CHILD PROTECTION & SAFEGUARDING POLICY

THE ARTHUR ELLIS MENTAL HEALTH FOUNDATION

Key Information

Designated Safeguarding Lead (DSL) – Heather Horner 07399 506273

Designated Safeguarding Officer (DSO) – Elle Walker 07494 753765

Trustee Safeguarding Lead (TSL) – Joy 07487 764716

Data Protection Officer (DPO) – Jon Manning 07722 196961

See Appendix 3 for full details

MASH Teams	Daytime	Out of Hours	LADO
Milton Keynes	01908 253169/70	01908 265545	01908 254307
Buckinghamshire	01296 383 962	0800 999 7677	01296 382070
Beds Central	0300 300 8585	0300 300 8123	0300 300 8142
Beds Borough	01234 718700	0300 300 8123	01234 276693
Luton	01582 547653	0300 300 8123	01582 548069
Northants	0300 126 7000	01604 626938	07738 636 449

All referrals must be notified to the DSL on duty as soon as possible after the incident or disclosure. Each incident must be recorded and passed onto the DSL within 24 hours. Immediate risk, should not be delayed and must be reported to the relevant MASH immediately. DSL should be made aware of the referral.

Purpose

The aim of this policy is to ensure that all staff, volunteers, clients and organisations, that Arthur Ellis Mental Health Foundation (AEMHF) understand their role in safeguarding within the Organisation.

Mission

The mission of AEMHF is to provide a service to individuals over the age of 8 years, who are experiencing mental ill health, by providing resources, tools and a set number of sessions to support individuals to improve and manage their mental health.

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Scope

This policy applies to all staff, trustees, volunteers, and contractors working in or on behalf of AEMHF. We will make the policy available on our website and have a paper copy made available if requested.

It includes any provision provided online or face to face and any specific events or activities.

We will also work with any schools/colleges that children [1]accessing our service are attending to ensure that safeguards are in place.

We have clear roles and responsibilities for Trustees, DSL, Deputy DSLs, Staff, volunteers and contractors which are detailed in Appendix 2.

[1]By children we mean those who are up to and including the age of 17 years old. Children who are looked after or previously looked after will receive support from the LA until they turn 25 years old.

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Safeguarding Statement

AEMHF focuses on safeguarding the welfare of all children that it comes into contact with. We aim to work together to recognise abuse, report abuse and work with other agencies to promote positive outcomes for children. We expect all staff, volunteers, trustees, students, contractors and agency staff to follow the policies and procedures in order to keep children safe and support their wellbeing.

We will do this by creating a culture of safety and maintaining vigilance to identify harm and protect children from harm. AEMHF creates an anti-discriminatory culture, where children and families are welcome and any prejudice is challenged. We provide an inclusive environment where we make reasonable adjustments to meet the needs of children.

We recognise that safeguarding is everybody's responsibility, and everybody has a role to play. The child's welfare is our paramount concern.

We observe the principles of the Children's Social Care National Framework and safeguarding standards from our own professional bodies like British Psychological Society (BPS); British Association for Counselling and Psychotherapy (BACP) etc. We expect everyone connected AEMHF to adhere to these principles and work in an atmosphere that promotes trust, respect and security. We ensure that every child's voice is heard, recorded and responded to.

This document outlines the AEMHF commitment to protecting children.
These guidelines are based on the following principles:

- The welfare of children is the primary concern.
- All children, whatever their age, culture, disability, gender, gender reassignment, language, racial origin, socio-economic status, religious belief and/or sexual identity have the right to protection from all forms of harm, abuse, and exploitation.
- Child protection is everyone's responsibility.
- We will always act in the best interests of the child.
- Children must have their views listened to, recorded and acted upon in all matters which affect them, should they wish to do so. AEMHF are also aware that we have a duty of care to children and may be required to make a referral, which the child has not agreed to.
- Organisations shall work in partnership together with children and parents/carers to promote the welfare, health, and development of children.
- Children are best cared for within their families providing it is safe to do so, support should be offered to enable this to happen.

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Safeguarding Statement cont.

AEMHF will:

- Ensure safeguarding principles run through all our policies, procedures and documentation.
- Promote the health and welfare of children by providing opportunities for them to take part in activities safely.
- Respect and promote the rights, wishes and feelings of children.
- Promote and implement appropriate procedures to safeguard the well-being of children and reduce the risk of harm, abuse, and exploitation.
- Recruit, train, support and supervise its staff to adopt best practice to safeguard and protect children from harm, abuse, exploitation, and to reduce risk to themselves.
- Require staff to adopt and abide by our Child Protection Policy and any other related policies and procedures that safeguard children.
- Respond to any allegations of misconduct or abuse of children in line with this statement, related policies, and procedures as well as implementing, where appropriate, the relevant disciplinary and appeals procedures.
- Observe guidelines issued by local Child Protection Safeguarding Partnerships (MK Together) for the protection of children.
- Regularly monitor and evaluate the implementation of this statement, related policies, and procedures.
- Share with other agencies (such as Children Social Care and Schools/Colleges), information where it is appropriate to do so, in order to support and protect children.

Review Period

This Policy and AEMHF Procedures will be regularly reviewed:

- In accordance with changes in legislation and guidance on the protection of children or following any changes within AEMHF.
- In accordance with our understanding of best practice.
- Following any issues or concerns raised about the protection of children within AEMHF.
- Following any changes in DSLs and Deputies.
- In all other circumstances, at least annually.

A current copy of our Child Protection Policy will also be available on our website, including contact details for DSL, MASH and the LADO.
A paper copy may also be requested if needed.

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Relevant Legislation and Guidance

This policy links into a range of legislation and guidance including:
Legislation

- Children Act 1989.
- Children Act 2004.
- Safeguarding Vulnerable Groups Act 2006.
- Sexual Offences Act 2003.
- The General Data Protection Regulation (GDPR).
- Data Protection Act 2024.
- Human Rights Act 1998.
- Rehabilitation of Offenders Act 1974.
- The Equality Act 2010.
- Liberty Protection Safeguards 2026.
- Childrens Wellbeing and Schools Act 2026.
- Crime and Policing Act 2026.

Statutory Guidance

- Multi-agency practice guidelines: Handling cases of Forced Marriage 2022.
- Working Together to Safeguard Children 2026.
- The Prevent Duty 2015.
- Keeping Children Safe in Education 2026.
- Mandatory Reporting of Female Genital Mutilation 2015.
- Safeguarding and Protecting People for Charities and Trustees 2019.

Non-Statutory Guidance

- What to do if you're worried a child is being abused 2015.
- Information Sharing Guidance 2024.
- Child Sexual Exploitation Guidance 2017.
- Keeping Children Safe in a Community setting 2023.

And Local Procedures set out by the Safeguarding Partnership for the area.

MK Together Levels of Need Document 2026 provides guidance on procedures on how to identify and act on child safety and welfare concerns, including:

- The four stages of intervention from early help to child protection and the criteria that define these.
- The Early Help and Child Protection Pathway.
- When and how to make a referral to Milton Keynes Multi Agency Safeguarding Hub (MASH).

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A Culture of Safety

We endeavour to provide an environment which is as safe as possible, both online and face to face, ensuring that children feel confident that any concerns they raise will be addressed and encouraging staff, volunteers and contractors to be vigilant to any safeguarding concerns.

We ensure that everyone is made aware of how and who to report concerns to and we encourage them to get feedback on any concerns they raise.

The DSL will make decisions on an individual case basis about what information should be shared with staff and other agencies. All decisions are clearly recorded, including the justification for sharing information or not sharing information and the outcome of any concern raised.

We encourage all staff to be transparent and open in the way they work, holding themselves and others to account.

We endeavour to be a safe space with trusted adults, whether operating online or face to face.

What is Abuse?

Abuse may consist of a single act or repeated acts by one or multiple people. Abuse can occur in any relationship, and it may result in significant harm to, or exploitation of, the person subjected to it. It can take place face to face or online.

Safeguarding is the general term used to describe the actions that we take in order to prevent abuse or to identify abuse when something has happened or is likely to happen.

Safeguarding and promoting the welfare of children is defined as:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment, whether that is within or outside the home, including online.
- Preventing impairment of children's mental and physical health or development ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children.
- Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework (updated 2026).

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What is Abuse? cont.

Child protection is part of safeguarding and promoting the welfare of children and is defined as an activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Child abuse is a term which describes all the ways in which a child's development and health are damaged by the actions or inactions of others. Abuse can occur within the family or in an institutional or community setting: by those known to them or, by a stranger. Abuse can occur within any social group regardless of religion, culture, social class, or financial position. For children there are four types of abuse identified. The following definitions are taken from Working Together to Safeguard Children 2026.

Physical Abuse

Physical abuse 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 whom they are looking after. Physical abuse, as well as being the result of an act of commission can also be caused through omission or the failure to act to protect from harm.

Signs of physical abuse may include Unexplained or hidden injuries, lack of medical attention.

Emotional Abuse

The persistent emotional maltreatment of a child so as to cause severe and persistent 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 participating in normal social interaction.
It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), 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, though it may occur alone.

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Emotional Abuse cont.

Signs of emotional abuse may include: Reverting to younger behaviour, nervousness, sudden underachievement, attention-seeking behaviour, running away from home, stealing, lying.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether 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. Signs of sexual abuse may include pre-occupation with sexual matters evident in words, play, drawings, being sexually provocative with adults, disturbed sleep, nightmares, bed wetting, secretive relationships with adults and children, stomach pains with no apparent cause.

Neglect

Neglect involves 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 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 caregivers).
- Ensure access to appropriate medical care or treatment.
- Provide suitable education.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of neglect may include looking ill-cared for and unhappy, being withdrawn or aggressive, lingering injuries or health problems.

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Neglect Cont.

As an organisation we are committed to ensure that all staff identify the signs of abuse but also know how to identify early indicators that something is not quite right.
We expect all staff to record their concerns including low level concerns, on our online secure form and to make the DSL aware asap. Most referrals will go in via the DSL, but all staff are confident in knowing how to make a referral and to challenge if they disagree with a decision that has been made.
If you are operating from school/college premises, you must ensure that you have the name and contact details for the school/college DSL. Schools/colleges should make sure that you are given information about their safeguarding procedures, the first time you go in.

If you are not given this information, please ask for it and also notify AEMHF's DSL.
All staff will have the details of the relevant MASH team, so they can report concerns through directly if needed.

If a child or other person is at immediate risk of harm, the first response should always be to call the police on 999.

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Early Help/Family Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early Help means support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. It can also prevent any further problems from arising.
Our role is to work with other agencies to:

- Identify children and families who would benefit from early help.
- Undertake an assessment of the need for early help.
- Provide targeted early help services to address the needs of the child and their family.

Early Help/ Family Help may be provided and led by any agency including social workers. The person taking on the lead practitioner, must have the skills and knowledge to undertake assessments, undertake direct work and coordinate services. Assessments must involve both resident and non-resident parents as well as others living in the Help/ Family Help. Staff at AEMHF may be asked to be involved in a plan for individual children but are unlikely to be asked to lead. The needs of the child are paramount, and the child should be cared for within the family or wider family providing it is safe to do so.

Vulnerabilities of Children

Some children are likely to need more support or be more vulnerable to targeting due to their individual circumstances.
This may include children who are:

- Disabled or with specific additional needs.
- Special educational needs (whether or not they have a statutory EHCP).
- At risk of being permanently excluded from school/college.
- Is a young carer.
- Showing signs of being drawn in to or engaging in anti-social or criminal behaviour (this includes group-based abuse such as Gangs or County Lines).
- Frequently missing from school/college and/or from home.
- Misusing drugs or alcohol.
- At risk of modern slavery, trafficking, or exploitation etc.
- Family circumstance presenting challenges for the child, e.g. substance abuse, adult mental health problems and domestic abuse.
- Previously or currently looked after child.
- Showing early signs of abuse and/or neglect.
- At risk of being radicalised or exploited.
- A privately fostered child.

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Vulnerabilities of Children Cont.

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation.

This list is not complete, and you may notice other vulnerabilities.
Vulnerabilities should be included on the MARF, as MASH are required to pay particular notice to vulnerabilities.

How to Respond to Concerns

AEMHF have trained staff to identify concerns and record them as soon as possible. The system used is a secure online system and all staff are trained to use this system. Staff can only see the safeguarding forms they have completed; DSL can see all information and regularly check on the system for any patterns that may occur. Staff are also expected to contact the DSL on duty via phone or WhatsApp to ensure that all concerns are picked up quickly. Initials must only be used on WhatsApp, no detail should be recorded, this is solely a way of alerting the DSL to check on the system.

Staff are trained to identify low level concerns as well as significant concerns, they know that the majority of referrals are a number of low-level concerns that on their own are insignificant, but when looked at together create a significant concern.

If you are on school/college premises, any concerns must also be raised with the school/college DSL, as well as reported through AEMHF. Do not presume that the school/college is taking action, a referral should go to MASH through both organisations.

The voice of the child is always listened to, staff are trained to listen to what the child is saying through body language as well as verbally.
All concerns are taken seriously, the child will not be made to feel that they are at fault and will be encouraged to continue talking, without leading the child.

Parents/carers should be notified of any concern, providing it does not place the child at an increased risk. If we believe there is a risk, then this must be recorded on our system and MASH must be notified in any referral, why parents/carers have not been informed.

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How to Respond to Concerns Cont.

Staff must immediately report the following:

- Any suspicion or disclosure that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play.
- Any explanation given which appears inconsistent or suspicious.
- Any behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings or play).
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.
- Any concerns that a child is presenting signs or symptoms of abuse or neglect.
- Any significant changes in a child's presentation, including non-attendance at school/college.
- Any direct disclosure of abuse from any person.
- Any concerns that a child may have been radicalised.
- Any concerns relating to child-on-child abuse.
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present).
- Any throw away comment that does not feel right.

All referrals to MASH should come through the DSL, unless there are exceptional circumstances, or if no DSL is available, if it involves the DSL or their children, if the DSL disagrees with a referral being made or if the child is at immediate risk.

Staff know they have the authority to report to the MASH team or police independently in these cases. Staff know how and when to make a referral through the MASH team.
See Appendix 1.

All referrals should consider the contextual elements, considering what is happening at home, at school/college, any other clubs or groups the child attends both online, and in their local neighbourhood. This may help to identify where the risks are as well as any support or protective factors that can be provided.

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Direct Disclosures

Children will often test out staff, before selecting who they will make a disclosure to. This will either be someone they trust or a complete stranger they have never met before. It is therefore essential that everyone knows what to do in the event of a disclosure being made.

Receive

- Listen carefully to the child, do not stop them from talking.
- Remind them of the confidentiality statement/limitations.
- If you are shocked by what they are saying, try not to show it.
- Take what they say seriously.
- Accept what the child says.
- Use positive body language to show that you are listening.
- DO NOT ask leading questions.

Reassure

- Stay calm.
- Reassure the child that they have done the right thing in talking to you.
- Be honest with the child so do not make promises you cannot keep.
- Do not promise confidentiality – you have a duty to refer the child who is at risk.
- Acknowledge how hard it must have been for the child to tell you what happened.
- Keep them informed about what will happen now.

React

- React to the child only as far as is necessary for you to establish whether you need to refer this matter, but do not interrogate them for details.
- Explain what you must do next and to whom you must talk.
- Explain and if possible, seek agreement that you will have to discuss the situation with someone else and will do so on a 'need to know' basis.
- Alert DSL via WhatsApp stating child's initials and that a safeguarding form will be completed within 24 hours, sooner pending on the risk.

Record

- Make some brief notes at the time and write them up more fully as soon as possible – use the AEMHF safeguarding reporting processes and protocol (available in our protected system).
- Take care to record timing, setting and personnel as well as what was said.
- Be objective, factual in your recording – include statements and observable things rather than your interpretations or assumptions.
- Store this safely and securely on our secure internal system against the individual's file.

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Direct Disclosures Cont.

Respond

- Discuss the matter with the DSL immediately.
- Ensure that you get feedback – open, closed, response.
- Ask DSL to challenge if necessary.
- Seek support and debrief.

Do not take photographs of injuries, use a body map if needed.
Do not ask the child to write down what has happened.
Do not delay in passing information to the DSL.
Ensure you get feedback after the referral is made.
Make sure you debrief after the event.

The Referral Route

Any suspicion, allegation or incident of abuse must be reported to a DSL as soon as possible. Whilst sessions are running there will always be access to a DSL or member of the safeguarding team. It is essential that staff contact the DSL as soon as possible, following a disclosure or concern being identified. See appendix 4 for flowchart for referrals.

It is not the role of staff to decide if it is a safeguarding concern, our role is to notice the concern and report it to the DSL.

Our role is not to investigate, MASH will undertake any investigation necessary and have been trained to question children in the least harmful way, whilst gathering relevant information and maintaining the integrity of evidence.

Staff must record any concerns that they have on the secure online system and ensure that the DSL is aware of them, via WhatsApp. (See Recording Concerns).

If the DSL cannot be contacted, staff should not delay in reporting a concern to MASH.
If there is an immediate risk to the child then MASH should be contacted immediately.
If there is a flight risk or immediate risk, then staff should contact police using the 999– contact number.

DSL must be made aware of any concerns and any action taken as soon as possible. Please phone the DSL on their contact number to make them aware of any issues or concerns or to seek advice and guidance. It is important to remember that support is available, you are not on your own.

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The Referral Route Cont.

Multi-Agency Safeguarding Hub (MASH):
Tel: 01908 253169/253170 during office hours or
Emergency Social Work Team 01908 265545 out of office hours email: children@milton-keynes.gov.uk

Following a referral, staff should be notified of the outcome of the referral. This must be notified by MASH within 28 days of the referral. A decision on how to proceed is usually made within 24 hours, the referrer can contact MASH to find out the outcome of the referral after 24 hours.
If you disagree with a decision made to refer or on whether it will be picked up by MASH, please talk to the DSL who will follow the escalation process to challenge a decision.
Staff should ensure that they debrief with the DSL following any disclosure, this is important for your wellbeing and looks at extra support that may be needed for you.

Family Help
If the referral does not meet the thresholds to be picked up by statutory agencies under child protection. MASH may recommend that the school, Family Hub or Family Help should work with the family in a Team around the Family meeting (TAF) to develop a family plan. This is a voluntary level of support that families can choose to engage in and may involve multiple agencies, working together to provide support needed.
A Family Plan will be developed to provide support and monitoring and things that the family will need to work on. A Family Group Discussion Meeting may also be held to look at support from the wider family.
Cases can be escalated or de-escalated and plans should include alternative plans and what would trigger a case being reopened if closed. Cases should never be closed without de-escalation and continued monitoring being discussed.

Record Keeping and Data Protection

We receive self-referrals, from children, parents/carers and direct referrals through GP's, schools/colleges and other organisations. These referrals are likely to contain elements of safeguarding information. This information is stored securely according to data protection requirements.
The DSL will decide what information is shared with staff, to support them in identifying the needs of the individual and any safeguarding concerns there may be.

It is essential that all safeguarding concerns are recorded, this includes low level concerns as well as significant risks.
We often don't know what is important until looked at in hindsight.

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Record Keeping and Data Protection Cont.

At AEMHF we use a secure system on the cloud, to record any concerns, it is essential that this information is recorded as soon as possible.
Records should include the following details:

- Name of Child.
- DOB.
- Address if known.
- Parental contact details.
- Details of incident including date, time, details, any witnesses.
- Previous relevant history.
- Action Taken.
- Who has been informed.
- Description and body map of any injuries.
- What you said to child.
- What they said to you.
- What does child want to happen.
- Signed and dated with full name, role and date.

If a child is subject to a child protection plan, then the DSL may be invited to Child Protection Conferences, Family Help or Team Around the Family meetings for support. These will be recorded on our system including any activities that AEMHF staff are being asked to undertake.

All information is stored according to GDPR requirements. Our information Data Protection Officer (DPO) is Jon Manning, Founder and CEO of AEMHF, jon@arthurellismhs.com or 07722 196961.
Any concerns about data management or requests for information about themselves or their child should be made to the DPO.

All applications must be formally in writing to hello@arthurellismhs.com, detailing what information is required, the period to be covered and who it relates to. Repeated requests may be refused, and sharing of information must be in the best interests of the child and reasonable.
We will respond within 30 days of the formal application being received. Some information may be redacted that relates to names of other people or where it may represent a risk to a child.
All information sharing is undertaken following the principles of the Data Protection Act 2024. We have the right to charge an admin fee for providing this information.

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Record Keeping and Data Protection Cont.

Decisions to share information between agencies are taken on a case-by-case basis. Staff are given sufficient information to provide the correct support for the client and to support them to identify subtle changes in behaviour. Information is generally shared when it is in the best interests of the client and where possible with their permission. If they withhold permission, we may still need to share information, in order to keep a child, vulnerable adult or staff safe. We will always record our reasons for sharing information and may at times seek independent legal advice before doing so.

Child protection files are kept until the child reaches 25 years. Adult files are kept for 10 years. They are then destroyed safely.

Escalations

There may be occasions, where staff or the DSL disagrees with decisions made by MASH. This is often when MASH do not feel the referral meets the threshold for a referral, or we are unable to give enough information. If the DSL believes that a child is at risk of significant harm, and a safeguarding referral has been made to MASH and MASH feel that it does not meet their threshold criteria, then the DSL should consider whether that decision should be challenged and/or escalated following MK Together protocols.

The escalation process is a formal response has a number of stages:
Stage 1- Check over the referral and ensure the information is complete and explains the concerns clearly.
Stage 2 Phone MASH and ask for them to reexamine under the escalation process. If they still state that it does not meet the threshold then escalate again.
Stage 3 Escalate to Duty Social Worker and discuss the concerns. If they still state it does not meet the threshold then escalate again.
Stage 4 Escalate to MASH Lead and discuss concerns, If they still state it does not meet the threshold then escalate again.
Stage 5 Escalate to Head of Children's Services and discuss concerns. If they still state it does not meet the threshold then escalate again.
Stage 6 Escalate to Safeguarding Partnership who will mediate between the two organisations.

At all stages, record the concerns and the challenge as this may become important if the case gets picked up later or if the case is missed. Children's Services are required to disclose any escalations as part of their performance indicators (PI). All escalations are examined by Ofsted during their inspection.

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Specific Safeguarding Issues

As well as general safeguarding concerns, there may be specific safeguarding issues present. Staff should be aware of these issues and record them in any safeguarding report or MARF.

Bullying is not always identified accurately. it can take many forms and is always repeated over a period of time. The three typical types are physical (e.g., hitting, kicking, theft), verbal (e.g., racism or homophobic remarks, threats, name calling) and emotional (e.g., isolating an individual from activities). Bullying will always involve a misuse of power, where the bully holds power over the victim, leading the victim to feel that they have no control over the situation.

Child on Child Abuse Children can abuse other children. This generally referred to as child-on-child abuse and can take many forms. It can happen both inside and outside of school/college and online. It is most likely to include but may not be limited to physical abuse, sexually harmful behaviour/sexual abuse, bullying Including bullying, cyberbullying, sexting, initiation/hazing, prejudice behaviour, abuse in intimate personal relationships between peers, upskirting, down blousing and sharing nudes and semi-nude images and/or videos.
Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.
It is essential that staff understand what normal sexual behaviour is for different age groups. The Hackett assessment and Brook Traffic Light tool can be used to check whether behaviour is appropriate or not. In these cases, support needs to be considered for both the perpetrator and the victim.

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Specific Safeguarding Issues Cont.

Child Criminal Exploitation including County Lines

Child Criminal Exploitation may involve children being manipulated into undertaking criminal acts such as theft, violence, drug activity, trafficking and group based exploitation including gang activity. County Lines refers to drug networks or group based gangs grooming activity.

County Lines refers to drug networks, or gangs, grooming and exploiting children to carry drugs and money from urban areas to suburban areas, rural areas and market and seaside towns. Staff may become aware of children with missing episodes (hours or days) who may have been exploited for the purpose of making, selling or transporting drugs. Staff members who suspect a child may be vulnerable to, or involved in, this activity will immediately report all concerns to the DSL.

Group Based Exploitation (or gang-) activity exists in all areas, where young people may be coerced into becoming a gang member. Loyalty is to the gang and there may be criminal activity undertaken or high levels of violence towards other gangs over territory, people, criminal activity or sale of drugs.

The DSL will consider referral to the National Referral Mechanism via MASH on a case-by-case basis.

A CCE toolkit has been produced to help staff identify children at risk of criminal and sexual exploitation. CCE Toolkit link[1].

Child Sexual Exploitation

Child sexual exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Children aged 12-15 years of age are most at risk of child sexual exploitation although victims as young as 5 have been identified, particularly in relation to online concerns. Children without adequate economic or systemic support are often targeted.

A CCE toolkit has been produced to help staff identify children at risk of criminal and sexual exploitation. CCE Toolkit link.

Disabled and Children with Additional Needs

Children may be more vulnerable due to communication difficulties, lack of understanding of their own bodies or sexuality or because of multiple carers offering personal care.

These children often do not have full understanding about the risks and how to protect themselves.

Children with Disabilities Team - 01908 691691.

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Specific Safeguarding Issues Cont.

English as a second language

We are aware that children coming from households where English is the second language may find it more difficult to identify and express any concerns that they have.

We are sensitive to the needs of these children. The DSL will seek support and help as soon as concerns have been identified. An interpreter will be brought in if required to ensure effective communication.

If a referral is made to MASH, the DSL will ensure that they are aware of the language spoken and if there is a need for a translator.

Families where there may be Honour Based Abuse

Honour based abuse is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture.

The legal minimum age of marriage in England and Wales is now 18 years, staff should be aware that some families may try to avoid this law by taking a child to Scotland or Ireland.

Informed consent means that there is a free choice, the young person is not excluded from the community if they choose not to marry. This includes non-official or non-binding marriages.

We are mindful that different groups will have cultural expectations and beliefs, but when this impacts on the safety or wellbeing of a child or is in contravention of UK law, we are required to refer to Children Social Care.

Ethnic Minority Achievement Team ema@milton-keynes.gov.uk

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Specific Safeguarding Issues Cont.

Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

It is illegal in the United Kingdom to allow girls to undergo female genital mutilation either in this country or abroad. People guilty of allowing FGM to take place are punished by fines and up to fourteen years in prison.

We have a duty to report concerns we have about girls at risk or who have undergone FGM to the police and social services.

A joint referral is made by the person identifying the concern and the DSL.

We also report through to Police on 101, using the FGM Mandatory Reporting Duty.

Our staff are all trained to identify possible signs and symptoms of FGM as part of our standard safeguarding reporting procedures.

A FGM Screening tool can also be used to help identify the risk to individuals and seek advice and guidance available. FGM Screening tool

FGM Helpline - 0800 028 3550 - fgmhelp@nspcc.org.uk

Looked After Children and Previously Looked After Children

Looked After Children and Previously Looked After Children have already experienced some level of trauma and disruption in their lives. They are less likely to reach their full potential, academically and are more easily manipulated as they want to be loved and belong.

We will seek support and guidance, where needed from the Virtual Heads within the Local Authority.

Parental Issues – Domestic Abuse

Domestic abuse is any type of controlling, bullying, coercive behaviours, threatening or violent behaviour between people in a relationship. Domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Domestic abuse can seriously harm children and young people.

The Domestic Abuse Act 2021 identifies that children are also victims of domestic abuse, witnessing domestic abuse is child abuse, and teenagers can also suffer domestic abuse in their relationships.

Where Domestic abuse has been identified or staff have been made aware of domestic abuse within the home, a referral to MASH should be made.

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Specific Safeguarding Issues Cont.

Parental Issues – Mental Health

Staff understand the effects that parental mental health may have upon the children in the family. Not all parents and children will need the support of health and social care, but those that do will need to get support that is acceptable, accessible and effective for the whole family. We recognise that the adults with mental health issues may have long periods where they are coping well, but there may be periods when they are unwell and unable to manage adequate parenting for their child.

The DSL will support families to access additional services when needed and will make a referral to Targeted Help Services where appropriate.

Mental health services :: Central and North West London NHS Foundation Trust (cnwl.nhs.uk).

Parental Issues – Substance Abuse

We recognise that children are not necessarily at risk just because a parent uses substances. Many children of substance misusing parents receive good parenting, stability and have all their needs fully met. However, we are alert to the possibility that substance misuse by a parent may lead to a child being considered as a child in need and may prevent a child from receiving the level and quality of care that they need.

We will support families to access additional services when needed and will make a referral to Family Help where appropriate.

Support for those experiencing drug and alcohol issues can be accessed through ARC.

ARC Milton Keynes.

Privately Fostered Children

Private foster carers are people who care for a child by an arrangement between a parent and the carer who may be known or unknown to them.

The child is under 16 years (or 18 with disabilities) and living with a person who is not a close relative or legal guardian, and this is for more than 28 days.

Host families who look after children studying with language schools/colleges would also be classified as private foster carers.

We have a duty to actively seek and inform the Council of any private fostering arrangement that we become aware of.

Private Fostering Team 01908 253206.

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Specific Safeguarding Issues Cont.

Radicalisation
Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Staff are vigilant about radicalisation and ensure that we work alongside other professional bodies and agencies to ensure that our children are safe from harm.
Staff receive regular PREVENT training and remain fully informed about the issues which affect children in Milton Keynes.

Most radicalisation happens online, children are often targeted via games such as Minecraft or Roblox, they are then persuaded to move to other chat rooms to be further radicalised.

All referrals should be made by the DSL to MASH and an additional call to the Police using the 101 number, the DSL should state that the referral is being made under the mandatory referral duty for PREVENT.
This must be followed up, by completing a referral form(Prevent Referral form)and sending to preventreferralsmiltonkeynes@thamesvalley.pnn.police.uk

Special Education Needs
We recognise that children with Special Education Needs may be more vulnerable by nature of their needs. These children may have learning problems or disabilities that make it harder for them to understand and communicate than most children of the same age. They may not be able to communicate their concerns, recognise abuse or may be very trusting to those who may try to harm them

Internet Use
The internet is a really useful resource however, children may also be at risk of harm through their use of the internet. It is vital that pupils are taught about safe use of the internet. It is also important that parents/carers have access to parent workshops which highlight the potential dangers around IT.
AEMHF use the internet for online sessions. See Internet Policy for further information.
https://www.internetmatters.org

This list is not exhaustive and there may be other vulnerabilities that staff may be aware of. All vulnerabilities should be mentioned in a referral as this may increase the risk to the child. Children's services will pay particular attention to any vulnerabilities in their assessments.

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Managing Allegations against Staff

Any allegation or concern that any member of staff, volunteer or staff from other organisations that we are working with, has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place.
It is essential that all staff and volunteers are aware that they are required to self-report as well as report if they have concerns about staff, volunteers or other agency workers. This also covers concerns that are raised by parents/carers, children or other agencies.
Failure to report concerns may lead to disciplinary procedures being implemented.
There are two streams of safeguarding allegations identified.

Stream 1 – This is where the allegation meets the harm criteria for a referral to the Local Area Designated Officer (LADO).

Stream 2 – These concerns do not meet the threshold for referral to the LADO and may involve a member of staff behaving in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; It does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

In the event of either stream, staff should initially contact the CEO, who will identify if it is stream 1 or 2, if there is any doubt, they will contact the LADO for further advice and guidance.

Stream 1 – All allegations will be reported to the CEO who will contact the LADO within 24 hours. If it is about the CEO, they will notify the Safeguarding Trustee who will report through to the LADO, or they will go directly to the LADO. The LADO will look at the allegation and decide whether an internal or external investigation is required.
Stream 1 allegations are when a member of staff, volunteer, contractor or supply staff have:

- Behaved in a way that has harmed a child 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 indicates he or she may pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

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Managing Allegations against Staff Cont.

Stream 2 allegations are low level concerns which do not meet the criteria such as favouring a child, shouting at a child or using inappropriate language, it also covers breaches of the code of conduct where there is no direct harm to a child. The CEO will keep a record of these and will talk to both the person raising the concern, witnesses and the person who the concern has been raised about, they may seek advice from the LADO but will address the concerns internally. In the event of a more serious allegation being made this information will be passed onto the LADO for consideration.

The LADO will offer advice and guidance, this may lead to an external investigation. They may authorise an internal investigation which will be reported back to the LADO.
All referrals made will need to have a completed LADO referral form.
The LADO can advise on whether staff should continue working normally, need to be moved to another area of work, or should be suspended during the investigation (This is a neutral act). AEMHF may also need to report an incident to the professional body for that staff member, if there is a question or concern about their integrity and competency.

An allegation may also lead to a criminal investigation or a strategy meeting.
Consideration will also be given to any children who may be at risk and a referral through to the MASH team may be made if required, See Appendix 6 for flowchart.
All allegations are fully documented and recorded according to Data Protection requirements.

If there is in any doubt about which strand an allegation comes under, they should contact the LADO for advice and guidance. This can be undertaken without giving the staff members name.

The outcome of any investigation may be:
Substantiated: where there is sufficient identifiable evidence to prove the allegation.
False: where there is sufficient evidence to disprove the allegation.
Malicious: where there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.
Unfounded: where there is no evidence or proper basis which supports the allegation being made.
Unsubstantiated: this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation; the term, therefore, does not imply guilt or innocence.
No further action (NFA): does not meet harm criteria.

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Managing Allegations against Staff Cont.

Allegations that are substantiated or unsubstantiated will be kept securely until retirement age or plus 10 years (whichever is later). Unfounded will be kept until the person leaves AEMHF. False and malicious allegations will be removed from personnel files and destroyed securely.

Following an investigation the LADO may suggest additional training or revisiting a policy to strengthen it. They must also advise a referral to DBS for mandatory or discretionary barring.

The record will be kept on the person's personnel file. In the event of other allegations being made which meet the Harm criteria for a referral to the LADO, this will also be shared fully with the LADO as this will identify any patterns or escalation in behaviour.
AEMHF is guided by local procedures for managing allegations against staff and volunteers, which are set out in MK Together Board procedures Allegations Against Staff or Volunteers

Local Area Designated Office (LADO) – Mel Perkins or Kay Newman
Tel: 01908 254307
Email: LADO@milton-keynes.gov.uk

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Information Sharing

The Data Protection Act 2024 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner.

Most children receiving services will be attending a school/college, it is important that the school/college DSL is made aware of any significant concerns, so they can put safeguards in place and work with the family (if it is safe to do so) to protect the child.
It would be legitimate to share information without consent where, it is not possible to gain consent; it cannot be reasonably expected that a practitioner gains consent; and, if to gain consent would place a child at risk.

Staff must record when information has been shared and where a decision has been made not to share information, with the rationale for doing so.

In the event of a child at risk of significant harm, the DSL will make a referral or consult Children's Services regarding concerns about that child.
Children's services must lead on all child protection concerns.

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Safeguarding Whistleblowing

Whistleblowing is an extra layer of safeguarding. If staff feel that they cannot report through AEMHF, or they do not believe that their concerns have been addressed or taken seriously it enables them to report through an external organisation.
Reports on suspected misconduct, illegal acts, or failure to act within the AEMHF Policies can be reported externally.
AEMHF staff can refer any member of AEMHF employed personnel regardless of position, volunteers, work experience, visitors, contractors, and agency staff.
The Public Interest Disclosure Act 1998 protects you from victimisation by dismissal, redundancy or any other detrimental action provided you:

- Have disclosed the information in good faith.
- Believe it to be substantially true.
- Have not acted maliciously or made a false allegation.
- Are not seeking any personal gain.
- It was reasonable for the disclosure to have been made

The aim of this Policy is to encourage staff and others who have serious concerns about any aspect of the AEMHF's work to come forward and voice them. Staff are often the first to realise that there may be something seriously wrong within the organisation.

'Whistleblowing' is viewed as a positive act that can make a valuable contribution to their efficiency and long-term success. It is not disloyal to colleagues or to AEMHF to speak up.
If you are considering raising a concern, you should read the full Whistleblowing Policy first.
To raise a safeguarding whistleblowing concern contact:
LADO direct 01908 254307 Mon- Fri 9am-4.30pm
Protect (formerly PCAW) are an independent charity and information provided to Protect is protected under the Public Interest Disclosures Act. Their helpline is where their lawyers provide confidential advice free of charge (www.pcaw.org.uk). Protect on 0203 117 2520 or whistle@protect-advice.org.uk
Allegations may also be made via the NSPCC Whistleblowing line 0800 028 0285.

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Training Requirements

We expect all staff and volunteers to undertake basic safeguarding children training on a regular basis. The requirements of the partnership are every 2 years with an annual update. We train our staff on an annual basis and provide opportunities to revisit and discuss safeguarding issues on a regular basis.

DSL will also attend DSL training biannually and a knowledge and skills update in between. DSL will also attend an interagency course (Working Together to Safeguard Children) every 3 years.

All staff will undertake Prevent and FGM training and update when necessary.
All staff must understand how to keep safe online and what the risks are online for young people.
When new issues emerge, we may add in additional topics that meet the needs of the service.
Details of training are recorded centrally, and staff are reminded when they need to update.
The DSL will check on staff knowledge and ensure they know how to follow the correct protocols.

Recruitment of Staff and Volunteers

AEMHF follow safer recruitment guidelines for all appointments both paid and voluntary positions, this covers anyone working with children or vulnerable adults. We aim to deter unsuitable applicants from applying for roles and reject them if they do.

As part of these processes we:

- Inform candidates of our commitment to safeguarding those in our care, within our adverts and recruitment documentation.
- Carefully plan our recruitment process timeline, giving sufficient time to vet candidates.
- Detail on job adverts that applicants will have to undergo strict vetting procedures before appointment. These include criminal disclosure checks, Enhanced DBS, online searches and documentation checks.

Carry out pre-employment checks.

- Take up at least two references for each successful candidate, including their current or most recent employer.
- Scrutinise and question any gaps or discrepancies in their application form
- We are committed to fair processes that do not discriminate, giving equity and equality to all.

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Recruitment of Staff and Volunteers

All staff are expected to complete an Enhanced DBS check with a barred list check. We encourage sign up to the update service and ask staff to annually complete a declaration that nothing has happened which might prevent them from working with children or vulnerable adults. Staff are expected to notify immediatky if this changes at any point.

Recruitment of Staff and Volunteers

All offers of employment are conditional on suitable checks coming back. A criminal record may not exclude employment, a risk assessment will be undertaken to check if it impacts on them working with children safely.
Unsuccessful candidates have 6 months from interview to seek feedback.
All successful candidates are subject to induction and completing a 3-month probationary period. This may be extended if necessary.
Full details are found within our Safer Recruitment Policy.

Code of Conduct

The code of conduct sets out the expectations that we have of staff and volunteers, when undertaking face to face work, online sessions and also behaviour out of work.
This brings together standards of the general children's workforce and professional standards from our own professional bodies like British Psychological Society (BPS); British Association for Counselling and Psychotherapy (BACP) etc.

Staff will also be asked to sign an annual declaration detailing any pecuniary interests, any other work or volunteering undertaken with children and if anything has occurred, which may impact on their ability to work with children i.e. Criminal disclosures, domestic abuse or being investigated by MASH for care of their own children. The declaration also requires them to disclose any other organisations that they are employed or volunteer with.

Staff are aware that they represent AEMHF at all times, which means that they must uphold the expectations in terms of behaviour. All staff will be expected to sign the code of conduct annually, confirming that they have read them, understand them and agree to adhere to them.There is a responsibility on all staff and volunteers to self-report if they do not maintain the standards set out in the code of conduct and to report others who breach the code. All reports will go to the CEO, or if concerning the CEO, to the Safeguarding Trustee.

Breaches may lead to an investigation which may recommend further training, revisiting the code of conduct, disciplinary or termination of contract.Please see **appendix 5** for the full code of conduct.

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Safeguarding Supervision for Staff

Supervision is an essential part of the support package, allowing an opportunity to reflect on safeguarding issues and discuss your mentoring work and any personal and professional responses to it. The focus is on supporting you and AEMHF duty of care to you.
Supervision IS NOT about monitoring against targets, or an appraisal of the quality of your work. It does not replace clinical supervision, but may be carried out during the same session.
Safeguarding supervisions are compulsory and should give the opportunity to discuss your caseload, individual cases and to check that you are ok and coping. It should allow you to seek guidance and challenge for difficult cases and report any concerns you may have about other professionals. Supervision is required monthly, but additional sessions can be requested when needed.

Quality Assurance of Child Protection Procedures

AEMHF is committed to robust scrutiny of our procedures and policies. This is undertaken by a variety of methods including; –

- Regular reports to Trustees at each governance meeting.
- Annual report to Charity Commission.
- MK Together section 11 audit (when requested).
- Regular reviews of policies and procedures.
- Independent scrutiny through Youth Provision Safe Practice Mark.
- Surveys undertaken with parents/carers, children and staff.
- Supervision of DSLs.
- Open door policy.
- Safer recruitment protocols (see Safer Recruitment Policy).
- Complaints Policy.
- Development plans.
- Ongoing conversations between trustees, SLT and DSLs.
- Adherence to code of practice of professional bodies like British Psychological Society (BPS); British Association for Counselling and Psychotherapy (BACP) etc.

We are committed to reflect and consider regular updates.
Safeguarding arrangements will always need reviewing and updating in light of legislation changes, practice changes and research.
We welcome feedback from staff, clients, parents/carers and other agencies as part of this reflective practice.

Other Useful Contact Numbers
NSPCC Helpline: 0808 800 5000
Childline: 0800 1111
FGM helpline: 0800 028 3550
Whistleblowing Helpline: 0800 028 0285

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Appendix 1

Actions where there are concerns about a child

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Appendix 2

2. Roles and responsibilities

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who encounters children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

All staff have a role to play in keeping children safe within the AEMHF. Additionally, there are roles which have specified responsibilities which are detailed in 'Working together to Safeguard Children'.

2.1 Role of Trustees

The Trustees have a strategic responsibility to ensure that the organisation is compliant under legislation requirements. They must have regard to this guidance, ensuring policies, procedures and training in AEMHF is effective and complies with the law at all times.

The Trustees must: –

- Appoint a Safeguarding Trustee.
- Receive sufficient safeguarding training (at Induction) to understand the process of identification and referral, the role of the Safeguarding Partnership and the local multi-agency arrangements and explore how to scrutinise and challenge the arrangements in AEMHF.
- Oversee the appointment of a DSL and sufficient deputies to ensure there is always cover.
- Ensure that DSL is appropriate to the role and ensure that adequate support, supervision, training, time and resources are available for the role.
- Ensure that there is an effective Child Protection and Safeguarding Policy in place and update whenever there is a change in legislation (at least annually).
- Ensure the child protection policy is in accordance with government guidance and refers to locally agreed multi-agency safeguarding arrangements put in place by the Safeguarding Partnership.
- Ensure the Child Protection policy is available online and paper copies are available.
- Ensure the Code of Conduct is adopted and followed.
- Ensure that firewalls, filters and monitoring is in place for all devices used by staff.
- Be aware of their obligations under the Human Rights Act 1998, the Equality Act 2010.
- The Trustees will hold the AEMHF accountable for its safeguarding arrangements.

They will do this by: –

- Working closely and meet regularly with the Management/DSL Team.
- Receiving regular reports from the Manager of Service.
- Receive Safeguarding reports at Trustees meetings.
- Visit the service regularly, asking questions to staff. parents/carers and children.
- Undertake or commission audits to check on effectiveness of arrangements.
- Co-operate with the Safeguarding Partnership when asked for information.

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Appendix 2

2.2 Role of Designated Safeguarding Lead
The DSL, deputies and safeguarding team appointments should be overseen by the Trustees, ensuring that there is always sufficient cover for this role.

DSL's must receive sufficient support, supervision, training, time and resources to allow the role to be performed adequately.

The role of the DSL is explicitly mentioned in their job description. The DSL is to lead on the implementation of safeguarding in the organisation, ensuring that all children are safeguarded and that any concerns are reported through to the relevant authority.

They oversee all the deputies, ensuring that safeguarding arrangements are being followed. They report through to the manager and the Trustees on the effectiveness of these arrangements and to raise any issues that are identified in how AEMHF is safeguarding children.

The role of the deputies is to support and aid the DSL in carrying out their role and to step up in the absence of the DSL.

DSL's must be experienced and resilient in order to report concerns and support individual cases.

The DSL and the Deputy DSL are responsible for:

- Managing Referrals to MASH and other services.
- Work with other agencies to provide support as part of a child protection/child in need plan or family support/Safety plan.
- Attend relevant training including DSL training and annual refresher, Basic Safeguarding Training (every 2 years) and Interagency Training (every 3 years)
- Understand the views of children, ensuring that they're listened to as part of the safeguarding process.
- Monitor the number of referrals for safeguarding and any patterns emerging.
- Provide advice and guidance to the staff team on any matters relating to safeguarding and welfare.
- Check that employees running online sessions have firewalls and filtering in place and adhere to online policies.
- Check the effectiveness of staff knowledge and oversee training requirements.
- Ensure the Child Protection files are up to date and monitored regularly.
- Raise awareness of current safeguarding issues.
- Ensure that there is access to a DSL/DDSL at all times that sessions are being held.

Any member of the DSL team should be able to step up and lead if necessary.

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Appendix 2

2.3 Role of Staff

All staff have a responsibility to provide a safe environment for children, whether this is online or face to face. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. It is important that all staff can identify when support is needed.

Staff responsibilities: –

- All staff who has a concern about a child's welfare should follow the referral processes.
- All staff should be aware of vulnerabilities and the support that may be offered.
- Staff should expect to support social workers and other agencies following any referral.
- The DSL who will provide support to staff to carry out their safeguarding duties and will liaise closely with other services such as children's social care.
- Staff must report any concerns directly to the DSL (and any deputies) to assess any further action that should be taken.
- In the event of a DSL not being available, staff are confident in knowing how to make a direct referral to MASH.
- All staff are aware of systems and policies which support safeguarding.
- All staff are aware of how to respond to disclosures from children.
- All staff should be aware of the school/college the child attends and the importance of the education centre's DSL being notified of any safeguarding concern.

All staff have received: –

- An Induction which includes:
- Child Protection and Safeguarding Policy.
- Code of Conduct.
- Role of the DSL & safeguarding team.
- Identity of the Safeguarding Trustee and their role.
- Contact details and role of the LADO.
- Details of the Online Safety Policy.
- Confidentiality Policy.
- How to report concerns about staff.
- Whistleblowing policy.
- Log on details.

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Following employment, staff also receive the following:

- Basic Safeguarding Training every two years with safeguarding updates in between.
- Training covering specific safeguarding issues such as FGM, CSE and Prevent.
- An awareness around early help and the vulnerabilities which may make a child more likely to be abused.
- Ability to reassure all victims that they are being taken seriously and that they will be supported and kept safe.
- Understanding of how technology is a significant component in many safeguarding and wellbeing issues.
- An awareness around internet safety and the current risks online.
- Awareness in how to make a referral to both early help services and children social care.

All staff are made aware of the support that they can access through the Safeguarding Team and other agencies.

2.4 Role of Volunteers

Volunteers are expected to act in the same manner as paid staff. They are expected to understand safeguarding risks and to take the same action as paid staff in the event of a concern with children.

Volunteers will always be supervised by a paid member of staff and will receive a formal induction.

An Induction which includes:

- Child Protection and Safeguarding Policy.
- Code of Conduct.
- Role of the DSL & safeguarding team.
- Identity of the Safeguarding Trustee and their role.
- Contact details for MASH and their role.
- Contact details and role of the LADO.
- Details of the Online Safety Policy.
- Confidentiality Policy.
- Whistleblowing policy.
- How to report a concern about staff and other volunteers.
- Whistleblowing policy.

All volunteers will receive safeguarding training within the first 12 weeks, as part of their induction.

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2.5 Role of Contractors

Any contractors who visit the regularly are expected to adhere to the Organisations Child Protection and Safeguarding Policy whilst on site.

Contractors will be supervised at all times and will not be given access to children on their own.

Ideally contractors will have a DBS check, we will ask for written confirmation from their employer or sight of the DBS, if self employed. The DBS must be within 3 years of application or signed up to the Update service. If signed up to the update service, we will seek permission to check the number online.

All contractors will be made aware of our policies and who the DSL is. They are expected to adhere to this policy and repot any concerns they identify at all times.

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Trustees

Chaminga Chandratillake	**Joy Edwards**	**Yvonne Graham**	**Jess Hall**
Chaminga.Chandratillake@arthurellismhs.com	joy.e@arthurellismhs.com	yvonne.m@arthurellismhs.com	Jess.Hall@arthurellismhs.com
Melinda Johnson	**Kerry Lewis-Stevenson**	**Gary Lincoln**	**Svetla Stallwood**
melinda.johnson@arthurellismhs.com	Kerry.Lewis-Stevenson@arthurellismhs.com	gary.l@arthurellismhs.com	yvonne.m@arthurellismhs.com
Georgina Thompson	**Carl Wardle**	**Jon Manning, Chair**	
Georgina.Thompson@arthurellismhs.com	Carl.Wardle@arthurellismhs.com	jon@@arthurellismhs.com	

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Appendix 3

Senior Leadership Team

Jon Manning	Heather Horner
Founder and CEO of The Arthur Ellis Mental Health Foundation & Data Protection Officer	Head of Partnerships & DSL
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Designated Safeguarding Team

Heather Horner	Elle Walker
Head of Partnerships & DSL	Operations and Safeguarding Co-ordinator & DSO
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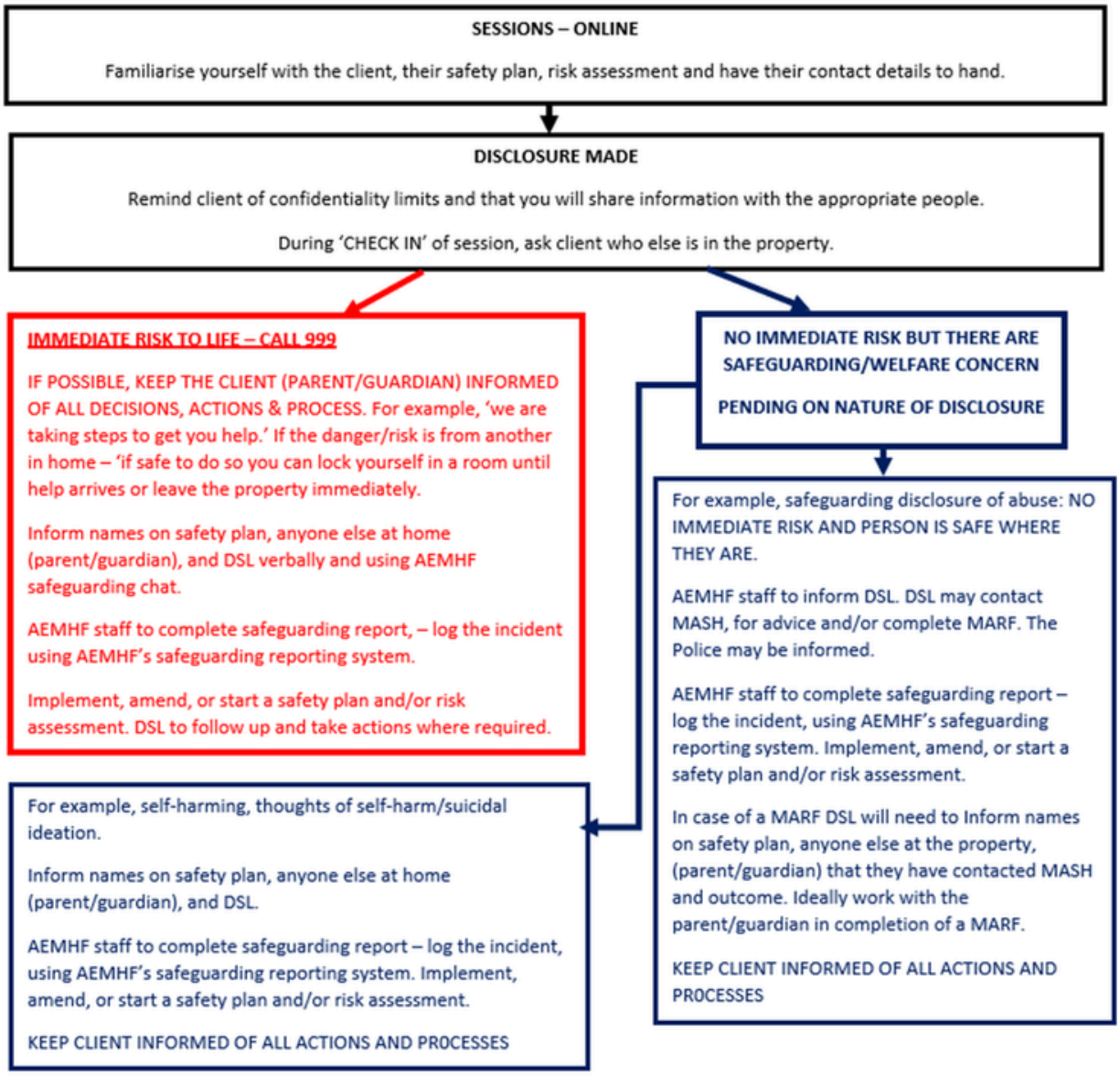

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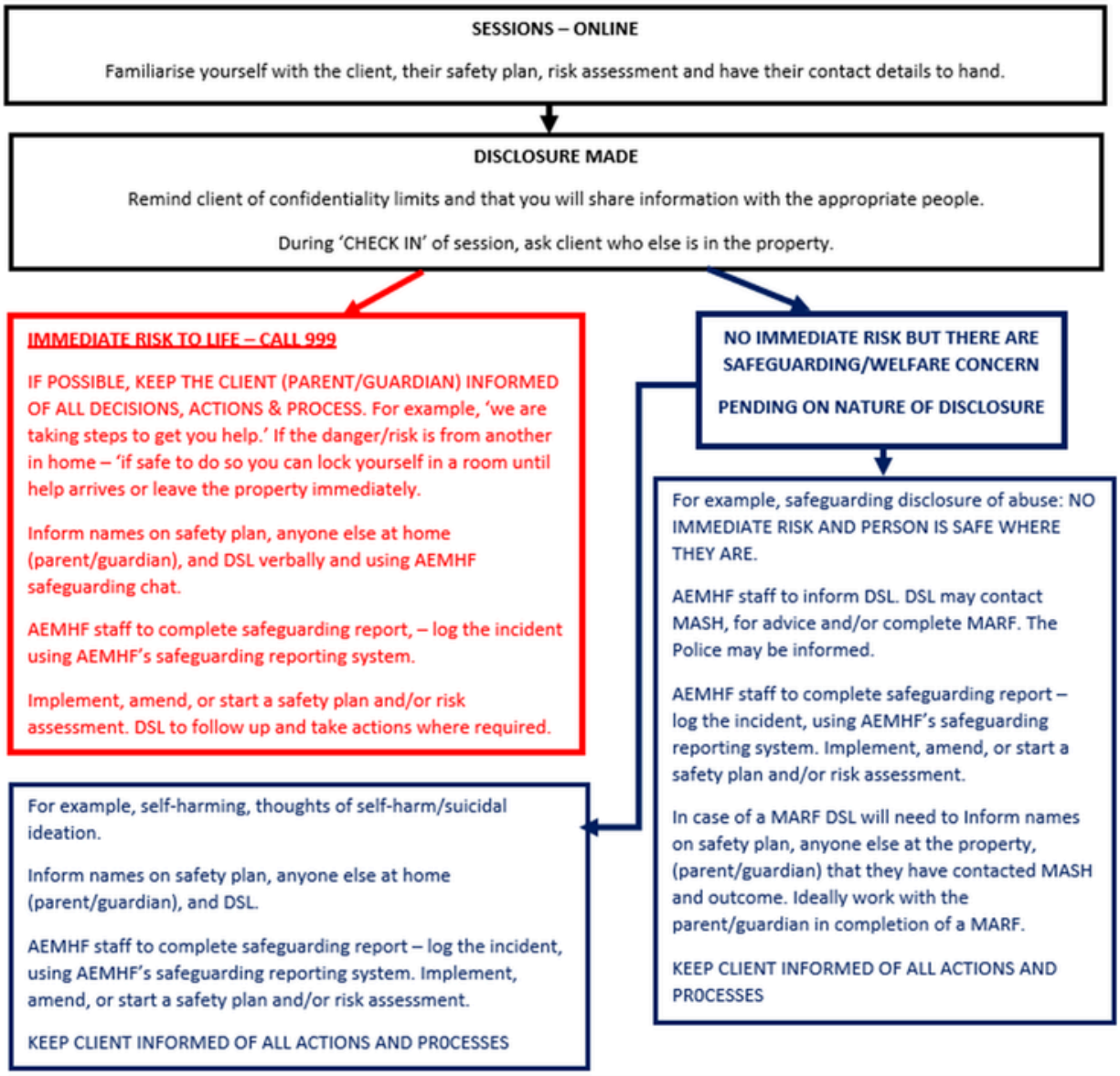

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Appendix 5

Code of Conduct

We set standards of behaviour for all paid staff and volunteers employed by AEMHF. We also expect contractors and agencies providing services to children to adhere to these standards whilst working with AEMHF staff[1].This code of conduct is drawn from the staff handbook, covering the safeguarding elements that all staff and volunteers must adhere to. It covers behaviour both in and out of work including online.

All AEMHF staff:

- Must support our aims and objectives, vision, mission & values.
- Must maintain and support a culture of safety within the organisation, by working in an open and transparent way.
- Must uphold and further the Company's positive public image and not bring AEMHF into disrepute.
- Must act in a respectful manner, treating staff, clients and the public with respect and collaborate with the staff team.
- Must keep professional and personal life separate.
- Must not meet up with clients outside of the work environment.
- Must dress in an appropriate way both face to face and online.
- Must be familiar and confident in using AEMHF systems which support safeguarding, including our safeguarding reporting processes and protocols.
- Must be familiar with and adhere to, key documentation and polices that support safeguarding.
- Should read and be aware of the disciplinary policy and whistleblowing policy.
- Must be aware of their role in safeguarding and the role of the DSL.
- Must undertake regular training and read any safeguarding bulletins or updates.
- Must always act in the best interests of the child. The child's wishes and feelings must be considered but the paramountcy principle requires us to report safeguarding concerns as children cannot protect themselves.
- Must make themselves familiar with early signs of abuse and neglect and
- Must understand the process by which referrals can be made to that local authority Children's Social Care, the statutory assessment, and the role they may be expected to play.
- Must be confident in reporting through abused or neglect, including specific issues such as FGM and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- Must inform the DSL and/or a trustee of any concerns about poor or unsafe practice and potential failures in the AEMHF's safeguarding regime.
- Staff must be vigilant of each other and hold themselves to high standards.
- Must keep their log in details confidential and not share with anyone else.
- Must maintain confidentiality and cooperate with AEMHF Trustees and management.
- Represent AEMHF in a professional manner and ensure any comments made reflect our policies even when these do not agree with your personal views.

[1][1] Staff includes volunteers as well as paid staff.

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- Must wear ID (only applicable in face to face sessions) and wear appropriate clothing when representing AEMHF.
- Must not contact clients and their families via social media. All contact must be transparent and through the prescribed channels.
- Must not use their own social media to comment on AEMHF or on individual clients or situations.
- Must be aware of their surroundings and not leave themselves open to allegations or concerns.
- All concerns must be reported through immediately.
- Must be aware of appropriate touching guidelines.
- Must be aware of the impact of their own behaviour on others.
- Must not act in a way that puts a child at risk or allows others to access a child in order to manipulate them.
- Must self-report immediately if anything happens in their personal life, which may impact on their suitability to work with children. This includes police investigations, referrals to MASH or safeguarding issues in the home or other workplaces.

Breaches of the Company's Code of Conduct are likely to be regarded as an act of misconduct to be addressed under the Company's disciplinary procedure or may lead to a referral to the LADO, where harm criteria are identified.
The LADO may advise a formal investigation, report to Police or a referral to DBS service for discretionary barring. There will also be a referral to your professional body if found to breach professional competencies and expectations.

Examples of professional bodies

- British Psychological Society BPS
- British Association for Behavioural and Cognitive Psychotherapies BABCP
- UK Health and Care Professionals Council
- UK College of Occupational Therapist
- British Association for Counselling and Psychotherapy BACP
- European Mentoring and coaching Council EMCC
- Colombian College of Psychologists
- British Quality Foundation BQF
- UK Council for Psychotherapy UKCP.

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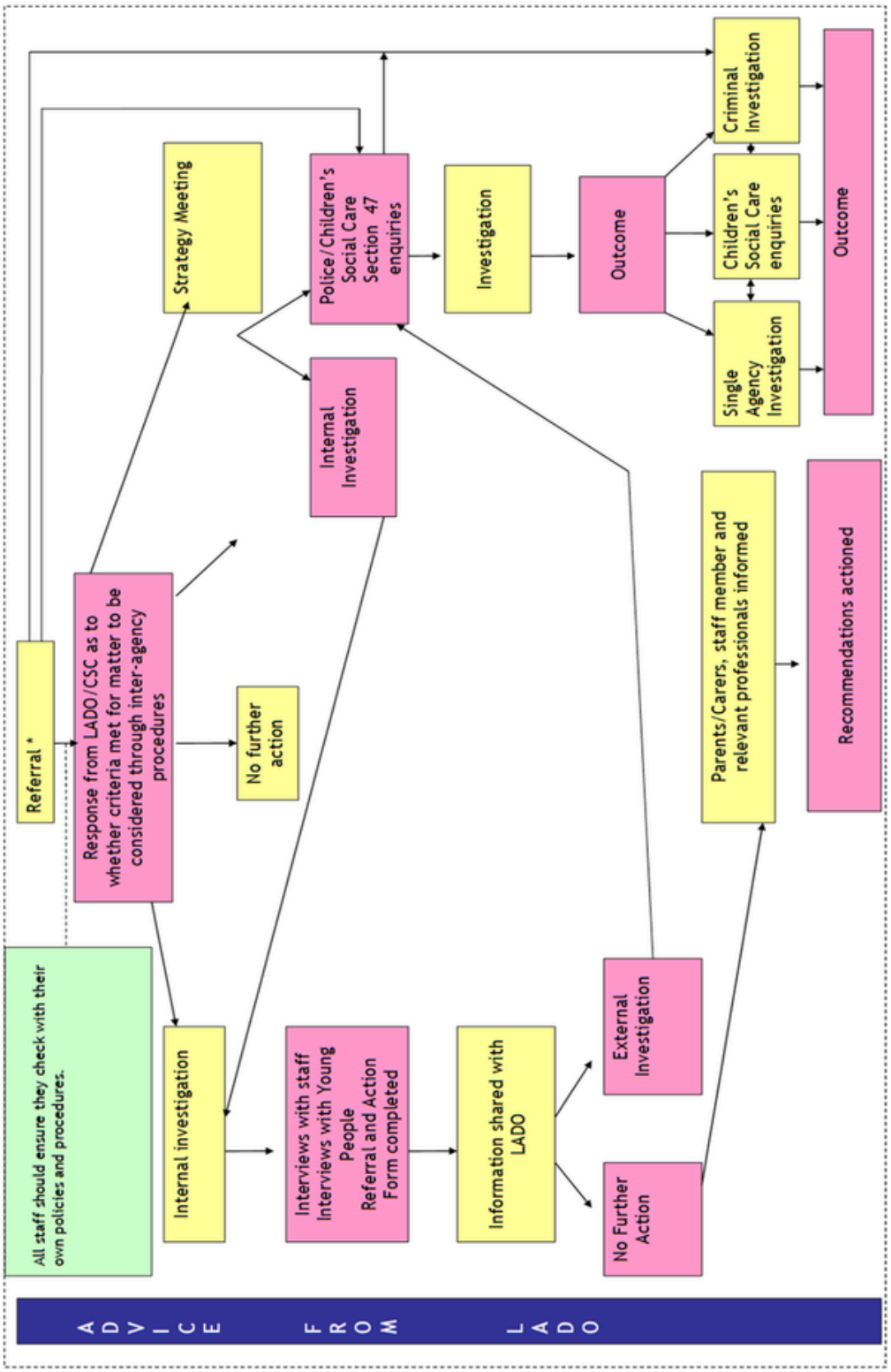
Appendix 6 – Allegations about Staff



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THE ARTHUR ELLIS
MENTAL HEALTH FOUNDATION