Safeguarding & Child Protection Policy
Covering Note

Status: Statutory

Date approved: 18 August 2026
Review date: 31 Aug 2027

1. Policy Statement

Luccombe Hub SEND School and Alternative Provision is fully committed to safeguarding and promoting the welfare of all children and young people. We recognise that safeguarding is everyone's responsibility and that pupils at Luccombe, due to their special educational needs and disabilities (SEND), may be at increased vulnerability to harm.

We have an inclusive, anti-discriminatory culture where racism, and other forms of discriminatory behaviour are recognised, challenged and addressed as part of our safeguarding responsibilities.

We operate a child-centred, inclusive safeguarding culture where the welfare of the child is paramount. This policy has been written with full regard to **Keeping Children Safe in Education (KCSIE) 2026**, the **Independent School Standards**, and **ISI safeguarding inspection requirements**.

2. Legal Framework

This policy is informed by, and should be read alongside:

- Keeping Children Safe in Education (2026)
- Children Act 1989 & 2004
- Working Together to Safeguard Children
- Independent School Standards Regulations
- Equality Act 2010
- Human Rights Act 1998
- Prevent Duty Guidance
- Data Protection Act 2018 (UK GDPR)

3. Definitions

Safeguarding: Protecting children from maltreatment, preventing impairment of health or development, ensuring safe and effective care, and enabling best outcomes.

Child Protection: Part of safeguarding and refers to action taken when a child is suffering, or is likely to suffer, significant harm.

4. Roles & Responsibilities

Inspection note: Roles are clearly defined to demonstrate leadership oversight, accountability, and compliance with Part 8 of the Independent School Standards.

4.1 Proprietor / Governing Body

The Proprietor and Governors ensure that:

- Safeguarding arrangements comply with statutory guidance
- Policies are reviewed annually
- A Designated Safeguarding Lead (DSL) and deputies are appointed
- A safeguarding culture is embedded across the school
- Safeguarding is prioritised in governance oversight

4.2 Designated Safeguarding Lead (DSL)

The DSLs: Chloe Carter-Miles (Luccombe) and Nita Dooley (Granary)

- Have lead responsibility for safeguarding and child protection
- Act as the main point of contact with external agencies
- Make referrals to children's social care, police and LADO
- Maintain secure safeguarding records
- Ensure staff training and induction compliance
- Understand the specific vulnerabilities of SEND pupils

4.3 Deputy DSLs

Deputy DSLs:

- Are trained to the same standard as the DSL
- Act in the DSLs' absence
- Support safeguarding decision making

4.4 Staff & Volunteers

All adults working in the school:

- Must read Part 1 of KCSIE 2026
- Must follow this policy and the Staff Code of Conduct
- Must report concerns immediately to the DSL
- Must act in the best interests of the child at all times

5. Safeguarding Training

- DSLs receive multi-agency training and updates at least every two years
- All staff receive safeguarding training on induction
- All staff receive regular updates at least annually
- Training includes SEND vulnerabilities, online safety, peer-on-peer abuse, and professional curiosity

6. Recognising Abuse

Staff are trained to recognise indicators of:

- Physical abuse
- Emotional abuse
- Sexual abuse

- Neglect
- Radicalisation
- Extremism
- FGM

Additional safeguarding risks include:

- Child-on-child abuse
- Bullying and cyberbullying
- Sexual harassment and violence
- Radicalisation (Prevent)
- Mental health concerns and self-harm
- Exploitation
- Online abuse

SEND pupils may display abuse through changes in behaviour, absence, regression, increased anxiety or communication differences.

7. Child-on-Child Abuse

Luccombe Hub SEND School recognises that children can abuse other children. This includes bullying, physical violence, sexual violence, sexual harassment, harmful sexual behaviour, and online abuse.

All incidents are taken seriously, recorded, investigated, and managed in line with safeguarding procedures. Luccombe has a Zero tolerance on bullying.

8. Responding to Concerns & Disclosures

Staff must:

- Listen calmly
- Reassure the child
- Never promise confidentiality
- Record concerns accurately
- Report immediately to the DSL

The DSL will determine next steps, including early help or referral.

9. Early Help

Where concerns do not meet the threshold for statutory intervention, the school will work with families and agencies to provide early help support.

10. Record Keeping

- Safeguarding records are kept securely and confidentially
- Luccombe Hub uses My Concern to record all Concerns including low level.
- My concern can be directly linked to acting Social Workers to ensure transparency and swift communication.
- Records are factual, dated, and signed
- Files are transferred securely when pupils leave

11. Allegations Against Staff (LADO)

Luccombe Hub SEND School follows Dorset Council and Bournemouth, Christchurch & Poole (BCP) safeguarding procedures when managing allegations against adults.

Allegations against adults working in the school are managed in accordance with statutory guidance and referred to the LADO without delay.

12. Safer Recruitment

The school follows safer recruitment procedures including:

- Enhanced DBS checks
- Identity and qualification checks
- Right to work in the UK
- Prohibition and Section 128 checks
- Maintenance of a Single Central Record (SCR)

13. Online Safety

The school ensures:

- Appropriate filtering and monitoring
- Safe use of technology
- Staff supervision and acceptable use policies

14. Attendance & Missing Pupils

As an independent school and alternative provision, Luccombe Hub SEND School recognises attendance as a critical safeguarding indicator. Our Attendance Champion monitors and reports on attendance. Robust systems are in place to notify commissioning local authorities and registered schools of concerns.

Attendance is monitored closely. Unexplained absences are followed up promptly as a safeguarding concern.

15. SEND & Additional Vulnerabilities

Safeguarding practice reflects the communication needs, cognitive abilities, and behavioural profiles of SEND pupils. Individual risk assessments and care plans inform safeguarding responses.

16. Whistleblowing

Staff are encouraged to raise concerns about safeguarding practice through the whistleblowing procedure without fear of reprisal.

17. Policy Review

This policy is reviewed annually or sooner if required by legislative changes.

Additional Notes

Inspection notes below provide clear evidence of operational safeguarding practice and SEND-specific protections.

Safeguarding Reporting Flowchart

1. Staff concern identified (including low-level concerns)
2. Immediate verbal report to DSL / Deputy DSL
3. Written record logged on safeguarding system My Concern same day
4. DSL risk assessment considering SEND vulnerabilities
5. Decision made:
    - Monitor / Early Help
    - Referral to Children's Social Care (Dorset or BCP)
    - LADO referral
    - Police (immediate risk)
6. Ongoing review and multi-agency working
7. Outcomes recorded and monitored
8. Concern identified
9. Report immediately to DSL
10. DSL assesses risk
11. Early Help or referral to social care / LADO / police
12. Ongoing monitoring and support

Key Contacts

- **School Site:**
- **DSL** Chloe Carter-Miles
- **Deputy DSL(s)** Lucie Wharton, Henri Monier-Williams, Hazel Lappin, Lydia Stephens, Rosie Closier, Pippa Simpson, Alex White, Alex Tallentire-Teckoe,

- **Alternative Provision site**
- **DSL:** Nita Dooley
- **Deputy DSL(s)** Amy Armitage, Rebecca Marshall, Ness Mansfield
- **LADO:-** 01305 228323
- **Children's Social Care**:01305 221000
- **Safeguarding Standards Advisor**:01305 221122
- **Police:** 101 or 999

For further Safeguarding contacts and Mental Health Support outside of Luccombe please go to our Parent information page on our website 'Supporting you to support them'.

Linked Policies

Attendance Policy
Behaviour Management
Emergency Plan
Equality policy
E-Safety Policy
Exclusions Policy
Failure to Collect Policy
Fairness & Dignity (Anti-Bullying) Policy
Health & Safety Policy
KCSIE 2026 – part 1
Safeguarding & Child Protection
Safer Recruitment 2025
Site Security Policy
UK GDPR and data protection policy
Whistleblowing Policy & Procedures
Staff code of contact (Via Hub)
Online safety policy (Via Hub)

Luccombe Hub

This document forms part of the policy handbook and is intended for use at Luccombe Hub

Title:	**Safeguarding and Child Protection Policy**
Subject Area:	Whole Centre - Safeguarding
Applies:	Immediately
Issued:	20/07/2023
Last Review:	2/9/2026
Next Review:	NLT 01/09/2027
Sponsor:	Henri Monier-Williams
Contact:	office@Luccombehub.com

Know Your DSL
The Luccombe Hub

Chloe Carter Miles

DSL

DDSL's

Lucie Wharton

Rosie Closier

Henri Monier-Williams

Hazel Lappin

Know Your DDSL
Milton Mills

Amy Armitage

Pippa Simpson (Farm)

Alex White

Alex Tallentire Teckoe

Lydia Stephens

Know Your DSL
Alternative Provision

Nita Dooley

Head of Alternative Provision

DDSL

Rebecca Marshall

Vanessa Mansfield

Role	Name	Email
Chair of Governors	Nicholas Entwistle	chair@luccombehub.com
Safeguarding Governor	Sally Nield	Sallyallen21@gmail.com
Head Teacher*	Henri Monier-Williams	Henri@luccombehub.com
Designated Safeguarding Lead (DSL)*	Chloe Carter-Miles - Hub Nita Dooley – Granary (AP)	Chloe@luccombehub.com Nita@luccombehub.com
Mental Health Pastoral Lead	Rosie Closier	Rosie@luccombehub.com
Prevent Lead	Chloe Carter-Miles	Chloe@luccombehub.com
Medical/Allergy Lead:	Allison Bassingdale	Allisonb@luccombehub.com

INTRODUCTION

The Safeguarding Policy for The Luccombe Hub[1] is based on a template provided by the Dorset Safeguarding and Standards Team; it reflects the Pan-Dorset multi-Agency Safeguarding Procedures on the Pan -Dorset Safeguarding Children's Partnership (https://pdscp.co.uk) and KCSIE 2026

This policy consists of three main documents:

- The overarching safeguarding policy (statement of principles).
- Detailed child protection procedures.
- Child protection summary sheet. The latter is printed separately and provided routinely for those adults who will not have the opportunity to read this policy in its entirety but will have unsupervised contact, even as a 'one-off', with learners on a temporary or intermittent basis such as supply, peripatetic or visiting professionals. The Luccombe Hub recommends that all persons who will have unsupervised contact even on a one off or less frequent basis read the entirety of this policy.

Content:

A Safeguarding Policy
B Child Protection Procedures

Sections:

1 What is child protection?
2 What is significant harm?
3 Purpose of these procedures
4 Responsibilities and roles
5 What is child abuse?
  i) Physical
  ii) Emotional
  iii) Sexual
  iv) Neglect
6 Recognising child abuse – signs and symptoms
7 "Child on child" sexual violence and sexual harassment including upskirting
8 Learners engaging in under-age sexual activity
9 Child sexual exploitation/criminal exploitation.
10. Domestic Abuse

[1] For avoidance of doubt, The Luccombe Hub refers to The Luccombe Hub at Milton Abbas, The Granary at Milborne St Andrew and the site at Milton Mills – unless specifically referenced.

11. Family Members in Prison
12. Modern Slavery
13. Homelessness
14. Children and Court System
15. Child Abduction
16. Cyber Crime
17 All forms of bullying including cyber bullying
18. Mental Health
19 Forms of abuse linked to culture, faith or belief
    19.1 Female genital mutilation
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    19.6 Prevent
20 Responding to the child who discloses (talks about) abuse
21 Taking action
22 Responding to concerns reported by parents/others in the community
23 Remember
24 Response from Children's Social Care to a referral
25 Responding to allegations or concerns about staff or volunteers
26 Children with special educational needs and who are disabled
27 Safer working Practice
28 Training
29 Raising concerns about safeguarding practice at our Centre
30 Information for parents' carers
31 Contextual Safeguarding
32 Remote Learning

C Child Protection Summary sheet

Appendices

1 Useful Contacts
2. Possible indicators of abuse
3. Procedural Flow Chart for Managing disclosure/allegations
4. Record Keeping: Best Practice - to be read and followed by all DSLs and Deputies

PART A – Safeguarding Policy

The Luccombe Hub recognises that the welfare of the child is paramount: the needs and wishes of each child will be put first. Throughout this document, 'child' refers to a young person under the age of 18.

We take seriously our duty to safeguard and promote the welfare of the children and young people in our care.

Safeguarding children is everyone's responsibility. 'Working Together to Safeguard Children' 2026, HM Government statutory guidance, defines safeguarding as:

- 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.

The Principal, Henri Monier-Williams, will act in accordance with Section 175 / Section 157 of the Education Act 2002 and the supporting statutory guidance KCSIE 2026 to safeguard and promote the welfare of children in this Independent establishment.

The Principal and all staff are accountable for ensuring that the Centre meets its statutory responsibilities for safeguarding and that all policies, procedures and training are in place and effective.

The Luccombe Hub completes a yearly Safeguarding and Child Protection review and will create an action plan around any identified matters.

All children have the right to be safeguarded from harm or exploitation whatever their

- age.
- health or disability.
- gender or sexual orientation.
- race, religion, belief or first language.
- political or immigration status.

Staff and regular volunteers including those on work placements at this centre understand the importance of taking appropriate action and working in partnership with children, their parents/carers and other agencies to safeguard children and promote their welfare.

The purpose of this policy is to:

- afford protection for all learners.
- enable staff and volunteers to safeguard and promote the welfare of children.
- promote a culture which makes this education setting a safe place to learn and in which children feel safe.

This policy applies to all staff, including any regular volunteers, contracted workers (i.e. those who come into the centre once a week or more or 3 times in a 30-day period), or anyone working on behalf of The Luccombe Hub. All Staff & volunteers are provided with a copy of this policy and all

policies as part of their induction programme. Each new member of staff within their probationary period will sign to confirm that they have read and understood the school's policies

We will endeavour to safeguard children and young people by:

- always acting in their best interests.
- valuing them, listening to and respecting them.
- involving them in decisions which affect them.
- never tolerating bullying, homophobic behaviour, racism, sexism or any other forms of discrimination, including through use of technology.
- ensuring the curriculum affords a range of opportunities to learn about keeping themselves safe, particularly when using technology.
- exercising our duties under the Counter-Terrorism and Security Act 2015.
- by ensuring all staff attend 'Prevent' training in respect of radicalisation and extremist behaviour and by assessing the risk of our learners being drawn into terrorism.
- supporting attendance and taking action if a child is missing their designated sessions regularly.
- appointing a senior member of staff from our leadership team as the Designated Safeguarding Lead (DSL) and ensuring this person has the time, funding, training, resources and support to perform the role effectively.
- appointing at least one Deputy Designated Safeguarding Lead to ensure there is always someone available during working hours for staff to discuss any safeguarding concerns.
- appointing a Designated Person to promote the educational achievement of children who are Looked-After (in care), ensuring that staff working with Looked-After Children have information appropriate to their role regarding, for example, the child's care arrangements, legal status and contact with birth parents and will also have the responsibility for promoting the educational achievement of children who have left care where appropriate.
- making sure all staff and volunteers are aware of and committed to the safeguarding policy and child protection procedures and also understand their individual responsibility to take action.
- ensuring that all those named above (i.e. DSLs and Deputy DSLs; and all staff and regular volunteers) have training appropriate to their roles as set out in statutory guidance or recommended by the Dorset Safeguarding Children Board.
- identifying any concerns early and providing appropriate help to prevent them from escalating, including working with parents/carers/guardians and other agencies as appropriate sharing information about child safeguarding concerns with agencies who need to know, and involving children and their parents/carers appropriately.
- acknowledging and actively promoting that multi-agency working is the best way to promote the welfare of children and protect them from harm.
- taking the right action, in accordance with Dorset Safeguarding Children Board multi-agency safeguarding procedures, if a child discloses or there are indicators of abuse.
- keeping clear, accurate and contemporaneous safeguarding and child protection records.
- recruiting staff and volunteers safely, ensuring all necessary checks are made in accordance with statutory guidance and legal requirements and also making sure that the proprietor or relevant staff member has undertaken safer recruitment training.
- providing effective management for staff through induction, support and regular update training appropriate to role.

- adopting a code of conduct for all staff and volunteers which includes acceptable use of technologies, staff/learner relationships and communications including the use of social media.
- ensuring our online safety process includes appropriate filters and monitoring systems.
- ensuring staff and volunteers understand about 'whistle blowing'.
- ensuring staff know how to escalate concerns about learners or staff if they think the right action has not been taken to safeguard children.
- promoting a culture in which staff feel able to report to senior leaders with what they consider to be unacceptable behaviour or breaches of the centre Code of Conduct by their colleagues, having faith that they will be listened to and appropriate action taken.
- dealing appropriately with any allegations/concerns about the behaviour of staff or volunteers in accordance with the process set out in statutory guidance.

This Safeguarding policy forms part of a suite of policies and other documents which relate to the wider safeguarding responsibilities of the learning centre. In particular, it should be read in conjunction with the:

- staff code of conduct.
- e-safety policy which include use of mobile technology.
- Staff and Centre Agreement for using technology provided.
- Centre and Learner E-Safety Agreement
- safer recruitment policy and procedures.
- procedures to handle allegations against members of staff and volunteers, including referring to the Disclosure and Barring Service (when appropriate).
- whistle blowing policy.
- Children missing from education policy.
- Fairness & Dignity (anti-bullying) policy and procedures

These policies and procedures are available directly from the The Luccombe Hub.

B. CHILD PROTECTION PROCEDURES

These procedures should be read in conjunction with KCSIE 2026 plus Annex A together.

1. What is Child Protection?

1.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

2. What is significant harm?

2.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and, in each case, require discussion with the statutory agencies, Children's Social Care and Police.

3. Purpose of these procedures

3.1 These procedures explain what action should be taken if there are concerns that a child is or might be suffering harm. A 'child' is a person under 18 years old but the principles of these procedures apply to all learners at this centre, including those over 18.

4. Responsibilities and roles

4.1 All adults at The Luccombe Hub have an individual responsibility to safeguard and promote the welfare of children by taking appropriate action. This includes taking action where there are child protection concerns.

4.2 Recognise that children may experience prejudice-based harm, including racism, faith-based prejudice, and other forms of discrimination. Staff understand such experiences may affect a child's welfare, wellbeing, mental health, and willingness to seek help. Staff are alert to the signs and impact of prejudice-based harm and ensure that concerns are considered within safeguarding practice where appropriate.

4.3 The Principal is accountable for ensuring the Luccombe Hub has an effective child protection policy which should be reviewed annually and available publicly.

4.4 The Luccombe Hub has a Designated Safeguarding Lead (DSL). In addition The Granary (Alternative Provision) has its own DSL. The DSL (and any deputies) are most likely to have a complete safeguarding picture. This is the person who takes lead responsibility for safeguarding. Any concerns about children should be discussed with / reported to the DSL who will decide what action to take including referring to Children's Social Care or Police as appropriate. More information about the DSL role can be found in Annex B of KCSIE 2026

The Designated Safeguarding Lead at The Luccombe Hub is: ***Chloe Carter-Miles*** and at The Granary is ***Nita Dooley***.

The Luccombe Hub also has a number of Deputy Safeguarding Leads. They are all pictured at the head of this policy.

4.5 In addition, Dorset Children's Social Care can provide advice and guidance on safeguarding and child protection matters.

See Appendix 1 for contact details.

4.6 All action is taken in line with the following guidance:

- DfE guidance – KCSIE 2026
- Working Together to Safeguard Children (2026) – published by HM Government
- Pan-Dorset safeguarding children partnership – information and guidance for all multi-agency groups, can be accessed via their website https://pandorsetscb.proceduresonline.com/
- What to do if you're worried a child is being abused – Government Guidance (2015)

5. What is abuse?

5.1 Abuse is 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, including where they see, hear or experience its effects. 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. Children may also cause harm to other family members, often referred to as child to parent or care giver abuse.

5.2 It is generally accepted that there are four main forms of abuse. The following definitions are from Working Together to Safeguard Children (2026).

i) **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.

ii) **Emotional abuse**
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may 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, though it may occur alone.

iii) **Sexual abuse**
Sexual abuse: involves forcing, causing or inciting a child 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, such as acts of penetration, whether that is with part of a person's body or an object (e.g. rape or assault by penetration), and non-penetrative acts such as masturbation, kissing, rubbing, and touching over clothing. Sexual abuse 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 as well as offline, 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. Children can be sexually abused within the family, an institution or a community setting, and are more likely to know their abuser than not. The sexual abuse of children by other children is a specific safeguarding issue in education and all staff should be aware of it and of their school or college's policy and procedures for dealing with it. There are specific offences for children under 13, who can never provide valid consent to sexual activity and there are specific offences which make clear that sexual

iv) **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 because of maternal substance use. 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).
- ensure access to appropriate medical care or treatment.

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

5.2 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. In most cases multiple issues will overlap with one another.

6. Recognising child abuse – signs and symptoms

6.1 Keeping Children Safe in Education is clear: 'All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may need help or protection'.

6.2 Recognising child abuse is not always easy, and it is **not** the responsibility of centre staff to decide whether child abuse has taken place or if a child is at significant risk. They do, however, have a clear individual responsibility to act if they have a concern about a child's welfare or safety or if a child talks about (discloses) abuse. They should maintain an attitude of 'it could happen here' and always act in the best interests of the child.

6.3 Knowing what to look for is vital to the early identification of abuse and neglect. If staff are unsure, they should **always** speak to the designated safeguarding lead (or deputy). Any concerns about a child's welfare, should be acted upon immediately.

6.4 All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

6.5 All staff should be aware of the process for making referrals to children's social care and for statutory assessments under The Children's Act 1989 especially section 17 (children in need) and section 47 (a child suffering or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.

Appendix 2 details examples of possible indicators of each of the four kinds of abuse.

7. Child on Child abuse, sexual violence and sexual harassment including upskirting

7.1 All staff should recognise that children can abuse other children. All staff should be clear about the policies and procedure about child-on-child abuse. The Luccombe Hub has a zero tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated.

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

7.3 The centre's initial response to a report from a child is important. It is essential that **all** victims are reassured and that they are being taken seriously and that they will be supported and kept safe.

7.4 Ultimately, any decisions are for the Centre to make on a case-by-case basis, with the DSL or deputy taking a lead role and using their professional judgement, supported by other agencies, such as children social care and the police as required.

7.5 Reports of sexual violence and sexual harassment are likely to be complex and require difficult decisions to be made, often quickly and under pressure. Pre-planning and effective policies will provide the foundation for a calm, considered and appropriate response to any reports.

7.6 Following a report of sexual violence, the DSL (or deputy) should make an immediate risk and needs assessment, considering;

- The victim.
- The alleged perpetrator.
- All the other children (if appropriate adult students and staff).

7.7 Consideration is given to the following options for managing a report of sexual violence or sexual harassment;

- Manage internally.
- Early Help.
- Safeguarding children – referral to children social care.
- Reporting to the Police – in parallel to children's social care.

7.8 If children require safeguarding and a referral to Children's Social Care is made the process for managing sexually harmful behaviour can be found via Pan-Dorset Multi agency procedures website https://pandorsetscb.proceduresonline.com/
In brief, a multi-agency meeting should be convened by Children's Social Care following a referral and an action plan agreed.

7.9 A risk assessment will be put in place, preferably by way of a meeting, which will consider;

- The wishes of the victim in terms of how they want to proceed.
- The nature of the alleged incident.
- The ages of the children involved.
- The developmental stages of the children involved.
- Any power imbalance between the children.
- Is the incident a one off or a sustained pattern of abuse?
- Are there ongoing risks to the victim, other children, school or college staff?
- Contextual safeguarding.

All staff should act in the best interests of the child.

7.10 All staff should be aware of those safeguarding issues can manifest themselves via child-on-child abuse. This is most likely to include, but may not be limited to;

- Bullying (including cyber bullying).

- Physical abuse such as hitting, kicking shaking, biting, hair pulling, or otherwise causing physical harm.
- discriminatory behaviour, including racism, faith-targeted abuse, and other prejudice based incidents
- Sexual violence and sexual harassment.
- Sexting (also known as youth produced sexual imagery).
- Initiation/hazing type violent rituals.

All staff should be clear on the policy and procedures with regards to child-on-child abuse.

7.11 Staff should not dismiss abusive behaviour as 'normal' or 'banter' between young people and should not develop high thresholds before acting.

7.12 Staff should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.

7.13 Sexting involves images or videos which are indecent or of a sexual nature, generated by children under the age of 18 or of children under the age of 18, shared via a mobile phone, handheld device or website.

7.14 We endeavour to minimise the risk of child-on-child abuse through addressing issues in our PSHE curriculum, 1:1 mentoring sessions with learners to ensure they feel safe and able to raise any concern they may have including harassment, with any member of staff at the Centre; The Luccombe Hub will work with other agencies and through appropriate risk assessments and policies. We will ensure where applicable learners know how to report concerns and are encouraged to do so. The staff are made aware in training, of the signs of sexual violence and sexual harassment with regards to child-on-child abuse.

7.15 All incidents involving child/young person-produced sexual imagery will be responded to in line with this policy.

When an incident involving youth produced sexual imagery comes to the Centre's attention:
The incident should be referred to the DSL as soon as possible.
Never view, copy, print, share, store or save the imagery yourself, or ask a child to share or download – **this is illegal**.
If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the DSL (or equivalent) and seek support.

- **Do not** delete the imagery or ask the young person to delete it.
- **Do not** ask the child/children or young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSL (or equivalent).
- **Do not** share information about the incident with other members of staff, the young person(s) it involves or their, or other, parents and/or carers.
- **Do not** say or do anything to blame or shame any young people involved.
- **Do** explain to them that you need to report it and reassure them that they will receive support and help from the DSL (or equivalent).

The DSL should hold an initial review meeting with appropriate Centre staff.

- There should be subsequent interviews with the young people involved (if appropriate).

• Parents/carers/guardians/third party agencies should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.
• At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and / or the police immediately.

7.16 We will seek to follow The Government's full 2020 guidance from the UK Council for Internet Safety (UKCIS), Sharing nudes and semi-nudes: advice for education settings working with children and young people.

Up Skirting
For the purposes of this policy, "upskirting" refers to the act, as identified in the Voyeurism (Offences) Act 2019, of taking a picture or video under another person's clothing, without their knowledge or consent, with the intention of viewing that person's genitals or buttocks, with or without clothing, to obtain sexual gratification, or cause the victim humiliation, distress or alarm. Upskirting is a criminal offence. Anyone, including learners and staff, of any gender can be a victim of upskirting.

8. Learners engaging in under-age sexual activity
8.1 Sexual activity where one of the partners is under the age of 16 is illegal, although prosecution of young people who are *consenting partners of a similar age* is not usual. Designated Safeguarding Leads will exercise professional judgement when deciding whether to refer or take advice from social workers, considering such things as any imbalance of power, wide difference in ages or developmental stages etc.

8.2 Where a child is under the age of 13 penetrative sex is classified as rape under the Sexual Offences Act 2003 so must be reported to social workers in every case.

8.3 The multi-agency safeguarding procedures, on the Pan-Dorset Safeguarding Children Partnership website, have more information about under-age sexual activity.

9. Child sexual exploitation/Criminal exploitation
9.1 This form of abuse involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, mobile phones) as a result of their performing, and/or another or others performing on them, sexual acts. It can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

9.2 Recognition of child sexual exploitation is part of staff training. We note that any child or young person may be at risk of this form of abuse, regardless of family background or other circumstances, and can experience significant harm to physical and mental health. *All staff will complete annual safeguarding training & two yearly Prevent updates.*

9.3 Due to the grooming methods used by abusers, it is common for young people not to recognise they are being abused and may feel they are 'in a relationship' and acting voluntarily.

9.4 "County Lines" is becoming widely recognised and used to describe criminal exploitation of young people using the internal trafficking of young people for the purpose of criminal exploitation.

Young people are groomed using the same techniques as above, with them completing a task on behalf of another individual or group of individuals which is of a criminal nature.
Children are "trafficked" as part of the exploitation. They have their transport arranged for them for the purpose of selling drugs, firearms or sex. Young people will go missing for extended periods of time, missing in education and moving away from their friendship groups.

9.5 Any concerns about child sexual exploitation/criminal exploitation will be discussed with the Designated Safeguarding Lead who will take appropriate action which might include completing a risk assessment form. The form and more detailed local procedures are in the inter-agency safeguarding procedures on the DSCB website.

10. Domestic Abuse

10.1 Staff will be made aware of The Domestic Abuse Act 2021. Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are personally connected. The abuse can encompass but is not limited to: psychological; physical; sexual; financial; and emotional.

10.2 All children can see, hear or experience domestic abuse in the context of their home life. They are therefore victims in their own right. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

11. **Family members in Prison**
Learners with a family member in prison will be offered pastoral support as necessary. They will receive a copy of 'Are you a young person with a family member in prison?' from Action for Prisoners' Families where appropriate and allowed the opportunity to discuss questions and concerns.

12. **Modern Slavery**

For the purposes of this policy, "modern slavery" encompasses human trafficking and slavery, servitude, and forced or compulsory labour. This can include CCE, CSE, and other forms of exploitation. All staff will be aware of and alert to the signs that a learner may be the victim of modern slavery. Staff will also be aware of the support available to victims of modern slavery and how to refer them to the National Referral Mechanism. (governmental guidance about NRM)

13. **Homelessness**
The DSL and deputy DSLs will be aware of the contact details and referral routes into the Local Housing Authority so that concerns over homelessness can be raised as early as possible.

Indicators that a family may be at risk of homelessness include: ·

- Household debt.
- Rent arrears.
- Domestic abuse.
- Anti-social behaviour.
- Any mention of a family moving home because "they have to"

Referrals to the Local Housing Authority do not replace referrals to children social care and normal procedure for raising a concern will be followed, where a child is being harmed or at risk of harm.

For 16- and 17-year-olds, homelessness may not be family based and referrals to children's social care will be made as necessary where concerns are raised.

14. **Children and Court System**
Learners required to give evidence in criminal courts, either for crimes committed against them or crimes they have witnessed, will be offered appropriate pastoral support. Learners will be provided with the booklet 'Going to Court' from HMCTS where appropriate and allowed the opportunity to discuss questions and concerns.

15. **Child Abduction**
For the purposes of this policy, "child abduction" is defined as the unauthorised removal or retention of a child from a parent or anyone with legal responsibility for the child.
Child abduction can be committed by parents and other relatives, other people known to the victim, and strangers.

All staff will be alert to community safety incidents taking place in the vicinity of the school that may raise concerns regarding child abduction, e.g. people loitering nearby or unknown adults conversing with Learners.

Learners will be provided with practical advice and lessons to ensure they can keep themselves safe outdoors.

The Luccombe Hub is part of the local 'Schools Watch Team'

16. **Cyber Crime**
For the purposes of this policy, "cyber-crime" is defined as criminal activity committed using computers and/or the internet. This includes 'cyber-enabled' crimes, i.e. crimes that can happen offline but are enabled at scale and at speed online, and 'cyber-dependent' crimes, i.e. crimes that can be committed only by using a computer. Crimes include: · Unauthorised access to computers, known as 'hacking'. · Denial of Service attacks, known as 'booting'. · Making, supplying or obtaining malicious software, or 'malware', e.g. viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence.
All staff will be aware of the signs of cyber-crime and follow the appropriate safeguarding procedures where concerns arise. This may include the DSL referring learners to the National Crime Agency's Cyber Choices programme.

17. **All forms of bullying including Cyber-Bullying**
The Luccombe Hub has a zero tolerance to all forms of bullying and will take all reports seriously. The Luccombe Hub understands that with modern technology online bullying can be prevalent – refer to Fairness & Dignity (Anti-Bullying) Policy for more information. Staff are to report any concerns to the DSL or DDSL in the usual way.

18. **Mental Health**
The Luccombe Hub is a specialist Independent School and all learners that attend are in receipt of an EHCP for all our learners Social Emotional and Mental Health conditions are a factor.
All staff will be made aware that mental health problems can, in some cases, be an indicator that a learner has suffered, or is at risk of suffering, abuse, neglect or exploitation and they will be provided with information around support plans and relevant risk assessments from the Pastoral & Behaviour Lead. Staff will not attempt to make a diagnosis of mental health problems – the Centre will ensure this is done and by a trained mental health professional.

Staff will, however, be encouraged to identify learners whose behaviour suggests they may be experiencing a reduction in their mental health or may be at risk of developing one.
Staff will also be aware of how the learners' experiences can impact on their mental health, behaviour, and education.
Staff who have a mental health concern about a learner that is also a safeguarding concern will act in line with this policy and speak to the DSL or deputy DSLs. The Centre will access a range of advice to help them identify learners in need of additional mental health support, including working with external agencies.

19. Forms of abuse linked to culture, faith or belief
All staff in this centre will promote mutual respect and tolerance of those with different faiths and beliefs. Some forms of abuse are linked to these and staff should strive to suspend professional disbelief (i.e. that it 'could not happen here') and to report promptly any concerns to the Designated Safeguarding Lead who will seek further advice from statutory agencies, prior to contacting parents/carers.

19.1 Female Genital Mutilation is illegal and involves intentionally altering or injuring female genital organs for non-medical reasons. It can have serious and long-lasting implications for physical health and emotional well-being. Possible indicators include taking a girl out of the Centre/country for a prolonged period or talk of a 'special procedure' or celebration. In addition to reporting any concerns to the Designated Safeguarding Lead, teachers (along with regulated health and social care professionals) have a statutory duty to report personally to the Police if they discover that female genital mutilation has or appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

19.2 Virginity testing and hymenoplasty
Under the Health and Care Act 2022, it is illegal to carry out, offer or aid and abet virginity testing or hymenoplasty in any part of the UK. It is also illegal for UK nationals and residents to do these things outside the UK.

Virginity testing - Also known as hymen, '2-finger' or vaginal examination, this is defined as any examination (with or without contact) of the female genitalia intended to establish if vaginal intercourse has taken place. This is irrespective of whether consent has been given. Vaginal examination has no established scientific merit or clinical indication.

Hymenoplasty - A procedure which can involve a number of different techniques, but typically involving stitching or surgery, undertaken to reconstruct a hymen with the intent that the person bleeds the next time they have vaginal intercourse. Hymenoplasty is different to procedures that may be performed for clinical reasons, e.g. surgery to address discomfort or menstrual complications.

Virginity testing and hymenoplasty are forms of violence against women and girls and are part of the cycle of HBA, and can be precursors to child or forced marriage and other forms of family and/or community coercive behaviours, including physical and emotional control.

Victims are pressurised into undergoing these procedures, often by family members or their intended husbands' family to fulfil the requirement that a woman remains 'pure' before marriage. Those who 'fail' to meet this requirement are likely to suffer further abuse, including emotional and physical abuse, disownment and even honour killings.

The procedures are degrading and intrusive, and can result in extreme psychological trauma, provoking conditions such as anxiety, depression and PTSD, as well as physical harm and medical complications.

Staff will be alert to the possible presence of stress, anxiety and other psychological or behavioural signs, and mental health support should be made available where appropriate.

Victims face barriers in coming forward, e.g. they may not know that the abuse was abnormal or wrong at the time, and may feel shameful, having been taught that speaking out against family and/or the community is wrong, or being scared about the repercussions of speaking out.

The Centre will educate learners about the harms of these practices and dispel myths, e.g. the belief that virginity determines the worth of a woman, and establish an environment where learners feel safe enough to make a disclosure.

Young people aged 13 and older are considered to be most at risk, but it can affect those as young as 8, and anyone with female genitalia can be a victim regardless of age, gender identity, ethnicity, sexuality, religion, disability or socioeconomic status.

All staff will be aware of the following indicators that a learner is at risk of or has been subjected to a virginity test and/or hymenoplasty:

- A learner is known to have requested either procedure or asks for help
- Family members disclose that the learner has already undergone the practices
- Pain and discomfort after the procedures, e.g. difficulty in walking or sitting for a long period of time which was not a problem previously
- Concern from family members that the young person is in a relationship, or plans for them to be married
- A close relative has been threatened with either procedure or has already been subjected to one
- A learner has already experienced or is at risk of other forms of HBA
- A learner is already known to social services in relation to other safeguarding issues
- A learner discloses other concerns that could be an indication of abuse, e.g they may state that they do not feel safe at home, that family members will not let them out the house and/or that family members are controlling
- A learner displays signs of trauma and an increase in emotional and psychological needs, e.g. withdrawal, anxiety, depression, or significant change in behaviour
- A learner appears fearful of their family or a particular family member
- Unexplained absence from the Centre, potentially to go abroad
- Changes in behaviour, e.g. a deterioration in learning, attendance, or attainment

The above list is not exhaustive, but if any of these indicators are identified, staff members will immediately raise concerns with the DSL.

An assessment of the risk they face will be undertaken.

If there is believed to be immediate danger, the police will be contacted without delay.

The Centre will not involve families and community members in cases involving virginity testing and hymenoplasty, including trying to mediate with family or using a community member as an interpreter, as this may increase the risk of harm to the child, including expediting arrangements for the procedure.

19.3 Forced Marriage is also illegal and occurs where one or both people do not or, in cases of people with learning disabilities, cannot consent to the marriage and pressure or abuse is used. It is not the same as arranged marriage. Young people at risk of forced marriage might have their freedom unreasonably restricted or being 'monitored' by siblings. There might be a request for extended absence from education setting or might not return from a holiday abroad. We recognise that Centre staff can play an important role in safeguarding children from forced marriage.

19.4 So called 'honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community. It can exist in all communities and cultures and occurs when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. Females are predominantly, but not exclusively, the victims and the violence is often committed with some degree of approval and/or collusion from family or community members. All forms of so called honour- based violence are abuse, regardless of the motivation, and should be referred accordingly. However, there are some significant differences in the immediate response required as involving families in cases of forced marriage is dangerous:

- It may increase the risk of serious harm to the victim. Experience shows that the family may punish them for seeking help;
- Relatives, friends, community leaders and neighbours should not be used as interpreters – despite any reassurances from this known person.

19.5 Radicalisation and extremism

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Extremism is defined by HM Government as '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; and/or calls for the death of members of our armed forces, whether in this country or overseas'.

The Luccombe Hub recognise that safeguarding against radicalisation and extremism is no different from safeguarding against any other vulnerability.

Our curriculum/learner interactions/learner support promote respect, tolerance and diversity. Children are encouraged to share their views and to understand that they are entitled to have their own different beliefs which should not be used to influence others.

We recognise that children with low aspirations are more vulnerable to radicalisation and therefore we strive to equip our learners with confidence, self-belief, respect and tolerance as well as setting high standards and expectations for themselves.

Children are taught about how to stay safe when using the Internet and are encouraged to recognise that people are not always who they say they are online. They are taught to seek adult help if they are upset or concerned about anything they read or see on the Internet.

Any concerns about learners becoming radicalised or being drawn into extremism will be reported to the Designated Safeguarding Lead who will *not* speak to parents/carers or other family members at this stage but will take prompt advice from the Police.

19.6 Prevent – Designated Prevent Lead is Henri Monier-Williams
Prevent is about safeguarding people and communities from the threat of terrorism and violent extremism. Prevent is part of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

The Prevent strategy responds to the ideological challenge we face from terrorism and aspects of extremism, and the threat we face from those who promote these views;

- Provides practical help to prevent people from being drawn into terrorism. It ensures they are given appropriate advice and support.
- Works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that we need to deal with.
- Prevent covers all forms of terrorism and extremism and some aspects of non-violent extremism.

The Home Office works with local authorities, a wide range of government departments, and community organisations to deliver the Prevent strategy. The police play a significant role in Prevent, in much the same way as they do when taking a preventative approach to other crimes.

- The main aim of Prevent is to stop people from becoming terrorists or supporting violent extremism.
- At the heart of Prevent is safeguarding children and adults. Providing early intervention to protect and divert people away from being drawn into terrorist activity is crucial.
- Prevent addresses all forms of extremism but continues to ensure resources and effort are allocated on the basis of threats to our national security.

Any individuals who are identified as being vulnerable to radicalisation are referred to a multi-agency Channel Panel. This ensures the appropriate interventions are put in place to protect the individual. Like child protection, Channel is a multi-agency safeguarding programme run in every local authority in England and Wales. It works to support vulnerable people from being drawn into terrorism. It provides a range of support such as mentoring, counselling, assistance with employment etc. Where requested DSL will attend panel meetings.

Channel is about early intervention to protect vulnerable people from being drawn into committing terrorist-related activity and addresses all types of extremism.

20. Responding to the child who discloses (talks about) abuse
All staff and volunteers will:

- Listen carefully to what is said.
- Avoid showing shock or disbelief.
- Observe the child's demeanour.

- Find an appropriate opportunity to explain that the information will need to be shared with others. They will not promise to keep the information confidential or a 'secret'.
- Allow the child to continue at her/his own pace and not interrupt if the child is freely recalling events. They will not stop him/her to find a 'witness' as this could inhibit the child from saying more.
- Avoid asking questions or pressing for more information. Ask for clarification only. If questions are necessary they should be framed an open manner and not 'lead' the child in any way: Tell me…. Explain…. Describe…
- Reassure the child, if necessary, that s/he has done the right thing by talking about it.
- Explain what will happen next and with whom the information will be shared.
- Not ask the child to repeat the disclosure to anyone else in the Centre – including the DSL - or ask him/her or any other children who were present to write a written account or 'statement'.

21. Taking action

21.1 If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Please refer to Flowchart Appendix 3 for procedure.

21.2 Where physical injuries have been observed, these will be carefully noted but not photographed. The staff member will not ask to see injuries that are said to be on an intimate part of the child's body.

21.3 Any disclosure or indicators of abuse will be reported verbally to the DSL or Deputy straightaway or, where they are not available, and concerns are immediate, ensure a referral is made without delay to Children's Social Care. Please refer to numbers provided at Appendix 1

21.4 Where the child already has an allocated social worker, that person or a manager or duty worker in the same team must be contacted promptly.

21.5 A written record will then be made of what was said, including the child's own words, as soon as possible and given to the DSL. The Luccombe Hub uses the online safeguarding software ' My Concern'. Staff should login and complete the concern form as directed. In the event of no – online service is available a paper version for concern forms is available from the staff office.

21.6 If the child can understand the significance and consequences of making a referral to social workers, they will be asked for their views. It will be explained that whilst their views will be considered, The Luccombe Hub have a responsibility to take whatever action is required to ensure the child's safety and that of other children.

21.7 The DSL will decide whether to contact parents at this stage, judging whether to do so, it is necessary to consider if contacting the parents/carers is likely to place the child at risk of harm from their parent's/carers actions or reactions - for example in circumstances where there are concerns that a serious crime such as sexual abuse, domestic violence or induced illness has taken place. If in any doubt, the DSL or staff member will call the Children's social care first and agree when parents/carers should be contacted and by whom. The reason for the decision not to contact parents first will be recorded in the child's school child protection file.

21.8 A child protection referral from a professional cannot be treated as anonymous.

21.9 Where there is no disclosure by a child, but concerns are accumulating, such as in relation to neglect or emotional abuse, the DSL will ensure that all information is brought together and that s/he makes a professional judgement about whether to refer to outside agencies.

21.10 Professional Judgment with support from multi-agency advice, where appropriate, should be used to help clarify the pathway required for a child: whether concerns will be managed within the Centre; or with the help of other agencies as part of early help; or whether they require specialised support such as a social work assessment or referral to Child and Adolescent Mental Health Services (CAMHS).

21.11 A member of staff who reports concerns to the DSL should expect some feedback, although confidentiality might mean in some cases that this is not detailed. It is staff responsibility to follow up on any concern raised and should expect to receive feedback within 72 hours of the concern being raised. If the member of staff is not happy with the outcome s/he can press for reconsideration and if following this, s/he still believes the correct action has not been taken, will refer the concerns directly to children social care.

22. Responding to concerns reported by parents or others in the community

22.1 Occasionally parents or other people in the local community may tell staff about an incident in or accumulation of concerns they have about the family life of a child who accessing learning through the centre.

22.2 If the incident or concern relates to *child protection*, the information cannot be ignored, even if there are suspicions about the motives of the person making the report. Members of staff will therefore pass the information to the DSL in the usual way.

22.3 It is preferable if the parent/community member who witnessed or knows about the concerns or incident makes a call to Children's Social Care themselves as they will be better able to answer any questions. They can ask for their name not to be divulged if a visit is made to the family.

22.4 If the parent / community member refuses to make the referral, the DSL will clarify that s/he (the DSL) has a responsibility to do so and will also need to pass on to social workers how s/he is aware of the information.

22.5 This process also applies to parents / community members who are also education staff. As professionals who work with children, they cannot be anonymous when making the referral but can ask for the situation to be managed sensitively and, if necessary, for their identity to be withheld from the family if it will cause difficulties in their private life.

23. Remember – Seen Something? Heard Something? Say Something!

23.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, MUST be acted on. Doing nothing is not an option. Any suspicion or concerns will be reported without delay to the DSL or a Deputy. During term time the Designated Safeguarding Lead and/or a Deputy should always be available during normal centre hours 10-3, for staff to discuss any safeguarding concerns. However, if for whatever reason they are not available, the staff member will discuss their concerns as soon as possible with either

- another senior member of staff.
- CHAD – Children's Advice and Duty Service (Dorset Local Authority)
- Mash- BCP & Wiltshire

Anyone can make a referral, not just the DSLs.

23.2 It is important that everyone in the Centre is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for making a judgement about whether abuse has occurred and should not conduct an 'investigation' to establish whether the child is telling the truth. That is a task for social workers and the Police following a referral to them of concern about a child. The role of Centre staff is to act promptly on the information received.

23.3 This applies regardless of the alleged 'perpetrator': whether the child raises concerns about a family member or someone outside the Centre, a member of staff or another learner.

23.4 A careful record will be made of what has been seen/heard that has led to the concerns and the date, time, location and people who were present. As far as possible, staff should record verbatim what was said and by whom. The record will be passed to the DSL.

23.5 The DSL will keep a record of the conversation with the duty worker and other social workers, noting what actions will be taken and by whom, giving the date and time of the referral. This will be entered onto the 'My Concern' record for the raised concern. Under the Pan Dorset procedures, all referrals will be taken following a professional discussion by telephone and all calls confirmed in writing by the consultant social worker. The DSL will log details of this call and contact including any decisions/discussions.

23.6 The Luccombe Hub uses online safeguarding software 'My Concern' and a learner file will be updated with the concern and chronology of events started. In the event that online access is unavailable. Procedures are in place to record the concern and start a chronology of event.

24. Response from Children's Social Care to a referral

- Referral
  Once a referral is received by the team, a manager will decide on the next course of action within one working day. When there is concern that a child is suffering, or likely to suffer significant harm, this will be decided more quickly, and a strategy discussion held with the Police and Health professionals and other agencies as appropriate. (Section 47 Childrens Act 1989)

  The Designated Safeguarding Lead should be told within three working days of the outcome of the referral. If this does not happen they will contact the duty worker again.

- Assessment
  All assessments should be planned and co-ordinated by qualified social worker. They should be holistic, involving other professionals, parents/carers and the children themselves as far as practicable. Assessments should show analysis, be focused on outcomes and usually take no longer than 45 working days from the point of referral. Staff have a responsibility to contribute fully to the assessment.

- S47 Enquiries (regarding significant harm)
  The process of the investigation is determined by the needs of the case, but the child/young person will always be part of that process and sometimes without parents' knowledge or permission. On occasions, this will mean the child/young person is jointly interviewed by the Police and social workers, sometimes at a special suite where a video-recording of the interview is made.

- The Child Protection Conference
  If, following the s47 enquiries, the concerns are substantiated and the child is judged to be at risk of significant harm, a Child Protection Conference (CPC) will normally be convened. The CPC must be held within 15 days of the first strategy discussion and staff will be invited to attend - normally the DSL or Lead Facilitator. This person will produce a written report in the correct format (a pro forma is available on the Pan-Dorset Safeguarding Children Partnership website). This will be shared with the child/young person and his/her family before the conference is held. A copy will also be sent to the person chairing the initial CPC at least 24 hours in advance.

  More information can be found on Pan-Dorset Safeguarding Children Partnership website. https://pandorsetscb.proceduresonline.com/

If the DSL disagrees with the decisions made by social workers regarding the outcome of the referral, the conclusions of the assessment or any actions taken, the matter should be discussed and if necessary escalated to more senior managers (under the escalation policy available on the Pan Dorset Safeguarding Children website), *particularly* if the child's situation does not appear to be improving.

25. Responding to allegations or concerns about staff or volunteers.

25.1 Rigorous recruitment and selection procedures and adhering to the code of conduct and safer practice guidance will hopefully mean that there are relatively few allegations against or concerns about staff or volunteers. However, if a member of staff, or any other person, has any reason to believe that another adult has acted inappropriately or abused a child or young person, they will act by reporting to the proprietor or DSL if this is a different person. Even though it may seem difficult to believe that a colleague may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without acting.

25.2 If the allegation/concern is about the proprietor/Centre Lead (principal) the person with concerns will contact the deputy safeguarding lead or the Local Authority Designated Officer (also known as the LADO) in the Local Authority Safeguarding and Standards Team. See Appendix 1 below for contact details.

25.3 In all cases of allegations against staff or volunteers, the proprietor/ DSL will contact the Local Authority Designated Officer (LADO) without delay and follow the correct procedures as set out in the separate centre policy. This must comply with Part Four of KCSIE 2026

25.4 Please read in conjunction with this section The Luccombe Hub's - Safer recruitment Policy, Managing Allegations and Concerns Policy and Whistleblowing Policy.

26. Children with special educational needs and who are disabled.

26.1 Research shows that children with special educational needs and who are disabled are especially vulnerable to abuse and adults who work with them need to be vigilant and take extra care when interpreting apparent signs of abuse or neglect.

26.2 Additional barriers can exist for adults who work with such children, in respect of recognising abuse and neglect. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- Being more prone to peer group isolation than other children.
- Children with SEN and who are disabled can be disproportionately impacted by things like bullying – without outwardly showing any signs.
- Communication barriers and difficulties in overcoming these barriers

26.3 These child protection procedures will be followed if a child with special educational needs or who is disabled discloses abuse or there are indicators of abuse or neglect. There are no different or separate procedures for such children. The Luccombe Hub is a specialist independent education provider and all children attending have SEN. We will always seek to find ways of enabling children with communication difficulties to express concern and find assistance such that, as far as possible they can convey how they are feeling and to report issues of concern. We will ensure that staff who are engaged in working with such children receive the appropriate training and understand policies or procedures which contribute to keeping safe their learners with SEN or who are disabled.

27. Safer Working Practice

27.1 All adults who come into contact with children at this Centre will behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Detailed advice on safer working practice can be found in the Centre's Staff Code of Conduct Policy.

27.2 We promote a culture whereby persons should feel able to raise with the Centre Lead, DSL and/or deputies, any concerns about staff conduct. If the reporter feels that the issue has not been addressed, they should contact the LADO. (See Appendix 1 below for contact details.)

28. Training

28.1 Child protection will be part of induction for all staff and regular volunteers new to the Centre. They will be given a copy of this policy, the Staff Code of Conduct, details about the role of the DSL and part one of 'Keeping Children Safe in Education: information for all school and college staff' plus Annex A if they work directly with children as a minimum.

28.2 This will be followed up by Safeguarding/child protection training that equips individuals to recognise and respond appropriately to concerns about learners.

28.3 A proportional risk-based approach will be taken regarding the level of information provided to all temporary staff and volunteers. As a minimum they will be provided with, and will be expected to follow, the child protection summary sheet which forms part of this policy.

28.4 Staff who do not have designated responsibility for safeguarding and child protection will undertake suitable refresher training at appropriate intervals, the recommendation for individual Safeguarding training is every two years and The Pan Dorset Safeguarding Children Partnership recommends that whole-school minimum level 2 training is completed every three years.

28.5 All staff will have training in preventing radicalisation and extremism ('Prevent') – either by attending a Workshop to Raise Awareness of Prevent (WRAP) or completing an on-line course, followed by a discussion with the DSL.

28.6 In addition, all staff members will receive regular safeguarding and child protection updates from the DSL/Safeguarding team as required, but at least annually. This will include learning from local and national serious cases when the learning becomes available.

28.7 In addition, their knowledge and skills will be updated regularly - at least annually. These individuals are expected to take responsibility for their own learning about safeguarding and child protection by, for example: taking time to read and digest newsletters and relevant research articles; attending training offered by PDSC on matters such as domestic abuse, attachment and child sexual and criminal exploitation; completing on-line training on FGM; attending local DSL forums etc.

28.8 The Centre Lead and any other relevant senior staff will complete safer recruitment training either through a multi-agency taught session or by completing a relevant on-line course.

28.9 We will provide access to all relevant safeguarding training and provided for within Dorset regulations or which is deemed appropriate for the work carried out at the Centre.

29. Raising concerns about safeguarding practice

21.1 We promote a culture where any staff or volunteers feel able to raise with the senior management any concerns about safeguarding or child protection practice.

29.2 Any issues which they feel have not been able to resolve with the DSL should be reported to a Deputy in the first instance. If they are still not satisfied, they should approach the Director for Children's Services or, if the issue relates to the conduct of or allegation against a member of staff, should contact the Local Authority Designated Officer (LADO).

29.3 Staff should refer to the Centre's whistle-blowing policy for more information or can use the NSPCC whistle blowing helpline: 0808 800 5000 email help@nspcc.org.uk or complete the online form.

30. Information for parents and carers

30.1 At the Centre we are committed to keeping our learners safe. Our first priority is your child's welfare and we will usually discuss with you any concerns we have about your child. There might be rare occasions, however, when we must provide information to or consult other agencies such as Children's Social Care before we contact you. This will include situations where we believe, that to tell you first, will or might put your child at risk of significant harm.

30.2 Our responsibilities are set out in this policy. It reflects statutory guidance and the Multi-Agency Safeguarding Procedures, which can be found on the Pan-Dorset Safeguarding Children Partnership website.

30.3 If you have any questions about this please speak to the Designated Safeguarding Lead: Chloe Carter-Miles (Hub)/ Nita Dooley (Granary)

31 **Contextual Safeguarding**

31.1 What is contextual safeguarding?
Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools, clubs, other education settings and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. All staff, especially the DSL or deputies, should consider the context within which such incidents and or behaviour occur. This is contextual safeguarding and assessments should consider such factors, so it is important to provide as much information as possible as part of the referral process. This will allow any assessment and considers all the available evidence and the context of the abuse.

32. **Remote Learning – illness/sickness or governmental requests**

As of March 2022, the UK Government removed the guidance for remote learning as a result of the pandemic. The Luccombe Hub recognises through its experience of learners needing to isolate due to Covid-19 that it provides continued guidance to all staff and any persons reading this policy of its continued duty to safeguard our learners, whilst they are away from the centre due to illness both emotional and physical or as a result of governmental lockdown requests.

This section of this policy should be read in conjunction with Children Missing in Education, Remote Learning Policy, Admissions Policy, First Aid & Sickness Policy and Lone working & Outreach Policy.

Where learners require an extended time off due to illness or by governmental request, their personal circumstances would review their individual needs and family circumstances on a case by case basis, to establish if the risk of harm is potentially greater for example, does the family have an existing family/social worker, are they deemed a Child in Need or on Care Protection. The Luccombe Hub would work alongside any involved agency to ensure regular contact and wellbeing checks were made and where needed share information.

Our policy is to provide additional pastoral support for learners and their families whilst self-isolating, shielding or absent from the Centre.

Where staff have a concern about a child, standard procedure of reporting would remain, including making reports via 'My Concern'.

The Luccombe Hub may, if deemed appropriate for those struggling to engage with learning and accessing the centre or taking an extended leave due to mental health offer a period of 'outreach' work/re-engagement activities including PSHE (discussions would include but not limited to online safety and healthy relationships). This also ensures that regular wellbeing checks are made and any early help and support is provided to the learner and their family, if required.

C. CHILD PROTECTION SUMMARY FOR ALL VISITING PROFESSIONALS AND NON - PROFESSIONALS

As an adult working directly with children you have a duty of care towards all learners. This means you must act at all times in a way that is consistent with their safety and welfare.

It is your responsibility to keep your child protection training up to date; you might be asked for evidence of this.

You must follow the principles of safer working practice, which include use of technology – on no account should you have contact with or take images of learners on personal equipment, including your mobile 'phone.

If the behaviour of another member of staff at the centre gives rise to concern you must report it to the DSL or a Deputy if the concern relates to the DSL.

If you have a concern about a child, particularly if you think s/he, may be suffering or at risk of suffering harm, it is your responsibility to share the information promptly with the Designated Safeguarding Lead (DSL) or the Deputies who are;
Nita Dooley *(AP)****, Chloe Carter-Miles*** (The Luccombe Hub) assisted by ***Henri Monier-Williams***, ***Lucie Wharton, Rosie Closier, Lydia Stephens, Hazel Lappin, Pippa Simpson, Alex White, Alex Tallentire-Tecko, Ness Mansfield, Rebecca Marshall.***

The following is not an exhaustive list, but you might become concerned as a result of:

- Seeing a physical injury which you believe to be non-accidental.
- Observing something in the appearance of a learner which leads you to think his/her needs are being neglected.
- A learner telling you that s/he has been subjected to some form of abuse.

In any of these circumstances you must write down what you observed or heard, date and sign the account and give it to the DSL or a Deputy.

If a learner talks to you about (discloses) sexual or physical abuse you must :

- Listen carefully without interruption, particularly if s/he is freely recalling significant events.
- Only ask sufficient questions to clarify what you have heard. You might not need to ask anything but, if you do, you must not 'lead' the learner in any way so should only ask 'open' questions.
- Make it clear you are obliged to pass the information on, but only to those who need to know.
- Tell the DSL or Deputy without delay.
- Write an account of the disclosure as soon as you are able (definitely the same day), date and sign it and give it to the DSL.

Do not ask the learner to repeat the disclosure to anyone else at the Centre, ask him/her or any other learner to write a 'statement', or inform parents. You are not expected to make a judgement about whether the child is telling the truth.

Remember – share any concerns, don't keep them to yourself. **THINK – SEEN SOMETHING?, HEARD SOMETHING?..SAY SOMETHING!**

APPENDIX 1

Useful Contacts

For all referrals (concerns about children who require a social work assessment)

Dorset – Childrens Advice and Duty Service (ChAD) –
Professionals Number: **01305 228558**
(This is a professionals – only number to discuss your concerns, you will no longer complete a referral form)

Dorset Families and Members of the Public **01202 228866**

Bournemouth, Christchurch & Poole -
Children's First Response Hub: **01202 735046**
childrensfirstresponse@bcpcouncil.gov.uk

Bournemouth, Christchurch and Poole
Out of Hours Team **01202 738256**
childrensOOHS@bcpcouncil.gov.uk

Dorset Out of Hours Team **01305 228558**

Dorset LADO **01305 21122**
Email: LADO@dorsetcouncil.gov.uk

Or online referral form
https://forms.office.com/Pages/ResponsePage.aspx?id=Nd9OCtLwI06Y9rCQC06h5lN9Xa5Zoy1Mgfp9n0LOEyFUMjk5V0RMUDk0QzlYRjBKRUlORURXTDlRTy4u

For Wiltshire learners:
If you think a child or young person is at risk of significant harm, or is injured, contact the Integrated Front Door (IFD) on 0300 4560108, 8.45am-5pm, Monday-Thursday and 8.45am-4pm Friday; Out of Hours 0300 456 0100.
Or if there is immediate danger, phone the police or emergency services on 999.

For less urgent enquiries, email: mash@wiltshire.gov.uk
Safeguarding | Your care Your support Wiltshire

If you call, a Children and Families Hub Responder will take the details of your concern. They will ask you for your contact details so we can call you back to clarify any details if we need to.

If you email, it is helpful if you provide a contact number so we can call you back to clarify any details, if we need to.

You can choose to remain anonymous and so your identity will remain confidential. Only the staff who assess the concern will have your details.

Sometimes, however, the family of the children for whom you have raised a concern may be able to guess who has raised it, based on the details of the concern.

Non-Emergency Police	**101**
Emergency Police	**999**
NSPCC - Email: help@nspcc.org.uk -	**0808 800 5000**

APPENDIX 2

Possible Indicators of Abuse

The following information is not designed to turn staff into experts but it will help them to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list; Designated Safeguarding Leads and other staff will find it helpful to refer to Government advice 'What to do if you're worried a child is being abused – (2015) and Pan-Dorset safeguarding children partnership – information and guidance for all multi-agency groups, https://pandorsetscb.proceduresonline.com/

i) Physical Abuse

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which is less likely to have been caused accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may be noticeable on children with different skin tones or from different ethnic groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse can include:

- bruising in children who are not independently mobile
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks, fingertips or a belt buckle

Although bruising is the most common injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness must be seen promptly by a doctor.

Other physical signs of abuse can include:

- cigarette burns
- adult bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather
- missing school
- running away from home

ii) Emotional Abuse

Emotional abuse can be difficult to measure, and often children who appear otherwise well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no

love, affection or attention from their parents or carers. *Children who live in households where there is domestic violence often suffer emotional abuse from witnessing the harm of others.* Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse can include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self-harm
- fear of parents being approached

iii) Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. It is important to remember that children can also be sexually abused by other children (i.e. those under 18)

Usually, in cases of sexual abuse it is the child's behaviour which may cause concern, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to, taken seriously and appropriate action taken promptly.

The physical signs of sexual abuse can include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse can include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- missing school
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about

- alcohol / substance / drug use
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults or other children

iv) Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children and young people.

The physical signs of neglect can include:

- constant hunger, sometimes stealing food from other children
- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect can include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

It is important that adults recognise that providing compensatory care might address the immediate and presenting issue but could cover up or inhibit the recognition of neglect in all aspects of a child's life. Compensatory care is defined as 'providing a child or young person, on a regular basis, help or assistance with basic needs with the aim of redressing deficits in parental care'. This might involve, for example, providing each day a substitute set of clothing because those from home are dirty, or showering a child whose personal hygiene or presentation is such that it is affecting his/her interaction with peers. It does not include isolated or irregular support such as giving lunch money or washing a child who has had an 'accident'. If any adult at the Centre finds s/he is regularly attending to one or more aspects of a child's basic needs then this will prompt a discussion with the Designated Safeguarding Lead.

The general rule is: the younger the child, the higher the risk in terms of their immediate health. However, serious neglect of older children and adolescents is often overlooked, on the assumption that they can care for themselves and have made a 'choice' to neglect themselves. Lack of engagement with services should be a potential indicator of neglect.
Staff should be mindful of the above and discuss any concerns with the
DSL who will take the appropriate action in accordance with the inter-agency neglect guidance on the DSCP website.

Due to the Special Educational Needs of our learners – a staff member should be familiar with the child and what constitutes 'normal' behaviour patterns for that child.

APPENDIX 3

Where a young person discloses abuse or neglect

Listen; take their allegation seriously; reassure that you will take action to keep them safe.

- Listen carefully to what is said.
- Avoid showing shock or disbelief.
- Observe the child's demeanour.
- Find an appropriate opportunity to explain that the information will need to be shared with others. They will not promise to keep the information confidential or a 'secret'.
- Allow the child/YP to continue at her/his own pace and not interrupt if the child is freely recalling events. They will not stop him/her to find a 'witness' as this could inhibit the child from saying more.
- Avoid asking questions or pressing for more information. Ask for clarification only. If questions, are necessary they should be framed an open manner and not 'lead' the child in any way: Tell me…. Explain…. Describe…
- Reassure the child, if necessary, that s/he has done the right thing by talking about it.
- Explain what will happen next and with whom the information will be shared.
- Do not ask the child to repeat the disclosure to anyone else in the Centre – including the DSL - or ask him/her or any other children who were present to write a written account or 'statement'.
- Do not raise allegation with possible abuser (parents/staff member/other)

After disclosure – login & complete 'My Concern' once the form is completed, it will automatically send an email alert to DSL

What to do if you are worried a child is being abused

Discuss concerns with Designated Safeguarding Lead (DSL) or Deputy Safeguarding officer in absence of DSL or where not appropriate to raise with DSL.

The **Safeguarding Lead/Deputy** will consider further actions required, including consultation with CHAD and/or current social worker if applicable. Concerns and discussions, decisions and reasons for decisions should be recorded on My Concern.

Childrens Advice and Duty Service (ChAD) – Professionals Number:
01305 228558
Bournemouth, Christchurch & Poole - Children's First Response Hub:
01202 735046

CHAD/Social Worker

1. Acknowledge receipt of referral
2. Decide on next course of action (within 1 working day)
3. Feedback decision to referrer (e.g. further assessment including Strategy Discussion /Child protection enquiries; no further action required for children's social care and Early Help CAF recommended; referral to other agency for service provision).
   DSL/Deputy – diarise for follow up 72 hours if you have not received feedback.

Still have concerns – **refer to CHAD/Current Social Worker (within 24hrs)**

Additional/unmet needs – consult with relevant agencies and undertake an Early Help CAF and Team around the Child meetings as deemed appropriate

No longer has safeguarding concerns

APPENDIX 4

Record Keeping: Best Practice
To be read and followed by all DSLs and Deputies

The Luccombe Hub uses an electronic based record keeping system – My Concern

1. Introduction

1.1 The importance of good, clear child welfare and child protection record keeping has been highlighted repeatedly in national and local Serious Case Reviews.

1.2 It is the Designated Safeguarding Lead (DSL)'s responsibility to ensure that child protection files, access, storage and transfer meet the required professional standards as detailed in this document.

1.3 The common law of confidentiality, Data Protection and Human Rights principles must be adhered to when obtaining, processing or sharing personal or sensitive information or records. In summary, the Data Protection Act requires that records should be securely kept, accurate, relevant, up to date and kept for no longer than is necessary for the purpose for which they were made.

1.4 Any electronic record keeping system should comply with the general standards set out below. (The 'My Concern' system in use in many local schools has been checked for compliance.)

2. Record to be made by an adult receiving a disclosure of abuse (when a child talks about abuse)

2.1 This record should be made as soon as possible **after** the individual hearing the disclosure has reported it verbally to the DSL. The facts, not opinions (unless of relevance), should be accurately recorded in a non-judgemental way. It is important to remember that expressing an opinion as to whether the child is telling the truth is not helpful and can prejudice how a case proceeds.

2.2 The record should ideally be on a standard 'concerns' form but if this is not used, should include:

- The child's name, gender and date of birth
- Date and time of the conversation
- What was the context and who was present during the disclosure?
- What did the child say? – verbatim if possible
- What questions were asked? – verbatim
- Responses to questions –verbatim
- Any observations concerning child's demeanour and any injuries
- The name of the person to whom the disclosure was reported
- Printed name and job title of the author, followed by signature and date

2.3 The record about a disclosure of abuse should be passed to the DSL and retained in the learners child protection file in its original and contemporaneous form (as it could be used as evidence in court proceedings), even if later typed or if the information is incorporated into a report.

2.4 The Centre should never ask learners, regardless of their involvement in a child protection matter (i.e. the subject of an allegation, a witness or the alleged 'perpetrator'), to write out their 'statements' of what has happened. In some cases, this could have the unintended consequence of jeopardising a child protection investigation. This applies regardless of whether the incident(s) took place within or outside of the centre.

3. Records kept by the Designated Safeguarding Lead

3.1 As stated at 2.2 above it is useful and recommended practice for staff to have one standard pro forma for recording all 'welfare' and child protection concerns. The Luccombe Hub uses an online software system ' My Concern' to record – hard copy of concern forms are available in the event of not being able to access the online system. These are held in the office.

3.2 The concern form should be passed to the DSL who will make a judgement about what action needs to be taken, in accordance with local inter-agency safeguarding procedures, using the Threshold Tool, if necessary. The decision about any action, whether a referral is made to Social Care, will be recorded clearly by the DSL.

3.3 Concerns which initially seem trivial may turn out to be vital pieces of information later, so it is important to give as much detail as possible. A concern raised may not progress further than a conversation by the DSL with the parent, or, at the other end of the scale, could lead to matters being heard in a court.

3.4 All 'lower level' / pastoral concerns about a child's welfare, which will generally have been discussed with parents/carers, are kept in the child's main file. Alternatively, some schools have adopted their own systems of collating such welfare concerns, but whichever system is in place, these records should not be labelled 'child protection'.

3.5 It is never good practice to keep learner welfare records in a diary or day-book system. Often it is only when a number of seemingly minor issues relating to an individual learner over a period of time are seen as a whole that a pattern can be identified indicating a child protection concern.

4. Starting a child protection file

4.1 A child protection file does not necessarily mean that the learner is or has been the subject of a child protection conference or plan. 'Child protection file' denotes a high level of concern which has warranted referral to/ involvement of, and in most cases assessment by, child care social workers.

4.2 It is the responsibility of the DSL to start a child protection file when a social worker is or was involved, e.g.: -

a) A formal referral is made by the centre to Children's Social Care on an multi-agency referral form.

b) Social Care inform the Centre they have commenced an assessment in relation to a learner resulting from information from another source.

c) A child protection file is forwarded to the Centre by a previous school/Education provision attended by the learner.

d) A child who is in care/looked after transfers into the Centre.

e) A learner is privately fostered

4.3 A child protection file is never 'closed' or de-categorised. Once the Centre has started a child protection file, the chronology is maintained so that any future concerns can be considered in the context of past events, even if Social Care ceases involvement.

4.4 Where there is an allocated social worker because a child is disabled or a young carer and there are no child protection concerns then a child protection file should not be started.

5. The format of child protection files

5.1 It is helpful if individual files have a front sheet with key information about the learner and contact details of parents/carers, social worker and any other relevant professionals.

5.2 If the child is Looked-After the front sheet should include important information about legal status, parental responsibility, arrangements for contact with birth parents and extended family, levels of authority delegated to carers and the name of the virtual school head in the authority that looks after the child.

5.3 If a learner is or was subject of a child protection plan or in care/looked after, this should be highlighted in some way to make it immediately obvious to anyone accessing the record.

5.4 It is a multi-agency standard that children's child protection files must have at the front an up to date chronology of *significant* incidents or events *and* subsequent actions/outcomes. Maintaining the chronology is an important part of the DSL role; it aids the DSL, Deputy and others to see the central issues 'at a glance' and helps to identify patterns of events and behaviours.

5.5 It should make sense as a 'stand-alone' document: anyone else reading the chronology should be able to follow easily what the concerns are/have been, whether the concerns have escalated and why, plus the actions taken by the school to support and protect the child. This will be particularly useful for DSLs in receiving schools when learners transfer, for professionals involved in collating information for Serious Case Reviews and for parents/learners/ex-learners if they view the record.

5.6 Once a chronology is started it should be updated as appropriate even if Social Care later ceases involvement (see 4.3 above).

5.7 The file should be well organised and include, as appropriate, any 'concern forms', copies of correspondence, school/Centre reports and minutes of child protection conferences, documents relating to children in care/'looked after' etc. The DSL will decide which relevant information which pre-dates the starting of the child protection file, such as CAF or other pastoral care documentation, will also be included.

6. Storage

6.1 All records relating to child protection concerns are sensitive and confidential so will be kept in a secure (i.e. locked at all times) filing cabinet, separate from other school files, and accessible through the DSL, the Deputy(ies) and other senior staff if applicable.

6.2 The learner's general file should be marked in some way to indicate that a child protection file exists. All staff who may need to consult a child's school file should be made aware of what the symbol means and to speak to the DSL if necessary if they see this symbol and have concerns. For example, a member of the office staff who is looking in the main file for a parent's contact details because of unexplained absence might decide to report this to the DSL if they see the indicator, in case the absence is significant.

7. Sharing of and access to child protection records

7.1 It is highly unlikely that all members of staff need to know the details of a child's situation, or that there should be widespread access to the records. Access to, and sharing of, information should be on a need-to-know basis, decided case by case. The DSL is the best person to decide this. Consideration must also be given to *what* needs to be shared. In general, the closer the day-to-day contact with the child, the more likely the need to have some information.

7.2 The child who is the subject of a child protection record has the right to access the file, *unless* to do so would affect his/her health or well-being or that of another person, or would be likely to prejudice a criminal investigation or a Section 47 assessment (which relates to significant harm) under the Children Act.

7.3 Parents (i.e. those with parental responsibility in law) are entitled to see their child's child protection file, with the same exemptions as apply to the child's right to access the record. Note that an older learner may be entitled to refuse access to the record by his/her parents. As a guide, this applies to learners who are 12 years of age or above, if they are of normal development or maturity.

7.4 References by name to children other than the learner who is the subject of the file should be removed when disclosing records, unless consent is obtained from the individual/s concerned (or their parents/carer on their behalf). Care must be taken to ensure all identifying information is removed from the copy of the record to be shared.

7.5 Always seek advice from your legal advisor or Dorset Data Protection Officer (01305 225175) if there are any concerns or doubt about a child or parents reading records. However, it is generally good practice to share all information held unless there is a valid reason to withhold it, e.g. to do so would place the child or any other person at risk of harm. Any requests to see the child's record should be made in writing to give time for confidential information, such as any details of other learners, to be removed.

7.6 In respect of requests from learners or parents for information which wholly or partly consists of an educational record, access should be granted within 15 working days. This might be relevant to 'welfare' concerns in a main school file, for example. Viewing-only access to these records is free but it is reasonable to charge for copies on a sliding scale from £1 - £50 (maximum) depending on the number of pages.

7.7 However, should the request only seek access to a child protection file (which is not classed as an educational record), access should be granted within 40 calendar days. A discretionary maximum fee of £10 can be charged for viewing access to or a copy of a child protection record.

7.8 If the record to be disclosed contains information about an adult professional, that information can be disclosed if it relates to the performance by that person of their job or other official duties e.g. a reference to a teacher in their teaching role or a school nurse in their nursing role. However, if the reference refers to that individual's private life, it should be removed (unless this relates to a child protection matter which is relevant to the record to be disclosed).

7.9 Child protection information should not normally be shared with professionals other than those from Social Care, the Police, Health or the Local Authority. Ofsted and other school inspectors can view individual child protection files. Information should not be released to parents' solicitors on request; advice should be sought from the school's legal advisor in such cases.

8. Transfer of child protection records

8.1 When a learner transfers to another provision the DSL should inform the receiving establishment as soon as possible in person or by telephone that child protection records exist. The original records must be passed on either by hand or sent by recorded delivery, separate from the child's main file. Care must be taken to ensure confidentiality is maintained and the transfer process is as safe as possible.

8.2 If the records are to be posted, they should be copied and these copies retained until there has been confirmation in writing that the originals have arrived at the new school. They can then be shredded.

8.3 Whether child protection files are passed on by hand or posted, there should be written evidence of the transfer (such as a form or slip of paper signed and dated by a member of staff at the receiving school.) This receipt should be retained by the originating school for 6 years (in line with guidance from the Records Management Society).

8.4. Open 'welfare' or pastoral records (i.e. where concerns or issues have been raised but there has been **no** referral to or involvement by a social worker) should also be passed on to the next provision for their information and can be included in the main school file.. In respect of data protection, parents/carers should be made aware that information is transferred in this way to enable the next placement to properly support their child. Most parents will understand the reason for this but if for whatever reason a parent disagrees with you passing on non-child protection documents, you should not do so.

10. 'Dual registered' learners

10.1 Where a learner is dual registered, the information contained within the chronology should be shared between the two settings. Because of the nature of such 'bespoke' arrangements for individual learners, the two DSLs should agree on which one of them will keep the chronology updated and how best to communicate to each other significant events and issues in relation to that learner.

11. Retention of records

11.1 The Luccombe Hub will retain the record for as long as the learner remains at the centre and then transfer as described above. Where a learner reaches statutory school leaving age whilst at The Luccombe Hub the file will remain until their 25th birthday.

11.2 Guidance from the Records Management Society is that when a learner with a child protection record reaches statutory school leaving age, the last school attended should keep the child protection file until the learner's 25th birthday. It should then be shredded (and a record kept of this having been done, including the date, and why).

11.3 The Independent Inquiry into Child Sexual Abuse has instructed relevant organisations, including schools and colleges, that they should NOT destroy, for the foreseeable future, any of their records that could potentially come within the scope of the inquiry (i.e. any records relating to sexual abuse).

12. Electronic child protection records

12.1 Electronic records must be password protected with access strictly controlled in the same way as paper records.

12.2 They should be in the same format as paper records (i.e. with well-maintained chronologies etc) so that they are up to date if/when printed, if necessary.

12.3 Electronic files must not be transferred electronically to other schools/Education Provisions unless there is a secure system in place but should be printed in their entirety, linked with paper documentation such as conference minutes and transferred as described in section 9 above. When the receipt has been returned to confirm that the file has been received at the new school or education provision, the computer record should be deleted.