SENSECERE CIC

02 - SAFEGUARDING CHILDREN POLICY

Date of Policy Issued/Review	**FEB 2020 / UPDATED 1st Sept 2025**
Name of Child Protection Officer	**Sharon Wilson**

POLICY STATEMENT

We intend to create an environment in which children are free from abuse and in which any suspected abuse is promptly and appropriately responded to.

That all members of staff recognise their responsibility in both ensuring the safety and wellbeing of all the children during sessions, and for the reporting of all suspected cases of abuse.

Due to the complexity of the children's needs, the lack of verbal communication, physical disability and lack of personal awareness or danger, all staff should to be made aware of the need for vigilance in detecting changes in behaviour, appearance and emotional responses.

These issues will be discussed at training sessions, briefs before sessions as well as the policy itself being available within the activity room. At training sessions all staff will be reminded of the importance and the role they play as individuals in making the policy work and to continue to encourage them to report any concerns with complete confidentiality and without fear of reprisal.

REFERENCES

- EYFS changes /amendments September 2025
- Hampshire Thresholds document (updated Feb 2025)
- Working Together to Safeguard Children – 2006 – updated and guidance July 2018
- Children Act 1989 and 2004
- Children and social work act 2017
- NSPCC Example of photography and filming policy statement March 2019
- Hampshire, Isle of wight, Portsmouth, Southampton (HIPS) Safeguarding Procedure Manual

PRINCIPLES

- The welfare of children is paramount.
- All Staff are responsible for Safeguarding Children.
- All Staff must take responsibility for understanding the procedures.
- If abuse is suspected, your suspicions **must be** reported.

- Any area of doubt or concern regarding these procedures should be referred to the Designated Safeguard lead (DSL).
- The DSL at Sensecere CIC is Sharon Wilson.

Child abuse has been defined as 'harm to children under the age of 18, by parents, carers or others, either by direct acts, or by failure to prevent abuse from happening'.

CATEGORIES OF ABUSE

There are four categories of abuse as follows:

1. **Physical abuse –** is the actual or likely physical injury to a child, or the failure to prevent injury. This can include bodily assaults such as bruises, burns, abrasions, fractures, dislocations, wounds or marks of physical restraint.
2. **Neglect –** is the persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger. This can include failure to provide access to appropriate health, social care or educational services, or to be withholding of the necessities or life, such as medication, adequate nutrition, clothing and heating. The persistent failure to provide these necessities can result in significant impairment of the child's health or development, including failure to thrive.
3. **Emotional abuse –** the severe or persistent emotional ill-treatment or rejection of a child which leads to adverse effects on a child's behavioural and emotional development. It might include bullying, shouting, threats or harm or abandonment, persistent ignoring, undermining, ridiculing, racial abuse, deprivation of contact, blaming or controlling.
4. **Sexual abuse –** forcing or enticing a child or young person to take part in sexual acts, regardless of if the child understands what is happening, or is unable to give informed consent. It is also the failure to prevent the sexual exploitation of a child. It can involve adults known to the child, (including family members), carers, friends, staff or other children. Sexual activity can include caressing, fondling, mutual masturbation, penetration or non-penetrative acts, encouraging children to behave in sexual inappropriate ways, exposure to pornographic materials, being made to witness sexual acts, or to be allowed access to any pornographic activities.

RECONGNITION OF ABUSE

The following are some indicators (not confirmation) of abuse:

- Staff need to be aware that a child may disclose information about abuse.
- The child has an injury for which the explanation appears to be inconsistent.
- The child's behaviour, personality or performance may change. He/she may become more aggressive or alternatively withdrawn or sexually explicit.
- The child may appear not to trust adults with whom they would be expected to have, or once had a close relationship, and do not appear to be able to mix socially or make friends.
- The child's appearance may look increasingly neglected or he/she may lose or put on weight for no apparent reason.

- The child shows inappropriate sexual awareness for his/her age or cognitive ability and may sometimes act in sexually explicit ways.

There are other signs or symptoms of child abuse. These are discussed in the child protection/ training for staff.

Staff need to be aware that care must be taken not to make assumptions or to misinterpret information.

It is **not** your responsibility to decide whether a child is being abused
It is your responsibility to act on your concerns immediately.
Never assume that someone else will have reported the same concern.
Any concerns that you have about a child should be reported. You should record this information on a Confidential safeguarding form which Sensecere holds blank copies within its safeguarding file. This form is be completed with DSL Sharon Wilson

We must also keep in mind that children with additional health and learning needs are particularly vulnerable to abuse and may have added difficulties in communicating what is happening (or has happened) to them.

STAFF RECRUITMENT

To create a safe and secure environment we will:

- Exclude known offenders
- It will be made clear to all applicants for any post within Sensecere that the position is **exempt** from the provisions of the Rehabilitation of Offenders Act 1974.
- All staff will be asked to provide at least two references, which will be contact via writing and followed up by a phone call to ensure electronic references originate from a legitimate source. This will also allow for any clarification where information is insufficient or vague. Information will be cross referenced to the application form and any discrepancies will be discussed with applicant.
- Sensecere will ensure the reference request includes reason for the candidate leaving their current or most recent post, if any concerns exist these are to be resolved satisfactory before appointment is offered.
- After interview, two references will be sort these will be:
  non-family members, non-open references e.g. “to whom it may concern” etc
  Sensecere will sort references not applicant.
- Employment will not be offered until references have been obtained and verified.
- Sensecere will ensure any references are from the candidate’s current employer, training provider or education setting and have been completed by a senior person with appropriate authority and has been received back in a timely manner.
- Sensecere will obtain verification of the individual’s most recent / relevant period of employment where the applicant is not currently employed.
- Sensecere will secure a reference from the relevant employer from the last time the applicant worked with children (if not currently working with children). If the applicant has never worked with children, then ensure a reference is from their current employer, training provider or education setting.

- When Sensecere is asked to provide references, it will ensure the information confirms whether they are satisfied with the applicant's suitability to work with children and provide the facts (not opinions) of any substantiated safeguarding concerns/allegations that meet the harm threshold*. They should not include information about concerns/allegations which are unsubstantiated, unfounded, false, or malicious.

- All staff will have an agreed probationary period during which time they are under the supervision of Management who will collating and assessing their skills.
- All staff will be subject to an Enhanced DBS check.
- Sensecere will record and hold a file for each team member, in this file information regarding staff qualifications, identity checks, vetting processes and references that have been completed (including the criminal records check reference number, the date a check was obtained and details of who obtained it will be recorded.

- Sensecere has an attendance policy that we share with parents and/or carers. This includes the expectations for reporting child's absences and the actions Sensecere will take if a child is absent without notification or for a prolonged period, for example: implementing the setting's safeguarding procedures, following up with the parents and/or carers and contacting emergency contacts if parents and/or carers are not contactable. Sensecere will be alert to any issues of concern in the child's life at home or elsewhere.

STAFF TRAINING

- Sensecere will always ensure it has a Safeguarding designated lead responsibile for safeguarding children. The designated safeguarding lead (DSL) (who will undergo two yearly training) is responsible for liaison with local statutory children's services agencies, and with the Local Safeguarding. This is currently Sharon Wilson.

- Sensecere will provide ongoing training before and during each activity day, briefs and de-briefs regarding good practice and guidance for the session. All practitioners must be alert to any issues of concern in the child's life at home or elsewhere. This will be taken into consideration during the time with the child in our sessions.
- Sensecere will seek training opportunities for staff to be trained in the following areas:
- Safeguarding (all) in line with the following annex C as suggested in the safeguarding reforms of 2024 see Annex C
- Together with quarterly training opportunities for the team to work in groups together with the DSL to look at scenarios for staff to put training into practice.
- Sensecere will seek for its team Paediatric First Aid Training every three years and always keep above (by two) the required Paediatric first Aiders within the staff ratios at any session.

- Sensecere will be responsible for identifying and selecting a competent training provider to deliver their PFA training. There is no hierarchy in relation to the range of Training Providers who offer Paediatric First Aid training, however those who work under the following bodies are fully regulated: one that is a member of a Trade Body with an approval and monitoring scheme, the Voluntary Aid Societies and those who work under Ofqual Awarding organisations. It may also be helpful to refer to HSE's guidance about choosing a first aid training provider, which can be found at: www.hse.gov.uk/pubns/geis3.htm.

- Sensecere will note for training and safeguarding that suitable students on long term placements and volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios at the level below their level of study, if Sensecere is satisfied that they are competent and responsible and if they hold a valid and current PFA qualification.

GOOD PRACTICE

Sensecere will ensure that when children are eating at snack time or lunch a member of staff with a valid paediatric first aid certificate will always be present at the table within the room.
• Before a child is admitted to the sessions at Sensecere information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements will be collated this information will be shared at Sensecere in several ways:

- each child will have a laminated table info card on the table itself for visual reference.
- A copy of the register for the day's session will be given to the staff member preparing snacks and cooking this has details of dietary needs for all children attending that day.
- Together with a verbal run through of the register of the children's needs to the staff member preparing that sessions snack and cooking.
- A second register is kept on the designated paperwork area in the room.

Sensecere sends regular messages to parents and will continue to do this in the days before a session. Ongoing discussions will happen with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information will be collated regularly and shared with all staff.
Sensecere can refer to the BSACI allergy action plan for advice.
Sensecere during pre-session briefs will ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time,
Sensecere especially focuses conversations in pre brief around soft to hard foods, known fixed dietary routines for some of the children, especially as some are very dry foods and therefore also pose more of a choking hazard.
References Food allergy - NHS (www.nhs.uk) and
treatment of anaphylaxis: Anaphylaxis - NHS (www.nhs.uk).

No staff are permitted to have own private mobile phones or cameras on their person during the activity sessions. Sensecere has one instant camera that it uses openly in session to record children's artwork and a photos for board recognition. Once used this is placed in a safe and secure place away from general use.

The Sensecere official phone, is the **only** phone to be used to on occasions to record still images of the activities and the children using the activities. It will also be the only phone used to record short video clips for progress and feedback purposes for parents.
This phone has a numbered passcode and is not accessible without the numbered code.
This is also he parent and or carers emergency contact to us phone.
This phone is not permitted to be Managers person when supporting with second person toileting tasks.

The layout of the Activity Sessions will permit constant supervision of children.
There will always be a minimum of two staff members in an area with one child.

For those children who are the most vulnerable all staff will be continually aware of their presence and note any change of mood or demeanour.

Sensecere will follow up on absences within 30 minutes of a child's expected arrival for a session using the emergency contact details provided for the child. Sensecere will aim to have provided from parents/ and or carer's two emergency contact details.

Sensecere will consider patterns and trends in a child's absences and their personal circumstances and use their professional judgement when
deciding if their absence should be considered as prolonged. Sensecere will also apply consideration to the child's vulnerability, parent's and/or carer's vulnerability and their home life. Sensecere will refer any concerns to local children's social care services and/or a police welfare check requested.

Those children who can be encouraged to develop a sense of autonomy and independence through adult support, to make choices and in finding names for their own feelings and acceptable ways of expressing them. This will enable children to have the confidence and communication to resist inappropriate approaches.

Respond appropriately to suspicion of abuse.

All changes in a child's behaviour, appearance, responses or emotional presentation and stability will be brought to the attention of the Child Protection Officer.

These exchanges will be made confidentially in the first instance and investigated immediately.

Parents will normally be the first point of reference, though suspicions will also be referred as appropriate to Children Services or Adult Services.

Any Referral to MASH (Multi- Agency Safeguarding Hub) team will be completed within 24 hours and referral completed on-line using the IARF along with the use of the Hampshire Thresholds chart when logging referral. See Thresholds chart attached.

PROCEDURES IN CASES OF SUSPECT OR ACTUAL CHILD ABUSE

If a disclosure of abuse is made to a member of staff, the following procedure must be followed:

- Noting that some of our children are unable to communicate their feelings verbally, particular attention should be paid to any visual signs of communication.

- Listen or watch attentively to what the child or vulnerable adult is communicating and show them that you believe everything that is being said.
- Do not interrupt or challenge what the child or vulnerable adult is saying.

Respond appropriately to suspicion of abuse.

All changes in a child's behaviour, appearance, responses or emotional presentation and stability will be brought to the attention of the DSL.

These exchanges will be made confidentially in the first instance and investigated immediately.

Parents will normally be the first point of reference, though suspicions will also be referred as appropriate to Children Services or Adult Services.

All such suspicions and investigations will be kept confidential,

Emergency Safeguarding Hampshire **0300 555 1373**
If a child is in immediate danger call **999.**

- Do not ask leading questions (thereby putting suggestions forward). If you need to ask a question to clarify a point at the end of a disclosure, then only ask an open question (these questions cannot be answered by a 'yes' or 'no').
- Thank the child for confiding in you and reassure them that they were right to do so.
- Staff must make it clear to the child that such information cannot be heard in total confidence; tell them that you **will need** to inform the DSL who will be able to help.
- The details of the disclosure should be written down, signed and dated by you as soon as possible, (Not in front of the child), and passed to the DSL
- The matter should be treated with complete confidentiality.
- Any member of staff who receives a disclosure of abuse, or has reasonable concern to believe that abuse has taken place, must refer to the DSL.
- **No further interviewing of the child should take place by any member of staff.**
- The DSL will agree a plan of action.
- All details, including the plan of action will be recorded by the DSL and kept locked in the Safeguarding File.
- Any referral to Children Services must be made within 24 hours.
- Communication with Carers and Parents will be followed up by the DSL, as and when appropriate, and on the advice of the Children Services Team/ Adult Services Team.
- The task of deciding whether, abuse has occurred, rests with the professional agencies (Children Services/ Adult Services and the Police) – not Sensecere staff.

ACTION CONCERNING MEDICAL EXAMINATION

If recent sexual assault is suspected, to preserve forensic evidence, the child should not be medically examined other than by a doctor approved by Children Services or the Police. An exception may be made if there appears to be injuries so severe as to require immediate medical attention.

ACTION CONCERNING ALLEGATIONS AGAINST A MEMBER OF STAFF

It is essential that any allegations of abuse made against a member of staff is dealt with fairly, quickly and consistently to provide effective protection for the child and at the same time, support the person who is subject to the allegation.

The procedure for dealing with allegations against a member of staff should deal with all cases in which it is alleged that a member of staff has:

- Behaved in a way that has harmed a child/ vulnerable adult or may have harmed.
- Committed a criminal offence against a child/vulnerable adult.
- Behaved towards a vulnerable adult/child or children in a way that indicates that s/he is unsuitable to work with children.

In cases where abuse of a child/vulnerable adult by a member of staff is suspected or alleged, the following procedure should be followed.

- Allegations should be reported to the DSL straight away.
- If an allegation is made against the DSL then it should be reported to LADO/ Ofsted.
- An accurate written record of the allegation must be made.
- Following discussion, Sensecere will need to take advice from LADO regarding informing the parents and the accused.
- Sensecere will take no further action as the Police /LADO will then proceed with the investigation.

Depending upon the circumstances it may be required to suspend the member of staff on full pay without prejudice, while investigations are carried out. The child concerned will receive help and support from relevant staff. The member of staff accused will also receive support from a member of the management team.

If anyone has a suspicion about another member of staff or any other person, then this must be reported to the DSL failure to do so is a disciplinary matter. It is everyone's responsibility to be aware of this policy and to ensure that vigilance and common sense always prevail.

AGENCY RESPONSIBILITY AND STATUTORY PROVISION IN CHILD ABUSE

Local Authority Children's Services have the primary responsibility for the care and protection of children who are abused or at risk of abuse. They have a duty to investigate any information received suggesting that a child may need protection (Section 47 of the Children Act 1989). This is usually done jointly with the Police.

Immediate risk of significant harm: **999**
Hampshire Children's MASH 03005551384
03005551373 (Out of hours)

HSCP Urgent consultations for professionals: direct line: 01329 225379

Hampshire LADO referral form and email to LADO@hants.gov.uk
Hampshire LADO Hampshire County council LADO platform / via Hampshire SCP Reporting page. Hampshire Safeguarding Children Partnership.
Also HIPS procedures website

Version Narrative

Version No	Date	Comments	Name
V1.0	Feb 2020	Original Document	Sharon Wilson
V2.0	Feb 2026	Original Document plus additional guidance EYFS Sept 2025.	Sharon Wilson
V3.0	June 2026	Original Document plus contact details updated and HCC Thresholds.	Sharon Wilson

Annex C

Criteria for effective safeguarding training

1. Training is designed for staff caring for 0 – 5 year olds and is appropriate to the age of the children being cared for.
2. The safeguarding training for all [practitioners/childminders and assistants] must cover the following areas:
• What is meant by the term safeguarding.
• The main categories of abuse, harm and neglect.
• The factors, situation and actions that could lead or contribute to abuse, harm or neglect.
• How to work in ways that safeguard children from abuse, harm and neglect.
• How to identify signs of possible abuse, harm and neglect at the earliest opportunity. These may include:
• Significant changes in children's behaviour.
• A decline in children's general well-being.
• Unexplained bruising, marks or signs of possible abuse or neglect.
• Concerning comments or behaviour from children.
• Inappropriate behaviour from [practitioners/childminders and assistants or household members], or any other person working with the children. This could include inappropriate sexual comments; excessive one-to-one attention beyond what is required through their role; or inappropriate sharing of images.
• Any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a child may experience emotional abuse or physical abuse because of witnessing domestic abuse or coercive control or that a girl may have been subjected to (or is at risk of) female genital mutilation.
• How to respond, record and effectively refer concerns or allegations related to safeguarding in a timely and appropriate way.
• The setting's safeguarding policy and procedures.
• Legislation, national policies, codes of conduct and professional practice in relation to safeguarding.
3• Roles and responsibilities of [practitioners/childminders and assistants] and other relevant professionals involved in safeguarding.
4. Training for the DSL should take account of any advice from the local safeguarding partners or local authority on appropriate training courses. In addition to the areas set out in paragraph 2, training for the DSL must cover the elements listed below:
• How to build a safer organisational culture.
• How to ensure safer recruitment.
• How to develop and implement safeguarding policies and procedures.
• If applicable, how to support and work with [other practitioners/assistants] to safeguard children.
• Local child protection procedures and how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children.
• How to refer and escalate concerns (including as described at paragraph [3.8/3.9] of the EYFS).
• How to manage and monitor allegations of abuse against other staff.
• How to ensure internet safety.