initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)
  1. All staff understand the importance of challenging inappropriate behaviours between children that are actually abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.
  2. All staff understand that children may not find it easy to tell staff about their abuse verbally. Children can show signs or act in ways that they hope adults will notice and react to. In some cases, the victim may not make a direct report. For example, a friend may make a report, or a member of setting staff may overhear a conversation that suggests a child has been harmed or a child’s own behaviour might indicate that something is wrong. If staff have any concerns about a child’s welfare, they will act on them immediately rather than wait to be told.
  3. The initial response to a report of child on child abuse from a child is incredibly important. How we respond to a report can encourage or undermine the confidence of future victims of child on child abuse to report or come forward.
  4. Staff understand that an initial disclosure to a trusted adult may only be the first incident reported, rather than representative of a singular incident and that trauma can impact memory and so children may not be able to recall all details or timeline of abuse.
  5. Staff will be mindful that certain children may face additional barriers to telling someone because of their vulnerability, disability, sex, ethnicity, and/or sexual orientation.
  6. All staff will reassure victims that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Abuse that occurs online or outside of the setting or college will not be downplayed and will be treated equally seriously. A victim will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor will a victim ever be made to feel ashamed for making a report.
  7. All staff understand, that even if there are no reports in the setting of child on child abuse it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important for staff to speak with the DSL or a DDSL if they have any concerns regarding child on child abuse.
  8. If an allegation of child on child abuse is made:
* The initial response to a report from a child is important. All victims will be reassured that they are being taken seriously and that they will be supported and kept safe. A victim will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor will a victim ever be made to feel ashamed for making a report.
* Staff will record the disclosure and inform the DSL.
* The DSL will assess the information and identify appropriate outcomes to the incident, which may include setting-based support or interventions, and or referrals to other agencies, as necessary, such as SPoA, Children’s Social Care, CAMHS and the Police (if the allegation involves a potential criminal offence).
* Where it is necessary to contact the police we will explain to those children involved that the law is in place to protect children and young people rather than to necessarily criminalise them, and this will be explained in such a way that avoids alarming or distressing them.
* When responding to a disclosure of child on child abuse the wishes of the victim, in terms of how they want to proceed, will be taken into account. This is especially important in the context of sexual violence and sexual harassment. Victims will be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered. This will however need to be balanced with the setting’s duty and responsibilities to protect other children.
* A risk assessment will be completed and where necessary a written support plan created for all children involved, including the child/ren who has experienced the abusive behaviour and the child/ren who is alleged to have displayed the abusive behaviour as well as any others affected, with a named person they can all talk to if needed.
* Any risk assessment will give consideration to potential intra-familial harms and any necessary support for siblings.
* Where an incident has occurred within the setting then the time and location will be identified, and a risk assessment completed to make the location safer.
* Risk assessments and support plans will be completed in conjunction with parents/carers, the child (depending on their age) and with support from any other agencies involved such as Children’s Social Care or the police.
* If the incident involves a Harmful Sexual Behaviour (HSB) then the guidance in the [East Sussex Protocol for Managing Peer on Peer Harmful Sexual Behaviour in settings](https://czone.eastsussex.gov.uk/safeguarding/sexual-behaviour) will be followed and a Safeguarding Risk Reduction Plan created accordingly.
* Incidents involving consensual and non-consensual sharing of nudes and semi nudes images and or videos will be managed in line with guidance in [Sharing nudes and semi-nudes: advice for education settings working with children and young people](https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people)
* Any risk assessments/support plans devised will be shared with staff within the setting, as necessary, to ensure that staff are aware of the additional measure in place to safeguard those children.
* All incidents of child on child abuse will be categorised and recorded by the nature of the incident i.e. bullying (including the type such as cyber, racial, biphobic, transphobic and homophobic etc), physical abuse (identifying the specifics: hitting, kicking etc) or a Harmful Sexual Behaviour or other specifics such as sexting/sharing nudes and semi-nudes or whether the incident was potentially criminal).
  1. The setting will minimise the risk of child on child abuse by:
* Challenging behaviours, such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.
* Addressing any inappropriate behaviour (even if it appears to be relatively innocuous) is an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.
* Challenging any form of derogatory or sexualised language or behaviour, including requesting or sending sexual images.
* Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys, whilst at the same time recognising that any of these issues can affect any pupils regardless of their gender.
* Ensuring our whole setting approach to safeguarding and preventive curriculum helps to educate pupils about appropriate behaviour and consent.
* Ensuring pupils are aware of the different ways in which they can speak with a trusted adult in the setting, either directly or through other means such as worry boxes or online help buttons, which are monitored by key staff in the safeguarding team. (amend this sentence to reflect what the systems in your setting are)
* Ensuring pupils are aware of the different ways in which they can speak with an adult outside of the setting through agencies such as Child Line or the NSPCC.
* Ensuring that staff are aware of child on child abuse and maintain an attitude of ‘it could happen here’, as they do with all areas of safeguarding.
* Ensuring that staff are trained to understand that a child harming another child could be a sign that the child is being abused themselves.
  1. Sexual violence and sexual harassment between children is an element of child on child abuse which requires particular consideration due to the potentially criminal nature of incidents. As with other areas of child on child abuse these types of behaviours and incidents may occur within the community, outside of the setting day, or indeed within the setting premises, during the setting day. In either instance the abuse could be occurring face to face or online. In many cases abuse will take place concurrently via online channels and in daily life.
  2. Sexual violence and sexual harassment can occur between two children of any age and sex, from primary through to secondary stage and into colleges. It can occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk of experiencing sexual violence or harassment. Although it is more likely that it will be perpetrated by boys, it is recognised that boys will at times be victims as well. In any case, all child on child abuse is unacceptable and will be taken seriously and not tolerated.
  3. Children who are victims of sexual violence and sexual harassment wherever it happens, will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends our setting as well.
  4. Sexual violence and harassment form part of a broader range of Harmful Sexual Behaviours (HSB). All problematic and Harmful Sexual Behaviours will be responded to by the setting. Sexual violence refers to those behaviours which are offences under the Sexual Offences Act 2003, as described below:
* **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. (settings should be aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent or touching someone’s bottom/breasts/genitalia without consent, can still constitute sexual assault.)
* **Causing someone to engage in sexual activity without consent**: A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)
* **What is consent?** Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

**Sexual consent**

* a child under the age of 13 can never consent to any sexual activity;
* the age of consent is 16;
* sexual intercourse without consent is rape.
  1. When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline and both inside and outside of setting. 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.
  2. 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 (the setting will consider when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim).
* displaying pictures, photos or drawings of a sexual nature;
* upskirting;
* online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
* consensual and non-consensual sharing of nude and semi-nude images and videos;
* sharing of unwanted explicit content;
* sexualised online bullying;
* unwanted sexual comments and messages, including, on social media;
* sexual exploitation; coercion and threats, and
* coercing others into sharing images of themselves or performing acts they’re not comfortable with online.
  1. All child on child abuse is unacceptable and will be taken seriously.

# APPENDIX D



* 1. All settings and colleges 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.
  2. Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is all part of our whole setting approach to safeguarding.
  3. When approaching this area of work our setting uses the following accepted Governmental definitions of extremism, radicalisation and terrorism:
* **Extremism** is the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.
* **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
* **Terrorism** is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.
  1. There is no place for extremist views of any kind in our setting, whether from internal sources, pupils, staff or directors, or external sources - setting community, external agencies or individuals.
  2. Any prejudice, discrimination, or extremist views, including derogatory language, displayed by pupils or staff will always be challenged and, where appropriate, dealt with in line with our Behaviour Policy for pupils and the Code of Conduct for staff.
  3. We are aware that technology is a significant component of many safeguarding and wellbeing issues and that children are at risk of being exposed to illegal, inappropriate or harmful content including radicalisation and extremism online. As such the setting will ensure that children are safe from terrorist and extremist material when accessing the internet in setting by establishing appropriate levels of filtering and supporting this with our Preventative Curriculum.
  4. We will promote the values of democracy, the rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs.
  5. We will teach and encourage pupils to respect one another and to respect difference, especially those of a different faith or no faith.
  6. We will ensure that all our teaching approaches help our pupils build resilience to extremism and give pupils a positive sense of identity through the development of critical thinking skills.
  7. We will ensure that all our staff are equipped to recognise extremism and are skilled and confident enough to challenge it.
  8. We will be flexible enough to adapt our teaching approaches, as appropriate, to address specific issues to become even more relevant to the current issues of extremism and radicalisation.
  9. As part of our whole setting safeguarding responsibilities setting staff will be alert to:
* Disclosures by pupils of their exposure to the extremist actions, views, or materials of others outside of setting, such as in their homes or community groups, especially where pupils have not actively sought these out.
* Graffiti symbols, writing or artwork promoting extremist messages or images.
* Pupils accessing extremist material online, including through social networking sites.
* Parental reports of changes in behaviour, friendship or actions and requests for assistance.
* Partner settings, local authority services, and police reports of issues affecting pupils in other settings or settings.
* Pupils voicing opinions drawn from extremist ideologies and narratives.
* Use of extremist or ‘hate’ terms to exclude others or incite violence.
* Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture.
* Attempts to impose extremist views or practices on others.
* Anti-Western or Anti-British views.
  1. We encourage the use of external agencies or speakers to enrich the experiences of our pupils; however, we will positively vet those external agencies, individuals or speakers who we engage to provide such learning opportunities or experiences for our pupils.
  2. Our setting will assess the suitability and effectiveness of input from external agencies or individuals to ensure that:
* Any messages communicated to pupils are consistent with the ethos of the setting and do not marginalise any communities, groups or individuals
* Any messages do not seek to glorify criminal activity or violent extremism or seek to radicalise pupils through extreme or narrow views of faith, religion or culture or other ideologies
* Activities avoid contradictory messages or duplication
* Activities are matched to the needs of pupils
* Activities are carefully evaluated by settings to ensure that they are effective
  1. We recognise, however, that the ethos of our setting is to encourage pupils to understand opposing views and ideologies, appropriate to their age, understanding and abilities, and to be able to actively engage with them in informed debate, and we may use external agencies or speakers to facilitate and support this.
  2. We are aware of the potential indicating factors that a child is vulnerable to being radicalised or exposed to extreme views, including peer pressure, influence from other people or the internet, bullying, crime and anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity, prejudicial behaviour and personal or political grievances.
* All concerns will be reported to the DSL.
* All concerns will be fully investigated and responded to from a safeguarding perspective, alongside, where needs be, the Behaviour Policy/Code of Conduct.
* Parents/carers will be contacted, and the concern discussed in detail, aiming to identify motivating factors, any changes in circumstances at home, parental views of the incident.
* If a crime has been committed then the police will be contacted.
* If the setting are concerned that someone is vulnerable to radicalisation, we will submit a [Prevent referral form](https://czone.eastsussex.gov.uk/safeguarding/prevent-duty/report). This referral is screened by the police Prevent team to determine if the young person is vulnerable to being drawn into terrorism.
* If a vulnerability is identified the case will be discussed at the local ‘Channel’ meeting - a voluntary programme through which individuals consent to receive support to address their vulnerabilities and reduce the risk to them.
* The setting will have a representative at these meetings.
  1. The arrangements for recruiting all staff, directors and volunteers, to our setting will follow guidance for safer recruitment. Within this we will be alert to the possibility that people may seek to gain positions within our setting to unduly influence our settings’ character and ethos. We are aware that such people seek to limit the opportunities for our pupils thereby rendering them vulnerable to extremist views and radicalisation as a consequence.
  2. Where the setting premises are used for non-setting activities we will ensure due diligence around those activities to ensure that these do not conflict with the Prevent Duty.
  3. The DSL will complete Prevent Training. Whole setting safeguarding training will include Prevent.
  4. The ongoing whole setting approach to fulfilling the Prevent Duty will be informed by a risk assessment which will take into account the local context and the pupil demographic. This will determine the level and frequency of any additional training as well as curriculum content or interventions for groups or individual pupils.

**Risk assessment considerations for 2023/24 (East Sussex)**

Local Channel referral themes currently include:

* Males (13-17yrs): Think families and future outcomes for younger children.
* Accessing extremist materials on websites and forums and making contact with others on encrypted and gaming platforms.
* ASD traits are often present but should not be considered as the only vulnerability
* Racist views (comfortable in expressing these openly to peers either online or in person) and other hate themes: religion/sexuality/disability
* Mental health: anxiety, low mood, depression and self-harm
* Historic and current bullying which have left a negative impression on them about their setting: how they view their peers and as well as staff who dealt with any incidents – creating a sense of injustice and grievance.
* Isolation/loner with few ‘real friends’/peers – creating no sense of belonging.

# APPENDIX E



1. **Role of the Designated Safeguarding Lead** 
   1. The Designated Safeguarding Lead (DSL) at our setting will always be a senior member of staff from the setting leadership team, and their lead responsibility for safeguarding and child protection (including online safety) will always be explicit in their job description.
   2. The DSL will be given the additional time, funding, training, resources and support they need to carry out the role effectively.
   3. Their additional responsibilities include providing advice and support to other staff on child welfare, safeguarding and child protection matters, taking part in strategy discussions and interagency meetings, and/or supporting other staff to do so, and to contributing to the assessment of children.
2. **Availability** 
   1. During term time the DSL or a deputy will always be available (during setting hours, or out of hours for a setting arranged activity such as a setting trip) for staff in the setting to discuss any safeguarding concerns.
3. **Manage referrals**
   1. The DSL will refer cases:

* of suspected abuse and neglect to East Sussex children’s social care as required and support staff who make referrals to East Sussex children’s social care;
* to the Channel programme where there is a radicalisation concern as required and support staff who make referrals to the Channel programme;
* where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
* where a crime may have been committed to the Police as required. using the NPCC-[When to call the police](https://www.npcc.police.uk/SysSiteAssets/media/downloads/publications/publications-log/2020/when-to-call-the-police--guidance-for-schools-and-colleges.pdf) guidance to inform this decision.
* Registered early years settings must notify Ofsted, or the childminder agency with which they are registered, of any serious accident, illness, or injury to, or death of, any child while in their care and of the action taken. Notify the ESCC Early Years Improvement Team who will provide further advice and guidance.

1. **Working with others**
   1. The DSL will:

* act as a source of support, advice and expertise for all staff;
* act as a point of contact with the safeguarding partners;
* liaise with the Directors to inform them of issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
* as required, liaise with the “case manager“ and the LADO for child protection concerns in cases which concern a staff member;
* liaise with staff on matters of safety and safeguarding and welfare (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies so that children’s needs are considered holistically;
* where relevant to the setting, liaise with the senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health;
* promote supportive engagement with parents and/or carers in safeguarding and promoting the welfare of children, including where families may be facing challenging circumstances;
* Where relevant to the setting, work with the headteacher and relevant strategic leads, taking lead responsibility for promoting educational outcomes by knowing the welfare, safeguarding and child protection issues that children in need are experiencing, or have experienced, and identifying the impact that these issues might be having on children’s attendance, engagement and achievement at setting.
* This includes:
  + - ensuring that the setting knows who the cohort of children who have or have had a social worker are, understanding their academic progress and attainment, and maintaining a culture of high aspirations for this cohort; and,
    - support teaching staff to provide additional academic support or reasonable adjustments to help children who have or have had a social worker reach their potential, recognising that even when statutory social care intervention has ended, there is still a lasting impact on children’s educational outcomes.
* Attend, or ensure other relevant staff members attend, child protection conferences, core group meetings and other multi-agency meetings, as required.
* Liaise with other agencies working with the child, share information as appropriate and contribute to assessments.
* Liaise with agencies providing early help services and coordinate referrals from the setting to targeted early help services for children in need of support. Monitor any cases referred to early help and consider referral to children’s social care where the situation does not improve.

1. **Information sharing and managing the child protection file**
   1. The DSL will ensure that child protection files are kept up to date and that information will be kept confidential and stored securely.
   2. Records will 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
  1. The DSL will ensure that files are only accessed by those who need to see them and where files or content are shared, this will happen in line with information sharing advice and guidance.
  2. Where children leave the setting (including in year transfers) the DSL will ensure their child protection file is transferred to the new setting or college as soon as possible, and within 5 days for an in-year transfer or within the first 5 days of the start of a new term. This will be transferred separately from the main pupil file, by secure transit, and confirmation of receipt will be obtained. We will make use of the ESCC [Transition - Information Sharing](https://czone.eastsussex.gov.uk/school-management/student-data)guidance to support this process.
  3. When our setting receives safeguarding information about a new or existing pupil this will be shared by the DSL with other key members of staff such as the SENCO.
  4. Because a lack of information about their circumstances can impact on a child’s safety, welfare and educational outcomes, in addition to the child protection file, the DSL will also consider if it would be appropriate to share any additional information with the new setting or college in advance of a child leaving to help them put in place the right support to safeguard this child and to help the child thrive in the new setting or college.
  5. Where a parent/carer has expressed their intention to remove a child from the setting with a view to educating at home, the DSL will liaise with East Sussex [Elective Home Education](https://czone.eastsussex.gov.uk/admissions/ehe) (EHE) Team to ensure that any safeguarding concerns (should there be any) are shared adequately with them, so as to inform next steps.

1. **Raising Awareness** 
   1. The DSL will:

* organise whole setting safeguarding and child protection training for all staff members annually and provide regular ongoing updates throughout the year;
* ensure each member of staff has access to, and understands, the setting’s child protection policy and procedures, especially new and part-time staff;
* ensure the setting’s child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with the governing body regarding this;
* ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the setting in this;
* link with the safeguarding partner arrangements to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements; and
* help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children who have or have had a social worker are experiencing with teachers and setting leadership staff.
* This will include ensuring that the setting, and staff, know who these children are, understand their academic progress and attainment and maintain a culture of high aspirations for this cohort; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children.
* Ensure that staff understand that children who have a social worker due to safeguarding or welfare needs may need this help due to abuse, neglect and 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 positive mental health.
* Where children need a social worker, this will inform decisions about safeguarding (for example, responding to unauthorised absences or missing education where there are known safeguarding risks) and promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).
* Ensure that staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
* Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
* Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour and education.
* If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the safeguarding and child protection policy and speaking to the DSL.

1. **Training, knowledge and skills**
   1. The DSL (and any deputies) will undergo training to provide them with the knowledge and skills required to carry out the role. This training will be updated at least every two years. The DSL will undertake Prevent awareness training. This training will provide the DSLs with a good understanding of their own role, how to identify, understand and respond to specific needs that can increase the vulnerability of children, as well as specific harms that can put children at risk, and the processes, procedures and responsibilities of other agencies, particularly children’s social care, so they:

* understand the assessment process for providing early help and statutory intervention, including the East Sussex continuum of need and the SPOA referral arrangements;
* have a working knowledge of how East Sussex conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
* understand the importance of the role the DSL has in providing information and support to children social care in order to safeguard and promote the welfare of children;
* understand the lasting impact that adversity and trauma can have, including on children’s behaviour, mental health and wellbeing, and what is needed in responding to this in promoting educational outcomes;
* are alert to the specific needs of children in need, those with special educational needs and disabilities (SEND), those with relevant health conditions and young carers;
* understand the importance of information sharing, both within the setting, and with the safeguarding partners, other agencies, organisations and practitioners;
* understand and support the setting with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
* are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at setting;
* can recognise the additional risks that children with special educational needs and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support children with SEND to stay safe online;
* obtain access to resources and attend any relevant or refresher training courses; and,
* encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the setting may put in place to protect them.
  1. In addition to the formal training set out above, their knowledge and skills will be refreshed (this might be via e-bulletins, meeting other DSLs, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role.

1. **Providing support to staff**
   1. Training will support the DSL in developing expertise, so they can support and advise staff and help them feel confident on welfare, safeguarding and child protection matters. This includes specifically to:

* ensure that staff are supported during the referrals processes; and
* support staff to consider how safeguarding, welfare and educational outcomes are linked, including to inform the provision of academic and pastoral support.

1. **Understanding the views of children** 
   1. It is important that children feel heard and understood at our setting. Therefore, the DSL will be supported in developing knowledge and skills to:

* encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, and in any measures the setting may put in place to protect them; and
* understand the difficulties that children may have in approaching staff about their circumstances and consider how to build trusted relationships which facilitate communication.

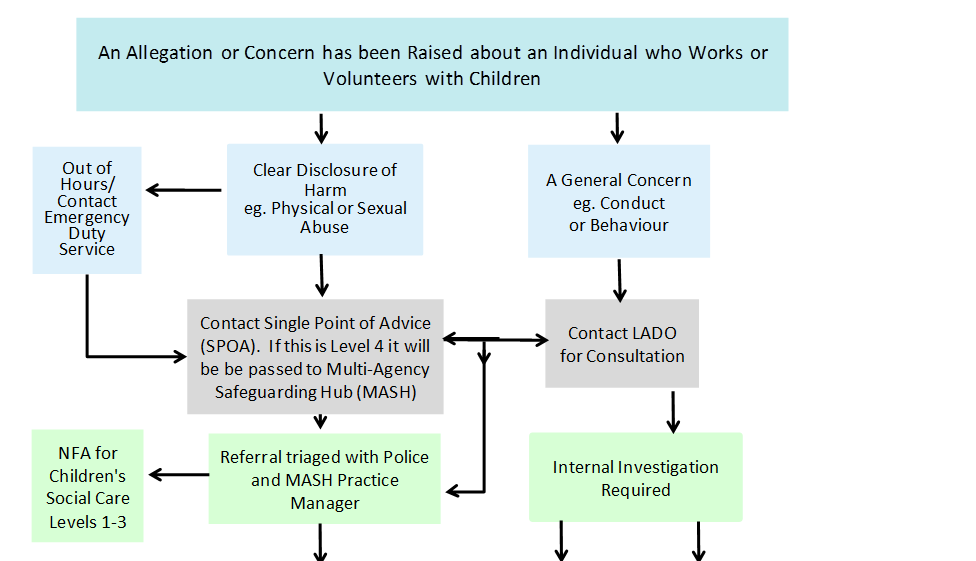
1. **Holding and sharing information**
   1. Due to the critical importance of recording, holding, using and sharing information effectively the DSL will be equipped to:

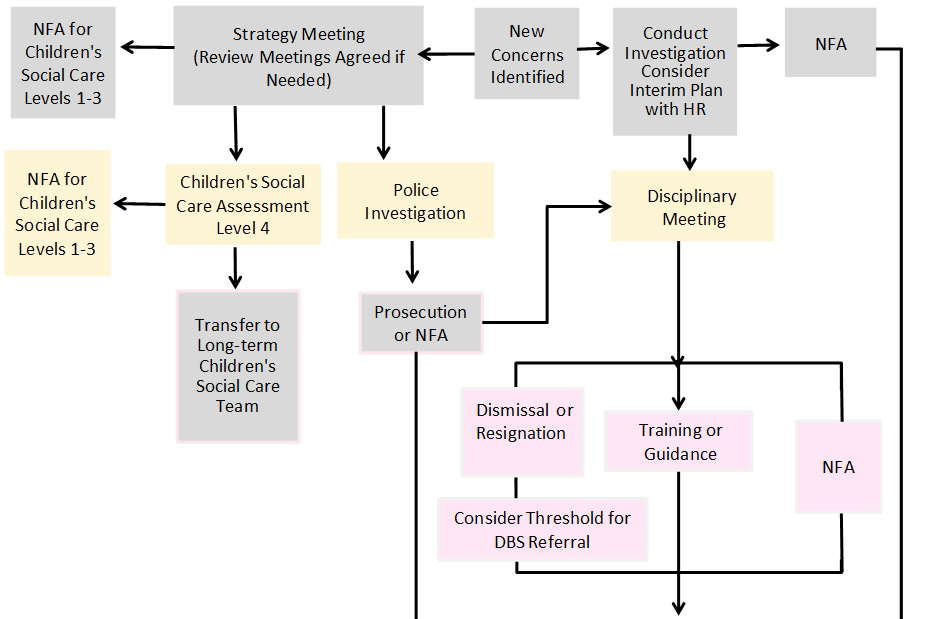
* understand the importance of information sharing, both within the setting, and with other settings and colleges on transfer including in-year and between primary and secondary education, and with the safeguarding partners, other agencies, organisations and practitioners;
* understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR); and
* be able to keep detailed, accurate, secure written records of concerns and referrals and understand the purpose of this record-keeping.

1. **Quality Assurance**
   1. Monitor the implementation of and compliance with policy and procedures, including periodic audits of child protection and welfare concerns files (at a minimum twice a year).
   2. Complete a self-assessment audit of the setting’s safeguarding arrangements at frequencies specified by the ESSCP and using the audit tool provided by ESCC/SLES for this purpose.
   3. Provide regular reports, to the governing body detailing changes and reviews to policy, training undertaken by staff members and the number of children with child protection plans and other relevant data.
   4. Take lead responsibility for remedying any areas for development identified in safeguarding and child protection arrangements.

# APPENDIX F



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# APPENDIX G



**When recording a concern**, the record must:

| **Accurate** | * Be specific. * Use a body map if the concern relates to a part of the body, and describe the injury/bruise/mark etc. * Include the voice of the child, using their words. |
| --- | --- |
| **Adequate** | * Be written for a range of audiences, both internally and externally, e.g. Children’s Services, Police. |
| **Comprehensive** | * Include context that led up to incident. * Include immediate actions taken and any action taken to speak to children involved in the concern. * Any further actions taken (such as a referral being made). * The reasons why a decision was made not to refer to a statutory agency (if relevant). |
| **Factual** | * Answer who, when, why, what * Justify any subjective statements with evidence |
| **Relevant** | * Include all information relating to the concern, including the context. * Do not include information which is not relevant. |
| **The name and role of the person/s.** | * To whom the concern was made * The full names of all parties involved in the incident e.g., Jenny Smith, DSL, Bob Day, Class Teacher |
| **Timely** | * Recorded and passed on as soon as possible on before the end of the setting day. |

***Good Practice Example of Recording by Class Teacher***

*On 05/02/19, period 1 at 9:40am, Miss Robinson class teacher for Art saw three equally spaced apart 1” marks on the right forearm of Teddy Davis, (see attached body map) when Teddy rolled up their sleeves to paint a picture. The marks appeared to be cuts which had healed due to the presence of a scab on each. Class teacher asked Teddy about the marks and Teddy replied ‘I fell over’. Class teacher sent Teddy to the medical room, Mr Bing, first aider felt that the cuts were superficial, healing and required no medical attention.*

*Class teacher raised the concern with Mrs Roberts DSL verbally. DSL asked for the concern to be recorded. Class teacher recorded the concern and passed this to the DSL at 10:35am. DSL will action from this point.*

# APPENDIX H



## **Before you contact the Single Point of Advice (SPoA)**

Discuss your concerns about a young person with the safeguarding lead in your organisation. Assess the level of need by reading and using the [Continuum of Need](https://www.eastsussex.gov.uk/children-families/professional-resources/continuum-of-need)

The SPoA advises:

* If you have concerns or enquiries relating to a child/ren who are already open to a Social Worker, please contact the Social Worker directly. If you are unsure who their worker is, you can find details by accessing SingleView. Please do not contact SPOA regarding families who already have a Social Worker, unless you are making a CAMHS referral.  
  If you have immediate safeguarding concerns relating to a child that does not already have a Social Worker and is at risk of harm, or if a child has sustained an injury, please call SPoA on 01323 464222.
* practitioners with concerns reaching Level 3 or 4 (targeted and child protection services)
* when a practitioner and safeguarding lead manager assess that the child is at immediate risk of significant harm. Phone SPoA immediately and say your concern is about immediate risk
* when the safeguarding lead is not available
* practitioners with concerns about a child with emotional, wellbeing or mental health issues. SPoA is now the contact point for referrals to Child and Adolescent Mental Health Services (CAMHS)

## **What SPoA will ask you**

* have you checked SingleView to see if an East Sussex County Council service is already supporting the child? If so, have you spoken to that service?
* who else you have spoken to?
* details of child and family
* a summary of your concerns
* have you referred to the Continuum of Need?
* Do you need to report a child protection concern? (forms below)

## **Reporting a child protection concern using a form**

You can report a child protection on the Children's Portal to report your concerns to SPOA.

* [Register for the Children’s Portal and submit the form online](https://earlyhelp.eastsussex.gov.uk/web/portal/pages/home)
* [Download a paper form](https://www.esscp.org.uk/wp-content/uploads/2021/07/SOR-Template-2021.docx) and email it to the Single Point of Advice team

If a child is at risk of immediate harm, or has sustained an injury, please call SPOA directly on **01323 464 222** before completing your referral.

## **Contacting the SPoA**

Telephone: **01323 464 222** Monday to Thursday 8.30am to 5pm and Friday 8.30am to 4.30pm.

Out of hours, with serious concerns that cannot wait until the next working day, contact our Emergency Duty Service.

Telephone: **01273 335 906** or **01273 335 905** Monday to Thursday 5pm to 8.30am and Fridays, weekends and bank holidays after 4.30pm to 8.30am  
Email: Single Point of Advice team

Do not use GCSx email – it is no longer in use.

The Council doesn’t normally offer advice about Level 1 and 2 needs – instead see [Organisations that help families](https://www.eastsussex.gov.uk/children-families/family-support)

## **SingleView access**

SingleView gives partners an overview of Children’s Services involvements, case status and relationships.

For SingleView information and applications see [SingleView](https://www.eastsussex.gov.uk/social-care/providers/singleview).

# APPENDIX I



The process outlined within the first section should be followed where a staff member has a safeguarding concern about a child. Where a referral has been made, the process outlined in the ‘After a referral is made’ section should be followed.

The actions taken by the setting are outlined in yellow, whereas actions taken by another agency are outlined in blue.

**Before a referral is made**



**After a referral is made**



1. Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. All people aged 16 and over are presumed, in law, to have the capacity to give or withhold their consent, unless there is evidence to the contrary. [↑](#footnote-ref-0)