

MINDSENSEABILITY ARE COMMITTED TO SAFEGUARDING AND PROMOTING THE WELL-BEING OF ALL CHILDREN AND YOUNG PEOPLE WHO USE ITS SERVICES AND OPERATES IN FULL RECOGNITION OF THEIR INCREASED VULNERABILITY.

THIS ORGANISATION EXPECTS ALL THOSE WORKING FOR AND ON BEHALF OF THE SERVICE TO SHARE THIS COMMITMENT.

IMPLEMENTATION AND REQUIREMENTS

THIS POLICY REQUIRES

1. The Designated Safeguarding Leads (DSLs) to meet quarterly to review levels of activity regarding child and adult protection, safeguarding concerns, welfare concerns, physical interventions, complaints, and any sanctions and exclusions/terminations of service.
2. The Designated Director will monitor and evaluate monthly the implementation of the above and the rigour of safeguarding and child protection training given to employees, as a method of quality control.
3. The Designated Director will ensure that this policy and its procedures are reviewed once a year.

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Last Review: September 2023 (amendments made May 2024)

Date of Next Review: September 2024

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MINDSENSEABILITY CHILD PROTECTION STATEMENT

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all who use our services.

We will endeavour to provide safe and welcoming approaches and environments where all who use our services are respected and valued.

We will be alert to signs of harm and maltreatment and will follow our procedures to ensure that:

All who use our services receive effective support, protection and justice

The procedures contained in this policy apply to all staff members* and Directors, and are consistent with those of the Local Safeguarding Children Board (LSCB), which is Hampshire.

This Policy is one of a series in MindSenseAbility's safeguarding portfolio.

OUR CORE SAFEGUARDING PRINCIPLES ARE AS FOLLOWS:

1. The Service's responsibility to safeguard and promote the welfare of all children and young adults is of paramount importance
2. Safeguarding procedures will be adapted in recognition of the vulnerability of those using the service
3. Representatives of the whole community; Service users, families and guardians, staff, and Directors will be involved in policy development and review, where possible.
4. Policies will be reviewed annually, unless an incident or new legislation or guidance suggests a need for interim review.

***Note:**

For the purposes of this document, the term 'Staff' includes all employees and anyone else involved with, or working for or on behalf of, MindSenseAbility.

1. INTRODUCTION

- 1.1. The children and young people using MindSenseAbility (MSA) are recognised as experiencing a range of special and additional needs which contribute to increased vulnerability.
- 1.2. These may include:
Autistic Spectrum Disorders, ADHD, epilepsy, severe challenging behaviour, possible attachment disorder, neurodevelopmental disorders, unsuccessful schooling history, multiple previous interventions, severe anxiety and mental health complexity, sensory processing disorder, parents requiring significant support with understanding the young person and his or her needs.
- 1.3. Four essential precepts comprise the MindSenseAbility approach:-
 1. **Education:** specialist teaching from specialist staff
 2. **Therapy Intervention:** specialist professionals in Occupational Therapy, Psychiatry, Psychology, Speech and Language Therapy and Physiotherapy
 3. **Mental Health and Wellbeing:** Psychiatry and Psychology professionals and behaviour support specialist staff
 4. **Social and Emotional:** working with families, external agencies, professionals and potential educational establishments.
- 1.4. All those involved in the delivery of our services fully embrace their responsibilities under safeguarding to provide extensive support to those who use the Service where cognitive, emotional, and physical and mental health needs prevail, and are committed to adapting safeguarding measures to ensure robust protection.
- 1.5. MSA recognises that children and young people who use MSA services have a right to feel secure and cannot learn or participate effectively unless they do so. All can be harmed either by direct acts (by parents, carers and other people) or failure to provide proper care, or both. All may suffer harm (neglect, emotional, physical, financial or sexual) or a combination of such. All have a right to be protected from harm.
- 1.6. This policy includes guidance in relation to dealing with allegations involving staff, e-safety and to counter risk of self-harm and suicide.



- 1.7. Whilst the Service will work openly with parents, carers and organisations as far as possible, the Service reserves the right to contact Local Authority Children's Social Care, Local Safeguarding Children's Board or the Police, without notifying parents if this is believed by the Designated Safeguarding Lead or Designated Deputy to be in the child's best interests.

2. PURPOSE

- 2.1. The above introduction to MSA outlines the difficulties experienced by those using the Service and justifies their consequent need for intensive intervention.
- 2.2. The potential vulnerability of each individual is recognised within this policy
- 2.3. This document outlines the policy on identifying and responding to concerns regarding the safeguarding and protection of children and young people.
- 2.4. This policy's purpose and that of its associated procedures is to:
 1. **Ensure Protection** of children and young people who use MindSenseAbility services.
 2. **Provide guidance** for all staff who may come across concerns of this nature within the context of their employment or work for or on behalf of, MindSenseAbility. These include:
 - a. all members of the workforce, including directors and office-based staff, volunteers.
 - b. other individuals, consultants and agencies who may work for or on behalf of, MindSenseAbility.
 3. **Ensure awareness** in staff, parents, guardians, individuals and organisations that MindSenseAbility works with, are aware of the overarching principles that guide the Service's approach to safeguarding.
 4. **Promote effective practice**, especially multi-agency working in light of the Children Act 2004 and *Working Together to Safeguard Children* (DfE 2023).
 5. **Ensure processes** are in place for continuous vigilance and to maintain an environment that deters and prevents abuse and challenges inappropriate behaviour

3. AIMS

- 3.1. MSA recognises its duty to undertake all safeguarding activities and sets out its aims below.
- 3.2. All people have the potential to harm children and harm occurs across all social classes, races and cultures. Someone who harms a child could be anyone; a member of their immediate or extended family, a neighbour, a friend, or a stranger to them.

It could be a member of MSA staff or another service user. It is essential for everyone to consider this. It is essential for all to be prepared to believe the unbelievable, and it is therefore essential to remain vigilant, professional in approach, objective and to make no pre-judgements.

- 3.3. At the centre of MSA's Safeguarding and Child Protection Portfolio sits The MindSenseAbility mission statement, which is:-

'To provide a multi-discipline therapeutic service to meet the educational and additional needs of individuals and families.'

- 3.4. All staff and visitors have an important and unique role to play in safeguarding and child protection and the prime concern at all times must be the interests and safety of the children.

- 3.5. **To achieve this, our aims are:**

- To protect children and young people from harm
- To recognise the vulnerability of users of the Service and adapt safeguarding procedures to increase protection
- To provide clear procedures for all staff to follow when responding to suspected harm
- To ensure staff understand the different types of harm, and ensure staff have an awareness of the signs of harm
- To ensure all staff acknowledge their own responsibilities regarding safeguarding procedures
- To ensure all staff are familiar with the role of the post holder of Designated Safeguarding Lead (DSL) and the Designated Deputies (DD)
- To recognise dilemmas including dilemmas of confidentiality, and offer advice and coaching to staff to encourage clarity
- To provide support for:
 - staff who report
 - children who have disclosed
 - children who have been recognised as suffering, or are at risk of suffering, significant harm
- To continue support for wellbeing for staff and children after events listed in the point above

- To provide regular training for staff including discussion and coverage of safeguarding issues in the programme of induction for all new staff
- To monitor and evaluate the impact of this policy and associated procedures

3.6. Additionally, MSA will safeguard and promote the welfare of all who use the service in the following ways:

- Continually raise awareness of protection and safeguarding roles and responsibilities with all staff, and also visitors via use of a leaflet.
- Continually develop, implement and review procedures that enable all staff to identify and report cases, or suspected cases, of harm.
- Support children, young people and adults at risk who have been harmed, in accordance with their agreed protection plan.
- Ensure a robust practice of safer recruitment at point of employment, including checking and recording the suitability of staff to work with children and young people.
- Ensure that allegations or concerns against staff are dealt with in accordance with Department for Education (DfE) and Local Safeguarding Children's Board (LSCB) guidelines.
- Establish a safe environment in which children and young people can learn and develop.
- Continually have regard for the Human Rights Act 1998 (HRA), the Equality and Human Rights Commission and the Public Sector Equality Duty.

3.7. Procedures within this policy are designed to ensure that the appropriate action is taken immediately, where harm is suspected.

4. THE MINDSENSEABILITY SAFEGUARDING PORTFOLIO

4.1. This **Safeguarding and Child Protection Policy** is not a stand-alone policy. Its core concern is with Child Protection, but it also describes the approach to Protection and Safeguarding across the service to give clarity to the approach of MindSenseAbility as a whole.

4.2. Core Policies

Statutory regarding Safeguarding

- This Policy (The MSA Safeguarding and Child Protection Policy and Appendices)

- Single Central Register of recruitment and vetting checks, part of safer recruitment advice from Keeping Children Safe in Education (KCSiE) updated September 2023
- Health & Safety Policy

Linked Policies, Procedures and Strategies, which staff must be familiar with:-

- Local Safeguarding Children's Board and Child Protection Procedures backed up by the local safeguarding team based in Hampshire.
- Staff Handbook
- Staff Code of Conduct
- Child-on-child Abuse Policy
- Online Safety Policy
- Anti-bullying Policy
- Recruitment and Selection Policy
- Staff Induction and Training Procedures
- Lone Working Policy
- Behaviour Support Policy
- Diversity and Equal Opportunities Policy
- Complaints Policy
- Whistleblowing Policy
- Data Protection Policy
- Acceptable Use of IT Policies (staff and student versions)
- Use of Own Vehicle for Business Use Policy
- First Aid Policy
- Missing and Absconding Policy
- Supervision and Appraisal Policy

4.3. Monitoring

- Annual Child Protection and Safeguarding Audit.

4.4. Regulation and Legal Frameworks

- The MSA Service recognises its statutory duty under the Education Act 2002 and 2011 to make arrangements to ensure that functions are carried out with a view to safeguarding and promoting the welfare of children and adults at risk.
- MSA upholds and promotes best practice in all areas of its work, adhering to the latest legislation in the best interests of clients.
- This policy sets out how the Service will fulfil its local and national responsibilities:
 - The two documents '**Keeping Children Safe in Education**' Statutory Guidance updated in 2023, together with the '**Working Together to Safeguard Children**' (2023)', form the basis of the statutory guidance to schools and colleges. MindSenseAbility has regard to these documents.

5. DEFINITIONS/GLOSSARY

For clarity, and the purposes of this policy:

Abuse: "harm" has largely replaced the term "abuse".

Children and young people: means any child using MSA, up to the age of 18 years.

CP stands for Child Protection.

CSE stands for Child Sexual exploitation.

DBS stands for Disclosure and Barring Service.

DSL stands for Designated Safeguarding Lead.

DD stands for as Designated Deputy.

FGM stands for Female Genital Mutilation.

Harm is defined as a violation of an individual's human and civil rights by any person or persons, which results in harm.

LADO stands for Local Authority Designated Officer (for Safeguarding)

LSCB stands for Local Safeguarding Children's Board. (Local Authority)

MASH stands for Multi Agency Safeguarding Hub

OT stands for Occupational Therapy

SaLT stands for Speech and Language Therapy.

Parent / guardian / carer / advocate: is defined as the person who has responsibility for the child. This may also mean an organisation such as a local authority.

Safeguarding and Child Protection: The terms Safeguarding and Child Protection are often used interchangeably but they have distinct meanings. They are different but part of a single continuum. Safeguarding activity is universal and based on the prevention of harm and the promotion of wellbeing of all children. Child Protection deals with identified risk and the potential of harm.

- Safeguarding is what we do for all children.
- Child Protection refers to the procedures we use for those at risk of significant harm or who have been harmed.

'Working Together to Safeguard Children' (HM Government 2023) offers a clear distinction, which MSA embraces as relevant to the Service:-

'Safeguarding' and promoting the welfare of children and young people is thus defined in this policy as:

- *Protecting children from maltreatment*
- *preventing any impairment of health or development in children or young people*
- *ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care*
- *Taking action to enable users of the Service to have the best life chances*

'Child Protection' is part of Safeguarding and promoting welfare. This refers to the activity, which is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

Staff means paid staff, vocational workers, sessional workers, associates, students, volunteers, Directors, contractors or agency personnel and includes *anyone* who is working for, or on behalf of, MSA across all environments.

Victims and alleged perpetrator(s): MSA will be conscious of any use of these terms when describing individuals or incidents. For the purpose of this policy and as per Keeping Children Safe in Education (September 2023) we follow the below guidance

*"We, in places, use the term '**victim**'. It is a widely recognised and understood term. It is important that schools and colleges recognise that not everyone who has been subjected to abuse considers themselves a victim or would want to be described in this way. Ultimately, schools and colleges should be conscious of this when managing any incident and be prepared to use any term with which the individual child is most comfortable.*

*For the purpose of this advice, we, in places, use the term '**alleged perpetrator(s)**' and where appropriate '**perpetrator(s)**'. These are widely used and recognised terms and the most appropriate to aid effective drafting of guidance. However, schools and colleges should think very carefully about terminology, especially when speaking in front of children, not least because in some cases the abusive behaviour will have been harmful to the perpetrator as well. As above, the use of appropriate*

terminology will be for schools and colleges to determine, as appropriate, on a case-by-case basis.

6. ROLES AND RESPONSIBILITIES OF STAFF

6.1. Regarding Staff

Safeguarding is everyone's business.

All members of staff have a responsibility to be familiar with the procedures to be followed if they are worried about a service user or concerned that a service user is, or may be, being harmed.

Staff members who are in regular contact with children and young people are well placed to notice signs of physical, sexual or emotional harm, neglect, behavioural change or a failure to develop generally as expected.

Each member of staff is given, on their first day with MSA:

1. "What to do: Child Protection summary" and a Flowchart, (Appendices 3 and 4) which explains what to do and who to report to regarding Safeguarding.
2. A copy of the "Safer Working Practice agreement" which they must sign they have 'read' as part of their induction.
3. A copy of this policy which they must sign they have 'read' as part of their induction (Appendix 2).
4. A copy of Keeping Children Safe in Education (September 2023). All staff are 'required' by MSA to read Part 1.
5. Induction Schedule, which will include initial safeguarding and child protection training modules (including online safety which, amongst other things, includes and understanding of the expectations applicable roles and responsibilities in relation to filtering and monitoring).

MSA tailors its Safeguarding and Child Protection training around its own policies and accepted best practice.

Staff are expected to take responsibility for reading the appropriate policies and asking for clarity as required.

6.2. Regarding Leadership

Designated Safeguarding Lead (DSL)

The current Designated Safeguarding Lead, known as the DSL, is noted on the cover (page 1) of this document. The current Designated Deputies are also noted on the cover.

The DSL has a job description of the role and cover arrangements are in place (Designated Deputies) in the event of their absence at the time of any referral.

The DSL and DD's are drawn from the Senior Management Team.

The DSL and Designated Deputies have attended Multi-Agency training provided either by LSCB (Local Safeguarding Children Board), or a national agency, e.g. NASS.

DSL and DDs must attend refresher training at 2 yearly intervals but should also receive an update at least annually, (for example, via email, e-bulletins and inter-agency meetings as required), "to provide them with the knowledge and skills required to carry out the role". (KCSiE 2023).

The Role of the DSL and DD's is to:

- *Take lead responsibility for safeguarding and child protection (including online safety and understanding the filtering and monitoring systems and processes in place)* - Keeping Children Safe in Education September 2023
- Ensure safeguarding procedures are in place and updated as required
- Ensure staff are aware of both local Safeguarding Children Board (LSCB) CP procedures as appropriate) and MSA policy
- To provide advice and support to staff and confidential discussions about their concerns
- Be available / able to free up time to provide the required support
- Liaise with Local Authority Children's Social Care in accordance with local procedures
- Attend case conferences, strategy discussions and meetings as required
- Keep records of any concerns or suspected cases of harm/referrals on safeguarding files, separate to the individual's main file, and stored securely in a locked drawer or cupboard.
- Co-ordinate arrangements for the monitoring of those using the Service who have been identified as being in need of protection.
- Arrange Induction training for all staff. Keeping Children Safe in Education September 2023, states;

“All staff should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include the:

- *child protection policy, which should amongst other things also include the policy and procedures to deal with child-on-child abuse;*
- *behaviour policy (which should include measures to prevent bullying, including cyberbullying, prejudice-based and discriminatory bullying)*
- *staff behaviour policy (sometimes called a code of conduct) should amongst other things, include low-level concerns, allegations against staff and whistleblowing;*
- *safeguarding response to children who are absent from education, particularly on repeat occasions and/or prolonged periods; and*
- *role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).*

*Copies of policies and a copy of Part one (or Annex A, if appropriate) of this document [Keeping Children Safe in Education] should be provided to **all** staff at induction.*

All staff should receive appropriate safeguarding and child protection training (including online safety which, amongst other things, includes an understanding of the expectations, applicable roles and responsibilities in relation to filtering and monitoring – see para 141 [of Keeping Children Safe in Education 2023] for further information) at induction. The training should be regularly updated. In addition, all staff should receive safeguarding and child protection (including online safety) updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to continue to provide them with relevant skills and knowledge to safeguard children effectively”.

Whilst not a school or college MindSenseAbility recognises its duty to have due regard to this document.

Directors ensure:

- MSA reviews its policies / procedures annually and provides information to the LSCB (Local Safeguarding Children’s Board) regarding them, if requested.
- MSA completes an annual audit, on Child Protection and Safeguarding at the Service, in timely manner each September reporting on the previous academic year.
- MSA monitors, within supervision and appraisal, any Child Protection and Safeguarding roles and responsibilities individuals may carry.

6.3. Regarding Time

Directors ensure the DSL and DD's hold senior positions and thus do not operate in full-time contact roles with children. In addition the DSL and DDs are expected and encouraged to delegate routine duties to other colleagues in order to free the time to fulfil their child protection and safeguarding responsibilities, as and when such events occur.

Time will always be provided for training, refreshers and development around safeguarding.

6.4. Regarding Funding

Directors ensure DSL and DDs training and support needs are funded as a priority and all DSL and DDs are encouraged to attend conferences and networking opportunities to strengthen knowledge, awareness and local and national links.

A budget will be assured for the resourcing and on-going training of DSL and DDs.

6.5. Regarding Supervision & Support

Directors ensure DSL and DDs receive supervision in their DSL roles (outside of any other performance management process) which occurs quarterly – either individually or together.

This to take place in acknowledgement of the challenging issues they must deal with which can be both distressing and affecting.

6.6. Regarding Multi-Agency Partnership

As a Service working with the vulnerable MSA works closely with Local Authority Children's Social Care.

This multi-agency approach both increases and enhances the quality of our effectiveness around the work of identifying and dealing with child protection issues that may arise.

When the MSA DSL has been informed of a case of suspected harm or of a child who may be at risk of harm, they may complete a referral to the Multi Agency Safeguarding Hub (MASH).

In cases of allegations against staff MSA will always refer to the Hampshire LADO (Local Authority Designated Officer) for advice.

6.7. About the Multi Agency Safeguarding Hub (MASH)

A MASH assessment and decision, aims to reduce the risk, harm, or potential harm that a child / young person / adult is exposed to.

The MASH team share and receive information from every agency. They make assessments and decisions following a safeguarding referral. The most appropriate intervention is agreed in response to the person's identified needs.

Decisions and timescales depend on statutory need, child protection or early help. Vulnerable children, young people and adults are responded to by the most appropriate professional.

Outcomes of the MASH:

- A faster, more co-ordinated and consistent response to safeguarding concerns
- An improved 'journey' for the child, young person or adult.
- There is greater emphasis on early help and better informed services. This delivers intervention at the right time
- A clearer process for the professional or member of the public raising a concern
- Closer partnership working, clear accountability and improved multi-agency communications
- A reduction in the number of inappropriate referrals and re-referrals

6.8. The role of the LADO

Local authorities have a designated officer or team to be involved in the management and oversight of allegations against people who work with children. This role is known as LADO (Local Authority Designated Officer).

The LADO's role is to:

- give advice and guidance to employers and voluntary organisations
- liaise with the police and other agencies
- monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

The LADO works within Children's Services and should be alerted to all cases in which it is alleged that a person working with children has:

- behaved in a way that has or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that is or may be a risk of harm to children

7. CATEGORIES AND RECOGNITION

- 7.1. MindSenseAbility is aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.
- 7.2. The following is extracted from KCSiE 2023

INDICATORS OF ABUSE AND 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.

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 overprotection and limitation of exploration and learning, or preventing the child from 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.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education and **all** staff should be aware of it and of their school or college's policy and procedures for dealing with it.*

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, for example, as a result 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 care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.*

- 7.3. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences can impact on their mental health, behaviour, and education.
- 7.4. Please see Appendix 9 for a more detailed examination including **the signs to assist recognition of abuse.**
- Physical Abuse
 - Emotional Abuse
 - Sexual Abuse including FGM and Child Sexual Exploitation
 - Neglect
 - Domestic Abuse
 - Child-on-child Abuse
 - Honour-based abuse
 - Radicalisation and Extremism - Prevent Duty 2015
 - Financial or material abuse
 - Institutional / Corporate abuse

- 7.5. MSA ensures staff are aware of a range of safeguarding issues, some of which are listed below. All staff are expected to maintain awareness that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.
- 7.6. All are made aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but may not be limited to, bullying (including cyber bullying), gender-based violence/sexual assaults and sexting. Staff should be clear as to the Service's policy and procedures with regards to child-on-child abuse. See MSA's Child-on-child Abuse Policy and Anti-Bullying Policy for more guidance.
- 7.7. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues like those listed below. For example, information can be found on the TES, MindEd and the NSPCC websites. Staff can access government guidance as required on the issues listed below via GOV.UK and other government websites. Some of these are included at **Appendix 10**.
- bullying including cyber bullying
 - children missing education
 - child missing from home or care
 - child sexual exploitation (CSE)
 - domestic violence
 - drugs
 - fabricated or induced illness
 - faith abuse
 - female genital mutilation (FGM)
 - forced marriage
 - gangs and youth violence / child criminal exploitation (CCE)
 - gender-based violence/violence against women and girls (VAWG)
 - hate
 - honour-based abuse
 - mental health
 - missing children and adults
 - private fostering
 - preventing radicalisation – and Annex A

- relationship abuse
- sexting
- trafficking
- upskirting

8. VULNERABILITY AND THE STRATEGIES TO PROTECT

8.1. Vulnerability

All children and young people using MSA have special and additional needs, which contribute, to increased vulnerability as described at the beginning of the document. Some may be living away from their home. It is important that all staff are familiar with the adaptations to safeguards, which must be in place in these circumstances.

Childrens' vulnerability is clearly understood and MSA has rigorous procedures for ensuring that all are as 'safe' as is possible at all times, and remain supervised unless decided otherwise for independence or behaviour reasons.

Possible reasons why those using MSA services with additional needs can have increased vulnerabilities;

- Fewer contacts and trusted adults to confide in outside the family
- Lack of words, signs, symbols or the vocabulary to resist avoid or disclose harm, fear and distrust
- Where there may be reliance on physical care it makes it is more difficult to set the boundaries of appropriate touching
- Intellectual and physical limitations may make it impossible to resist harm, say NO, or run away
- Limited understanding of sex and relationships education
- Experience of an overuse of physical responses to challenging behaviour
- Regular absences or exclusion from education
- Over-protection, leading to a limited lifestyle
- Failure by others to administer medication or keep medical appointments
- Children and young people from ethnic minority communities have dual risks, arising from their own needs and cultural or racial discrimination
- Acceptance of different practice because the child is difficult to manage
- Lack of opportunities for participation and choice

- A reluctance to challenge parents/carers/organisations on the part of staff
- Reduced understanding and opportunities for children to learn the risk management, which develops resilience
- Defensive practices primarily to protect staff

8.2. Adaptations

The primary element in Safeguarding is prevention. Schools and colleges are part of the first line of defence in the child protection system, and so it is with MSA.

For children and young people with additional vulnerability extra measures must be in place to ensure robust safeguarding.

Maintaining a culture of transparency, co-responsibility, honest communication and mutual care across the whole service contributes to safeguarding in all areas. Detailed risk assessment of all activities is a major part of protection.

To protect children and to support staff working with them, MSA undertakes thorough and comprehensive risk assessments according to needs, covering the following areas:-

- One-to-one situations or lone working
- Physical contact
- Administration of any medication
- Therapies
- Health and safety – bodily fluids, etc.

MSA also

- Develops confidence and self-esteem and treats all children and young people with respect
- Involves children and young people in decisions about their education and therapy where appropriate
- Ensures that staff model appropriate and trusting relationships conduct
- Has complaints and concerns and other relevant procedures in accessible formats

As further Adaptations to Safeguarding: MSA;

- Ensures children receive support, which matches their individual needs, including those who may have experienced harm.

- Co-ordinates and shares information weekly between education, therapy and other personnel.
- Delivers robust Safer Recruitment procedures for all staff (regardless of whether paid staff or volunteers).
- Provides guidance on safe working practice across all settings.
- Facilitates ways for children to be able to report how safe they feel at MSA.

8.3. Strategies to Protect

8.3.1. Safer Recruitment

MSA has regard to **Keeping Children Safe in Education (2023)**: and all recruitment and selection of staff who work with MSA is carried out in line with this guidance.

The Service works to prevent people who pose a risk, from working with children and young people, by adhering to statutory responsibilities to check all personnel who work with children and young people and this includes enhanced Disclosure and Barring Service (DBS) certificate and / or checks of the DBS Barred list, Prohibited List, for their suitability according to their role.

Practice includes scrutinising application forms, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history, ensuring that a candidate has the health and physical capacity required for the role and completing an online check of the applicant.

MSA also takes proportionate decisions on whether to ask for any checks beyond what is required, and ensures volunteers are appropriately supervised.

MSA has written Recruitment and Selection Policy and procedures in place.

It is required that at least one person on any appointment panel has undertaken safer recruitment training. This training is no longer required to be DfE recommended, and MindSenseAbility takes advice from the LSCB with regard to training providers regarding this, in view of the circumstances of the Service.

All recruitment materials will include reference to MSA's commitment to safeguarding and promoting the welfare of children.

MSA maintains a Single Central Register (SCR) of all staff

8.3.2. Induction of Staff

All new staff receive a summary leaflet and a copy of the Safeguarding Policy to read on arrival and receive Safeguarding and Child Protection induction within five days of commencing their post and prior to any lone working with a child. Further Safeguarding and Child Protection training is provided and refreshed annually (including online safety which, amongst other things, includes and understanding of the expectations applicable roles and responsibilities in relation to filtering and monitoring).

Relationships between staff and those MSA works with are based on mutual respect and understanding, and there are clear boundaries in relation to acceptable behaviour on both sides.

8.3.3. Staff Training

The DSL and Designated Deputies have attended appropriate training to their roles and attend refresher training at yearly intervals where this best serves the additional vulnerabilities and needs of DSLs leading Child Protection and Safeguarding at MindSenseAbility.

All staff access refresher training appropriate to their roles, annually or sooner as changes develop.

Directors must receive specific Safeguarding training for Safeguarding and Child Protection appropriate for their role. A refresher every year is undertaken.

All Safeguarding training completed will be recorded on the personnel database by the administrator.

8.3.4. Children and Young People: Rights

Children's opinions are sought wherever possible, according to ability and best interest, (or alternatively, the views of an appropriate person advocating on their behalf) over key decisions which are likely to affect them, their privacy is respected, as far as is consistent with good parenting and their need for protection; and all matters related to safeguarding concerns are kept confidentially, with access only to those who need it for the safeguarding.

Those MSA works with are supported in understanding if necessary, and with knowing how to complain, if they are unhappy with any aspect of their experience of MindSenseAbility. Any complaint is addressed seriously and without delay.

Complaints are reviewed monthly by the MSA Directors. An accessible complaints procedure is available for children. See Complaints Policy.

8.3.5. Managing Delays

Where a safeguarding concern has progressed through the criminal justice system, there may be delays in receiving the outcome, or waiting for the start, of a police investigation.

MSA will not wait for the outcome of the investigations and will immediately take action to protect the victim, alleged perpetrator and other young people at our service and will do so in line with Keeping Children Safe in Education (2023).

8.4. **Guidance for Safer Working Practice**

All staff work within the MSA “**Code of Conduct**”. This includes, guidance about lone working with children and appropriate physical contact when children are distressed. Staff are asked to sign a **Safer Working Practice Agreement** at Induction, to ensure they are aware of guidance on safe practice. They are also asked to sign receipt of this policy (Appendix 2).

8.4.1. Behaviour Support

Those MSA works with are supported to develop appropriate behaviour through the provision of good role models, positive interventions and constructive staff responses to inappropriate behaviour.

All staff are aware of, and follow in practice, MSA’s policy on use and techniques of **THERAPEUTIC CRISIS INTERVENTION (TCI)** to protect young people from harm either to themselves or others. Records of Concern are kept separately, and reviewed weekly by the MSA Directors.

See the Behaviour Support Policy.

8.4.2. Bullying

At MSA, children work on a 1:1 basis with staff so the risk of bullying occurring between peers is low. However, MSA has due regard to the fact that bullying is the form of harm most young people fear and this may take place in areas outside of MSA, therefore we have an Anti-Bullying Policy in place to ensure young people and/or staff are aware of what steps to take if bullying is witnessed and/or disclosed.

MSA also ensures that those who have been bullied in the past are supported, able to talk about it if they wish, and that those who may harm others in other settings, albeit without intent due to any special needs, are able to talk about this if they wish and are supported with discussions about their behaviour.

8.4.3. Runaway or Missing

MSA has procedures to follow in the event of any child or young person being absent without authority from the staff member they are working with, which are known to staff, children and their parents or carers, and all will ensure that all children are protected as far as possible.

MSA will take steps to ensure that anyone who is absent from the site, their staff, home or an activity without consent are protected in line with the MSA Missing and Absconding procedures. Please refer to the Missing and Absconding Policy.

Children and young people who may be 'looked after' and are missing must be reported immediately to the relevant local authority

If staff work with a young person with a tendency to run away this should be included in their individual risk assessment. Staff should seek advice from the DSL regarding clarity.

Note: If a child or young person goes missing whilst staff are working with them on the premises of another organisation, then THEIR procedures will apply.

8.4.4. Photographs and Images

To protect children and young people all staff at MSA will adhere to the MSA:

- Staff Code of Conduct and the guidance/policies within it

8.4.5. Site Security

All visitors to MSA sites must sign in and sign out when they leave, and will be reminded to do so.

All visitors are expected to observe the MSA Child Protection and Safeguarding and Health and Safety regulations and will be given a Summary Information Leaflet to read on arrival.

8.4.6. Approaches to Online Safety

The breadth of issues classified within online safety is considerable, but they can be categorised into four areas of risk. Content; Contact; Conduct; Commerce.

MSA is fully aware of the dangers presented by Internet and other technologies and reduces risks by using a range of strategies, for instance, training of staff, filtering and monitoring.

Staff act as effective role models and provide careful teaching on the safe use of technologies within MindSenseAbility policy, as the need arises.

Please see the Online Safety Policy for more details, including information on filtering/monitoring, remote learning and harmful online challenges.

8.4.7. Community Based Arrangements

Where activities take place in the community, MSA's own safeguarding policy and procedures apply.

When clients attend activities and venues elsewhere including day visits, libraries etc., MSA will check that appropriate safeguarding and health and safety arrangements are in place at those venues.

8.4.8. Support of Children and Staff

Children and young people: children and young people are supported to know who to approach at MSA if they have any worries about keeping themselves safe. Staff should refer to guidelines in Appendices regarding handling disclosures and listening to children and young people. Local Authority Children's Social Care Safeguarding teams will advise regarding giving appropriate support to a client who is involved in a safeguarding investigation.

Staff: All staff receive regular, scheduled, supervision sessions with their designated director.

Local Authority Children's Social Care Team may offer support to the DSL and other members of staff who could be involved in a safeguarding investigation.

The Safeguarding and Child Protection Policy is available on the MSA website.

Social Care will advise regarding giving appropriate support to families who may be involved in a safeguarding investigation or protection plan.

8.4.9. Complaints / Whistleblowing

MSA investigates all complaints robustly. See Complaints Policy and Whistleblowing Policy for details.

8.4.10. Policy Monitoring

This policy document will be reviewed annually and ratified by the Directors.

9. CHILD PROTECTION PROCEDURES

These procedures apply to all:-

- directors
- employed staff
- agency and consultants / contractors
- volunteers

Who must:-

- Remain familiar with this Safeguarding and Child Protection Policy and implement its guidance.
- Behave according to the expectations within Safer Working Practice.
- Be alert to signs and indicators of harm and abuse at all times.

9.1. A Duty to Refer

It is the duty of all staff to immediately refer any child protection concerns to the DSL immediately and certainly **within one hour**.

Staff should record concerns on a Concern Form (see Appendix 7).

If you consider the issue may be a safeguarding or CP issue you must please call The DSL number at any time of the day or night to report the concern. If you cannot reach the DSL call a DD.

Completed Concern Forms must be handed to one of the Designated Staff without delay.

If a disclosure relating to 'nudes' or 'semi-nudes' is made to you, **you must not look at any of the images** in question. To do so could put you in a professionally vulnerable position. DSLs should also never copy, print, share, store or save images of his nature. **It is illegal.**

Do NOT investigate yourself. One of the DSLs will discuss the 'concern' with you at the earliest opportunity **that day**.

However, all staff may raise concerns directly with Local Authority Children's Social Care services. If as a member of staff, you are **not** satisfied, for any reason, with MindSenseAbility DSLs response where they decide a referral to social care is not necessary, you can make a referral yourself, by contacting Local Authority Children's Social Care / LADO / Ofsted (See Appendix 1) for Essential Contacts information).

Sometimes concerns relate to the actions or behaviour of a member of staff (which could suggest that s/he is a danger to children or young person).

Concerns about the conduct of another member of staff in MSA services or another establishment staff may be working in, should be raised with the DSL or a Director who may contact the LADO where this is appropriate. It is generally the duty of the DSL to consult with, and refer concerns to Local Authority Children's Social Care, without delay. This is usually accomplished by telephoning the Local Area Designated Officer (LADO).

If the concern relates to a Director then staff may raise the concern with the LADO who will consider in confidence, what action to take.

9.2. **Recognising and Responding to Concerns**

It is important to remember that children and young people rarely talk about their own experience of harm or may not feel ready to, for many reasons. Staff members need to be vigilant to physical, emotional, sexual, and behavioural signs, which may suggest that they are being abused, exploited or neglected. Sometimes the young person may not recognise their experiences as harmful. Staff should not be prevented from professional curiosity and speaking to the DSL if they have concerns.

If children go missing from education, this can act as a warning sign that there are safeguarding concerns and should be considered by staff if it is a regular occurrence.

Consideration will be made around the nature of our young people and our service.

Detailed analysis of the indicators of abuse appears later in the Appendix 9 in 'Categories of Abuse with Detailed Indicators'.

9.3. **What to do**

If a student chooses to confide in you, disclosing any form of concern or harm, the most important thing is to:

1. **Listen**
2. **Record**
3. **Report**

For detail on this please refer to Appendices 3 and 4.

9.4. **Physical Evidence**

If any physical injuries or bruising are noticed it is appropriate, as a caring adult, to ask the individual how they sustained the bruise, graze scratch, bite or other mark on their body. Appropriate symbols should be available if required for communication and a SaLT may also be useful if communication is difficult.

If the individual's special needs render this approach unsuccessful, it may be necessary to consult with staff who work closely with the individual and are familiar to him or her, providing no obvious suspicion attaches to such staff.

A Body Map, (see Appendix 8) should be filled in for marks easily visible, (i.e. do not examine the client beneath their clothing).

Hand this evidence to the DSL or Designated Deputy, with the client's explanation attached (or that of the member of staff).

The DSL may clarify matters with reporting staff, to ensure accurate information is included.

9.5. **Referral to Local Authority Children's Social Care**

When the DSL has been informed of a case of suspected harm or of a child who may be at risk of harm, assessment will be made to establish whether the information is serious enough to warrant a Multi Agency Safeguarding Hub (MASH) referral.

If the decision is for a MASH referral to be completed, reporting the matter must be given priority. Any delay may put the child in further danger.

If the suspected harm involves an allegation against a staff member then the DSL will pass this information on to the LADO.

In some instances, consideration should be given to police involvement. This will depend on the nature and severity of the concern and/or allegation.

Throughout the MASH or LADO referral process notes of all communication with external professionals should be documented. Communication may take the form of a written referral (via email) or via a documented telephone conversation.

The record is kept electronically by the DSL in the child's individual confidential folder, in a secure location known to senior staff.

The DSL will attach any written statement to referral forms within this process.

9.6. Working with Parents and Carers

Child protection files are confidential. Parents and carers do not have access to them unless agreed by the Designated Staff and Directors.

The DSL and other professionals should ultimately aim to work in partnership with families and guardians/carers by attempting to discuss any concerns they have with them where possible, however, in the first instance:-

- Staff should say nothing to parents / carers unless the DSL gives explicit permission to do so.
- Parents will be informed of suspected harm and kept up to date with regard to any concern,
 - unless this process may in itself place a child at risk of significant harm or
 - prejudice a criminal investigation.

Local Authority Children's Social Care advice must be sought on this issue.

- General communications with parents should be in line with MSA policies and give due regard to which parents / carers have parental responsibility.

Note: Under no circumstances may:
text or email contacts for families be held in staff personal phones or routinely used to contact families *without* checking current accuracy of details.

Such approaches may open up a risk of old information being used where circumstances have changed; e.g. court judgements / restraining orders, custody issues etc.

9.7. Confidential Records

Child Protection and Safeguarding files are confidential.

DSL will keep written records around the matter including what has been shared with whom.

Records should be kept for at least the period during which the child or young person is accessing services of MindSenseAbility and beyond that, in line with current legislation.

If the child leaves the organisation the records should be passed on to the next placement.

Access to these records by staff other than the Designated Staff and the Director will be restricted and a written record will be kept of who has had access to them and why.

Note: It is important to remember that staff, including those who reported concerns, may *never* hear details or outcomes regarding such safeguarding matters. However, the Designated Persons may share matters if they feel the knowledge will improve staff ability to support and deal with a child and/or family.



APPENDICES - USEFUL GUIDANCE & TEMPLATES

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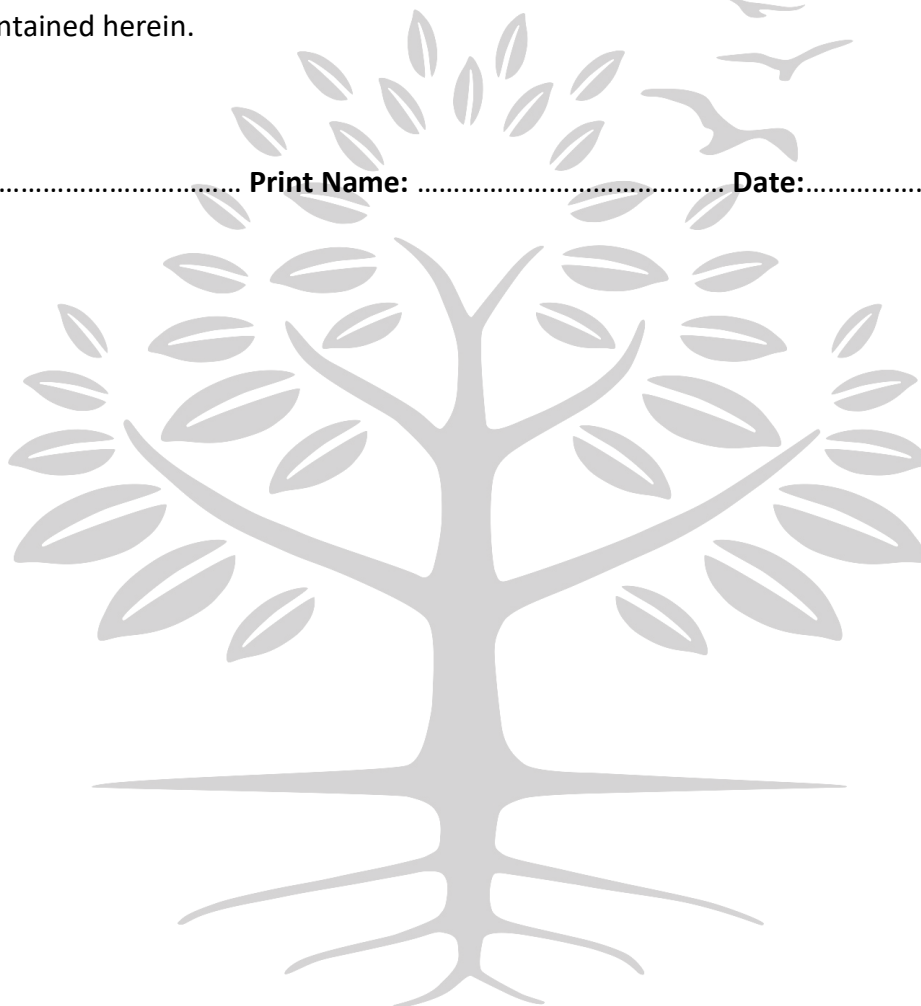
APPENDIX 1: ESSENTIAL CONTACTS FOR CHILD PROTECTION

Role	Name	Telephone & email address
Designated Safeguarding Lead (DSL)	Dr. Fiona Macdiarmid	fiona@mindsenseability.co.uk 01590 626541
Designated Deputies	Sandy Teal	sandy@mindsenseability.co.uk 01590 626541
	Dr Beccy Alberry	beccy.alberry@mindsenseability.co.uk 01590 626541
	Becci Wigley	becci.wigley@mindsenseability.co.uk 01590 626541
	Jo Benson-Latchford	jo.bensonlatchford@mindsenseability.co.uk 01590 626541
	Clare Willis	clare.willis@mindsenseability.co.uk 01590 626541
	Dr Sarah Horsley	sarah.horsley@mindsenseability.co.uk 01590 626541
	Carolyn Elliott	carolyn.elliott@mindsenseability.co.uk 01590 626541
Child Care Duty Officer Social Services (Multi Agency Safeguarding Hub)	Duty Team	Hants - 0300 555 1384 (8.30-17.00)
		0300 555 1373 (out of hours)
		Dorset - 01202 877445
Local authority designated officer (LADO)	Emergency:	0300 555 1384
	New Forest:	01962 876364
	(Barbara Piddington)	07903 649503
	Hants:	Hants 0330 555 1384
	Dorset:	Dorset 01202 817600
	Dorset (Tanya Foley)	01305 224347
Ofsted Whistle Blowing	Safeguarding	0300 123 3155
NSPCC	Helpline	0808 800 5000
ChildLine		0800 1111

APPENDIX 2: RECEIPT OF SAFEGUARDING POLICY

I have read the MindSenseAbility policy on
Safeguarding and Child Protection and agree to abide by the Safer Working Practice
Guidance contained herein.

Signed:..... **Print Name:** **Date:**.....



APPENDIX 3: WHAT TO DO: CHILD PROTECTION SUMMARY

Dealing with a Disclosure

If a child chooses to confide in you, in person, disclosing any form of harm or abuse, the most important thing to do is to **listen** first, then **record**, then **report**.

1. **Listen:** Listen attentively without asking any leading questions. The child must tell their own story in their own time.
2. Even what seems to be an unbelievable story must be listened to and acted upon.
3. **Record:** Make some factual notes about this information being shared, at the time, remembering you must:-
 - Use the child's own words
 - Ensure your notes are kept in their original state, DO NOT TYPE UP – but please WRITE NEATLY. (Please see the section on Recording of disclosures and concerns).
 - Opinion is not relevant. Fact is.
 - Date and time the record, and sign it.
 - *Please remember that it is illegal to copy, print, share, store or save any 'nude' or 'semi-nude images forming part of a disclosure. Staff are reminded NOT to look at these images as part of the recoding process*
4. The record may also include a Body Map (see Appendix 8).
5. **Report:** Inform the DSL immediately and certainly within 1 hour. Report in person or telephone at any time of day or night. Do not delay.
6. Ensure the DSL receives the notes / record of what has occurred, immediately it is written. Attach to a Concern Form (Appendix 7)

In addition

- Stay calm
- Do not show shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about harm; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.

- Encourage the child to talk **but do not ask "leading questions" or press for information. You must not investigate the matter.**
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected. It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. **It is essential to record all you have heard at the time or immediately afterwards.**
- Ensure the child is safe before you leave. Do not leave the child with any persons the allegation is against or anywhere where the child is or may be frightened. Take to a safe place if needed.

Immediately Afterwards

- *You must not deal with this yourself.*
- Indications or disclosure of harm must be reported to the MSA Designated Safeguarding Lead without delay, who may liaise with the Multi Agency Safeguarding Hub / LADO (as appropriate) using the LSCB procedures as stated in guidelines.
- Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak.
- Listening to and supporting a child who has been harmed can be traumatic for the adults involved. Support for you will be available from your designated director.

Dealing with Prostitution, Forced Marriage and Private Foster Care

Prostitution

- Any member of staff who suspects a child may be involved in prostitution must follow the same procedures as above and inform the DSL.
- See LSCB guidance and Department of Health's 'Safeguarding Children involved in Prostitution'

Forced Marriage

- This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in ethnic groups.
- Guidance has been issued by the Foreign and Commonwealth office to police and social care, who should be contacted for advice.
- Staff who may have concerns should report to the DSL.

Private Foster Care

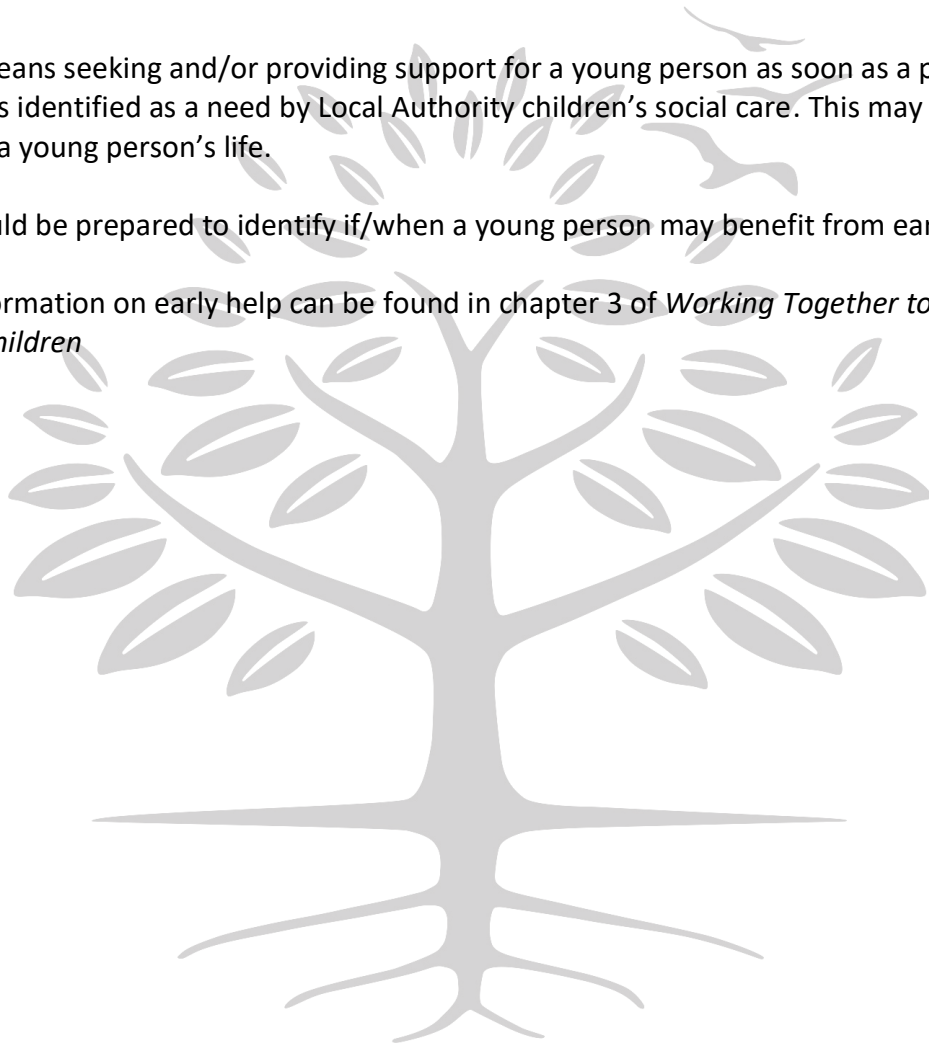
- If you suspect that a child is not being cared for by a relative, and a private or unauthorised arrangement is in place for the young person's care, you must report this to the DSL who will seek the advice of Local Authority Children's Social Care.

Early Help

Early help means seeking and/or providing support for a young person as soon as a problem emerges or is identified as a need by Local Authority children's social care. This may occur at any point in a young person's life.

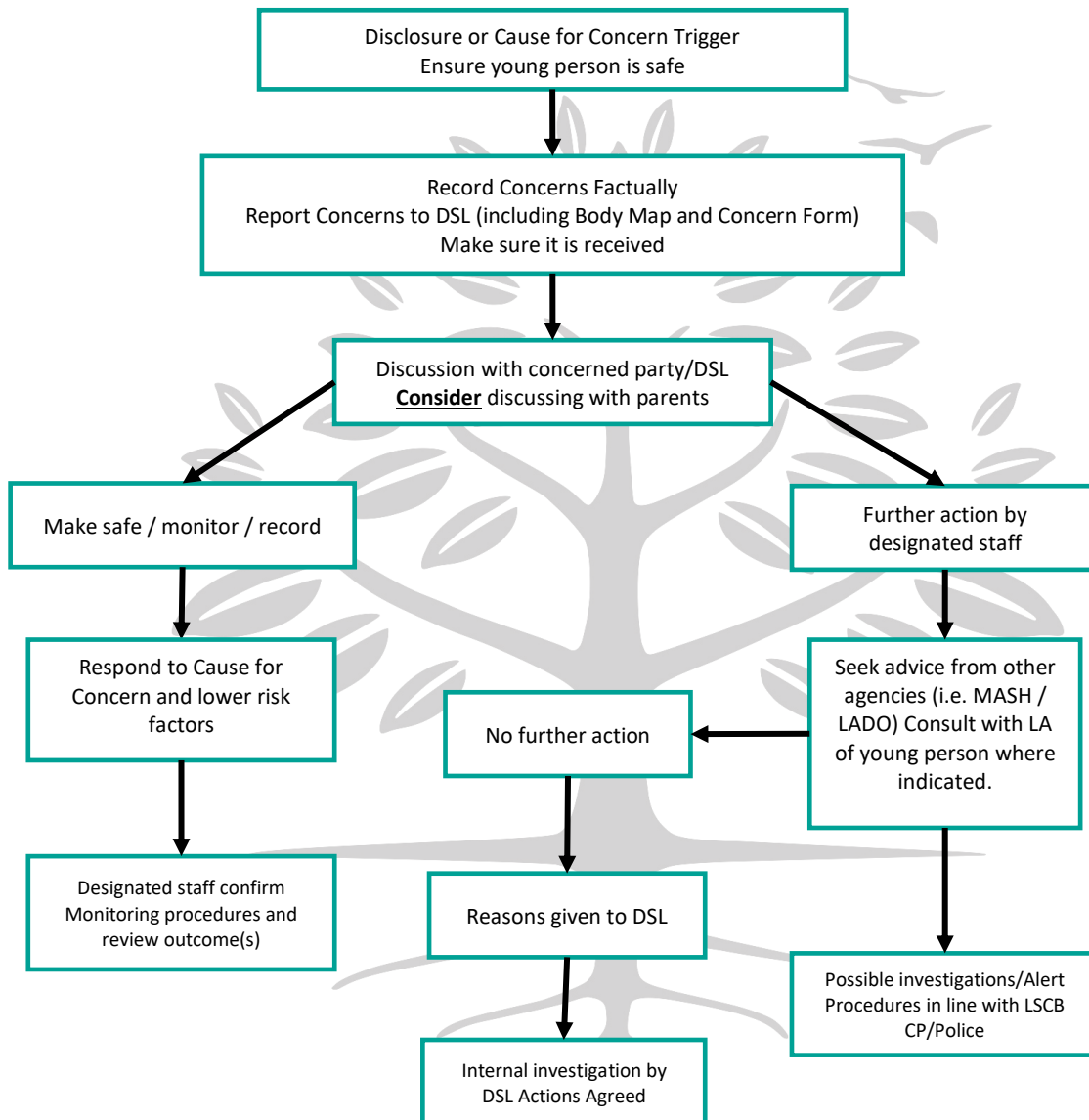
All staff should be prepared to identify if/when a young person may benefit from early help.

Detailed information on early help can be found in chapter 3 of *Working Together to Safeguard Children*



APPENDIX 4: CHILD PROTECTION ACTION FLOWCHART

WHAT TO DO WHEN YOU HAVE A CONCERN ABOUT A CHILD OR YOUNG PERSON



If further concerns identified
GO BACK TO DISCUSSION PHASE

If Young Person leaves service
Information shared with new DSL

APPENDIX 5: DEALING WITH ALLEGATIONS AGAINST STAFF

Staff means:- anyone working for or on behalf of MSA including any visiting professional

These procedures are to be followed where it is alleged a member of staff:-

1. **behaved in a way that has harmed or *may* have harmed a child**
2. **possibly committed a criminal offence against or relating to a child**
3. **behaved towards a child or children in a way that indicates they may pose a risk of harm to children**
4. **behaved or may have behaved in a way that indicates they may not be suitable to work with children** (*Working Together to Safeguard Children: 2023*)

The possibility exists that staff at MSA have the potential to harm, however uncomfortable that thought may be, and everyone must remain vigilant.

- **Regarding all allegations against staff** (not the Directors)
 1. Concerns must be notified immediately to a Director in line with the document; '*Keeping Children Safe in Education: 2023*'.
 2. The Directors will contact the LADO

If anyone makes an allegation against a member of staff the Directors should carry out an urgent initial consideration to establish any substance to the allegation.

As part of this initial consideration, the Directors will consult with the LADO.

A Director should not carry out any investigation itself or interview the child.

MSA together with the LADO and any partner agencies will determine the need for further investigation.

Only if the allegation is demonstrably false or trivial would further investigation not be warranted.

A Strategy Meeting may be convened to determine the mechanics of the investigation, and to address such issues as; who will interview the child, inform the staff member, inform parents, the need or not for suspension, and to what extent disciplinary or criminal procedures need to be invoked alongside any child protection procedures.

Where more than one set of procedures are invoked, Child Protection procedures take precedence, to ensure the best interests of the child.

- **Regarding allegations made against a Director**

The LADO should be notified immediately. See Appendices; Essential Contacts.

- **Inappropriate behaviour by staff may take the following forms:**

Physical includes, for example, intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.

Emotional includes, for example, intimidation, belittling, scapegoating, sarcasm, lack of respect for client's rights, and attitudes which discriminate on the grounds of race, gender, disability or sexuality.

Sexual includes, for example, sexualised behaviour towards clients, sexual harassment, sexual assault and rape

- **Anonymous Allegations**

People may make allegations anonymously. Such allegations should not be dismissed as mischievous simply because they are anonymous; individuals may be, understandably, afraid to speak out openly.

- **False Allegations**

All allegations of harm must be heard and investigated.

Individuals do sometimes make false allegations of harm.

Formal risk assessments should be written for children and young people who are known to have told falsehoods in the past about being victims. Some allegations may be conducted with respect to previous experience of a record of prior falsehoods. The involvement of the police can be helpful.

Staff training, induction and supervision should include discussion of the possibility of a false allegation of harm.

Where an investigation has concluded that there is no evidence to support an allegation, the person accused should be given a written exoneration and acknowledgement of the stress involved in the investigation.

Outcomes of allegations against staff may be

- Substantiated
- Unsubstantiated
- Unfounded
- False
- Malicious

- **Low Level Concerns**

Keeping Children Safe in Education (2023) guidance has two sections covering the two levels of concerns and allegations:

1. Concerns / allegations that **may** meet the harm threshold.
2. Concerns / allegations that **do not** meet the harm threshold – referred to as ‘low-level concerns’.

The term ‘low-level’ concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small. It may be simply a nagging feeling that a member of staff may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work and
- does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with the young people
- having favourites
- taking photographs of the young people on their mobile phone, contrary to MSA policy
- engaging with a young person on a one-to-one basis in a secluded area or behind a closed door (outside of usual protocol for 1:1 learning), or
- humiliating young people.

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse.

Low-level concerns may arise in several ways and from a number of sources. For example: suspicion; complaint; or disclosure made by a young person, parent or other adult within or outside of the organisation; or as a result of vetting checks undertaken.

It is crucial that all low-level concerns are shared responsibly with the right person and recorded and dealt with appropriately. Ensuring they are dealt with effectively should also protect other members of staff from becoming the subject of potential false low-level concerns or misunderstandings.

More information can be found in our Allegations Against Staff Policy.

APPENDIX 6:

FEELING WORRIED, UPSET OR UNHAPPY?

Poster for Young People

If you are feeling
Worried
Upset
Unhappy
and you want to talk to someone about
your feelings
then come and talk to one of the
Safeguarding Team



Fiona



Sandy



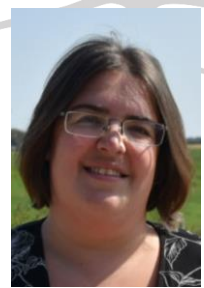
Beccy



Wigs



Jo



Clare



Sarah



Carolyn

Office landline

01590 626541

APPENDIX 7: MSA CAUSE FOR CONCERN / SAFEGUARDING FORM

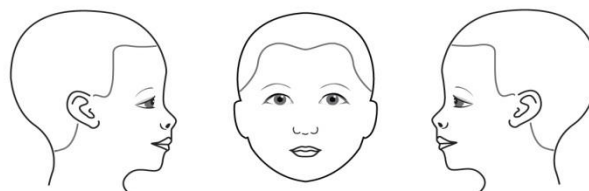
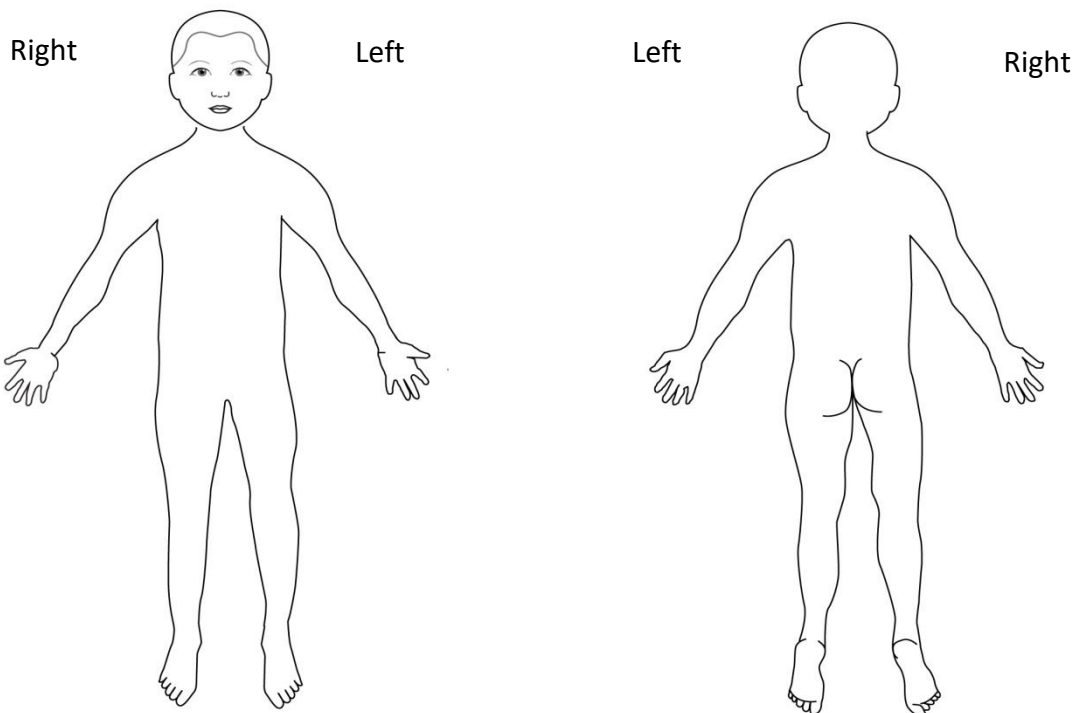
Name of Child/Client(s) involved in the incident:		Childs Address:		Childs DOB:												
Details of the concern:																
Staff involved in the concern:		Any other individuals present:														
Date and time of the incident /concern:		Name and role of person logging concern:														
Please record who you reported the concern to:																
Form submitted by: If this form is being submitted after 5pm, please call the Duty Director <input type="checkbox"/> Completed <input type="checkbox"/> N/A Do you need to update the Risk Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Please confirm you have ticked the 'Safeguarding' box on the Team Feedback <input type="checkbox"/> Yes																
Name of DSL: Date and time received by Designated Safeguarding lead (DSL):																
DSL TO COMPLETE:																
Action taken by the DSL (with support from senior management): Does this require a MASH referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please follow safeguarding procedure and complete a MASH referral. https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/childprotection/mash																
Final Outcome/Intervention: <table border="0"> <tr> <td><input type="checkbox"/> Internal- Education</td> <td><input type="checkbox"/> MASH</td> <td><input type="checkbox"/> Social Care</td> </tr> <tr> <td><input type="checkbox"/> Internal- Mental Health</td> <td><input type="checkbox"/> LADO</td> <td><input type="checkbox"/> Medical</td> </tr> <tr> <td><input type="checkbox"/> Internal-OT</td> <td><input type="checkbox"/> MASH – Adult</td> <td><input type="checkbox"/> Education</td> </tr> <tr> <td><input type="checkbox"/> Internal-SaLT</td> <td><input type="checkbox"/> Police</td> <td></td> </tr> </table>					<input type="checkbox"/> Internal- Education	<input type="checkbox"/> MASH	<input type="checkbox"/> Social Care	<input type="checkbox"/> Internal- Mental Health	<input type="checkbox"/> LADO	<input type="checkbox"/> Medical	<input type="checkbox"/> Internal-OT	<input type="checkbox"/> MASH – Adult	<input type="checkbox"/> Education	<input type="checkbox"/> Internal-SaLT	<input type="checkbox"/> Police	
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<input type="checkbox"/> Internal-SaLT	<input type="checkbox"/> Police															
Close concern: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Signed:																
DSL to pass form to Admin team to be included within safeguarding log <input type="checkbox"/> Yes <input type="checkbox"/> No																
Name of admin staff:																

APPENDIX 8: BODY MAP

Full name of child: _____

Date of birth: _____

Date body map completed: _____



Attach body map to log of concern about a child's welfare

Please ensure a record of this log is added to the Confidential Client Section on the MSA Cloud within the SMT folder.

APPENDIX 9: CATEGORIES OF ABUSE AND DETAILED INDICATORS

(taken from: Working Together to Safeguard Students DfE 2018)

- **Definition of abuse and neglect**

A person may abuse or neglect an individual by inflicting harm, or by failing to act to prevent harm. Clients may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger for example, via the internet.

They may be abused by an adult or adults, or another child or young person or children or young people.

- **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to the person. Physical harm may also be caused when a parent or carer feigns symptoms of, or deliberately causes ill health to a student or young person.

Examples, which **may** indicate physical abuse (not designed to be used as a checklist):

- ☐ Patterns of bruising; inconsistent account of how bruising or injuries occurred
- ☐ Finger, hand or nail marks, black eyes
- ☐ Bite marks
- ☐ Round burn marks, burns and scalds
- ☐ Lacerations, wealds
- ☐ Fractures
- ☐ Bald patches
- ☐ Symptoms of drug or alcohol intoxication or poisoning
- ☐ Unaccountable covering of limbs, even in hot weather
- ☐ Fear of going home or parents being contacted
- ☐ Fear of medical help
- ☐ Fear of changing for PE
- ☐ Inexplicable fear of adults or over-compliance
- ☐ Violence or aggression towards others including bullying
- ☐ Isolation from peers

- **Emotional Abuse**

Emotional abuse is the persistent emotional ill treatment of a child or young adult such as to cause severe and persistent adverse effects on the person's emotional development.

It may involve conveying to them that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving opportunity 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 them. These may include interactions that are beyond the individual's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the person participating in normal social interaction.

It may also involve seeing or hearing the ill treatment of another.

It may involve serious bullying (*including cyber bullying*), causing students frequently to feel frightened or in danger, or the exploitation or corruption of clients.

Some level of emotional abuse is involved in all types of maltreatment.

Examples, which **may** indicate emotional abuse (not designed to be used as a checklist):

- Over-reaction to mistakes, continual self-deprecation
- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Masturbation
- Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis

• Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person or adult at risk to take part in sexual activities, not necessarily involving a high level of violence, whether or not the individual is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape, buggery or oral sex) or non-penetrative acts such as masturbation, kissing rubbing and touching outside of clothing. They may include non-

contact activities such as involving children or young people or adults at risk in looking at, or in the production of, sexual images, watching sexual activities, encouraging clients to behave in sexually inappropriate ways, or grooming a client 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
- Children, young people and adults at risk can commit acts of sexual abuse

Examples, which **may** indicate sexual abuse (not designed to be used as a checklist):

- ☐ Sexually explicit play or behaviour or age-inappropriate knowledge
- ☐ Anal or vaginal discharge, soreness or scratching
- ☐ Reluctance to go home
- ☐ Inability to concentrate, tiredness
- ☐ Refusal to communicate
- ☐ Thrush, persistent complaints of stomach disorders or pains
- ☐ Eating disorders, for example anorexia nervosa and bulimia
- ☐ Attention seeking behaviour, self-mutilation, substance abuse
- ☐ Aggressive behaviour including sexual harassment or molestation
- ☐ Unusually compliant
- ☐ Regressive behaviour, Enuresis, soiling
- ☐ Frequent or open masturbation, touching others inappropriately
- ☐ Depression, withdrawal, isolation from peer group
- ☐ Reluctance to undress for PE or swimming
- ☐ Bruises, scratches in genital area

MSA recognise that Harmful Sexual Behaviour (HSB) may also occur between peers. Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. More information about child-on-child sexual abuse can be found in the MSA Child-on-Child Abuse policy.

Confidential specialist support and advice on HSB is available from the specialist sexual violence sector and sources are listed in 'Annex B: Further information' of the Keeping Children Safe in Education guidelines (September 2023)

- **Female Genital Mutilation (FGM)**

FGM is a collective term for procedures, which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is an extremely harmful practice that violates the most basic human rights.

Female circumcision, excision or infibulation was made illegal in this country by the Prohibition of Female Circumcision Act 1985, except on specific physical and mental health grounds. The Female Genital Mutilation Act 2003 strengthens and amends the 1985 legislation. It makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

FGM involves the use of instruments to circumcise, mutilate or alter female genitalia, without reference to medical or surgical procedures, and with or without the supervision of a registered medical practitioner.

This practice is not required by any major religion.

The practice is illegal and medical evidence indicates that FGM causes harm to those who are subjected to it.

Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK, or sent abroad for the operation.

FGM must always be regarded as causing Significant Harm and a first Strategy Meeting held within 3 working days of the referral if:

- There is suspicion that a girl or young woman, under the age of eighteen, is at risk of undergoing this procedure;
- It is believed that a girl or young woman is at risk of being sent abroad for that purpose; or
- There are indications that a girl or young woman has suffered mutilation or circumcision.

• Sexual Exploitation

Sexual exploitation is when people use the power they have over young people to sexually abuse them. Their power may result from a difference in age, gender, intellect, strength, money or other resources.

People often think of child sexual exploitation in terms of serious organised crime, but it also covers abuse within relationships and may involve informal exchanges of sex for something a client wants or needs, such as accommodation, gifts, cigarettes or attention. Some clients are 'groomed' through 'boyfriends' who then force the student or young person into having sex with friends or associates.

Sexual abuse covers penetrative sexual acts, sexual touching, masturbation and misuse of sexual images, for example on the Internet or by mobile phone.

Part of the challenge of tackling sexual exploitation is that the children and young people or adults at risk involved may not understand that non-consensual sex (sex they haven't agreed to) or forced sex – including oral sex – is rape.

Which clients are affected?

Any child or young adult can be a victim of sexual exploitation, but they are believed to be at greater risk of being sexually exploited if they:-

- *are homeless*
- *have feelings of low self-esteem*
- *have had a recent bereavement or loss*
- *are in care*
- *are a young carer*

However, there are many more ways that individuals may be vulnerable to sexual exploitation, and these are outlined in a report by the Office of the Children's Commissioner.

The signs of sexual exploitation may be hard to spot, particularly if the victim is being threatened. To make sure that our clients are protected, it's worth being aware of the signs that might suggest someone is being sexually exploited.

Signs of grooming and sexual exploitation

Signs of sexual exploitation include an individual:

- Going missing for periods of time or regularly returning home late
- Skipping school/college or being disruptive in class
- Appearing with unexplained gifts or possessions that can't be accounted for
- Experiencing health problems that may indicate a sexually transmitted infection
- Having mood swings and changes in temperament
- Using drugs and alcohol
- Displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ('sexting/sending nudes')
- They may also show signs of unexplained physical harm such as bruising, cigarette marks

Preventing abuse

The NSPCC offers advice on how to protect. It advises:

- Helping clients understand their bodies and sex in a way that is appropriate to their age
- Developing an open and trusting relationship so that they feel they can talk to you about anything
- Explaining the difference between safe secrets (such as a surprise party) and unsafe secrets (things that make them unhappy or uncomfortable)
- Teaching clients to respect family boundaries such as privacy in sleeping, dressing and bathing
- Teaching them self-respect and how to say no
- Supervising Internet and television use

Who is sexually exploiting children and adults at risk?

People of all backgrounds and ethnicities and of many different ages are involved in sexually exploiting the young and the at-risk. Although most are male, women are sometimes involved in befriending victims.

Criminals can be hard to identify because the victims are often only given nicknames rather than the real name of the abuser.

Some children and those at risk are sexually exploited by criminal gangs specifically set up for sexual exploitation.

What to do if you suspect a student is being sexually exploited

If you suspect that a client has been or is being sexually exploited, the NSPCC (and MSA) recommends you should not confront the alleged abuser.

Follow this policy and report to the DSL and Safeguarding team. Confronting them may place the client in greater physical danger and may give the abuser time to confuse or threaten them into silence.

What health professionals can do to help exploited students?

One of the best ways that health professionals can help a client who is at risk of sexual exploitation is to be aware of what to look out for.

The National Institute for Health and Care Excellence (NICE) has updated its guidance on when to suspect maltreatment.

- **Responses from parents / carers**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories examined above:

- *An unexpected delay in seeking treatment that is obviously needed*
- *An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)*
- *Incompatible explanations offered, several different explanations or the client is said to have acted in a way that is inappropriate to her/his age and development*
- *Reluctance to give information or failure to mention other known relevant injuries*
- *Frequent presentation of minor injuries*
- *Unrealistic expectations or constant complaints about the student*
- *Alcohol misuse or other drug/substance misuse*
- *Parents request removal of the client from home*
- *Violence between adults in the household*

- **Neglect**

Neglect is the persistent failure to meet a client's basic physical and / or psychological needs, likely to result in the serious impairment of the client's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Starting from birth, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a client from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect or, or unresponsiveness to, a client's basic emotional needs.

Examples, which **may** indicate neglect (not designed to be used as a checklist):

- ☐ Hunger
- ☐ Tiredness or listlessness
- ☐ Client is dirty or unkempt
- ☐ Poorly or inappropriately clad for the weather
- ☐ Poor school attendance or often late for school
- ☐ Poor concentration
- ☐ Affection or attention seeking behaviour
- ☐ Untreated illnesses/injuries
- ☐ Pallid complexion
- ☐ Stealing or scavenging compulsively

- ☐ Failure to achieve developmental milestones, for example growth, weight
- ☐ Failure to develop intellectually or socially
- ☐ Neurotic behaviour

- **Living with Domestic Violence and Substance Abuse**

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children and young people can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, developments, and ability to learn.

Many children and young people who live with substance misusing parents and carers suffer its ill effects. They are often neglected, suffer from domestic violence and are at an increased risk of misusing alcohol and illegal drugs themselves.

Children are completely dependent on the adults around them, and if they do not feel safe in their own homes, this can have many negative physical and emotional effects. Domestic violence is acknowledged as 'significant harm' and children witnessing it are now recognised as being emotionally abused.

Children growing up in homes where their lives are affected in these ways are at risk.

- **Child-on-child Abuse**

Child-on-child abuse can be any form of physical, sexual, emotional and financial abuse and coercive control, exercised between young people and within their relationships (both intimate and non-intimate), friendships and wider peer groups. This can occur in person or through online communication.

All staff should be alert to the well-being of the young people and to signs of abuse, and should engage with these signs, as appropriate, to determine whether they are caused by child-on-child abuse.

Situations which are not considered as child-on-child abuse may then be responded to through the first stages of the Anti-Bullying Policy or as high-level bullying. Staff should seek advice and support from the DSL(s) if they have any doubt.

More details can be found in the Child-on-child Abuse Policy.

- **Honour-based Abuse**

Honour-based abuse is a crime or incident committed to protect or defend the 'honour' of a family or community.

If your family or community think you've shamed or embarrassed them by behaving in a certain way, they may punish you for breaking their 'honour' code.

There isn't one specific crime of honour-based abuse. It can involve a range of crimes and behaviours, such as:

- forced marriage
- domestic abuse (physical, sexual, psychological, emotional or financial)
- sexual harassment and sexual violence (rape and sexual assault or the threat of)
- threats to kill, physical and emotional violence and murder
- pressure to go or move abroad
- being kept at home with no freedom
- not allowed to use the telephone, internet, or have access to important documents like your passport or birth certificate
- isolation from friends and members of your own family

- **Radicalisation and Extremism – Prevent Duty 2015**

The Counter-Terrorism and Security Act 2015 places a duty on specific authorities, including schools and colleges.

The Prevent Duty requires that all staff know how to recognize those who are susceptible to extremist ideology and radicalisation and how to act. It places a duty on the school/college to have adequate risk assessments in place demonstrating general risk of those living in the area as well as specific individual students. MSA is mindful of its responsibilities with regard to this.

It is important to work in partnership with LSCB as well as with parents of clients.

Definitions

Radicalisation: Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- Foster hatred, which might lead to inter-community violence in the UK.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Clients may become susceptible to extremist ideology and radicalisation through a range of social, personal and environmental factors – it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities.

Indicators of vulnerability include:

- Identity Crisis – the client is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the client may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
- Personal Circumstances – migration; local community tensions; and events affecting the client’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the client may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
- Special Educational Need – clients may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and/or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

• Financial or Material Abuse

The unauthorised taking (theft) or misuse of any money, income, assets, personal belongings or property, or any resources of an adult at risk without their informed consent or authorization.

Factors that may increase vulnerability:

- Person unable to manage own money
- Person isolated in community
- Person is dependent on others to handle finances
- Person has no independent advocates

Financial harm is a crime.

Examples (list is not exhaustive), which may indicate financial or material abuse:

- Misuse of enduring power of attorney, lasting power of attorney or appointeeship.
- Money and possessions stolen
- Misappropriating money, valuables or property
- Forcing changes to a will
- Denying the adult at risk the right to access to personal funds, property, possessions or inheritance
- Unauthorized disposal of property or possessions
- Being asked to part with money on false pretences
- Stealing

The following situations or observations may indicate financial harm:

- Unexplained or sudden inability to pay bills

- Power of Attorney obtained and misused when a person lacks or does not lack mental capacity to understand
- Unexplained withdrawal of money with no benefits
- Person lacking goods or services that they can afford
- Extortionate demands for payments for services

• Institutional / Corporate Abuse

Involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of service to adults at risk.

Occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Can occur in any setting providing health and social care.

It is most likely to occur when employees:

- Receive little or no support from management.
- Are inadequately trained.
- Are poorly supervised and poorly supported in their work.
- Receive inadequate guidance.
- The risk of harm is also greater in institutions:
- With poor management.
- With too few employees.
- Which use rigid routines and inflexible practices.
- Which do not use person-centred care plans.
- Where there is a closed culture.

Examples (list is not exhaustive), which may indicate institutional or corporate abuse:

- Lack of individualized care
- Inappropriate confinement or restriction
- Sensory deprivation
- Inappropriate use of rules
- Custom and practice
- No flexibility on bedtimes or waking times
- Dirty clothing or bed linen
- Lack of personal possessions or clothing
- Deprived environment or lack of stimulation

- Misuse of medical procedures
- Medication errors
- Dietary needs not met
- Poor moving and handling

Signs and Symptoms of harm:

- Unacceptable practice encouraged, tolerated or left unchanged
- Organisational standards not meeting those laid down by regulatory bodies
- Service users not treated with dignity and respect
- Diverse needs not recognized and valued in terms of age, gender, disability, ethnic origin, race or sexual orientation
- Services not flexible
- Organisation do not promote choice and individual focus
- Communication discouraged
- Whistle blowing policy not in place and accessible
- Insufficient employee and development.



APPENDIX 10: USEFUL LINKS AND ADDRESSES

There are lots of organisations out there who are ready to listen and help:

County Safeguarding Policies and Procedures:

HIPS (Hants IOW Portsmouth Southampton) <https://hipsprocedures.org.uk/page/contents>

Pan-Dorset <https://pandorsetscb.proceduresonline.com/>

National Missing Persons Helpline 0500 700700 (24 Hours) www.missingpersons.org

Students at risk of Sexual Exploitation

<https://hipsprocedures.org.uk/qkyvov/children-in-specific-circumstances/children-who-are-exploited#s3874>

<https://pdscp.co.uk/children-young-people/children-young-people-child-sexual-exploitation/>

Those living with Domestic Violence; includes so called 'honour' based violence, female genital mutilation (FGM) and Forced Marriage, and is clear that victims are not confined to one gender or ethnic group.

<https://hipsprocedures.org.uk/hkyysh/parents-who-have-additional-needs/domestic-violence-and-abuse>

<https://pdscp.co.uk/working-with-children/domestic-abuse/>

Bullying and Online Safety

<https://hipsprocedures.org.uk/qkyvlo/children-in-specific-circumstances/online-child-abuse>

<https://pdscp.co.uk/children-young-people/online-safety/>

Online Hoax Support:

<https://www.gov.uk/government/publications/harmful-online-challenges-and-online-hoaxes>

Upskirting: <https://www.gov.uk/government/news/upskirting-know-your-rights>

'Take It Down': <https://takeitdown.ncmec.org/>

Report-Remove: a tool provided by ChildLine and the Internet Watch Foundation. Children under 18 can use this tool to report nude images shared online and have it removed.

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/report-remove/>

Honour based support organisations:

<https://www.met.police.uk/advice/advice-and-information/honour-based-abuse/honour-based-abuse-support-organisations/>

Connect to Support Hampshire – Connect to Support Hampshire can provide FREE home safety advice to the vulnerable.

<https://www.connecttosupporthampshire.org.uk/safetyinyourhome>

NHS Direct - Official Web site for the NHS 24 hour telephone helpline, NHS Direct. Information about health problems. How to keep healthy. <https://www.nhs.uk/>

ChildLine - ChildLine is the free helpline for children and young people in the UK. Children and young people can call 0800 1111 for support with a wide range of problems. This service is available 24 hours a day, 7 days a week <https://www.childline.org.uk/>

More links which may be helpful:

SENDIASS - The Special Educational Needs and Disabilities Information and Support Services offer information, advice and support for parents and carers of children and young people with SEND. All local authorities have such a service, find yours here - <https://councilfordisabledchildren.org.uk/about-us-0/networks/information-advice-and-support-services-network/find-your-local-ias-service>

Family Lives – provides targeted early intervention and crisis support to families <https://www.familylives.org.uk/>

Barnardo's - Barnardo's is the UK's leading children's charity. Offering a range of support services for children, young people and their families. <https://www.barnardos.org.uk/>

The Samaritans - Providing confidential, emotional support online. <https://www.samaritans.org/>

Equality and Human Rights Commission - The Equality and Human Rights Commission champions equality and human rights for all. <https://www.equalityhumanrights.com/en>

Family Rights Group - Established as a registered charity in 1974 to provide advice and support for families whose children are involved with social services. <https://frg.org.uk/>

Child Accident Prevention Trust (CAPT) - Working to prevent unintentional injury to children and young people in England. <https://capt.org.uk/>

National Eating Disorders Association – The National Eating Disorders Association offers help, advice and support to those suffering from disordered eating <https://www.nationaleatingdisorders.org/>

Beat Eating Disorders – Also provides support for disordered eating <https://www.beateatingdisorders.org.uk/>

Brook Advisory Centre - A national voluntary sector provider of free and confidential sexual health advice and services specifically for young people under 25.

<https://www.brook.org.uk/>

FPA (formerly the Family Planning Association) - FPA is a registered charity working to improve the sexual health and reproductive rights of all people throughout the UK.

<https://www.fpa.org.uk/>

FRANK The National Drugs Helpline - Free confidential drugs information and advice. The website also provides a comprehensive A-Z on drugs. Calls from landlines are free and won't show up on the phone bill. <https://www.talktofrank.com/>

Lucy Faithfull Foundation – the only UK-wide child protection charity dedicated solely to preventing child sexual abuse <https://www.lucyfaithfull.org.uk/>

Refuge - Refuge's network of safe houses provides emergency accommodation for women and children when they are most in need. <https://refuge.org.uk/>

YoungMinds - YoungMinds is the national charity committed to improving the mental health of all children and young people. It offers children 24/7 access to trained volunteers with support from experienced clinical supervisors. It also provides a helpline for parents. <https://www.youngminds.org.uk/>

CEOP – The Child Exploitation and Online Protection Centre (CEOP) is a branch within the police which helps young people who are being approached online about sex or are suffering sexual abuse. <https://www.ceop.police.uk/Safety-Centre/>

SHOUT – the UK's first free 24/7 text service supporting people who are struggling with their mental health; available for anyone in crisis. Anybody can text 'Shout' to 85258 for support. <https://giveusashout.org/>

Kooth – provides free, safe and anonymous online mental health support for young people. Available until 10pm every day. <https://www.kooth.com/>

Every Mind Matters – the Public Health England site supports with teaching mental wellbeing topics to both primary and secondary students with flexible, ready-to-use content co-created with teachers and young people.


<https://campaignresources.phe.gov.uk/schools/topics/mental-wellbeing/overview>

Further signposting for staff:

- The NSPCC provides a helpline for professionals at 0808 800 5000 and help@nspcc.org.uk. The helpline provides expert advice and support for school and college staff and will be especially useful for the designated safeguarding lead (and their deputies)
- Support from specialist sexual violence sector organisations such as Rape Crisis or The Survivors Trust
- The Anti-Bullying Alliance has developed guidance for schools about Sexual and sexist bullying.
- The UK Safer Internet Centre provides an online safety helpline for professionals at 0344 381 4772 and helpline@saferinternet.org.uk. The helpline provides expert advice and support for school and college staff with regard to online safety issues
- Internet Watch Foundation: If the incident/report involves sexual images or videos that have been made and circulated online, the victim can be supported to get the images removed by the Internet Watch Foundation (IWF)
- UKCIS Sharing nudes and semi-nudes advice: Advice for education settings working with children and young people on responding to reports of children sharing non-consensual nude and semi-nude images and/or videos (also known as sexting and youth produced sexual imagery).
- National Crime Agency's CEOP Education Programme provides information for the children's workforce and parents and carers on protecting children and young people from online child sexual abuse.
- LGfL 'Undressed' provided schools advice about how to teach young children about being tricked into getting undressed online in a fun way without scaring them or explaining the motives of sex offenders
- The Lucy Faithfull Foundation has developed a HSB toolkit, which amongst other things, provides support, advice and information on how to prevent it, links to organisations and helplines, resources about HSB by children, internet safety, sexual development and preventing child sexual abuse.
- The NSPCC provides free and independent advice about HSB: NSPCC Learning: Protecting children from harmful sexual behaviour and NSPCC - Harmful sexual behaviour framework.
- Contextual Safeguarding Network – Beyond Referrals (Schools) provides a school self-assessment toolkit and guidance for addressing HSB in schools.
- StopItNow – Preventing harmful sexual behaviour in children - Stop It Now provides a guide for parents, carers and professionals to help everyone do their part in keeping children safe, they also run a free confidential helpline.
- Managing the Risk of Radicalisation in your setting -

<https://www.gov.uk/government/publications/the-prevent-duty-safeguarding-learners-vulnerable-to-radicalisation/managing-risk-of-radicalisation-in-your-education-setting>

- Making a referral to Prevent - <https://www.gov.uk/guidance/making-a-referral-to-prevent>
- Teaching Online Safety in schools - <https://www.gov.uk/government/publications/teaching-online-safety-in-schools>
- UK Council for Internet Safety (UKCIS) – Education for a connected world - <https://www.gov.uk/government/publications/education-for-a-connected-world>
- Sharing nudes and semi-nudes – advice for education settings – <https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people>
- **Remote Learning Safety**
<https://www.gov.uk/guidance/safeguarding-and-remote-education>
<https://www.gov.uk/government/publications/providing-remote-education-guidance-for-schools>
<https://learning.nspcc.org.uk/news/covid/undertaking-remote-teaching-safely>

Designated Directors Signature:	
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