

AJ's Training Child Protection and Safeguarding Policy and Procedure

This policy was adopted October 2023

This policy is due for review October 2024

Key contacts

Role	DSL Name	Contact details
AJ's Training Designated Safeguarding Leads	Lead Safeguarding contact: Sydonie Cartlidge	07950951633 Sydonie@ajstraining.co.uk
	Deputy Safeguarding contact: Stuart Pocock	stuart@ajstraining.co.uk

Role	Team DSL Name	Contact details
20.1 Local Contact Details Sussex Child Protection and Safeguarding Procedures Manual		
Children's Social Care – for reporting concerns	Duty and Assessment Team East - Hastings and Rother	01424 724144
	Duty and Assessment Team West - Eastbourne, Lewes and Wealden	01323 747373
	Emergency Duty Service – after hours, weekends and public holidays	01273 335906 01273 335905
Targeted Early Help Services for	Family Keywork Central Team	01273 335966

Contents

1	INTRODUCTION	3
2	OUR ETHOS	3
3	SCOPE	3
4	THE LEGAL FRAMEWORK.....	3
5	ROLES AND RESPONSIBILITIES.....	4
6	SUPPORTING CHILDREN	4
7	CHILD PROTECTION AND SAFEGUARDING PROCEDURE.....	5
8	RECORD KEEPING	5
9	STAFF INDUCTION, TRAINING AND DEVELOPMENT	6
10	CONFIDENTIALITY, CONSENT AND INFORMATION SHARING	6
11	WHISTLE-BLOWING AND COMPLAINTS	7
12	QUALITY ASSURANCE	7
13	POLICY REVIEW	7
14	CHILD PROTECTION AND SAFEGUARDING PROCEDURE	7
15	CONTINUUM OF NEED.....	14
16	REPORTING CHILD SEXUAL EXPLOITATION INFORMATION [INTELLIGENCE] TO SUSSEX POLICE	18

1 INTRODUCTION

AJ's Training has the responsibility for safeguarding and promoting the welfare of children and young people in their area. Safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. As an Education Service we will ensure that our organisation will safeguard and promote the welfare of pupils and work together with other professionals and agencies to ensure adequate arrangements to identify, assess and support those children who are suffering or likely to suffer harm.

2 OUR ETHOS

We will work with staff, apprentices and professionals to ensure the welfare of all children, including the need for referrals to other agencies in some situations. Our approach will be a clear understanding of the needs and views of children.

3 SCOPE

In line with the law, this policy defines a child as anyone under the age of 18 years. This policy applies to all members of staff in our organisation.

4 THE LEGAL FRAMEWORK

AJ's Training Services has a legal duty to protect apprentices who are at risk of abuse, whether this is physical, emotional, sexual, discriminatory or through neglect.

AJ's Training are working to ensure there are effective methods for identifying, reporting, investigating and managing the protection of children. We take all allegations of abuse seriously and believe all children have the right to be safe and secure. Under the Children Act 2004 we are working to ensure:

All those working with children and young people know what to do if they are worried about a child's safety. When concerns are reported, action is taken quickly and sensitively to support the child and their family. Agencies working with children work effectively and follow legal guidelines.

The Children Act 1989 and 2004, and The Education Act 2002, Human Rights Act 1998, The Equality Act 2010, The Children & Social Work Act 2017, Safeguarding vulnerable groups act 2006 and the Health & Safety at Work Act 1974 set out the law governing our responsibilities:

[Children Act 2004 – Legislation.gov.uk](http://legislation.gov.uk)

[Children Act 1989 – Legislation.gov.uk](http://legislation.gov.uk)

5 ROLES AND RESPONSIBILITIES

- The identified staff members listed at the beginning of this document will have the overall responsibility for safeguarding and child protection at AJ's Training. They have received the appropriate authority to provide advice, support, training, resources and funding to relevant staff on safeguarding and child protection matters. In the absence of the Safeguarding lead all reports will be sent to the Deputy Safeguarding lead.
- The DSL will also have responsibility to manage allegations against staff in relation to any safeguarding concerns and will seek advice from the Local Authority Designated Officer (LADO), and any other professionals before undertaking any investigations.
- The identified DSL will be responsible for ensuring that safeguarding arrangements are fully embedded and implemented in the day-to day practice.
- The DSL will be responsible for keeping an up-to-date record and making any referrals as necessary.
- All relevant staff members know how to recognise signs and symptoms of abuse, how to respond to apprentices who disclose abuse and what to do if they are concerned about a child.

6 SUPPORTING CHILDREN

We recognise that children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self-worth. They may feel helpless, humiliated and some sense of blame. We accept that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

We will support the children and young people by:

- Encouraging development of self-esteem and self-assertiveness while not condoning aggression or bullying.
- Ensuring repeated hate incidents, e.g. racist, homophobic or gender- or disability-based bullying, are considered under child protection procedures.
- Liaising and working together with other support services and those agencies involved in safeguarding children.

- Monitoring children who have been identified as having welfare or protection concerns and providing appropriate support.

7 CHILD PROTECTION AND SAFEGUARDING PROCEDURE

We have developed a structured procedure in line with [Pan-Sussex Child Protection and Safeguarding Procedures](#) which will be followed by all relevant staff in cases of suspected abuse including specific safeguarding issues such as Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Prevent (Radicalisation) and Children Missing Education (CME). This is detailed in Appendix A.

All concerns will be reported to the DSL immediately. Employees have a duty to report all concerns no matter the size. The employee will be asked to complete a form provided by DSL, then the DSL will investigate and evidence the concern. The DSL will seek advice from SPoA or LADO if appropriate.

- The relevant children's services duty and assessment team will be notified as soon as there is a significant concern.
- A [statement of referral](#) (SOR) will be made in discussion with the safeguarding lead
- We will ensure all parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of children through our information leaflets and publications.
- We will participate in safeguarding reviews with professional bodies, conduct internal practice reviews, and file audits. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

8 RECORD KEEPING

Any communication relating to a safeguarding concern, both verbal and written, will need to be recorded in AJ's Safeguarding Log Book. This document outlines how Designated Safeguarding Leads (DSLs) will record, store and access information and documentation when they are leading in child protection and safeguarding matters relating to a child or young person.

9 STAFF INDUCTION, TRAINING AND DEVELOPMENT

- AJ's Training are committed to following safer recruitment processes and maintaining an effective safeguarding culture. All staff members within AJ's Training have an enhanced DBS, and we ensure appropriate checks such as referencing have been carried out prior to any contact with children or adult learners.
- All new members of staff will be given induction that includes basic child protection training on how to recognise signs of abuse, how to respond to any concerns, e-safety and familiarisation with the safeguarding and child protection policy, staff code of conduct, Keeping Children Safe in Education: Statutory Guidance and other related policies.
- All staff members will complete Safeguarding & Prevent training annually. The DSL will arrange the live training for team and obtain up-to-date information from the counties LADO & Prevent co-ordinator. Accurate records of the online and face to face training undertaken by each staff member will be maintained and monitored by the DSL.
- Any reports against staff members will be referred to the LADO immediately. The DSL will collate a thorough report from members. Low level concerns (where the staff member has behaved in way that is not consistent with AJ's Code of Conduct will be logged and reviewed by DSL and other leaders, we may refer to LADO depending on the severity.

10 CONFIDENTIALITY, CONSENT AND INFORMATION SHARING

- We recognise that all matters relating to child protection are confidential.
- Any information about an apprentice will be disclosed to other members of staff on a need-to-know basis only.
- All staff members must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being.
- All staff members have a professional responsibility to share information with other agencies in order to safeguard children.
- All our staff members who come into contact with children will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children's welfare.
- We will ensure that staff members are confident about what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent.

11 WHISTLE-BLOWING AND COMPLAINTS

- We recognise that children cannot be expected to raise concerns in an environment where staff members fail to do so.
- We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues.
- We have a clear reporting procedure for apprentices, parent/carers and other people to report concerns or complaints, including abusive or poor practice.

12 QUALITY ASSURANCE

We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits by the DSL.

13 POLICY REVIEW

This policy and the procedures will be reviewed every academic year. The DSL will ensure that staff members are made aware of any amendments to policies and procedures.

14 CHILD PROTECTION AND SAFEGUARDING PROCEDURE

1 DEFINITIONS

- 1.1 **Abuse**, including neglect, is a form of maltreatment. A person may abuse a child by inflicting harm or by failing to prevent harm. Children may be abused within their family, in an institutional or community setting, by those known to them, or, more rarely, by a stranger.
- 1.2 **Children** are any people who have not yet reached their 18th birthday; a 16-year-old, whether living independently, in further education, in the armed forces or in hospital, is a child and is entitled to the same protection and services as anyone younger.

- 1.3 **Child protection** is part of safeguarding and promoting the welfare of children and refers to activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.
- 1.4 **Early help** means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years to teenage years.
- 1.5 **Harm** is ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.
- 1.6 **Safeguarding children** is the action we take to promote the welfare of children and protect them from harm. **Safeguarding and promoting the welfare of children** is defined in [Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children \(2018\)](#) as:
- protecting children from maltreatment;
 - preventing impairment of children's health and development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
- 1.7 **Significant harm** is the threshold that justifies compulsory intervention in the family in the best interests of the child. Section 31 of the Children Act 1989 states 'where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.'
- 1.8 For more definitions, see [Pan-Sussex Child Protection and Safeguarding Procedures](#).

2 CATEGORIES OF ABUSE

- 2.1 **Emotional abuse** is the persistent emotional maltreatment of a child such that it causes severe and persistent adverse effects on the child's emotional development. It may involve:
- making a child feel worthless, unloved or inadequate
 - only there to meet another's needs
 - inappropriate age or developmental expectations
 - overprotection and limitation of exploration, learning and social interaction
 - seeing or hearing the ill treatment of another, e.g. domestic abuse
 - making the child feel worthless and unloved - high criticism and low warmth
 - serious bullying
 - exploitation or corruption

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

- 2.2 **Neglect** is the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, it may involve a parent 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.

2.3 **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning, 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.

2.4 **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Activities may involve physical contact, including penetration of any part of the body, or non-penetrative acts. They may include non-contact activities, such as involving children looking at or in the production of sexual images, including on the internet, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet.

3 SPECIFIC SAFEGUARDING ISSUES

3.1 Staff members need to be aware of specific safeguarding issues and be alert to any risks. Chapter 8 of the [Pan-Sussex Child Protection and Safeguarding Procedures](#) has detailed information about specific issues such as child sexual exploitation, fabricated or induced illness, female genital mutilation, private fostering, etc., and the local procedures to respond to risks.

3.2 The government website, [GOV.UK](#), has broad government guidance on a variety of issues. The following is not a comprehensive list and staff members should search the GOV.UK website and the *Pan-Sussex Procedures* for advice on other issues.

- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering

- preventing radicalisation and the Prevent duty
- sexting
- teenage relationship abuse
- trafficking

3.3 Further information on Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Teachers and school staff are more likely to see victims on a regular basis than almost any other professional. They will notice recurrent or prolonged absences and significant changes in behaviour. The use of the 'chronology' in the East Sussex Local Safeguarding Children's Board guidance –Keeping Records of Child Protection and Welfare Concerns: Guidance for Early Years, Schools and Colleges – will enable these patterns to be identified. They are key to identifying children at risk and raise concerns at an early stage, to potentially halt the grooming process before sexual exploitation has begun. Our staff will highlight concerns about missing children as they may be at risk of child sexual exploitation.

Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused. Practitioners should be aware that young people particularly aged 17 and 18 may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited.

As much as possible it is important that the young person is involved in decisions that are made about them.

Link to LSCB Child Sexual Exploitation procedures;
http://pansussexcscb.proceduresonline.com/chapters/p_sex_exploit.html

Link to DfE 'What to do if you suspect a child is being sexually abused': This should be read in conjunction with statutory guidance
<https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>

Link to DfE Statutory Guidance outlining how organisations and individuals should work together to protect young people from sexual exploitation.
<https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance>

Reporting regards CSE and the documents to be used in relation to reporting CSE is attached as Appendix D

Attention is drawn to : The WISE project : A specialist project working with and supporting young people at risk of or experiencing sexual exploitation in East Sussex.

Contact the WISE Project on:

07793 325649

or email:

wise@sussexcentralymca.org.uk

3.4 Further information on Female Genital Mutilation

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines referred to below.

The DFE Multi-Agency Practice Guidelines, chapter 9 (page 42)

Guidelines for school, colleges and universities sets out how staff can make a difference; 'Girls who are threatened with, or who have undergone FGM may withdraw from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally. Staff may become aware of a student because she appears anxious, depressed and emotionally withdrawn. They may be presented with a sudden decline in her performance, aspirations or motivation. There may be occasions when a student comes to school or college but then absents herself from lessons, possibly spending prolonged periods in the bathroom.

Students who fear they may be at risk of FGM can often come to the attention of, or turn to, a teacher, lecturer or other member of staff before seeking help from the police or social services. Sometimes the student's friends report it to staff. Teachers, lecturers and other members of staff are in an ideal position to identify and respond to a victim's needs at an early stage'

Link to DFE multi agency practice guidelines for female-genital-mutilation (June 2014)

<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

3.5 Further information on Preventing Radicalisation

The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). This guidance will be updated further to reflect the implications of the Prevent duty, which is expected to come into force later in 2015.

The Counter-Terrorism and Security Act 2015 will also place a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. The Act will require partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate.

Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the Act as partners of the panel. The relevant provisions of the Act will come into force on 12 April 2015 but many local authorities already have Channel panels set up in their area.

An East Sussex Channel Panel has been set and links to information and training can be found here;

<http://intranet.escs.gov.uk/sites/ASC/StaffInfo/subject/SAAR/Pages/PREVENT.aspx>

Channel Training

'Channel' is the name for the process of referring a person for early intervention and support, including:

- identifying people at risk of being drawn into terrorism
- assessing the nature and extent of that risk, and
- developing the most appropriate support plan for the people concerned.

The Channel process is about safeguarding children, young people and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from risk before a crime occurs.

You can complete a short general awareness course online here:

https://www.elearning.prevent.homeoffice.gov.uk/channel_awareness/01-welcome.html

Prevent is the pan-Sussex strategy for preventing vulnerable people from being radicalised into violent extremism:

The pan Sussex Prevent describes partners' (including schools) role in the Prevent agenda:

Sharing with colleagues

- Promote awareness of the PREVENT strategy within your organisation and partners, including the local risks, roles and responsibilities involved in its delivery
- Ensure colleagues and partners are aware of how to report any potentially relevant information or concerns
- Promote an understanding amongst colleagues and partners of how to identify indicators of terrorism
- Promote an understanding amongst colleagues and partners of how to identify potential signs of individual vulnerability to radicalisation.
- Indicators of terrorist activity

The Department for education has published The Prevent duty Departmental advice for schools and childcare providers at:

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

3.6 Self-harm and suicidal behaviour

Definition - Self harm, self mutilation, eating disorders, suicide threats and gestures by a child must always be taken seriously and may be indicative of a serious mental or emotional disturbance.

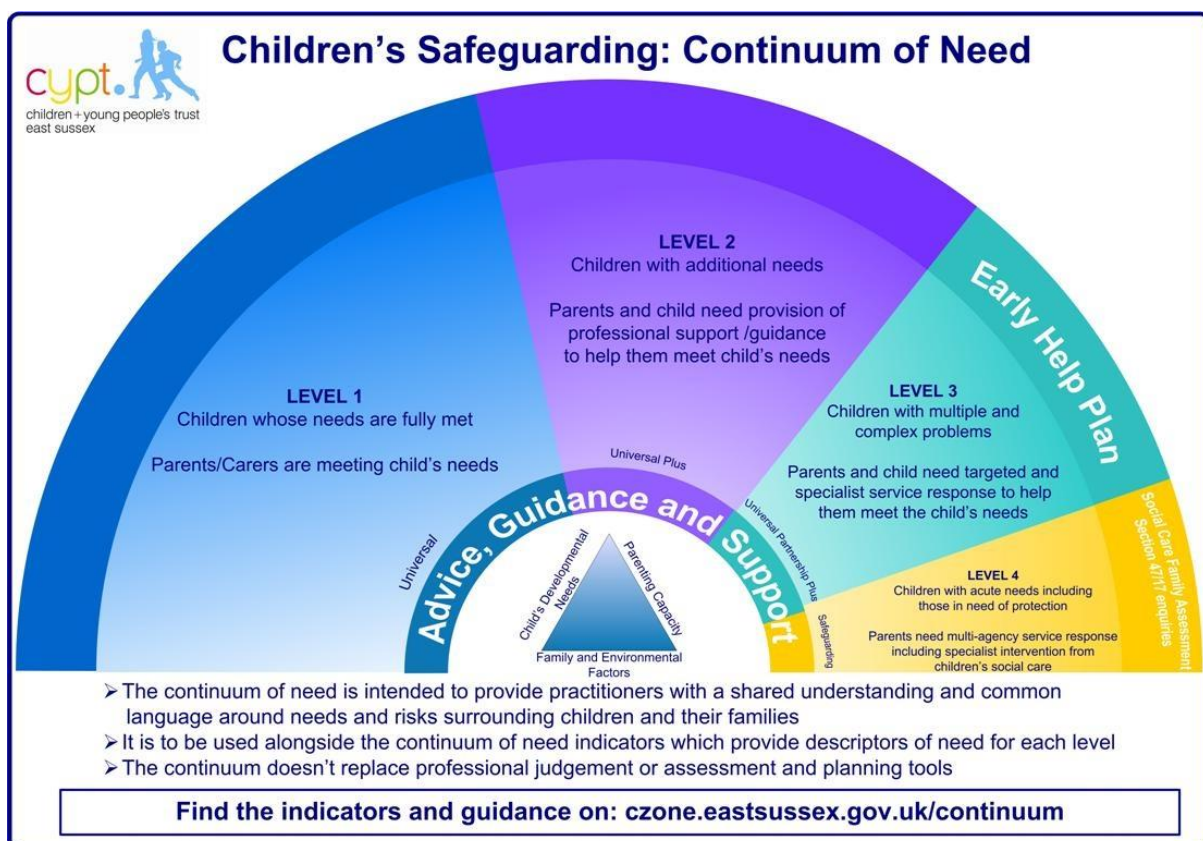
15 CONTINUUM OF NEED

The Safeguarding Children Continuum of Need has been developed so that everyone working with children in East Sussex has a common language for understanding the needs and risks surrounding children and their families.

The Continuum of Need does not replace professional judgement, but it is intended to support decision-making and discussions between services and practitioners.

It is important that staff members are familiar with the Continuum of Need tool. It comes in two parts – a windscreen tool showing levels of need (see below) and an indicator tool describing a range of conditions about the child and family that the school (and other practitioners the school has discussions with) can use to identify their level of need.

The Continuum of Need tool, including the windscreen and indicators, and detailed guidance are available on the Sussex Child Protection and Safeguarding Procedures website.



The Continuum of Need shows that a child's or family's additional needs can be on a range from none to very high, and that needs can shift from early help to child protection and back to preventative early help. It covers children whose needs are increasing as well as children whose needs are decreasing after Children's Social Care involvement. The Continuum of Need will help practitioners to identify the right level of support for the child in the least intrusive way while keeping the child safe.

The Continuum of Need identifies four levels of need

Level 1:

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

Level 2:

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

Level 3:

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

Level 4:

- children with acute needs, including those in need of protection
- children and parents need multi-agency responses which include specialist intervention from Children's Social Care through the family assessment process

By referring to the Continuum of Need and indicators, staff can identify when assessment and support for a child and family need 'stepping up' to a referral to Social Care and when the needs of a child and their family have been reduced enough for them to be 'stepped down' to early help services.

Indicator Tool

For full information of Indicators see below link

[Level indicators | East Sussex County Council](#)

DEALING WITH A DISCLOSURE MADE BY AN APPRENTICE: ADVICE FOR ALL MEMBERS OF STAFF

If an apprentice discloses that he or she has been abused in some way, the member of staff or volunteer should follow this guidance.

- Listen to what is being said without displaying shock or disbelief.
- Only ask questions when necessary to clarify.
- Accept what is being said.

- Allow them to talk freely – do not put words in the child’s mouth.
- Reassure the child that what has happened is not his or her fault.
- Do not make promises that you may not be able to keep.
- Do not promise confidentiality – it may be necessary to refer the child to Children’s Social Care.
- Stress that it was the right thing to tell.
- Do not criticise the alleged perpetrator.
- Explain what has to be done next and who has to be told.
- Inform the DSL without delay.
- Complete the welfare concern form and pass it to the DSL.
- Dealing with a disclosure from a child and safeguarding issues can be stressful. Consider seeking support for yourself and discuss this with the DSL.

DISCUSSING CONCERNS WITH THE FAMILY AND THE CHILD: ADVICE FOR STAFF

- If the learner is under 18, in general you should always discuss any concerns you may have with the students’ parents. They need to know that you are worried about their child. However, you should not discuss your concerns if you believe that this would place the child at greater risk or lead to loss of evidence for a police investigation.
- **If you make a decision not to discuss your concerns with the child’s parents or carers** this must be reported to the DSL and recorded on the database with a full explanation for your decision.
- **It is important to consider the child’s wishes and feelings**, if age appropriate, as part of planning what action to take in relation to concerns about their welfare.
- When talking to children, you should take account of their age, understanding and preferred language, which may not be English. It is also important to consider how a disabled child may need support in communicating. How you talk to a child will also depend on the substance and seriousness of the concerns. You may need to seek advice from Children’s Social Care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised.
- **It is expected that you discuss your concerns with the parents and seek their agreement to making a referral to Children’s Social Care, unless you consider that this would place the child at increased risk of significant harm.**

You do not need the parents’ consent to make a referral if you consider the child is in need of protection, although parents will ultimately be made aware of which organisation made the referral.

If parents refuse to give consent to a referral but you decide to continue, you need to make this clear to Children’s Social Care.

If you decide to refer the child without the parents’ consent, make sure to record this with a full explanation of your decision.

When you make your referral, you should agree with Children's Social Care what the child and parents will be told, by whom and when.

PROFESSIONAL CHALLENGE AND DISAGREEMENTS

Working with children and families, and in particular child protection work, is stressful and complex, as well as involving uncertainty and strong feelings. To ensure that the best decisions are made for our students, we need to be able to challenge one another's practice.

We will promote a culture within our organisation that enables all staff members to raise, without fear of repercussions, any concerns they may have about the management of child protection. This may include raising concerns about decisions, action and inaction by colleagues about individual children. If necessary, staff members will speak with the DSL.

Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.

If there are any professional disagreements with practitioners from other agencies, the DSL will raise concerns with the relevant agency's safeguarding lead in line with guidance in the [*Pan-Sussex Child Protection and Safeguarding Procedures*](#).

16 REPORTING CHILD SEXUAL EXPLOITATION INFORMATION [INTELLIGENCE] TO SUSSEX POLICE

Full information on the Multi-Agency Criminal Exploitation of Children process (MACE) can be found [here](#)

The identification of any child at risk from this activity should be referred to Single Point of Advice (SPOA). Any professional wishing to seek a social work consultation on this area of risk for a specific child should be offered that opportunity via a qualified Social Worker in the MASH

The below form has been developed to assist us in improving how we collate and assess intelligence relating to CSE. You should use this form when you have intelligence or information that is not a crime nor a safeguarding issue but could be an indicator of a perpetrator or hotspot for CSE or other information that supports CSE concerns

Please use the form [here](#) to record relevant information on and send to c22_eastdiv@sussex.pnn.police.uk. This form is NOT to be used to report matters of crime or immediate concerns regarding the safety and welfare of children/ young people. You will still need to report that via 101/999, whichever is most appropriate.

Please also note that this does not replace the usual referral systems in place and the local Police Child Protection teams should still be your main point of contact. It is an additional intelligence development tool.