



Safeguarding & Child Protection Policy

Also see Safer recruitment policy

Effective from: April 2026

Review date: April 2027

Policy Statement

Bridge 2 Education & Employment is committed to safeguarding all pupils, recognising that children attending independent AP may be **particularly vulnerable** due to prior experiences, complex needs, or previous exclusions. This policy incorporates **Keeping Children Safe in Education (KCSIE 2025)** and local safeguarding partnership guidance.

Scope

This policy applies to:

- All pupils on placed, including those placed from other schools who are on roll
- All staff, volunteers, contractors, and third-party partners.
- All sites, off-site learning locations, and community placements.

It covers **all aspects of safeguarding**, including child protection, online safety, mental health, radicalisation, and contextual risks.

Accountability at Bridge 2 Education & Employment

At B2EE we ensure **clear lines of accountability**, including:

1. **Director/ Management Board**
 - Ultimate responsibility for safeguarding compliance.
 - Ensures policies, procedures, and staffing meet statutory standards.
 - Conducts annual safeguarding audits and reports to any overseeing authority.
2. **Designated Safeguarding Lead (DSL)**
 - Must have **advanced safeguarding training**, ideally annually.
 - Maintains records of all concerns and external referrals.
 - Coordinates training for staff on independent provision challenges, including **vulnerable pupils, off-site placements, and pupil behaviour**.
3. **Local Authority Liaison**
 - Even as an independent provider, B2EE must **liaise with the placing local authorities** regarding safeguarding concerns, attendance, and multi-agency planning.

Safer Recruitment At B2EE (See safer recruitment policy)

Due to the independent nature of the provision, **robust safer recruitment is critical**:

- **Enhanced DBS checks** on all staff, with a **Barred List check** for regulated activity.
- **Prohibition and section 128 checks** for leadership roles.
- **Verification of qualifications and references**, including previous employment gaps.
- **Online/social media checks** to assess potential safeguarding risks.
- **Third-party staff checks** if using supply or subcontracted tutors.

All checks are **recorded in a Single Central Record (SCR)**, which is updated immediately if staff move roles.

Site & Environmental Safety

At B2EE we will ensure:

- All areas are **secure, hazard-free, and monitored**.
- Visitors and contractors are **signed in, escorted, and checked against safeguarding records**.
- Health & safety and fire safety policies are in place.
- Risk assessments for **specialist classrooms, off-site trips, and work placements**.

Off-Site and Work-Based Placements

At B2EE pupils will often includes off-site working:

- Conduct **pre-placement checks** on partner providers (workshops, colleges, training).
- Ensure **written safeguarding agreements** with placement providers.
- Monitor attendance and wellbeing **at least weekly**, escalating any concerns immediately.
- Ensure pupils always have access to DSL support, including off-site.

Child Protection Procedures

Pupils who attend B2EE may have **complex safeguarding needs**, including:

- Previous abuse, neglect, or trauma.
- Risk of exploitation (criminal, sexual, or online).
- Risk of exclusion from mainstream school leading to isolation.

Procedures:

1. **Staff report concerns to the DSL immediately using CPOMS.**
2. DSL evaluates, documents, and may escalate to:
 - Local authority children's social care
 - Police (if criminal or exploitation risk)
 - Multi-agency safeguarding hub (MASH)
3. Maintain **confidential, accurate records** with chronology.
4. Conduct **multi-agency planning meetings** as needed, especially for complex cases.

Specific Risks in Independent AP

1. **Online Safety**
 - Monitoring and filtering must cover remote learning, mobile devices, and AI tools.
2. **Contextual Safeguarding**
 - Consider risks outside the provision, e.g., gangs, criminal exploitation, county lines.
3. **Mental Health & Behaviour Support**
 - Trauma-informed approaches.
 - Access to counselling, therapeutic support, or behaviour specialists.
4. **Peer-on-Peer Abuse**
 - Policies and procedures for sexual harassment, bullying, and violence.
5. **Children with SEND or SEMH Needs**

- Reasonable adjustments and specialist support.
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Staff Training & Induction

- Mandatory **induction on safeguarding, behaviour policy, and reporting concerns**.
 - Annual refresher training on KCSIE updates and contextual risks.
 - Additional training for **independent AP challenges**, including off-site monitoring, trauma-informed practice, and vulnerable pupil engagement.
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Monitoring, Review & Reporting

- **Annual safeguarding audit** for B2EE
 - **Half-termly review of off-site placements and pupil safety**.
 - Regular **reporting to placing authorities** about safeguarding incidents and actions.
 - Policy reviews **at least annually**, or after guidance changes or significant safeguarding incidents.
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Step-by-step process

Step 1: Recognise a Concern

Staff notice:

- Physical signs of abuse or neglect
- Emotional distress or behavioural changes
- Disclosure by a pupil
- Concerns about online activity, radicalisation, exploitation, or bullying

Action: Do not investigate—observe and note facts.

Step 2: Record the Concern

- Record **what you saw/heard** using the pupil's words where possible.
 - Include **date, time, location, people involved, and any context**.
 - Record on the **official safeguarding form / electronic system**.
 - **Sign and date** the record.
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Step 3: Report to the DSL Immediately

- All staff must report **immediately** to the **Designated Safeguarding Lead (DSL)** or **Deputy DSL** if DSL unavailable.
 - If the DSL is implicated in the concern, report to **Director of Operations**
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Step 4: DSL Assessment

The DSL will:

- Assess the level of risk
 - Consult KCSIE 2025, local safeguarding partnership guidance, and placing authorities (if applicable)
 - Decide whether to:
 1. **Monitor internally** (low-level concern)
 2. **Refer to local children's social care**
 3. **Refer to police** (if criminal activity suspected)
 4. **Refer to other agencies** (e.g., health, youth services, PREVENT)
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Step 5: Referral & Multi-Agency Work

- DSL makes **referral to the relevant agency** as needed.
 - Record **date, time, who was contacted, and response**.
 - **Follow up** to ensure actions are taken.
 - Participate in **multi-agency meetings** (e.g., strategy meetings, safeguarding plans).
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Step 6: Feedback & Confidentiality

- DSL provides **feedback to reporting staff** where appropriate.
 - Maintain **confidentiality**—information shared only with those who need to know.
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Step 7: Ongoing Support

- Provide **support to the pupil** (wellbeing checks, counselling, pastoral care).
- **Monitor the situation** until resolution.
- Review safeguarding measures and **adjust risk assessment** if needed

The Four Indicators of Child Abuse are:

1. Physical Abuse

2. Emotional Abuse

3. Sexual Abuse

4. Neglect

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

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.

Some of the Possible Indicators Could Include:

May be recognised by: Children with frequent injuries, injury such as bruising, bite marks, burns and scalds, fractures but also by aggressive behaviour. It may also be an indicator of concern where a parent gives an explanation inconsistent with the injury or gives several different explanations for the injury.

Emotional Abuse: The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as over protection 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, although it may occur alone.

Some of the Possible Indicators could include:

May be recognised by: Developmental delay, attachment issues, aggressive behaviour, appeasing behaviour, watchfulness or stillness, low self-esteem, withdrawn or a loner, or having difficulty in forming relationships. Emotional abuse may be difficult to recognise as signs are usually behavioural rather than physical. Signs of emotional abuse may be associated or like other forms of abuse so presence of emotional abuse may indicate other abuse is prevalent as well.

Sexual Abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Some of the Possible Indicators Could Include:

May be recognised by: Inappropriate sexualised conduct, age-inappropriate sexualised play or conversation, sexually harmful behaviour – contact or non-contact, self-harm, eating disorders, continual, inappropriate or excessive masturbation, anxiousness or unwillingness to remove clothes – sports/ PE etc, pain or itching in genital area, blood on underclothes, bruising in genital region and/or inner thighs etc.

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 abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Some of the Possible Indicators Could Include:

May be recognised by: Being constantly hungry; constantly tired; have a poor state of clothing; be emaciated; have untreated medical problems; be frequently late or have poor or non-attendance at school; have low self-esteem; display neurotic behaviour and/or have poor social relationships, have poor personal hygiene. A neglected child may also be apathetic, fail to thrive, or be left with or in the care of adults under the influence of alcohol or drug misuse.

Upskirting Definition

Upskirting typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

All staff have undertaken (and will do if they join mid-academic year) Level 2 Safeguarding training from an external provider, where they will be informed/reminded that 'upskirting' is now a criminal offence. The pupils are made aware of these through lessons and through questioning and answering sessions with visits from the local Police.

At B2EE we are aware that on-line abuse maybe a greater issue when children are not in attendance at schools and are engaging in learning remotely, with possibly limited supervision from parents. Parents are provided with support from B2EE staff, via phone calls and during meetings.

Contextualised Safeguarding

We recognise safeguarding incidents and/or behaviours can be associated with factors outside of school and/or can occur between children outside of school. All our staff, but particularly our Designated Safeguarding Leads (DSL's) will consider the context within which such incidents and or behaviours occur. We recognise this is known as 'contextual safeguarding' and will consider by assessing whether wider environmental factors are present in a child's life that threaten their safety or welfare. In such cases we will work with safeguarding agencies and support the child and family as part of any referral process.

Arrangements, responses and support mechanisms are in place to address areas of contextualised safeguarding, which includes:

- Child Sexual Exploitation – CSE.
- Radicalisation and Extremism.
- Criminal Child Exploitation – CCE.
- Serious Youth Violence - County Lines.

- Human Trafficking.
- Harmful Sexual Behaviour – HSB.
- Sexual Violence and Sexually Harmful Behaviour

Referrals will be made to the relevant external agencies and local authorities if any child is deemed to be at risk of the above. The DSL will primarily make these referrals and liaise with social workers, local authorities as and when necessary/appropriate.

Our staff will be alert to the potential needs for a social care referral child who:

- is disabled and has specific additional needs.
- has special educational needs (whether or not they have a statutory education, health and care plan, EHCP).
- is a young carer.
- is showing signs of being drawn into anti-social behaviour, including gang involvement and association with organised crime groups.
- is frequently missing/goes missing from care or from home.
- is misusing drugs or alcohol themselves.
- is at risk of modern-day slavery, trafficking or exploitation.
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse.
- has returned home to their family from care.
- is showing early signs of abuse and/or neglect.
- is at risk of being radicalised or exploited.
- has an age-inappropriate understanding of sexualised behaviours.
- is privately fostered.

All our staff are aware they must always act in the 'best interest of the child' and report or refer concerns in accordance with our policies and procedures.

Children with Special Educational Needs

We recognise that children with special educational needs (SEN) and or disabilities can face additional safeguarding challenges. Children with SEN and or disabilities are especially vulnerable when identifying concerns due to their impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening.

This policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children which include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.

- children with SEN and disabilities can be disproportionately impacted by things like bullying, without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers.
- addressing individual behaviour concerns and incidents considering the child's SEN and disabilities.

Policy Approval

Policy Owner: Bridge 2 Education and Employment

Approved by: Director of Operations

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