

**Learning To Live, Alternative Educational Provider:  
SAFEGUARDING POLICY  
Revised Sept 2021**

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**1. The Aim of this policy statement:**

Learning to Live Ltd works with children and families as part of its activities. These include:

- The opportunity to engage and re-engage with life, i.e., movement back to and support with education.
- Healthy Active Lifestyles through the promotion of active living whilst accessing the local environment.

**The Purpose of this policy statement is:**

- to protect children, young people and young adults who receive Learning to Live's services. This includes the children of adults who use our services.
- to provide parents, staff and volunteers with the overarching principles that guide our approach to child protection.

This policy statement applies to anyone working on behalf of Learning to Live, including senior managers, paid staff, volunteers, sessional workers, agency staff and students.

## 2. Legislation and statutory guidance

This policy is based on the Department for Education's statutory guidance [Keeping Children Safe in Education \(2021\)](#), and [Working Together to Safeguard Children \(2018\)](#).

The Pan Dorset Safeguarding Children Partnership is led by the four organisations: •  
Bournemouth, Christchurch and Poole Council

- Dorset Council
- NHS Dorset Clinical Commissioning Group (CCG)
- Dorset Police

The four safeguarding partners in Dorset each agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.

## 2. Definitions

Safeguarding and promoting the welfare of children means:

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

**Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

**Abuse** is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm.

Appendix 1 explains the different types of abuse.

**Neglect** is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. **Appendix 1** defines neglect in more detail.

**Sexting** (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children includes everyone under the age of 18.

The following 3 safeguarding partners are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- The local authority (LA)
- A clinical commissioning group for an area within the LA
- The chief officer of police for a police area in the LA area

## 4. Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it.

We are committed to anti-discriminatory practice and recognise children's diverse circumstances.

We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities.
- Young carers may experience discrimination due to their race, ethnicity, religion, gender identification or sex
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk due to either their own or a family member's mental health needs • Are looked after or previously looked after

## **5. Roles and responsibilities**

Safeguarding and child protection is everyone's responsibility. This policy applies to all team members and volunteers at Learning To Live Ltd.

At Learning To Live we support and actively promote an ethos where young people/students and staff can talk freely about their concerns in a belief that they will be listened to and appropriate action will be taken.

### **5.1 All staff**

All staff will read and understand [part 1](#) of the Department for Education's statutory safeguarding guidance, Keeping Children Safe in Education, and review this guidance at least annually.

- All staff will be aware of:
- Our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identity of the designated safeguarding lead (DSL) and deputies, and the safeguarding response to children who go missing from education.
  
  - What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
  
  - The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), indicators of being at risk from or involved with serious violent crime, FGM and radicalization.
  
  - All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside school and/or can occur between children outside of this environment.
  
  - All staff should consider whether children are at risk of abuse or exploitation in situations outside their families (e.g., sexual exploitation, criminal exploitation, serious youth violence).

### **5.2 The designated safeguarding lead (DSL)**

The DSL is the Managing Director of Learning To Live. The DSL takes lead responsibility for child protection and wider safeguarding.

When the DSL is absent, the deputy will act as cover. (See list at end of Policy) The DSL will provide support to:

- Provide advice and support to other staff on child welfare and child protection matters

- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly

## **6. Confidentiality**

At Learning To Live Ltd we are aware that:

- Timely information sharing is essential to effective safeguarding.
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe.
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.
- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests.
- The government's information sharing advice for safeguarding practitioners includes 7 'golden rules' for sharing information and will support staff who have to make decisions about sharing information.
- If staff are in any doubt about sharing information, they should speak to the designated safeguarding lead (or deputy).

## **7. Recognising abuse and taking action**

Staff and volunteers must follow the procedures set out below in the event of a safeguarding issue.

Please note – in this and subsequent sections, any references to the DSL to mean “the DSL or deputy DSL”.

**7.1** If a child is suffering or likely to suffer from harm, or in immediate danger make a referral to children’s social care and/or the police immediately if you believe a child is suffering or likely to suffer from harm, or in immediate danger. Anyone can make a referral.

Contact the Children’s Services First Response Hub

Telephone Number: 01202 123334 Monday to Friday 8:30 – 5:15

Email: [childrensfirstresponse@bcpcouncil.gov.uk](mailto:childrensfirstresponse@bcpcouncil.gov.uk) – mark urgent

In an emergency, or if you believe a child is at immediate risk of harm, call the police on 999

The Children’s Social Care Out of Hour’s service is the emergency response service for any child who is in crisis, needs urgent help or is at serious risk of significant harm. Hours of operation are 5pm to 9am from Monday to Friday, all day Saturdays and Sundays and all bank holidays, including Christmas Day and New Year's Day

- Telephone 01202 738256
- Email [ChildrensOOHS@bcpcouncil.gov.uk](mailto:ChildrensOOHS@bcpcouncil.gov.uk)

If the child lives in Dorset, then the number is: 01202 228866

Tell the DSL (see section 5.2) as soon as possible if you make a referral directly.

For an urgent referral, you should have the child’s name and date of birth and address, along with the notes that you have made.

For all referrals to Children's Social Care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the same day that it was received. (A decision must be made by a qualified social worker supported by line manager within one working day about the type of response that is required).



New referrals and referrals on closed cases should be made to the Children's First Response Hub duty social worker or through email to the Children's First response Hub. Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker).

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household; family address and school attended;
- identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- names and date of birth of all household members, if available;
- where available, the child's NHS number and education UPN number;
- ethnicity, first language and religion of children and parents;
- any special needs of children or parents;
- any significant/important recent or historical events/incidents in child or family's life;
- cause for concern including details of any allegations, their sources, timing and location;
- child's current location and emotional and physical condition;
- whether the child needs immediate protection; details of alleged perpetrator, if relevant;
- referrer's relationship and knowledge of child and parents; known involvement of other agencies / professionals (e.g. GP);
- information regarding parental knowledge of, and agreement to, the referral;
- the child's views and wishes, if known.

Other information may be relevant, and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to Children's Social Care, the decision must be recorded on My Concern or a Multi-Agency referral form with reasons, dated and signed and confirmed in the referral to Children's Social Care.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact Children's Social Care again.

The social worker will discuss the concerns with the referrer and considered any previous records in relation to the child and family in their agency. The social worker will establish:

- The nature of the concerns;
- How and why they have arisen;
- The child's views, if known;
- What the child's and the family's needs appear to be;
- Whether the family are aware of the referral and whether they are in agreement with it or not;
- Whether the concern involves abuse or neglect; and whether there is any need for any urgent action to protect the child or any other children in the household or community.

There is also an email address for non-urgent referrals and queries:

childrensfirstresponse@bcpcouncil.gov.uk (for a BCP child) – mark non-urgent

Or MASH@dorsetcc.gcsx.gov.uk (for a Dorset child)

Or <https://www.gov.uk/report-child-abuse-to-local-council>

## **7.2 If a child makes a disclosure to you**

If a child discloses a safeguarding issue to you, you should:

- Be honest.
- Do not make promises that you cannot keep.
- Explain that you are likely to have to tell other people in order to stop what is happening.
- Create a safe environment.
- Stay calm and do not show that you are shocked or upset

- Reassure the child and stress that he/she is not to blame.
- Listen to the child and tell them that you believe them and are taking what is being said seriously.
- Record exactly what the child has said to you and include;
  - Date and time of any incident
  - What the child said and what you said
  - Your observations e.g., child's behaviour and emotional state
  - Any action you took as a result of your concerns - specific information about who you spoke to, names, phone numbers and resulting actions.
- Update a DSL with all information and record onto "My Concern" or in the Main Office Safeguarding folder - Child's name, address, date of birth
- Be clear about what the child says and what you say.
- Do not interview the child and keep questions to a minimum.
- Encourage the child to use his/her own words and do not lead them into giving particular answers.
- TED – "Tell (me)", "Explain", "Describe"
- Maintain confidentiality
- Only tell those people that it is necessary to inform.
- Do not take sole responsibility
- If it is not an urgent case that needs an immediate referral, then you should immediately consult your Designated Safeguarding Lead so that any appropriate decision/action can be taken to protect the pupil.
- Depending on the nature of the concern, the Designated Safeguarding Lead or teacher may share these concerns with either the parent or consult with Children's First Response before the child goes home if still in school. If shared with Children's Social Care, a decision will be made by Social Care whether to convene a strategy meeting; undertake a social care or joint investigation or provide alternative services or advice.

Although referrals to Social Care would normally be made by the DSL, any other individual with concerns can make a referral.

### **7.3 If you discover that FGM has taken place, or a pupil is at risk of FGM**

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in appendix 4.

Any teacher who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a pupil under 18 must immediately report this to the police, personally.

This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have good reason not to, they should also discuss the case with the DSL and involve children's social care as appropriate. This should also be recorded on My Concern.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a pupil under 18 must speak to the DSL and follow our local safeguarding procedures.

The duty for teachers mentioned above does not apply in cases where a pupil is at risk of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

Any member of staff who suspects a pupil is at risk of FGM or suspects that FGM has been carried out must speak to the DSL and follow our local safeguarding procedures. (see above 7.1)

**7.4 If you have concerns about a child** (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger).

Where possible, speak to one of the DSLs first, to agree a course of action and record your concerns and actions on My Concern (or Safeguarding Folder in main office).

If, in exceptional circumstances, a DSL is not available, this should not delay appropriate action being taken.

Take advice from local authority children's social care. See First Response Hub number/email above (page 8). You can also seek advice at any time from the NSPCC helpline on 0800 800 5000.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL and on My Concern as soon as possible. Early Help

If early help is appropriate, the DSL/DDSLs will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner.

An Early Help Assessment aims to improve outcomes for all by ensuring all children, young people and families receive the help they need at the earliest opportunity.

Partnership Team and Children's First Response Hub is useful before starting an Early Help assessment with the family.

Telephone Number: 01202 123334 and Email: [childrensfirstresponse@bcpcouncil.gov.uk](mailto:childrensfirstresponse@bcpcouncil.gov.uk)  
Early Help First Response Hub (for general enquiries and help with Early Help Assessment and Support Plans, to check if an assessment already exists and if support is appropriate)

Telephone Number: 01202 123334

The Early Help Assessment should be completed initially by a trained member of staff.

To submit completed assessments and plans email:

[childrensfirstresponse@bcpcouncil.gov.uk](mailto:childrensfirstresponse@bcpcouncil.gov.uk) and mark as Early Help Assessment

Practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation

- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child
- is showing early signs of abuse and / or neglect.

Referral for a Bournemouth, Christchurch and Poole child if it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible. The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome.

The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

As a result of a referral and assessment, some children may need a social worker due to safeguarding or welfare needs, such as abuse, neglect and complex family circumstances

These experiences can leave children vulnerable to further harm, as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The local authority will inform Learning To Live if a child has a social worker, and the DSL will hold this information confidentially and use it in the best interests of the child's safety, welfare and educational.

### **7.5 If you have a mental health concern**

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.

Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one. L2L staff cannot act as mental health experts and should not try to diagnose conditions.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps in section 7.4.

If you have a mental health concern that is not also a safeguarding concern, speak to the DSL to agree a course of action. This may include additional support for a child from a key worker or ELSA support and discussion with the child's family.

### **7.6 Concerns about a staff member or volunteer**

If you have concerns about a member of staff, including supply staff or a volunteer, or an allegation is made about a member of staff (including volunteer) posing a risk of harm to children, speak to the Lead Practitioner. If the concerns/allegations are about the headteacher, speak to the chair of governors.

The headteacher/chair of governors will then follow the procedures set out in appendix 3, if appropriate.

In Early Years, where appropriate, the school will inform Ofsted of the allegation and actions taken, within the necessary timeframe

### **7.7 Allegations of abuse made against other pupils – Peer on Peer Abuse**

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”.

We also recognise the gendered nature of peer-on-peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators). However, all peer-on-peer abuse is unacceptable and will be taken seriously.

Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- \* Is serious, and potentially a criminal offence
- \* Could put pupils in the school at risk
- \* Is violent
- \* Involves pupils being forced to use drugs or alcohol

- \* Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, up-skirting or sexually inappropriate pictures or videos (including sexting)

If a pupil makes an allegation of abuse against another pupil:

- You must record the allegation and tell the DSL, but do not investigate it
- The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence.
- The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

## **7.8 Sexting**

This is a suggested approach based on guidance from the UK Council for Child Internet Safety for all staff.

Your responsibilities when responding to an incident:

If you are made aware of an incident involving sexting (also known as 'youth produced sexual imagery'), you must report it to the DSL immediately.

You must not:

- View, download or share the imagery yourself, or ask a pupil to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL
- Delete the imagery or ask the pupil to delete it
- Ask the pupil(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- Share information about the incident with other members of staff, the pupil(s) it involves or their, or other, parents and/or carers
- Say or do anything to blame or shame any young people involved  
You should explain that you need to report the incident and reassure the pupil(s) that they will receive support and help from the DSL.



Initial review meeting:

Following a report of an incident, the DSL will hold an initial review meeting with appropriate L2L member of staff.

This meeting will consider the initial evidence and aim to determine:

- Whether there is an immediate risk to pupil(s)
- If a referral needs to be made to the police and/or children's social care
- If it is necessary to view the imagery in order to safeguard the young person (in most cases, imagery should not be viewed)
- What further information is required to decide on the best response
- Whether the imagery has been shared widely and via what services and/or platforms (this may be unknown)
- Whether immediate action should be taken to delete or remove images from devices or online services
- Any relevant facts about the pupils involved which would influence risk assessment
- If there is a need to contact another school, college, setting or individual
- Whether to contact parents or carers of the pupils involved (in most cases parents should be involved)

The DSL will make an immediate referral to police and/or children's social care if:

- The incident involves an adult
- There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
- What the DSL knows about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- The imagery involves sexual acts and any pupil in the imagery is under 13
- The DSL has reason to believe a pupil is at immediate risk of harm owing to the sharing of the imagery (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with the Lead Practitioner and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care.

Further review by the DSL if at the initial review stage, a decision has been made not to refer to police and/or children's social care, the DSL will conduct a further review.

They will hold interviews with the pupils involved (if appropriate) to establish the facts and assess the risks.

If at any point in the process there is a concern that a pupil has been harmed or is at risk of harm, a referral will be made to children's social care and/or the police immediately.

#### Informing parents

The DSL will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the pupil at risk of harm. The school may, additionally, ask for advice from the MASH team.

#### Referring to the police

If it is necessary to refer an incident to the police, this will be done through the Safer Schools team.

- Telephone: 01202 222844 (Monday to Friday: 0800 - 2000, Saturday: 0800 - 1600)
- E-mail [ssct@dorset.pnn.police.uk](mailto:ssct@dorset.pnn.police.uk)

#### Recording incidents

All sexting incidents and the decisions made in responding to them will be recorded. The record-keeping arrangements set out in section 12 of this policy also apply to recording incidents of sexting.

The following resources may help support all practitioners:

- DfE advice for schools: [teaching online safety in schools](#)

- UK Council for Internet Safety (UKCIS)27 guidance: Education for a connected world
- National Crime Agency's CEOP education programme: Thinkuknow

## **8. Notifying parents**

Where appropriate, we will discuss any concerns about a child with the child's parents/carers. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents about any such concerns following consultation with the DSL.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team (Children's First Response Hub) before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

## **9. YP with special educational needs and disabilities**

We recognise that YP with special educational needs and disabilities (SEND) can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:

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

## **10. Complaints and concerns about school safeguarding policies**

### **10.1 Complaints against staff**

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 3).

### **10.2 Other complaints**

If there are complaints about safeguarding concerning L2L, other students or parents, then these should be brought to the attention of a member of the Safeguarding team, who will record and investigate.

Once the investigation is completed, they will report back to the complainant, outlining any actions, and, if applicable, consider next steps.

### **10.3 Whistleblowing**

Please refer to the school's Whistle-blowing Policy for further information.

## **11. Record-keeping**

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left the school.

Learning To Live will make sure any information sharing follows data protection principles, so that it is:

- Necessary and proportionate (consider how much you need to release)
- Relevant (consider what is relevant for safeguarding purposes)
- Adequate (make sure the information is of the right quality so it can be understood and relied upon)
- Accurate (make sure the information is up to date, clearly distinguish between fact and opinion, and explain if the information is historical)
- Timely (consider the urgency with which you need to share the information, which will usually be as early as possible)
- Secure (wherever possible, share it in an appropriate and secure way as defined by your school's procedure for securely handling personal information)
- Wherever possible, we will be transparent with the individual that their information has been shared (whether we seek their consent or not), unless doing so could create or increase the risk of harm. For example, if a pupil makes a report of abuse the school would not need their consent to share this information with the appropriate people, but we would help the pupil understand what the next steps will be and who the report will be passed to.

## **12. Training**

All staff members will undertake safeguarding and child protection training, to ensure they understand their role as an L2L Mentor and follow safeguarding systems.

Staff will also receive regular safeguarding and child protection updates (for example, through emails, ebulletins and team meetings) as required.

The DSL and deputies will undertake Level 3 child protection and safeguarding training at least every 2 years.

## **13. Related policies and procedures**

This policy statement should be read alongside our organisational policies and procedures, including:

- Procedures for responding to concerns about a child or young person's wellbeing
- Dealing with allegations of abuse against a child or young person
- Role of the designated safeguarding officer
- Managing allegations against staff and volunteers
- Safer recruitment policy and procedures
- Code of conduct for staff and volunteers
- Anti-bullying policy and procedures
- Online safety policy and procedures for responding to concerns about online abuse
- Photography and image sharing guidance
- Child protection records retention and storage policy
- Whistleblowing policy

[More information about what these policies and procedures should include is available from [nspcc.org.uk/safeguarding](https://nspcc.org.uk/safeguarding)]

## **Appendix 1: types of abuse**

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse 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.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction Seeing or hearing the ill-treatment of another

- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

Physical contact, including assault by penetration (for example rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside of clothing

Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

Once a child is born, neglect may involve a parent or carer failing to:

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

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



#### 14. Contact details

**Nominated child protection lead:**

**Mark Peters**

Phone/email: 07703 742648 / learn2liveoffice@gmail.com

**Deputy child protection lead:**

**Charlotte Peters**

Phone/email: 07860 405408 / learn2liveoffice@gmail.com

We are committed to reviewing our policy and good practice **annually**.

This policy was last reviewed on: .....19/09/2021.....

Signed: .....*Mark Peters*.....

[this should be signed by the most senior person with responsibility for safeguarding in your organisation, for example the safeguarding lead on your board of trustees].

Date: .....19/09/2021.....

**Local Contacts:**

**MASH (Multi-Agency Safeguarding Hub) 01202 228866 [MASH@dorsetcc.gov.uk](mailto:MASH@dorsetcc.gov.uk)**

**LADO (Local Authority Designated Officer) 01305 221122 [lado@dorsetcc.gov.uk](mailto:lado@dorsetcc.gov.uk)**

**Childrens First Response:**

Tel - 01202 123334

E-mail - [childrensfirstresponse@bcpcouncil.gov.uk](mailto:childrensfirstresponse@bcpcouncil.gov.uk)

Website - <https://www.bcpcouncil.gov.uk/.../Childrens-Social-Care.aspx>

Out of Ours - 01202 738256 or email [childrensoohs@bcpcouncil.gov.uk](mailto:childrensoohs@bcpcouncil.gov.uk)