

CLEARSPACE LEARNING LTD

SAFEGUARDING POLICY

Protecting Children and Adults

Company Registration:	15950890
Policy Owner:	Stuart Knox (Director)
Version:	2.1
Date of Issue:	September 2026 · Last Updated: October 2026
Review Date:	October 2027
Approved by:	Stuart Knox, Director

PURPOSE AND SCOPE

Why We Have This Policy

Safeguarding is everyone's responsibility. This policy exists to:

- Protect children and adults from harm, abuse, and neglect
- Provide clear procedures for recognising and responding to concerns
- Ensure legal compliance and best practice
- Create a culture where safeguarding is paramount

Who This Applies To

- All children and young people (aged 8-25) accessing Clearspace Learning
- Adults at risk who may access our services
- Stuart Knox (Director/Designated Safeguarding Lead)
- All future staff, volunteers, and contractors
- Parents, carers, and partner organisations

OUR COMMITMENT

Policy Statement

At Clearspace Learning, safeguarding is our highest priority. We are committed to:

- The child's welfare is always paramount in every decision
- Creating safe spaces where children and adults feel valued, respected, and protected
- Early intervention - addressing concerns promptly prevents escalation
- Working in partnership with families, schools, and safeguarding agencies
- Trauma-informed practice - understanding that behaviour is communication
- Professional curiosity - remaining alert, questioning, and vigilant
- Zero tolerance of abuse in any form

Our Beliefs and Core Principles

We believe that:

- All children and adults have the right to be safe and protected
- Neurodivergent children may face additional vulnerabilities
- Relationships built on trust enable safeguarding
- Prevention is better than reaction

- Everyone who works with vulnerable people has a safeguarding duty
- It could happen here - we maintain an attitude of vigilance

Our approach reflects:

- 20+ years of trauma-informed practice
- Relationship-based education
- Understanding neurodivergent needs and vulnerabilities
- Mobile, flexible provision requiring enhanced vigilance
- Commitment to continuous learning and improvement

LEGAL FRAMEWORK

This policy is based on:

Key Legislation:

- Children Act 1989 and 2004
- Care Act 2014 (adults)
- Keeping Children Safe in Education (KCSIE) 2026
- Working Together to Safeguard Children 2023
- Counter-Terrorism and Security Act 2015 (Prevent)
- Sexual Offences Act 2003
- Mental Capacity Act 2005
- Data Protection Act 2018 and UK GDPR

Full legislative framework: See Appendix H - Legal Framework

Local Safeguarding Arrangements: This policy operates in line with the multi-agency safeguarding arrangements published by the Oxfordshire Safeguarding Children Partnership (OSCP) — the successor to the former Oxfordshire Safeguarding Children Board (OSCB).

Full multi-agency procedures and resources: www.oscp.org.uk/practitioners/multi-agency-procedures-and-resources

DESIGNATED SAFEGUARDING LEAD (DSL)

Current DSL

Stuart Knox

Role: Director/Designated Safeguarding Lead

Contact: 07986 622049 | stuart.knox@clearspacelearning.com

Training:

- DSL Level 3: Completed 18th April 2026
- Refresher due: April 2028
- Prevent awareness training
- 20+ years safeguarding experience

Emergency Contact (if Stuart unavailable):

Dr David Bromiley - 07455 158749 | d.w.bromiley@gmail.com

Deputy DSL: Dr David Bromiley - 07455 158749 | d.w.bromiley@gmail.com

DSL Responsibilities

The DSL is the lead person responsible for:

- Being the first point of contact for safeguarding concerns
- Coordinating safeguarding responses
- Making referrals to MASH (Multi-Agency Safeguarding Hub)
- Working with external agencies (police, social care, schools)
- Maintaining confidential safeguarding records
- Ensuring this policy is implemented and reviewed
- Providing safeguarding guidance to staff

RECOGNISING ABUSE AND HARM

The Four Main Types of Abuse

1. Physical Abuse

Hitting, shaking, burning, poisoning, drowning, suffocating, or causing physical harm.

2. Emotional Abuse

Persistent emotional maltreatment causing severe adverse effects on emotional development.

3. Sexual Abuse

Forcing or enticing a child/adult to take part in sexual activities (contact or non-contact).

4. Neglect

Persistent failure to meet basic physical and/or psychological needs.
Detailed indicators: See Appendix C - Types of Abuse & Indicators

Specific Safeguarding Concerns

We are alert to:

- Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)
- County Lines drug trafficking
- Online abuse and grooming
- Radicalisation and extremism (Prevent duty)
- Child-on-child abuse, recognising the continuum from harmful sexual behaviour through to sexual violence and harassment
- Racism, faith-based prejudice and other prejudice-based harm
- Misogyny and its relationship to harmful sexual behaviour
- Domestic abuse
- Mental health concerns (staff should be aware these can develop into safeguarding concerns)
- Self-harm
- Suicidal ideation or risk of suicide
- Eating disorders
- Female Genital Mutilation (FGM)
- Forced marriage and honour-based abuse
- Child-to-parent or caregiver abuse
- Serious violence, including any concern about a child carrying or expressing intent to use a weapon (report to DSL immediately, however minor it seems)
- Children Missing Education (CME)

SEND Vulnerabilities: Neurodivergent children may face additional risks due to communication difficulties, social naivety, or dependence on adults.

Full guidance: See Appendix D - Specific Safeguarding Issues

Where I believe a child is in immediate danger due to a mental health crisis, I will call 999, take the child to A&E, or contact NHS 111 (by phone or online), depending on circumstances - in addition to following the standard safeguarding concern process below.

WHAT TO DO IF YOU HAVE A CONCERN

Core Principles

- Act immediately - never delay
- It is not your role to investigate - report and let professionals investigate
- Anyone can make a referral directly to children's social care or adult social care
- Record everything - factual, dated, signed
- Maintain confidentiality - share only on need-to-know basis

Responding to Concerns - Quick Reference

Use these flowcharts:

- Appendix A - Safeguarding Children Flowchart
- Appendix B - Safeguarding Adults Flowchart

If a Child/Adult Discloses Abuse

DO:

- Listen carefully and take seriously
- Stay calm and reassuring
- Reassure them they did the right thing
- Explain you must share to keep them safe
- Record using their exact words
- Report to DSL immediately

DON'T:

- Promise confidentiality ("I'll keep it secret")
- Ask leading questions
- Investigate yourself
- Discuss with anyone except DSL
- Show shock or disbelief

Recording

Use: Appendix E - Safeguarding Concern Recording Form

All records must be:

- Factual (what you saw/heard, not interpretation)
- Accurate (specific details - dates, times, locations)
- Timely (as soon as possible, ideally immediately)
- Signed and dated

MAKING REFERRALS

When to Refer

The DSL will refer to MASH when there is reasonable cause to suspect a child/adult is suffering, or is likely to suffer, significant harm.

How We Refer

For Children:

- Contact: MASH (Multi-Agency Safeguarding Hub)
- Emergency: 999 (if immediate danger)
- Follow up in writing within 24 hours

For Adults at Risk:

- Contact: Adult Social Care Safeguarding Team
- Emergency: 999 (if immediate danger)

Contact Directory: See Appendix G - Contact Directory - All 5 Counties

Working with Families

We work in partnership with parents/carers and will discuss concerns with them unless:

- This would place the child/adult at increased risk
- It would impede a criminal investigation
- Sexual abuse is suspected
- The DSL advises otherwise

SAFER RECRUITMENT

Pre-Employment Checks

All staff/volunteers undergo:

- Enhanced DBS check with Barred List
- DBS Update Service registration, or an enhanced DBS certificate dated within the last three years
- Identity verification
- Qualification verification (QTS where applicable)
- Professional references (minimum 2)
- Prohibition from teaching check (teachers)
- Section 128 check (directors, where applicable)
- Professional indemnity insurance
- First Aid certification
- Self-declaration of any convictions/cautions

Stuart Knox (Current):

- Enhanced DBS: Issued June 2024 (renewed every 3 years)
- DBS Update Service: Subscribed, status checked September 2026, next check due September 2027
- Qualified Teacher Status: held
- Prohibition Check: Confirmed by the Department for Education (TRA) on 14 September 2026
- Section 128 Check: N/A
- DSL Level 3: Completed 18 April 2026

Induction

All new staff receive safeguarding induction including this policy, KCSIE Part 1, and procedures training.

WORKING SAFELY

Professional Boundaries

All staff must:

- Maintain appropriate professional relationships with children/adults
- Never develop personal or sexual relationships with service users
- Not use personal social media to contact children/young people
- Use business contact only: 07986 622049 / stuart.knox@clearspacelearning.com
- Follow Staff Code of Conduct

Working Alone Protocols

Given our mobile, 1:1 provision, we have specific safety protocols:

- Dr David Bromiley (Deputy DSL) covers if Stuart is unavailable (in practice, sessions are usually rescheduled)
- Parents, carers or the commissioning school know when and where each session takes place
- Risk assessment for each location
- Parents present during home sessions where possible
- Clear exit strategies planned

Full protocols: See Appendix F - Working Alone Protocols

Physical Contact

Physical contact is minimised. Acceptable only when:

- Necessary for first aid or safety
- Comforting distressed child (brief, appropriate)

- Preventing immediate danger
- Assisting with disability/mobility needs

Never acceptable:

- Any contact of sexual nature
- Rough play or horseplay
- Prolonged or unnecessary contact

Photography and Video

- Written parental consent required before any photos/videos
- Used only for agreed purposes (recording learning, assessment)
- Stored securely (encrypted devices, password-protected)
- NOT shared on social media without separate explicit consent
- Deleted when no longer needed

ALLEGATIONS AGAINST STAFF

If an Allegation is Made

If anyone alleges that a staff member has:

- Harmed a child/adult or put them at risk
- Committed a criminal offence
- Behaved inappropriately
- Is unsuitable to work with vulnerable people

Immediate action:

- Contact LADO (Local Authority Designated Officer) same day
- Do NOT inform the staff member until LADO advises
- Do NOT investigate internally until LADO advises

Allegations Against Stuart Knox (Proprietor/DSL)

If allegation is against Stuart Knox:

- Do NOT report to Stuart Knox
- Contact LADO directly (see Appendix G for contacts)
- Or contact: NSPCC Whistleblowing Helpline 0800 028 0285
- Or contact: Commissioning school's DSL

LADO will manage external, independent investigation.

SAFEGUARDING ADULTS

Adults at Risk

An adult at risk is someone aged 18+ who:

- Has needs for care and support (whether or not receiving)
- Is experiencing, or at risk of, abuse or neglect
- Is unable to protect themselves due to their needs

Types of Abuse (Adults)

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological/emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse

- Neglect and acts of omission
- Self-neglect

Responding to Adult Safeguarding Concerns

Use: Appendix B - Safeguarding Adults Flowchart

Key principles:

- Consent - involve the adult in decisions (if has capacity)
- Mental Capacity - assume capacity unless evidence otherwise
- Making Safeguarding Personal - person-centred approach
- Prevention - better to prevent than react
- Protection - support and represent those in greatest need
- Partnership - work with other agencies

If adult lacks capacity: Act in their best interests using Mental Capacity Act 2005 principles.

GENDER QUESTIONING CHILDREN

In line with KCSIE 2026, Clearspace does not initiate any discussion or action relating to a child's social transition (changes to name, pronouns, or presentation). This section applies only where a child or their parent/carer raises the matter.

- Parents/carers are involved as the default position, and their views given significant weight, unless doing so would place the child at greater risk of harm - in which case the DSL (Stuart Knox) determines next steps before proceeding
- A cautious, unhurried approach is taken, particularly for younger children, recognising this as a significant decision that may affect a child's wellbeing
- Clear, contemporaneous records are kept of any request made and the decisions taken
- Where the student is dual-placed, the commissioning school's DSL is consulted as part of the decision-making process
- No change (name, pronouns, presentation) is adopted without this process having been followed

Full guidance: See KCSIE 2026, paragraphs 266-269.

USE OF ARTIFICIAL INTELLIGENCE

Where AI tools are used with or around students (for example, in coding, STEM or research projects), Clearspace follows DfE guidance on safety considerations and legal responsibilities, as set out in 'Generative artificial intelligence in education'.

- Staff remain alert to AI-generated content and deepfake risks as an online safety concern, particularly given some students' heightened vulnerability to manipulation or misleading content
- No identifiable student data is entered into public or consumer AI tools - see our Data Protection Policy for how Clearspace's own back-office use of AI is governed
- Any safeguarding concern arising from AI-generated or AI-facilitated content is reported to the DSL immediately, following the standard concern procedure

This section covers AI used in or around sessions with students. Clearspace's separate use of AI tools for administrative purposes is governed by the Data Protection Policy.

INFORMATION SHARING AND CONFIDENTIALITY

Seven Golden Rules

1. Data protection is not a barrier to sharing information for safeguarding
2. Be open and honest about why sharing (unless unsafe)
3. Seek consent where appropriate
4. Consider safety and wellbeing - may need to share without consent

5. Share necessary, proportionate, relevant, adequate, accurate, timely information
6. Keep a record of information sharing decisions
7. Seek advice if in doubt

When to Share Without Consent

Information can and should be shared without consent when:

- Child/adult is at risk of significant harm
- Required by law or court order
- In the public interest
- Necessary to protect others

TRAINING AND SUPERVISION

All Staff Training

- Safeguarding induction (this policy + KCSIE Part 1)
- Annual safeguarding refresher
- Ongoing updates on emerging concerns
- Case studies and learning from reviews

DSL Training

- DSL Level 3 training (every 2 years)
- Regular updates from Local Safeguarding Partnerships
- Multi-agency training and meetings
- Prevent awareness training

MONITORING, REVIEW, AND LEARNING

Policy Review

This policy is reviewed:

- Annually (minimum)
- After serious incidents
- Following legislative changes
- Based on learning from reviews

Learning from Experience

We learn from:

- Safeguarding incidents and outcomes
- Serious Case Reviews and safeguarding reports
- Feedback from children, families, and partners
- Multi-agency learning events
- National guidance and research

Lessons learned are incorporated into policy updates and practice improvements.

COMPLAINTS AND WHISTLEBLOWING

Raising Concerns

If you have concerns about safeguarding at Clearspace Learning:

Internal:

- Stuart Knox (DSL): 07986 622049 / stuart.knox@clearspacelearning.com
- See our Complaints Policy

External:

- NSPCC Whistleblowing Helpline: 0800 028 0285

- LADO (see Appendix G for contacts)
- Ofsted: 0300 123 4666
- Police: 101 (or 999 emergency)

Whistleblowers are protected from detriment. No one will be penalised for raising genuine concerns.

KEY CONTACTS - QUICK REFERENCE

Clearspace Learning

DSL: Stuart Knox - 07986 622049 / stuart.knox@clearspacelearning.com

Deputy DSL: Dr David Bromiley - 07455 158749 | d.w.bromiley@googlemail.com

National Helplines

NSPCC: 0808 800 5000

Childline: 0800 1111

NSPCC Whistleblowing: 0800 028 0285

Police Emergency: 999

Police Non-Emergency: 101

Local Authorities

Full contact directory (MASH, LADO, Adult Social Care) for all 5 counties:

See Appendix G - Contact Directory

RELATED POLICIES

This policy should be read alongside:

- Staff Code of Conduct
- SEND Policy (neurodivergent vulnerabilities)
- Online Safety Policy
- Behaviour Management Policy
- Health & Safety Policy
- Data Protection Policy
- Complaints Policy

APPENDICES

Appendix A: Safeguarding Children Flowchart

Clear visual procedure for responding to concerns about children

Appendix B: Safeguarding Adults Flowchart

Clear visual procedure for responding to concerns about adults at risk

Appendix C: Types of Abuse and Indicators

Detailed signs and symptoms for physical, emotional, sexual abuse, and neglect

Appendix D: Specific Safeguarding Issues

CSE, CCE, County Lines, online abuse, radicalisation, FGM, forced marriage, etc.

Appendix E: Safeguarding Concern Recording Form

Template for recording concerns accurately

Appendix F: Working Alone Protocols

Safety procedures for mobile, 1:1 provision

Appendix G: Contact Directory - All 5 Counties

MASH, LADO, Adult Social Care contacts for Oxfordshire, Warwickshire, Northamptonshire, Gloucestershire, Buckinghamshire

Appendix H: Legal Framework

Full list of legislation and statutory guidance

POLICY APPROVAL

This Safeguarding Policy has been approved by:

Stuart Knox

Director and Designated Safeguarding Lead

Clearspace Learning Ltd

Date: September 2026 (updated October 2026)

DSL Level 3 Training: Completed 18 April 2026

Next Review: October 2027

Company Registration: 15950890

Registered Office: 40 The Bourne, Hook Norton, Oxfordshire OX15 5PB

Contact: stuart.knox@clearspacelearning.com | 07986 622049

Website: www.clearspacelearning.com

"Safeguarding is everyone's responsibility."

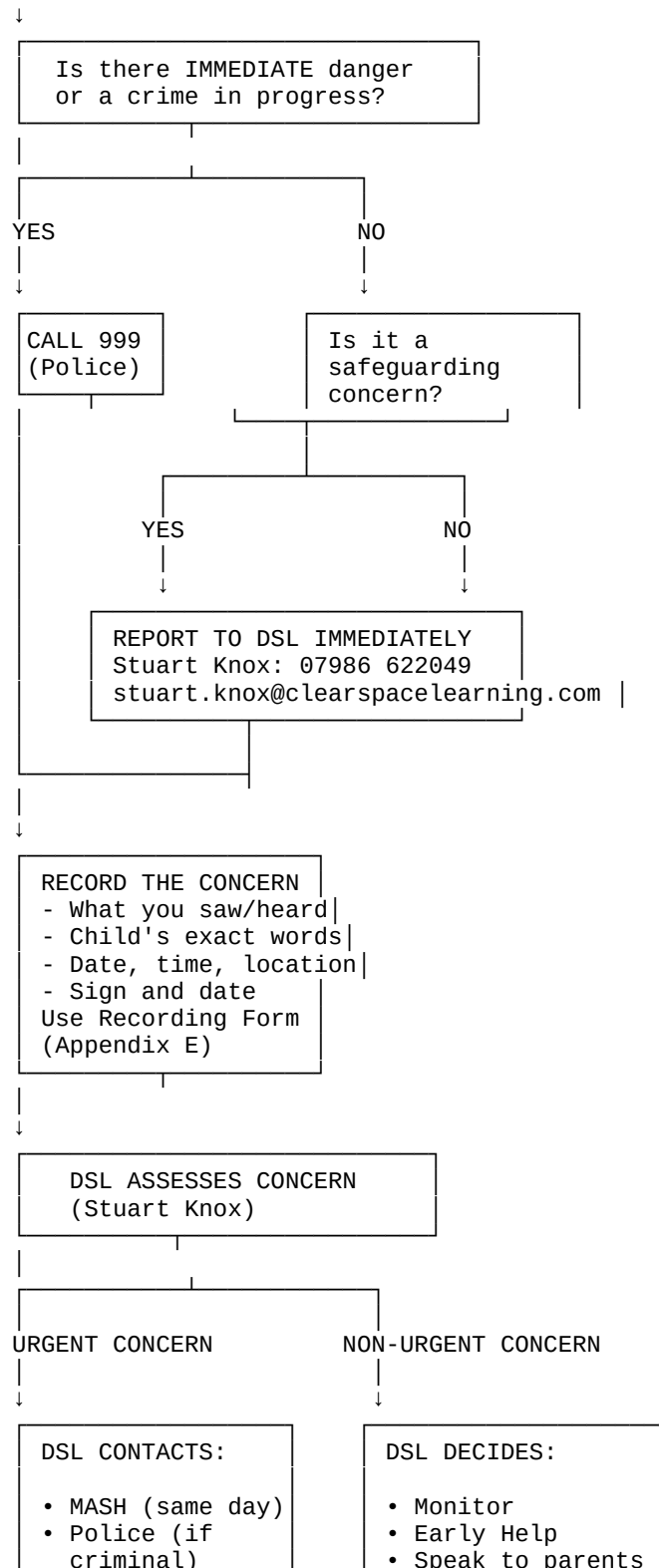
APPENDIX A

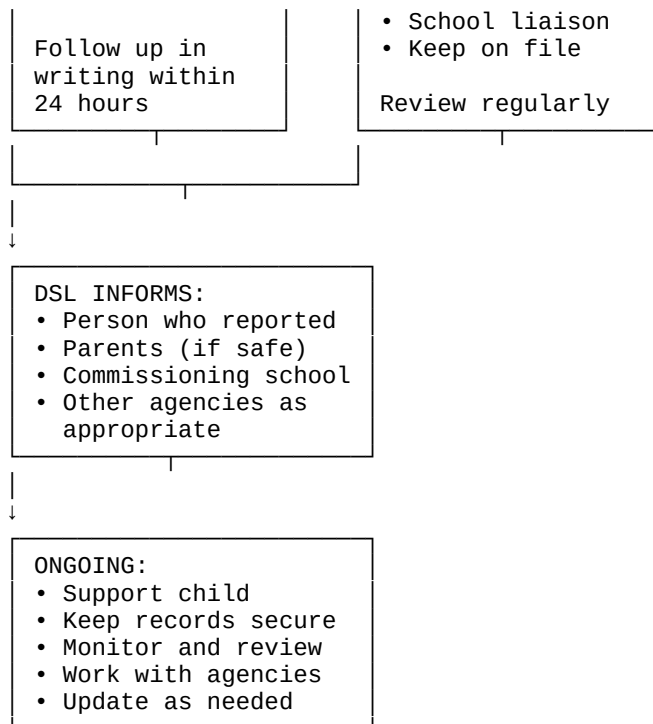
SAFEGUARDING CHILDREN FLOWCHART

What to Do If You Have a Concern About a Child

Clearspace Learning Ltd - Safeguarding Policy

START: YOU HAVE A CONCERN ABOUT A CHILD





KEY DECISION POINTS

Is there IMMEDIATE danger?

YES if:

- Child is at immediate risk of harm right now
- Crime is in progress (assault, sexual abuse, etc.)
- Child has been seriously injured
- Child is missing and at risk

ACTION: Call 999 immediately, then report to DSL

Is it a safeguarding concern?

YES if you are concerned that a child:

- Is being abused (physical, emotional, sexual, neglect)
- Is at risk of abuse
- Is being exploited (CSE, CCE, County Lines)
- Is being radicalised
- Is experiencing domestic abuse
- Has disclosed abuse
- Shows signs/indicators of harm
- Is at risk of FGM, forced marriage, honour-based abuse
- Is missing from education
- Has concerning changes in behaviour or wellbeing

If UNSURE - still report to DSL. It's better to be safe.

Urgent vs. Non-Urgent

URGENT (MASH referral same day):

- Reasonable cause to suspect child is suffering or likely to suffer significant harm
- Disclosure of abuse
- Clear indicators of abuse
- Child at immediate or serious risk

- Statutory assessment needed

NON-URGENT (Monitor/Early Help):

- Low-level concerns
- Family needs support but child not at immediate risk
- Early signs that could escalate
- General wellbeing concerns

DSL decides - when in doubt, refer to MASH.

REMEMBER

DO:

Act immediately - never delay
Report to DSL (Stuart Knox: 07986 622049)
Record factually using Appendix E
Maintain confidentiality
Listen if child discloses
Reassure child they did right thing

DON'T:

Investigate yourself
Promise confidentiality
Ask leading questions
Discuss with anyone except DSL
Delay reporting
Confront alleged abuser

CONTACTS

Clearspace Learning DSL:

Stuart Knox: 07986 622049 / stuart.knox@clearspacelearning.com

If Stuart unavailable:

Deputy DSL: Dr David Bromiley - 07455 158749 | d.w.bromiley@googlemail.com
Or contact MASH directly (numbers in Appendix G)

Emergency:

Police: 999
NSPCC: 0808 800 5000

MASH (by county):

See Appendix G - Contact Directory for all 5 counties

Anyone can make a referral directly to MASH if:

- You cannot contact the DSL
- You believe DSL has not acted appropriately
- The situation is urgent and DSL is unavailable

Do not let process barriers prevent you from protecting a child.

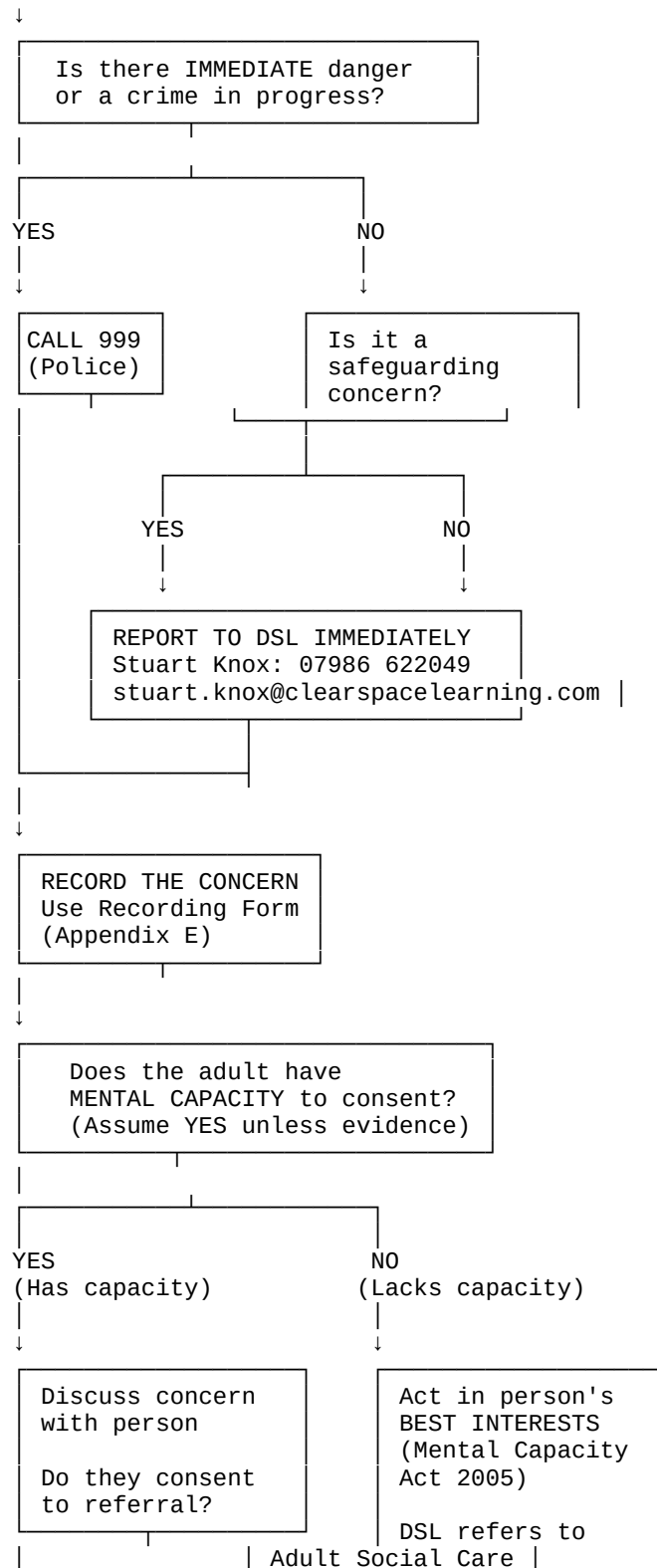
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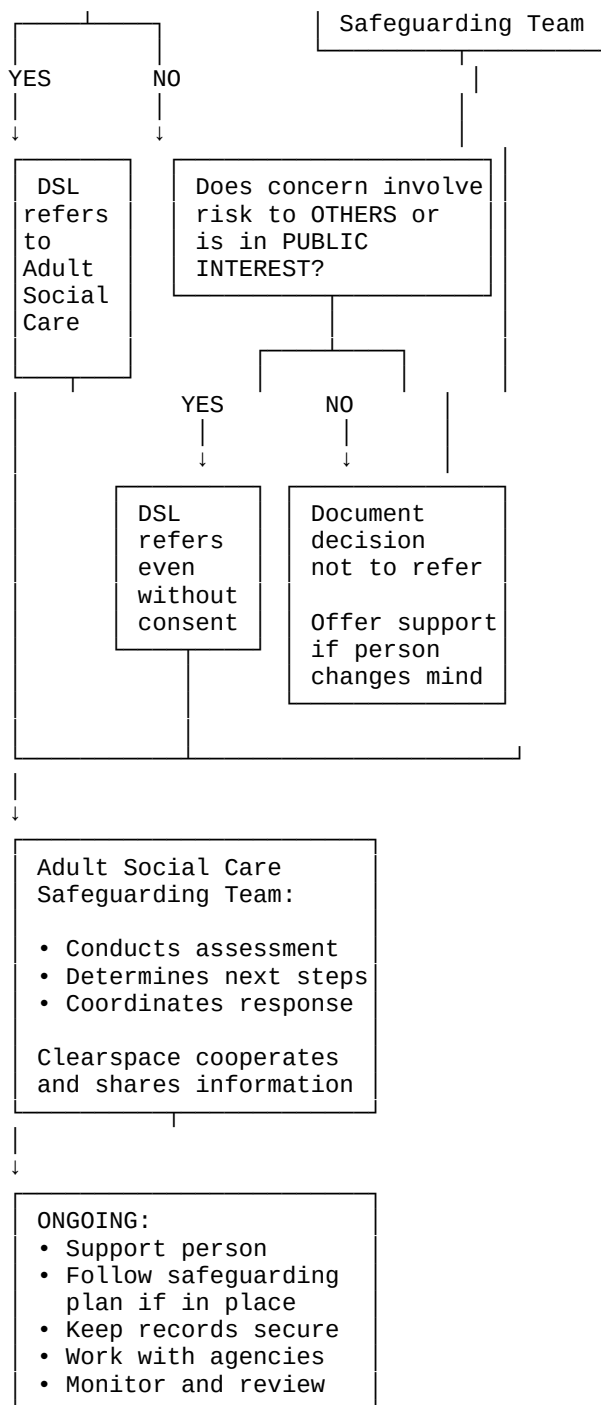
SAFEGUARDING ADULTS FLOWCHART

What to Do If You Have a Concern About an Adult at Risk

Clearspace Learning Ltd - Safeguarding Policy

START: YOU HAVE A CONCERN ABOUT AN ADULT AT RISK





KEY DECISION POINTS

Is there IMMEDIATE danger?

YES if:

- Adult at immediate risk of harm right now
- Crime in progress (assault, financial abuse, etc.)
- Adult has been seriously injured
- Life-threatening situation

ACTION: Call 999 immediately, then report to DSL

Is it a safeguarding concern?

YES if the adult:

- Has needs for care and support (whether receiving or not)
- Is experiencing or at risk of abuse or neglect
- Is unable to protect themselves because of their needs

Types of abuse (adults):

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological/emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Does the adult have MENTAL CAPACITY?

Assume YES unless evidence suggests otherwise

Ask:

- Can they understand the information?
- Can they retain the information?
- Can they use/weigh the information to make a decision?
- Can they communicate their decision?

If NO to any = may lack capacity for this specific decision

Mental Capacity Act 2005 Principles:

1. Assume capacity unless proven otherwise
2. Support person to make own decisions
3. Unwise decisions don't mean lack of capacity
4. Best interests decisions if lacks capacity
5. Least restrictive option

Consent and Public Interest

Person HAS capacity and CONSENTS:

- Make referral to Adult Social Care with consent

Person HAS capacity but DOES NOT consent:

- Generally respect their decision
- BUT refer WITHOUT consent if:
 - Other people (children, vulnerable adults) are at risk
 - Serious crime has been committed
 - Public interest outweighs individual's right to confidentiality
 - Required by law

Person LACKS capacity:

- Act in their best interests
- Refer to Adult Social Care (required under Care Act 2014)
- Involve family/advocates where appropriate

MAKING SAFEGUARDING PERSONAL

Key principles when working with adults at risk:

Person-centred - involve them in decisions about their safety

Empowerment - support them to make choices

Prevention - take action before harm occurs

Proportionality - least intrusive response appropriate to risk

Protection - support those in greatest need
Partnership - work with agencies and family
Accountability - accountability in safeguarding delivery

REMEMBER

DO:

Act immediately - never delay
Report to DSL (Stuart Knox: 07986 622049)
Record factually using Appendix E
Discuss with person if has capacity
Respect person's wishes where safe
Consider mental capacity
Act in best interests if lacks capacity

DON'T:

Assume person can protect themselves
Investigate yourself
Promise confidentiality
Make decisions for someone with capacity
Delay reporting
Confront alleged abuser

CONTACTS

Clearspace Learning DSL:

Stuart Knox: 07986 622049 / stuart.knox@clearspacelearning.com

If Stuart unavailable:

Deputy DSL: Dr David Bromiley - 07455 158749 | d.w.bromiley@googlemail.com
Or contact Adult Social Care directly (numbers in Appendix G)

Emergency:

Police: 999
Adult helplines: See Appendix G

Adult Social Care Safeguarding (by county):

See Appendix G - Contact Directory for all 5 counties

ADDITIONAL CONSIDERATIONS

Domestic Abuse

If adult is experiencing domestic abuse:

- Never confront perpetrator
- Respect person's decision-making (if has capacity)
- Offer information about specialist services
- Safety planning
- Refer to MARAC (Multi-Agency Risk Assessment Conference) if high risk

Financial Abuse

If concerned about financial abuse:

- Do not alert suspected abuser
- Gather factual information
- Consider involving Trading Standards, police, banks
- Refer to Adult Social Care

Self-Neglect

If adult is self-neglecting:

- Assess capacity
- Offer support and services
- Can only intervene without consent if lacks capacity or public interest
- Work with housing, health, social care

Anyone can make a referral directly to Adult Social Care if:

- You cannot contact the DSL
- You believe DSL has not acted appropriately
- The situation is urgent and DSL is unavailable

Do not let process barriers prevent you from protecting an adult at risk.

APPENDIX C

TYPES OF ABUSE AND INDICATORS

Clearspace Learning Ltd - Safeguarding Policy

FOUR MAIN TYPES OF ABUSE

1. PHYSICAL ABUSE

Definition:

Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm. May also include fabricated or induced illness.

Physical Indicators:

- Unexplained or frequent injuries (bruises, cuts, burns, fractures)
- Injuries in unusual locations (inner arms, thighs, back, buttocks, ears)
- Injuries with explanations that don't match (or change)
- Pattern injuries (handprints, belt marks, bite marks, cigarette burns)
- Injuries at different stages of healing
- Reluctance to remove clothing or participate in physical activities
- Wearing long sleeves in warm weather
- Flinching when approached or touched
- Untreated injuries or medical needs

Behavioural Indicators:

- Fear of going home or seeing parents/carers
- Fear of physical contact
- Aggression or withdrawal
- Running away or going missing
- Self-harm
- Explaining injuries as "accidents" frequently

2. EMOTIONAL ABUSE

Definition:

Persistent emotional maltreatment causing severe and persistent adverse effects on emotional development. May involve conveying to child they are worthless, unloved, inadequate, or valued only for meeting another's needs.

Includes:

- Age or developmentally inappropriate expectations
- Preventing normal social interaction
- Seeing/hearing ill-treatment of another (e.g., domestic abuse)
- Serious bullying (including cyberbullying)
- Making child feel worthless or unloved
- Not giving child opportunities to express their views
- Silencing or "making fun" of what they say

Behavioural Indicators:

- Withdrawn, fearful, or anxious
- Unusually emotional or lacking emotion
- Aggressive or disruptive behaviour
- Self-harm or destructive behaviours
- Delayed development (emotional, social, cognitive)
- Low self-esteem or lack of confidence
- Inability to play or smile
- Excessively clingy or attention-seeking
- Overly compliant or "too perfect"
- Difficulty with relationships

- Difficulties regulating emotions

Note: Emotional abuse is present in ALL types of abuse.

3. SEXUAL ABUSE

Definition:

Forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. May involve:

- Physical contact: rape, touching, kissing
- Non-contact: looking at/production of sexual images, watching sexual activities, grooming in preparation for abuse

Physical Indicators:

- Sexually transmitted infections (STIs)
- Pregnancy (especially under 13)
- Unexplained genital or anal injuries, bleeding, or discharge
- Urinary tract infections (recurring)
- Pain or itching in genital area
- Difficulty walking or sitting

Behavioural Indicators:

- Sexualised behaviour or language inappropriate for age
- Sexual knowledge inappropriate for developmental stage
- Engaging in sexually inappropriate behaviour with other children
- Drawings/play with sexual content
- Regression (thumb-sucking, bed-wetting in older children)
- Anxiety, depression, or PTSD symptoms
- Self-harm or suicidal thoughts
- Running away or going missing
- Avoiding specific people or places
- Secretiveness, especially around online activity
- Unexplained gifts or money

Remember: Both women and children can perpetrate sexual abuse.

4. NEGLECT

Definition:

Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of health or development.

May include:

- Failure to provide adequate food, clothing, shelter
- Failure to protect from danger or harm
- Failure to ensure access to medical care or treatment
- Inadequate supervision
- Failure to respond to emotional needs

Physical Indicators:

- Constant hunger or stealing food
- Poor hygiene (dirty, smelly, unbathed)
- Inadequate or inappropriate clothing for weather
- Untreated medical or dental issues
- Frequent illnesses or infections
- Poor growth or weight loss
- Developmental delays
- Tiredness or lethargy

Behavioural Indicators:

- Frequent lateness or non-attendance
- Poor concentration
- Low self-esteem

- Stealing or scavenging for food
- No close relationships with adults
- Left unsupervised or with inappropriate carers
- Taking on adult responsibilities inappropriately
- Poor peer relationships

Context Matters:

Consider parental capacity, family circumstances, and whether parent is accessing support.

NEURODIVERGENT CHILDREN - ADDITIONAL CONSIDERATIONS

Why Neurodivergent Children May Be More Vulnerable:

- Communication difficulties - may struggle to report abuse or understand what's happening
- Social naivety - may not recognise grooming or manipulation
- Behaviour as communication - concerning behaviour may be attributed to disability rather than abuse
- Dependence - may depend on caregivers for more aspects of daily life
- Isolation - may have fewer social connections to disclose to
- Multiple carers - more adults involved in care increases risk
- Assumptions - people may assume challenging behaviour is "just their disability"

Our Approach:

Never dismiss concerning behaviour as "just their autism/ADHD/etc."

Professional curiosity - always ask "why now?" if behaviour changes

Communication barriers - use alternative methods to check wellbeing

Body mapping - more frequent if physical contact needed for care

Heightened vigilance - aware of additional vulnerabilities

GENERAL INDICATORS TO WATCH FOR

Changes in Behaviour:

- Sudden changes in mood or behaviour
- Becoming withdrawn, anxious, or clingy
- Regression in behaviour or development
- Changes in eating or sleeping patterns
- School refusal or fear of going home
- Loss of previously acquired skills

Relationship with Parents/Carers:

- Fear of specific adult(s)
- Overly anxious to please
- No close attachment
- Describes punishment that seems excessive
- Inappropriate parent/child role reversal

Peer Relationships:

- Difficulty making or maintaining friendships
- Bullying others or being bullied
- Inappropriate sexual behaviour with other children
- Overly sexualised play or language

WHAT TO DO IF YOU NOTICE INDICATORS

DO:

Record factually what you observe
Report to DSL immediately
Continue to monitor
Maintain professional curiosity
Consider context and patterns

DON'T:

Investigate yourself
Jump to conclusions
Dismiss concerns
Wait for "proof"
Think "it's probably nothing"

Remember: You are NOT responsible for determining if abuse has occurred. Report concerns to DSL who will assess and refer as appropriate.

One indicator alone rarely confirms abuse, but multiple indicators or a pattern increases concern.

When in doubt, report. It's better to be safe.

ADDITIONAL RESOURCES

For more detailed guidance, see:

- NSPCC Signs of Abuse: www.nspcc.org.uk/keeping-children-safe/reporting-abuse/
- Keeping Children Safe in Education 2026 - Part 1, Section on Signs of Abuse

APPENDIX D

SPECIFIC SAFEGUARDING ISSUES

Clearspace Learning Ltd - Safeguarding Policy

This appendix gives practical guidance on specific safeguarding issues. It supports the main policy and Appendix C. Whatever the issue, the route is the same: tell the Designated Safeguarding Lead straight away (Appendix A), record the concern on the Safeguarding Concern Recording Form (Appendix E), and call 999 if a child is in immediate danger. Neurodivergent young people can be more vulnerable to every issue below. They may find social cues and intentions harder to read, take things literally, want friendship and acceptance, or be less able to explain what has happened to them. Staff must never assume that a change in behaviour is "just" a young person's neurodivergence. Always ask why, and tell the Designated Safeguarding Lead.

1. Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. Someone takes advantage of a power imbalance to force, manipulate or deceive a child into sexual activity, often in exchange for something the child wants or needs, or for the gain of the person exploiting them. It can happen to any child, including those aged 16 and 17, in person or online.

Possible indicators:

- Going missing, or returning late, with no clear explanation
- Unexplained gifts, money, phones, clothes or vapes
- A new older boyfriend, girlfriend or group of friends
- Secretive use of a phone or social media, or distress after being online
- Sudden changes in mood, withdrawal, self-harm, or sexualised behaviour
- Alcohol or drug use, or a sexually transmitted infection

2. Child Criminal Exploitation and County Lines

Child criminal exploitation happens when a child is manipulated, coerced or controlled into criminal activity, such as carrying drugs or weapons, theft, or moving money. County lines is where organised groups use children to carry drugs and money between towns and counties. Children can be exploited even when the activity looks consensual, and a child who has committed an offence may still be a victim.

Possible indicators:

- Unexplained money, new phones, clothes or trainers
- Going missing, or travelling to places or towns with no clear reason
- Being found in other areas, or with older people the child will not explain
- Carrying or being afraid of weapons, or unexplained injuries
- Fear of, or debts to, other people; becoming withdrawn or aggressive
- Drug use, or being found with large amounts of cash or multiple phones

3. Female Genital Mutilation

Female genital mutilation is illegal in the UK, and it is a form of child abuse. Staff who are regulated professionals (for example, a qualified teacher) have a personal legal duty to report to the police if:

- a girl under 18 tells them that she has had female genital mutilation, or
- they see physical signs that it has been carried out and have no reason to believe it happened as part of a surgical or medical procedure.

The report must be made by the professional themselves, by calling the police on 101 (or 999 if she is at immediate risk). It should be made as soon as possible, ideally by the end of the next working day, and in any case within one month of the disclosure or discovery. Tell

the Designated Safeguarding Lead as well. Do not examine the girl, and do not tell her family.

If there is a risk that a girl may be taken abroad for female genital mutilation, but it has not yet happened, this is not a mandatory police report. Tell the Designated Safeguarding Lead straight away so that a referral can be made to children's social care.

Possible indicators of risk:

- A girl from a community that practises female genital mutilation, or a family member who has had it
- Talk of a "special ceremony", a long holiday abroad, or becoming "a woman"
- A girl asking for help, or being reluctant to go to medical examinations or to take part in activities
- Difficulty walking or sitting, or spending long periods in the toilet

4. Forced Marriage and "Honour"-Based Abuse

A forced marriage is one in which one or both people do not consent, or cannot consent (for example, because of a learning disability), and pressure or abuse is used. Forcing someone to marry, or taking a child abroad for that purpose, is a crime. "Honour"-based abuse covers crimes committed to protect or defend the supposed honour of a family or community, and includes forced marriage, threats, and violence.

Possible indicators:

- A young person who is anxious about a family holiday abroad, or who says they are being taken to a wedding
- Being closely watched, not allowed out, or having phone or internet use controlled
- Sudden unexplained absence, or a family who suddenly withdraw a young person from provision
- Threats, fear of family, or self-harm

Do not approach the family, and do not use family members or friends as interpreters. Do not send the young person away, and do not promise confidentiality. The Designated Safeguarding Lead will make a referral and may take advice from the Forced Marriage Unit, which supports professionals dealing with these cases.

5. Radicalisation and the Prevent Duty

Radicalisation is the process by which a person comes to support extremism or terrorism. It can happen online or in person, and to any young person. Clearspace has a duty to help prevent people being drawn into terrorism. This is done through noticing, recording and referring, not through investigating.

Possible indicators:

- Expressing extreme views, or hatred of particular groups
- Sudden changes in appearance, friends, or interests; withdrawal from family
- Spending more time online, with new secretive contacts, or sharing extremist content
- Justifying violence, or showing interest in extremist groups, symbols or material

Many neurodivergent young people have intense interests or a strong sense of fairness. Changes should be considered in the context of the individual child. The Designated Safeguarding Lead decides whether to make a Prevent referral, usually through the local multi-agency safeguarding hub. Staff can also report concerns to the police anti-terrorism hotline on 0800 789 321. In an emergency, call 999.

6. Child-on-Child Abuse

Children can abuse other children. It includes bullying (including online bullying), physical abuse, sexual violence and sexual harassment, sharing nudes and semi-nudes, upskirting, and abuse in intimate relationships. It must never be dismissed as "banter", "just having a laugh", or "boys being boys". Clearspace works largely one-to-one or in very small groups, but peer abuse can still happen on the journey, online, or between young people who know each other outside the provision.

- Take every report seriously, and reassure the child who has been harmed that they are believed and will not be blamed.
- Record what was said and seen, in the words used, and tell the Designated Safeguarding Lead the same day.
- Do not promise confidentiality, and do not confront the other child yourself.
- Consider the welfare of all children involved, including the child who has caused harm, who may themselves be at risk.
- Follow the Behaviour Management Policy and the Anti-Bullying Policy for the response, and the Online Safety Policy where sharing of images is involved.

7. Domestic Abuse

Domestic abuse includes controlling, coercive or threatening behaviour, violence, or abuse between people who are, or have been, family members or in an intimate relationship. A child who sees, hears or experiences the effects of domestic abuse is a victim in their own right. Young people can also experience abuse in their own relationships.

- Possible indicators include fear, withdrawal, aggression, difficulty concentrating, anxiety, or a child who is reluctant to go home.
- Tell the Designated Safeguarding Lead. Do not discuss it with the person causing harm.
- If anyone is in immediate danger, call 999.

8. Mental Health and Self-Harm

Staff are not clinicians and must not diagnose. However, mental health problems can be an indicator that a child has suffered, or is at risk of, abuse, neglect or exploitation. Anxiety, low mood, self-harm, and thoughts of suicide may need urgent support.

- If a young person talks about harming themselves or ending their life, stay with them, listen without judgement, and tell the Designated Safeguarding Lead immediately.
- If there is a risk to life or serious injury, call 999. Otherwise the Designated Safeguarding Lead will contact the parents or carers, the commissioning school or local authority, and the child's GP or the local children's mental health service as appropriate.
- Do not promise to keep it a secret. Explain who will need to know and why.
- Record what was said and seen, and look after your own wellbeing afterwards. Speak to the Designated Safeguarding Lead or the Governance and Advisory Panel if you need support.

9. Children Missing from Education

A child who is persistently absent, or who stops attending without explanation, may be at risk of abuse, neglect, exploitation, forced marriage, female genital mutilation, or radicalisation. Follow the Attendance Policy (Children Missing Education) and tell the Designated Safeguarding Lead if a child goes missing, if there is no contact from the family, or if attendance patterns cause concern.

10. Online Abuse

Online abuse includes grooming, exploitation, bullying, harassment, sharing nudes and semi-nudes, and exposure to harmful or extreme content. Many of the issues above have an online element. Follow the Online Safety Policy, and report a concern to the Designated Safeguarding Lead straight away. Do not view, copy, forward or delete any images or messages. If you accidentally see an image, report it and do not share it.

APPENDIX E

SAFEGUARDING CONCERN RECORDING FORM

Clearspace Learning Ltd - Safeguarding Policy

INSTRUCTIONS FOR COMPLETING THIS FORM

This form must be completed for ALL safeguarding concerns.

Remember:

- Record FACTS not opinions
- Use the person's EXACT WORDS (in quotation marks)
- Be SPECIFIC (dates, times, locations, who was present)
- NEVER investigate - just record what you observed/heard
- Complete as soon as possible (ideally immediately)
- SIGN and DATE the form
- Give to DSL (Stuart Knox) immediately

YOUR DETAILS

Your Name: _____

Your Role: _____

Contact Number: _____

Date of this report: _____

Time of this report: _____

PERSON OF CONCERN

Name: _____

Age/Date of Birth: _____

Address: _____

School (if applicable): _____

Parent/Carer Name: _____

Parent/Carer Contact: _____

THE CONCERN

Date of incident/concern: _____

Time of incident/concern: _____

Location: _____

Who else was present? _____

WHAT HAPPENED?

Describe exactly what you saw, heard, or were told:

(Use factual, descriptive language. Avoid interpretation or opinion. Use child's/adult's exact words in quotation marks.)

IF PERSON DISCLOSED TO YOU

Record exactly what the person said using their own words:
(Use quotation marks for direct quotes)

How did they seem? *(emotional state, body language)*

What did you say in response?

OBSERVATIONS

Any visible marks, injuries, or physical indicators?
(Describe location, size, colour, shape - DO NOT PHOTOGRAPH)

Any changes in behaviour or demeanour?

CONTEXT

Is there any other relevant information or background?
(Previous concerns, family circumstances, recent changes)

YOUR ASSESSMENT

Why are you concerned?
(What makes you think this is a safeguarding issue?)

Is this urgent? ☐ Yes ☐ No

If YES, why? _____

ACTIONS TAKEN

Have you reported this to the DSL? ☐ Yes ☐ No
DSL Name: Stuart Knox

Date/Time reported to DSL: _____

Have you spoken to the person's parent/carer? ☐ Yes ☐ No

If YES, what did they say?

If NO, why not? *(e.g., DSL advised not to, would increase risk)*

Any other actions taken?

YOUR SIGNATURE

I confirm that the information recorded above is accurate to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

Time: _____

FOR DSL USE ONLY

Date received: _____

Received by: Stuart Knox (DSL)

Initial assessment:

☐ No further action

☐ Monitor and review

☐ Early Help referral

☐ MASH referral

☐ Adult Social Care referral

☐ Police referral

☐ Other: _____

Actions taken:

Outcome:

Agencies involved:

Parents informed? ☐ Yes ☐ No

If NO, reason: _____

DSL Signature: _____

Date: _____

GUIDANCE NOTES

What to Record:

Facts: What you actually saw or heard

Exact words: Person's own words in quotes

Specifics: Dates, times, locations, who was present

Context: Relevant background information

Physical indicators: Describe injuries (don't photograph)

Behaviour changes: Observable differences

What NOT to Record:

Opinions: "I think they are lying"

Assumptions: "The parent must have done this"

Leading information: Based on questions you asked

Judgments: "Bad parenting"

Hearsay: "Someone told me that..."

Examples:

GOOD:

> "Child said, 'My dad hit me on my arm yesterday.' I observed a bruise on child's upper right arm, approximately 5cm x 3cm, purple/yellow in colour."

BAD:

> "Child's father is violent. Child had been beaten and was very upset. The bruise looked recent."

STORAGE

Once completed, this form must be:

- Given to DSL immediately
- Stored in secure, locked filing cabinet
- Kept separate from educational records
- Retained until person reaches age 25
- Treated as confidential

APPENDIX F

WORKING ALONE PROTOCOLS

Safety Procedures for Mobile, 1:1 Provision

Clearspace Learning Ltd - Safeguarding Policy

WHY WE NEED WORKING ALONE PROTOCOLS

Clearspace Learning operates as mobile, 1:1 provision, which means:

- Sessions in students' homes, community venues, or mobile learning hub
- One adult (Stuart Knox) working alone with one child/young person
- No other staff present to witness interactions
- Potential isolation in various locations

This creates specific risks:

- Allegations against staff (no witnesses to refute)
- Staff vulnerability (if child becomes aggressive or unsafe situation develops)
- Child vulnerability (one-to-one situations can be exploited by predatory adults)
- Emergency situations (medical, behavioural, safeguarding)

Our working alone protocols protect:

- Children from potential abuse or inappropriate conduct
- Staff from false allegations
- Everyone's safety in emergencies

CORE PRINCIPLE

"No adult should regularly work alone and out of sight with children and young people without some form of checking or monitoring arrangement."

While we cannot always have two adults present (our model is 1:1), we put proportionate safeguards in place. Every location is risk-assessed, someone other than Stuart always knows when and where a session is taking place, sessions happen in open or communal spaces, and a phone is kept with the practitioner at all times so that help can be called if needed.

BEFORE EACH SESSION

1. Make Sure Someone Knows Where You Are

Each session is arranged in advance with the child's parent or carer, or with the commissioning school, so that someone other than Stuart always knows when and where it is taking place. Stuart also records the following in his daily log:

Information recorded:

- Child's first name (not full name/surname for data protection)
- Location (address or venue)
- Scheduled start time
- Scheduled end time
- Any specific concerns or considerations

2. Risk Assessment

Before each session, assess:

Environmental risks:

- Is the location safe and appropriate?
- Are there clear exit routes?
- Is the environment well-maintained?

- Any hazards (aggressive dogs, unsafe conditions)?

Child-specific risks:

- Any known behavioural concerns?
- Previous incidents of aggression or violence?
- Current emotional state (if known)
- Any specific triggers or risks today?

Action: If high risk identified, consider:

- Parent remaining present
- Changing location to public venue
- Postponing session if unsafe

DURING EACH SESSION

1. Staying Contactable

There is no routine check-in or check-out system. Everyone at Clearspace works alone, and each person keeps a phone with them so that help can be called if it is needed.

- Stuart keeps his phone charged, switched on and within reach during every session.

Dr David Bromiley is Stuart's Deputy Designated Safeguarding Lead. He is not a check-in contact. He covers when Stuart is unavailable, which in practice usually means sessions are rescheduled. In particular:

- In an emergency, injury or serious incident, call 999 or the relevant service first, then follow the Emergency Procedures below
- If Stuart is unwell or cannot continue, reschedule the session and tell the parent/carer and the commissioning school
- A concern about Stuart himself is reported to Dr David Bromiley as Deputy DSL

2. Positioning and Environment

In Student's Home:

- Work in communal areas (living room, dining room, kitchen table)
- Keep door open (or ajar if child needs privacy but parent nearby)
- Position yourself where parent could see you if they walked past
- Ensure parent/carer is in the home
- Never work in child's bedroom with door closed
- Never in bathroom or private areas
- Never alone in house if parents absent (reschedule if parent leaves)

In Community Venues:

- Choose public spaces (library, café, community centre)
- Visible to other people
- Multiple exit routes
- Staff/public nearby
- Never isolated locations (empty buildings, secluded outdoor areas)

In Mobile Learning Hub:

- Park in public areas (not secluded car parks)
- Windows not obscured
- Visible to public
- Multiple people around
- Never in deserted areas

3. Maintaining Professional Boundaries

Physical Contact:

- Minimised and appropriate only (see Safeguarding Policy)
- Brief, purposeful, with child's consent

- Explained before happening ("I'm going to show you how to hold this tool")

Personal Space:

- Maintain appropriate distance
- Respect child's body language
- If child uncomfortable, adjust

Communication:

- Professional, respectful, appropriate
- No inappropriate jokes or comments
- No discussion of personal romantic/sexual matters

4. If Child Discloses Abuse

Immediate actions:

- Listen and record
- Reassure child
- Explain you must share to keep them safe
- Do NOT end session abruptly (may distress child)
- Call DSL line immediately after session to report
- Follow the Safeguarding Policy: What To Do If You Have A Concern

5. If Child Becomes Aggressive or Violent

Priority: Your safety and child's safety

Actions:

- Move away from child (create space)
- Stay calm, speak calmly
- Do NOT physically restrain (except immediate danger to self/others)
- If child has weapon or serious violence: Leave immediately, call 999
- If child is hitting/kicking but you can leave safely: End session, leave
- Record incident immediately
- Report to DSL (yourself) and parents
- Consider risk assessment before next session

Never put yourself at risk. It's okay to end a session if unsafe.

6. If You Feel Unsafe (Environment or Situation)

Trust your instincts.

If you feel unsafe because of:

- Domestic situation in home (shouting, violence, drugs/alcohol present)
- Unsafe environment (aggressive dogs, weapons visible, hazards)
- Inappropriate behaviour by parent/other adults
- Anything that makes you uncomfortable

Actions:

- End session professionally ("I need to reschedule today")
- Leave safely
- Record concerns
- Report to DSL (yourself) and consider safeguarding referral
- Do NOT return until situation resolved or alternative location found

AFTER EACH SESSION

1. Close the Session

Tell the parent or carer (or the commissioning school, for sessions outside the home) that the session has finished, and note any concerns.

This makes sure that:

- Everyone knows the session has finished

- The session completed as planned
- Any concerns are passed on straight away

2. Brief Reflection

Consider:

- Any concerns about child's wellbeing?
- Any safeguarding indicators?
- Any behaviour changes?
- Any risks that need addressing?

If YES to any: Record and report to DSL

3. End of Day

At the end of the working day, Stuart completes the daily log.

EMERGENCY PROCEDURES

Medical Emergency

If child has medical emergency (injury, allergic reaction, seizure, etc.):

1. Call 999 immediately
2. Provide first aid (if trained)
3. Ask the parent/carer or another responsible adult to help, if one is available
4. Call parent/carer immediately
5. Stay with child until paramedics arrive
6. Follow any care plans or medical protocols
7. Record incident after child safe
8. Report to DSL and commissioning school

Safeguarding Emergency

If you witness abuse or child discloses immediate danger:

1. Call 999 if child at immediate risk
2. Do NOT leave child alone if at risk
3. Contact the parent/carer unless doing so would put the child at risk
4. Follow Safeguarding Policy procedures
5. Contact MASH same day
6. Record everything

Your Own Emergency

If you have medical emergency or feel unwell during session:

1. Call 999 if serious
2. Tell child: "I need to get help, I'm not feeling well"
3. Call the parent/carer if in their home, or a responsible adult nearby if elsewhere
4. Ensure child is safe with responsible adult before leaving
5. Once safe, reschedule sessions and tell families and the commissioning school; Dr David Bromiley covers any safeguarding matter

SPECIAL CIRCUMSTANCES

Working with Siblings or Small Groups

If working with siblings or small group (2-3 children):

- Same protocols apply
- Risk may be lower (children witness each other) but protocols still essential

Remote/Online Sessions

If session is online (Zoom, Teams, etc.):

- For under-18s, a parent/carer MUST be present in the home during the session
- Both adult and child visible on camera
- Session recorded (with parental consent) for safeguarding
- Professional background, appropriate dress
- See Online Safety Policy: Remote/Online Sessions

Late Running or Schedule Changes

If session runs over or location changes:

- Tell the parent or carer (or the commissioning school) if a session will run late or the location changes

If session cancelled last minute:

- Tell the parent or carer and the commissioning school

THE DEPUTY DESIGNATED SAFEGUARDING LEAD (DR DAVID BROMILEY)

David Bromiley's Role:

- Covers safeguarding if Stuart is unavailable (in practice, sessions are usually rescheduled)
- Receives any concern about Stuart himself
- Can help to arrange cover if Stuart is unwell or unable to continue
- Not involved in day-to-day session decisions

Information David Bromiley Holds:

- No routine information about sessions, schedules or children. He is told only what he needs to know if he is covering or a concern is raised
- Safeguarding concerns: Stuart handles these as Designated Safeguarding Lead. Dr David Bromiley takes over where Stuart is unavailable or the concern is about Stuart

David Bromiley does not:

- Receive daily schedules or check-in texts
- Monitor sessions as they happen
- Contact parents or schools unless he is covering a safeguarding matter

RECORD KEEPING

Daily Log:

Stuart maintains log including:

- Date
- Child (initials or first name only)
- Location
- Time (scheduled and actual)
- Any incidents or concerns
- Actions taken

Retained securely for 7 years minimum.

RISK ASSESSMENT TEMPLATE

Use before starting provision with new child or at new location:

Child Name: _____

Location: _____

Date: _____

Assessed Risks:

Risk	Level (Low/Med/High)	Control Measures
Physical aggression		
Verbal aggression		
Absconding/running off		
Self-harm		
Environmental hazards		
Allegations risk		
Safeguarding concerns		

Additional Notes:

Approved to proceed? ☐ Yes ☐ No (conditions)

Review Date: _____

REVIEWING PROTOCOLS

These protocols are reviewed:

- After any incident
- If concerns raised
- Annually (minimum)
- When circumstances change

Continuous Improvement:

- Learn from experience
- Adapt protocols as needed
- Always prioritise safety over convenience

KEY REMINDERS

Make sure the parent, carer or school knows when and where you are

Keep your phone charged and within reach

If you cannot continue, reschedule and tell the family and the commissioning school

Work in appropriate spaces (communal, visible)

Parents present in homes where possible

Trust your instincts - if unsafe, leave

Record everything

It's okay to end sessions if unsafe

Working alone requires heightened vigilance and robust systems.

These protocols keep everyone safe.

APPENDIX G

CONTACT DIRECTORY - ALL 5 COUNTIES

Safeguarding Contacts for Children and Adults

Clearspace Learning Ltd - Safeguarding Policy

CLEARSPACE LEARNING

Designated Safeguarding Lead (DSL):

Stuart Knox

Mobile: 07986 622049

Email: stuart.knox@clearspacelearning.com

Emergency Contact (if DSL unavailable):

Dr David Bromiley

Mobile: 07455 158749

(DSL Level 3 trained; acts as Deputy DSL and primary contact if Stuart is unavailable)

NATIONAL CONTACTS

Emergency Services:

Police Emergency: 999

Police Non-Emergency: 101

NHS Emergency: 999

NHS Non-Emergency: 111

National Safeguarding Helplines:

NSPCC Helpline: 0808 800 5000

Childline (for children): 0800 1111

NSPCC Whistleblowing: 0800 028 0285

Email: help@nspcc.org.uk

Specific Issues:

CEOP (Child Exploitation & Online Protection): www.ceop.police.uk/safety-centre

Internet Watch Foundation (child abuse images): www.iwf.org.uk | 0800 347 8000

Anti-Terrorism Hotline: 0800 789 321

Domestic Abuse Helpline: 0808 2000 247

Samaritans: 116 123

Regulatory Bodies:

Ofsted: 0300 123 4666 | whistleblowing@ofsted.gov.uk

Information Commissioner's Office (ICO): 0303 123 1113

OXFORDSHIRE

Children's Safeguarding:

MASH (Multi-Agency Safeguarding Hub):

- Phone: 0345 050 7666
- Email: secure-MASH@oxfordshire.gov.uk

- Out of Hours: 0800 833 408

Local Authority Designated Officer (LADO):

- Phone: 01865 810603
- Email: LADO.safeguardingchildren@oxfordshire.gov.uk

Adult Safeguarding:

Adult Social Care Safeguarding Team:

- Phone: 0345 050 7666
- Email: socialandhealthcare@oxfordshire.gov.uk
- Out of Hours: 0800 833 408

Other Services:

SEND Team: 01865 815175 | SENDCaseworkTeam@oxfordshire.gov.uk

Early Help: 0345 241 2705

Family Solutions Service: 0345 241 2608

Local Safeguarding Partnership: Oxfordshire Safeguarding Children Partnership (OSCP) —
www.oscp.org.uk | Multi-agency procedures and resources:

www.oscp.org.uk/practitioners/multi-agency-procedures-and-resources

WARWICKSHIRE

Children's Safeguarding:

MASH (Multi-Agency Safeguarding Hub):

- Phone: 01926 414144
- Email: mash@warwickshire.gov.uk
- Out of Hours: 01926 886922

Local Authority Designated Officer (LADO):

- Phone: 01926 745376
- Email: lado@warwickshire.gov.uk

Adult Safeguarding:

Adult Social Care Safeguarding Team:

- Phone: 01926 412080
- Email: adultsafeguarding@warwickshire.gov.uk
- Out of Hours: 01926 886922

Other Services:

SEND Team: 01926 742606 | sendandyou@warwickshire.gov.uk

Early Help: 01926 742274

SENDIASS: 024 7658 8440

NORTHAMPTONSHIRE (NORTH & WEST)

North Northamptonshire:

Children's Safeguarding:

MASH:

- Phone: 0300 126 1000
- Email: MASH-Secure@northnorthants.gov.uk
- Out of Hours: 01604 626938

LADO:

- Phone: 01604 364036
- Email: LADO@northnorthants.gov.uk

Adult Safeguarding:

- Phone: 0300 126 1000
- Email: adultsafeguarding@northnorthants.gov.uk

West Northamptonshire:**Children's Safeguarding:****MASH:**

- Phone: 0300 126 7000
- Email: MASH@westnorthants.gov.uk
- Out of Hours: 01604 626938

LADO:

- Phone: 01604 364036
- Email: LADO@westnorthants.gov.uk

Adult Safeguarding:

- Phone: 0300 126 7000
- Email: safeguardingadults@westnorthants.gov.uk

Other Services:

North SEND Team: 0300 126 1000

West SEND Team: 0300 126 7000

First for Wellbeing: 0300 1111 110

GLOUCESTERSHIRE**Children's Safeguarding:****Children's Helpdesk:**

- Phone: 01452 426565
- Email: childrenshelpdesk@gloucestershire.gov.uk
- Out of Hours: 01452 614194

Local Authority Designated Officer (LADO):

- Phone: 01452 426994
- Email: GSCB.LADO@gloucestershire.gov.uk

Adult Safeguarding:**Adult Social Care Safeguarding Team:**

- Phone: 01452 426868
- Email: socialcare.enq@gloucestershire.gov.uk
- Out of Hours: 01452 614194

Other Services:

SEND Team: 01452 328529 | SENDAssessmentandReview@gloucestershire.gov.uk

Early Help: 01452 328 888

SENDIASS: 01452 328 638

BUCKINGHAMSHIRE**Children's Safeguarding:****First Response Team:**

- Phone: 01296 383962
- Email: secure-cypfirstresponse@buckinghamshire.gov.uk
- Out of Hours: 0800 999 7677

Local Authority Designated Officer (LADO):

- Phone: 01296 382070
- Email: LADO@buckinghamshire.gov.uk

Adult Safeguarding:

Adult Social Care Safeguarding Team:

- Phone: 01296 383204
- Email: safeguardingadults@buckinghamshire.gov.uk
- Out of Hours: 0800 999 7677

Other Services:

SEND Team: 01296 387039 | sendandinclusionteam@buckinghamshire.gov.uk

SENDIASS: sendiass@buckinghamshire.gov.uk

Early Help: 01296 383 962

SEND SUPPORT ORGANISATIONS

IPSEA (Independent Provider of Special Education Advice):

- Helpline: 0800 018 4016
- Website: www.ipsea.org.uk

Contact (for families with disabled children):

- Helpline: 0808 808 3555
- Website: www.contact.org.uk

National Autistic Society:

- Helpline: 0808 800 4104
- Website: www.autism.org.uk

ADHD Foundation:

- Website: www.adhdfoundation.org.uk

Dyslexia Action:

- Helpline: 01784 222 300
- Website: www.dyslexiaaction.org.uk

PDA Society:

- Website: www.pdasociety.org.uk

DOMESTIC ABUSE SERVICES

National Domestic Abuse Helpline: 0808 2000 247 (24/7)

Men's Advice Line: 0808 801 0327

Galop (LGBT+ domestic abuse): 0800 999 5428

Respect Phoneline (perpetrators): 0808 802 4040

Local Services:

Oxfordshire: A2 Dominion Domestic Abuse Service - 01235 555 111

Warwickshire: REFUGE - 01926 411 202

Northamptonshire: NDAS - 0300 012 0154

Gloucestershire: GDA - 01452 726 570

Buckinghamshire: Aylesbury Women's Aid - 01296 484 707

MENTAL HEALTH CRISIS

Samaritans: 116 123 (24/7)

SHOUT Crisis Text Line: Text SHOUT to 85258

PAPYRUS (suicide prevention under 35): 0800 068 4141

Mind Infoline: 0300 123 3393

Local CAMHS Crisis Lines:

Oxfordshire: 01865 903 037

Warwickshire: 0800 616 171

Northamptonshire: 0800 151 0023

Gloucestershire: 0800 169 2270

Buckinghamshire: 01865 901 951

WHEN TO USE WHICH NUMBER

Call 999 if:

- Immediate danger or emergency
- Crime in progress
- Life-threatening situation
- Child/adult at immediate risk of harm

Call MASH/Children's Helpdesk if:

- Concern about child's safety or wellbeing
- Reasonable cause to suspect significant harm
- Child has disclosed abuse
- Indicators of abuse or neglect
- During working hours (8:30am-5pm Mon-Fri)

Call Out of Hours if:

- Urgent safeguarding concern outside working hours
- Evenings, weekends, bank holidays
- Cannot wait until next working day

Call LADO if:

- Allegation against staff member
- Concern about professional conduct
- Staff member has harmed child or put child at risk

Call Adult Social Care if:

- Concern about adult at risk
- Adult experiencing or at risk of abuse
- Adult unable to protect themselves due to needs

QUICK REFERENCE CARD

Print this section and keep accessible:

CLEARSPACE LEARNING - QUICK CONTACTS	
DSL: Stuart Knox Mobile: 07986 622049 Email: stuart.knox@clearspacelearning.com	
EMERGENCY: 999 NSPCC: 0800 800 5000 Childline: 0800 1111	
OXFORDSHIRE MASH: 0345 050 7666 WARWICKSHIRE MASH: 01926 414144 NORTHANTS (N): 0300 126 1000 NORTHANTS (W): 0300 126 7000	

GLOUCESTERSHIRE: 01452 426565
BUCKINGHAMSHIRE: 01296 383962

APPENDIX H

LEGAL FRAMEWORK AND STATUTORY GUIDANCE

Clearspace Learning Ltd - Safeguarding Policy

This policy is written in line with the legislation and guidance below. The Director and Designated Safeguarding Lead reviews this list at least once a year, and whenever Keeping Children Safe in Education or Working Together to Safeguard Children is updated.

Legislation

- Children Act 1989 and Children Act 2004 (duties to safeguard and promote the welfare of children, including section 47 enquiries)
- Care Act 2014 (adult safeguarding and adults at risk)
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006 and Protection of Freedoms Act 2012 (barred lists, regulated activity and the Disclosure and Barring Service)
- Sexual Offences Act 2003, Protection of Children Act 1978 and Criminal Justice Act 1988 (sexual offences, including indecent images of children)
- Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015), including the mandatory reporting duty
- Anti-social Behaviour, Crime and Policing Act 2014 (forced marriage)
- Modern Slavery Act 2015 (including exploitation and trafficking)
- Counter-Terrorism and Security Act 2015 (the Prevent duty)
- Domestic Abuse Act 2021
- Equality Act 2010 and Human Rights Act 1998
- Data Protection Act 2018 and UK General Data Protection Regulation (information sharing and record keeping)
- Rehabilitation of Offenders Act 1974 (and the exceptions order for work with children)

Statutory and National Guidance

- Keeping Children Safe in Education 2026 (Department for Education). This is statutory guidance for schools and colleges. Clearspace follows it as good practice, and because the schools and local authorities that commission us rely on it.
- Working Together to Safeguard Children 2023 (HM Government)
- Prevent duty guidance for England and Wales (Home Office)
- Sharing nudes and semi-nudes: advice for education settings working with children and young people (UK Council for Internet Safety, 2024)
- Multi-agency statutory guidance on female genital mutilation (HM Government)
- The Right to Choose: multi-agency statutory guidance for dealing with forced marriage (HM Government)
- Information sharing: advice for practitioners providing safeguarding services (Department for Education)
- Children Missing Education: statutory guidance for local authorities (Department for Education)
- Care and support statutory guidance and the Mental Capacity Act Code of Practice (for adults at risk)

Local Procedures

- The multi-agency safeguarding procedures of the local safeguarding children partnership and the local safeguarding adults board for the area where the child or adult lives (contact details are in Appendix G)
- Oxfordshire Safeguarding Children Partnership procedures, as Clearspace's home area

- The safeguarding policy of the commissioning school or local authority, which Clearspace follows alongside this policy