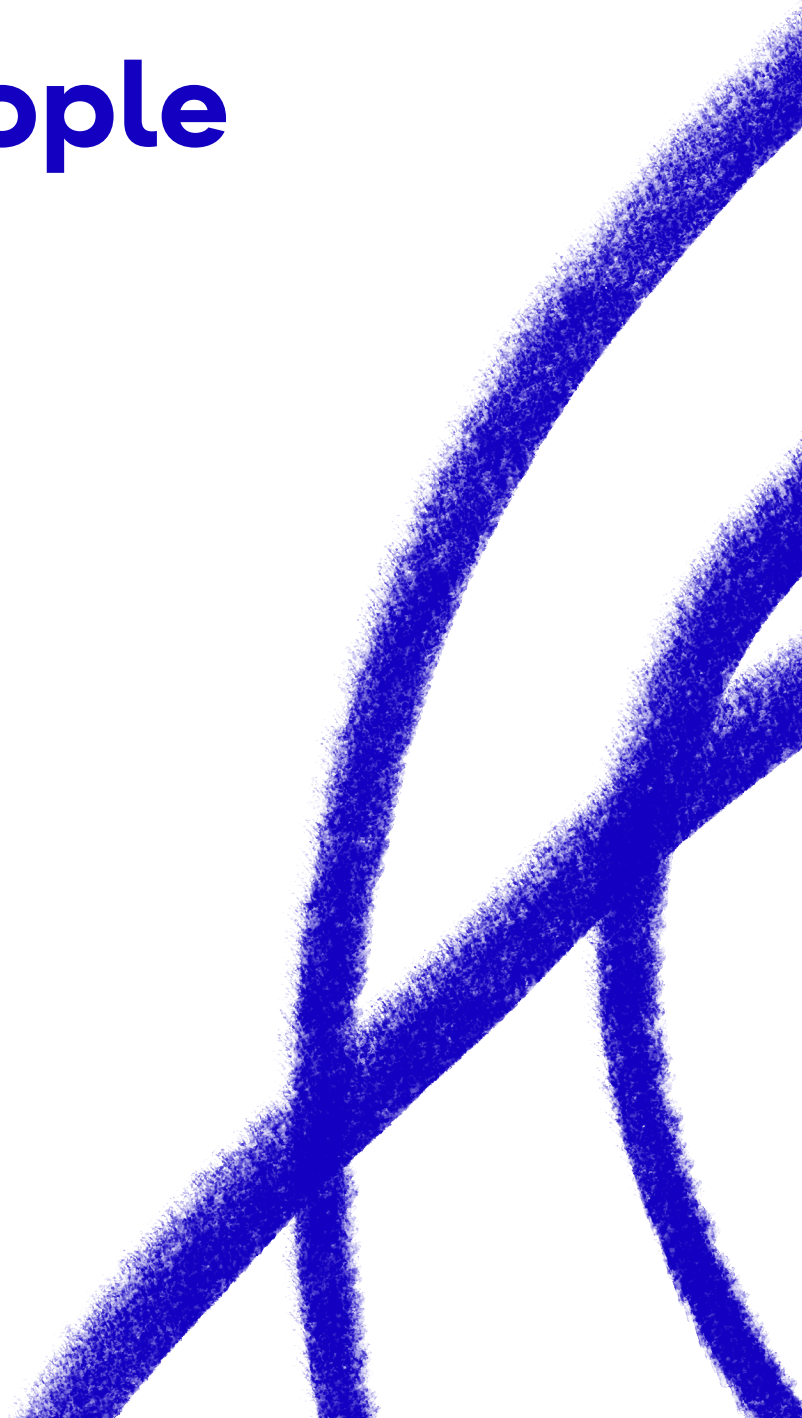




**Safeguarding  
children and  
young people  
at risk**



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## 1. Who this policy applies to

This policy applies to all employees, workers, trustees, and volunteers or sub-contractors (collectively referred to as personnel in this document) who come into contact with any child or young person (whether they are accessing the service or not or working directly with children and young people), ensuring that every child or young person regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, has the right to protection from harm and / or abuse. This policy lays out our commitments at Mid Kent Mind and informs employees, volunteers and associated personnel of their responsibilities in relation to safeguarding.

All personnel will be made aware of the safeguarding adults at risk policy on induction when starting with the organisation. Mandatory training (including refreshers) will take place at regular intervals, alongside having a dedicated safeguarding agenda item at all board, senior management team, managers, and staff meetings. All personnel to whom this policy applies will have access to the policy via SharePoint or be given a copy if access is not available.

MKM's Designated Safeguarding Lead is CEO, Henu Cummins; [henu.cummins@midkentmind.org.uk](mailto:henu.cummins@midkentmind.org.uk)

## 2. Aims of this policy

The policy aims to prevent harm and reduce the risk of abuse or neglect to all children and young people we may come into contact with directly or any concerns that may arise even if they do not use our services. All our staff, volunteers, and subcontractors, in whatever setting, have a key role in preventing harm or abuse occurring and acting responsibly where concerns arise. The policy and procedures set out here are designed to explain simply and clearly how we should work together to protect adults at risk.

This policy draws on and is aligned with the following policies, procedures, protocols, and guidance:

Kent Safeguarding Children Board and Medway Safeguarding Children Board - Kent and Medway Safeguarding Children Procedures.

[www.proceduresonline.com/kentandmedway](http://www.proceduresonline.com/kentandmedway)

Working Together to Safeguard Children 2018 – statutory guidance on child safeguarding.

[www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

NHS England – Child sexual exploitation: advice for health care staff.

[www.england.nhs.uk/publication/child-sexual-exploitation-advice-for-healthcare-staff](http://www.england.nhs.uk/publication/child-sexual-exploitation-advice-for-healthcare-staff)

NSCPC – Child abuse and neglect.

[www.nspcc.org.uk/keeping-children-safe/reporting-abuse](http://www.nspcc.org.uk/keeping-children-safe/reporting-abuse)

Kent County Council - A Guide to Managing Allegations against Members of Staff.

[www.kscb.org.uk/procedures/local-authority-designated-officer-lado](http://www.kscb.org.uk/procedures/local-authority-designated-officer-lado)

Nothing is more important than children’s welfare. A childhood that is free from harm and abuse is a fundamental right of every child.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the child in need of protection has a voice.

All personnel, in whatever setting, have a key role in preventing harm or abuse occurring and in taking action where concerns arise. The policy and procedures set out here are designed to explain simply and clearly how we should work together to protect children.

### **3. Definition / terms of reference**

Children and young people are defined as people who have not yet attained their 18th birthday. Safeguarding and promoting the welfare of children and young people is defined for the purposes of this policy and procedure as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties (set out in the Children Acts of 1989 and 2004) to safeguard and promote the welfare of all children in their area. However successful responses also require multi-agency and multi-disciplinary working, to which we are committed.

## **4. Policy**

### **4.1. Child abuse**

For the purpose of this policy and procedure child abuse is defined as any action by another person – adult or child – that causes harm to a child. It can be physical, sexual, or emotional, but can also be about a lack of love, care, and attention.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. Abuse can take place anywhere: a child's home, children's homes, educational establishments, hospitals, and other community locations.

Abuse can also take place online, for example via social media, online gaming, and messaging services.

Several abusive acts are crimes and must be reported immediately.

### **4.2. Who abuses children and young people?**

Abuse can occur in any relationship. Anyone can perpetrate child abuse or neglect, including:

- paid staff or professionals and volunteers
- another child
- parents and other family members
- friends, acquaintances, or neighbours
- carers
- strangers
- a person who deliberately targets children at risk in order to exploit them

### **4.3. Categories of abuse**

Child abuse and neglect can take many forms. Individuals and organisations must always consider the circumstances of each individual case, and not be constrained to the categories listed below. Many situations may involve more than one type of abuse.

The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be made. All

suspected abuse must be investigated. Many abusive behaviours constitute a criminal offence.

### **Physical abuse**

Physical abuse includes hitting, slapping, pushing, kicking, throwing objects, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, and inappropriate methods of restraint. It can also include fabricated or induced illness when a carer either fakes or creates illness in a child.

#### **Possible indicators**

- Unexplained or inappropriately explained injuries.
- Unexplained cuts or scratches to mouth, lips, gums, eyes, or external genitalia.
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object, or which appear on several areas of the body.
- Unexplained burns on unlikely areas of the body (for example soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance.
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.
- Medical problems that go unattended.
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of over-/under-medication.
- Child flinches at physical contact.
- Child appears frightened or subdued in the presence of particular people.
- Child asks not to be hurt.
- Child may repeat what the alleged abuser has said (for example 'Shut up or I'll hit you').
- Reluctance to undress or uncover parts of the body.
- Child wears clothes that cover all parts of their body or specific parts of their body.

### **Sexual abuse**

Sexual abuse occurs when a child is forced or persuaded to participate in sexual activities. There may not be contact, and the abuse may occur online.

Contact abuse involves physical contact with the abuser and will include any kind of sexual touching (clothed or otherwise), rape or penetration, and forcing or encouraging a child to participate in sexual activity such as masturbation.

Non-contact abuse involves activities without physical contact such as grooming, displaying pornography, encouraging children to perform or witness sexual acts online, and the making and distribution of images of child abuse.

### **Possible indicators**

- Child or young person avoids being alone with, or exhibits fear of, certain people.
- Child or young person has sexually transmitted infection or anal/vaginal soreness not otherwise explained.
- Child or young person exhibits sexual knowledge, language and/or behaviour that is not age appropriate.

### **Sexual exploitation**

Sexual exploitation of children involves situations, contexts, and relationships where the child receives 'something' (for example affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Sexual exploitation can occur through the use of technology without the child's immediate recognition. This can include being persuaded to post sexual images on the internet / a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm.

Sexual exploitation can also be used by gangs to exert power and control or to exchange status and protection for sexual activity.

### **Psychological abuse**

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting and/or swearing), and isolation or withdrawal from services or support networks.

Often there are no physical symptoms, and because changeable emotions are a normal part of a child's development it can be difficult to spot emotional abuse.

### **Possible indicators**

- Inappropriately affectionate towards strangers or others they have not known for long.
- Child appears wary, anxious, or withdrawn.
- Shows unexplained aggression toward other children or animals.
- Displays knowledge, language or behaviour around topics that are not age appropriate.
- Seem isolated from their carer/s, lack social skills, and have few friends.

### **Domestic abuse**

This includes any type of violent, threatening, and bullying behaviour between people in a relationship. It also includes psychological, sexual, and financial abuse.

Allowing a child to witness domestic abuse is child abuse. As domestic violence takes place in a private home and abusers can act very differently when others are around, it can be difficult to tell if a child is witnessing domestic violence.

### **Possible indicators**

- Child is aggressive and displays anti-social behaviour.
- Suffers from depression and/or anxiety.
- School work may be impaired because of moving or conditions at home.

### **Neglect and acts of omission**

This is the most common form of child abuse. It is the failure to meet the child's basic needs for food, shelter, hygiene, medical or physical care, access to education, supervision and so on. Neglect also includes a failure to intervene in situations that are dangerous to the child. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect can be intentional or unintentional.

### **Possible indicators**



- Child has poor appearance and hygiene – smelly, dirty, hungry, inadequate, or unsuitable clothing.
- Health problems such as untreated issues, dental problems, recurring illnesses and infection, failure to thrive.
- Family issues such as the child caring for others or being left alone for long periods.
- Poor home environment such as lack of heating, fleas, pet excrement in the house.

### **Discriminatory abuse**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

#### **Possible indicators**

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, exploitation, neglect, psychological abuse, and harassment, so all the indicators listed above may apply to discriminatory abuse.

### **Online abuse**

This includes any type of abuse that is perpetrated online via media such as online games, social media, messaging and so on. The abuse can be from people known to the child or from strangers. It can be related to real world abuse or be exclusively online.

A particular fear with online abuse is that the child can feel like there is no escape. Intrusion can occur at any time and any place, including a supposedly safe place like the child's bedroom. Also material from the abuse can be widely shared and disseminated.

#### **Possible indicators**

- Child spends much more or much less time in online activities.
- Seem upset or outraged after time online or messaging.
- Secretive about what they are doing or who they are in contact with when online or messaging.
- Many new contacts appear in their online devices.

## **Bullying and cyberbullying**

Bullying is hurtful and damaging behaviour, usually protracted, perpetrated by another person or group of people who are in a more powerful position and who abuse that power. It can happen anywhere. Bullying that happens online is called cyberbullying.

Children and young people sometimes believe that they deserve to be bullied, or fear that if they disclose bullying it will get worse. This can make it hard to detect bullying.

### **Possible indicators**

- Possessions getting damaged or 'lost'.
- Being afraid to go to school, making up excuses or unexplained illnesses.
- Unexplained physical injuries.
- Trying to obtain money or goods that might be given to a bully.
- Poor performance at school, losing confidence and becoming nervous.
- Bullying others, such as younger siblings or peers.

## **Child trafficking**

Children who are trafficked are somehow obtained, transported, and then exploited. The exploitation can include sexual exploitation, domestic service, forced labour, forced marriage, organ removal, benefit fraud, or criminal activity such as pickpocketing, shoplifting, drug transportation and begging.

### **Possible indicators**

- Rarely leaves the house and lacks freedom and time for play.
- Seems unsure about where they are and might be seen in inappropriate settings such as factories or brothels.
- Unable or reluctant to offer personal details, has no documents or forged documents.
- Lives in cramped, dirty, overcrowded accommodation, and appears to wear the same or unsuitable clothes with few personal possessions.
- Shows old/untreated injuries or health issues, or delays seeking medical care with vague or inconsistent explanations for injuries.
- Tells an apparently prepared story which is similar to that told by other children, young people, or peers.

- Lacks access to parents, carers, siblings.
- Not registered with a school or GP practice.

### **Female genital mutilation (FGM)**

FGM is the partial or total removal of external female genitalia for non-medical reasons – social or cultural. It is most often performed on girls from infancy to about 15. It is sometimes referred to as ‘cutting’, ‘female circumcision’, ‘Sunna’ and ‘infibulation’. FGM is child abuse and is a criminal offence in the UK.

#### **Possible indicators of risk**

- Talk about a ‘special procedure’ or a celebration to ‘become a woman’, or a long holiday to a country where the practice is present.
- A mother or daughter known to have undergone FGM.
- Girl’s community is less integrated into UK society and her country-of-origin practices FGM.
- Relative or cutter visiting from abroad.

#### Possible indicators of FGM

- Difficulty walking, standing, or sitting.
- Spending a long time in the bathroom or toilet.
- Display unusual behaviour after prolonged absence from school, withdrawn or depressed.
- Reluctant to undergo normal medical examinations.

### **Prevent**

Prevent is the part of the government’s anti-terrorism strategy CONTEST that aims to stop people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation amongst all public service organisations.

Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Prevent works in what is described as the ‘pre-criminal’ space. It’s about identifying people and behaviour before it becomes criminal. Behaviour in the ‘criminal’ space is a matter for the police and statutory organisations.

#### **Possible indicators**

A change in an individual’s behaviour should not be viewed in isolation and you will need to consider how reliable or significant these changes are.

However some indicators might include:

- Parental/family reports of unusual changes in behaviour, friendships or actions and requests for assistance.
- Accessing extremist material online.
- Use of extremist or hate terms to exclude others or incite violence.

Statutory guidance on Prevent is published by the government and available from:

[www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance)

## **Grooming**

Grooming is when a person sets out to build an emotional connection with a child or young person in order to gain their trust. The trust will then be abused for the purposes of sexual abuse or exploitation, or trafficking. Groomers may be known to the child or young person or may be strangers. They can be men or women of any age. They may be prepared to invest a lot of time and effort in grooming, and they may work on grooming an entire family or group of colleagues in order to get time alone with the child or young person. Groomers may be highly skilled at disguising the signs of grooming and hiding their own identity. Tactics used may include:

- Pretending to be of a different age and/or gender in online communications.
- Exploiting their professional status or reputation.
- Offering trips, outings, holidays, gifts, or advice and understanding.

Online, the groomer may use social media to find out about a child's interests or seek out a child whose poor self-esteem makes them more vulnerable. They may manage an abusive relationship without ever meeting the child.

When trust has been established, the groomer may try to isolate the child from friends and family and develop dependency. They may use 'secrets', shame and blackmail to exert and retain control over the child.

### **Possible indicators**

- Child is very secretive about what they are doing online.
- Boyfriends or girlfriends are significantly older.
- Arrange to meet 'friends' in unusual places.
- Unable to explain new items such as clothes or mobile devices.

- Access to drugs and/or alcohol.

### **Non-recent abuse**

This policy and procedure is concerned with the current risk of abuse. However situations may arise when non-recent (or 'historical') abusive episodes are disclosed. This may be to prevent the abuser perpetrating further abuse, or to assist the abused in achieving a sense of closure. It is never too late to report abuse and help and support is available.

The NSPCC has more information and guidance on non-recent child abuse on their website:

[www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/non-recent-abuse](http://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/non-recent-abuse)

### **4.4. Responsibilities of personnel**

The priority of all personnel must always be to ensure the safety and protection of the child at risk. All personnel should be aware of the multi-agency and local safeguarding policy and procedures and have a responsibility to be aware of issues of abuse, neglect, or exploitation.

All personnel have a duty to act in a timely manner on any concern or suspicion that a child who is at risk is being, or is at risk of being, abused, neglected, or exploited and to ensure that the situation is assessed and investigated. Always act whenever abuse is suspected including when your legitimate concern is not acted upon. Whistle blowers are given protection under the Public Interest Disclosures Act 1998.

### **Trustees**

The Charity Commission expects that safeguarding should be a key governance priority for trustees.

It is part of their duty of care with guidance from the CEO and safeguarding lead to ensure we:

- acts in the best interests of the children, young people, and adults at risk
- takes all reasonable steps to prevent any harm to them
- assesses and manages risk
- puts safeguarding policies and procedures in place
- undertakes ongoing monitoring and reviewing to ensure that safeguards are being implemented and are effective
- responds appropriately to allegations of abuse and whistleblowing cases.

#### **4.5. Concerns about suspected abuse**

Any suspicion that a child or young person has been abused should be reported to a manager or the safeguarding lead immediately (Head of Service) who will take such steps as considered necessary to ensure the safety of the child or young person in question and any other person/s who may be at risk. If a manager is the subject of the suspicion/allegation, the report must be made to the safeguarding lead or the CEO. If the safeguarding lead or the CEO is the subject of the suspicion/allegation, the report must be made to the Chair of the Board of Trustees. Concerns must be recorded using the Safeguarding Report and Action Form.

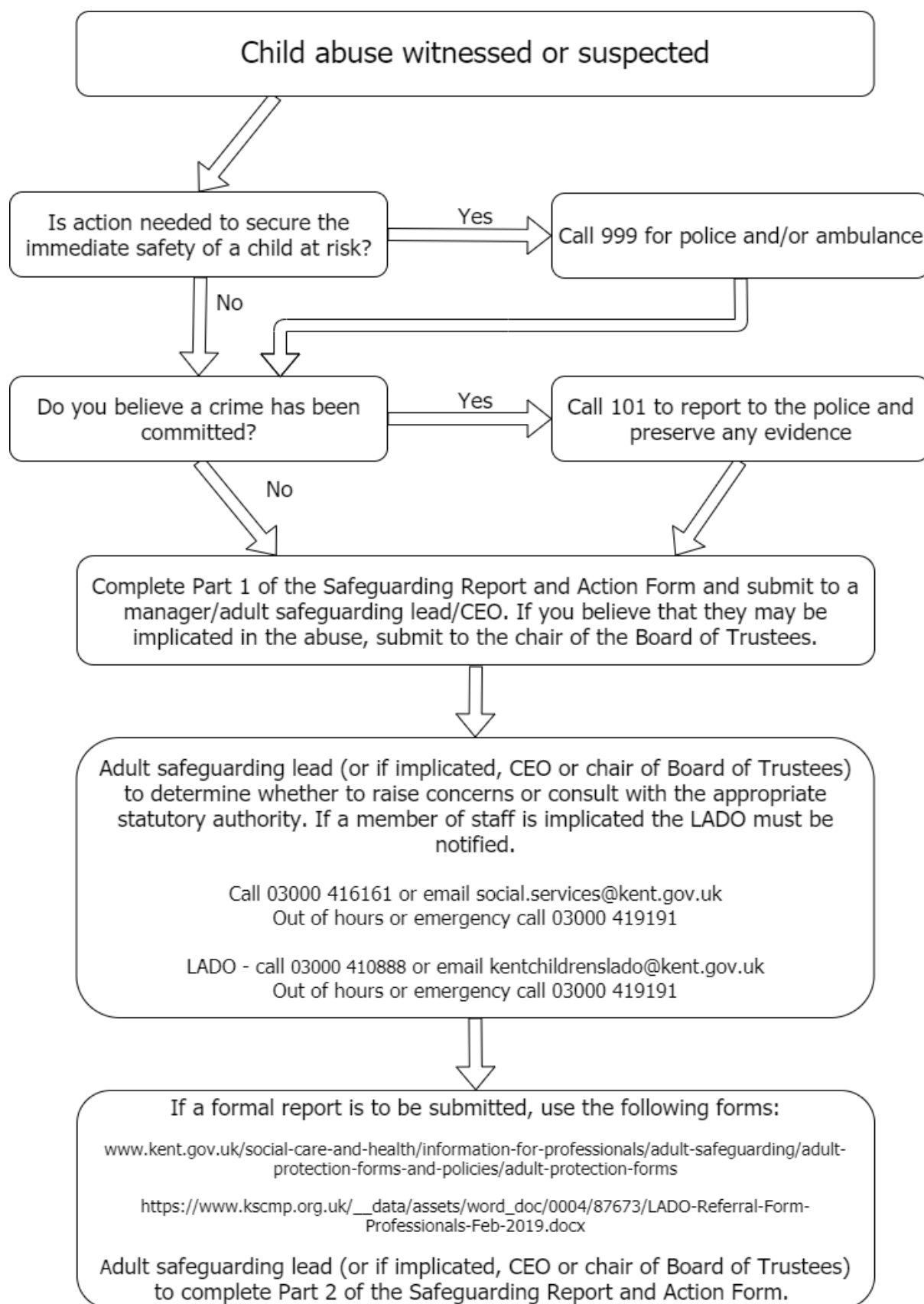
The protection of the child is paramount and takes precedence over other relationships. Staff, volunteers, trustees, and sub-contractors must raise their concerns regardless of the possible impact on adult relationships and on any therapeutic relationship that may have been established.

Immediate action is rarely necessary or advisable. Consultation is the best way to ensure that clients receive the appropriate support. Calling external agencies without consultation should only ever be in an emergency situation where there is significant risk of immediate harm.

In the case of a suspicion/allegation about a member of staff, the person receiving the suspicion/allegation must alert the Local Authority Designated Officer (LADO). Suspicions/allegations about the staff of other organisations must also be reported to the LADO. The LADO may also be contacted by email at [kentchildrenslado@kent.gov.uk](mailto:kentchildrenslado@kent.gov.uk) or by phone on 03000 410888. More information about the LADO and guidelines for managing allegations against members of staff are available from the KSCB website:

[www.kscb.org.uk/procedures/local-authority-designated-officer-lado](http://www.kscb.org.uk/procedures/local-authority-designated-officer-lado)

See below for a procedural flow chart and relevant contact details.



#### **4.6. Disclosure by a child**

If a child begins to disclose information about abuse, the following guidelines are important:

- Stay calm and listen carefully. Allow them to tell you as much as they want but do not force them. Avoid expressing your views or reactions, as shock or disbelief could cause the child to 'shut down', retract or stop talking.
- Let them know they've done the right thing. Reassurance can make a big impact to the child who may have been keeping the abuse secret.
- Tell them it's not their fault. Abuse is never the child's fault, and they need to know this.
- Say you will take them seriously. A child could keep abuse secret in fear they won't be believed.
- Don't talk to the alleged abuser. Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child.
- Explain what you'll do next. If age appropriate, explain to the child you'll need to report the abuse to someone who will be able to help. Avoid promising confidentiality.
- Don't delay reporting the abuse. The sooner the abuse is reported after the child discloses the better. Make accurate notes and report as soon as possible so details are fresh in your mind and action can be taken quickly.

#### **4.7. Completing a Safeguarding Report and Action Form**

Concerns must be recorded at the time of disclosure or immediately afterwards. Record using part 1 of the Safeguarding Report and Action Form which is available from the One Drive MKM All Staff 1, policies folder and is attached as an appendix. The form must then be sent to the child safeguarding lead, who is responsible for completing part 2 of the form detailing follow up actions and outcomes. Completed forms are retained by the child safeguarding lead. Details and actions taken must also be recorded in the client's personal file.

The brief outline of concern should include:

- Whether or not the child is expressing their own concerns or those of someone else.
- The nature of the allegation, including dates, times, any special factors, and other relevant information.



- The facts, where necessary making a clear distinction between what is fact, opinion, or hearsay.
- A description of any visible bruising or other injuries. Also note any indirect signs, such as behavioural changes.

#### **4.8. Guidance for managers**

The role and responsibility of the manager is:

- to ensure the child is made safe and to preserve any evidence relating to the abuse
- to ensure that any member of staff, trustee, volunteer, or subcontractor who may have caused harm is not in contact with the alleged victim, other clients or others who may be at risk (for example whistle-blowers)
- to ensure that safeguarding alerts are raised as appropriate
- to ensure that appropriate information is provided in accordance with local policy guidance and timeframes.

The primary responsibility for co-ordinating information in response to a child safeguarding concern is vested in the local safeguarding children board, but the investigation/assessment may be undertaken by another organisation (for example the police or a health trust). All managers in all organisations have a key role to play.

All managers should ensure that they:

- make staff, volunteers, and subcontractors aware of their duty to report any allegations or suspicions of child abuse to their line manager, or if the line manager is implicated, to another responsible person or to the local safeguarding children board, and the procedure for doing so
- meet their legal responsibilities and ensure compliance with registration, outcomes and guidance on compliance, quality, safeguarding and safety standards
- operate safe recruitment practices and routinely take up and check references and DBS's
- adhere to and operate within their own organisation's whistleblowing policy and support staff, trustees, volunteers, and subcontractors who raise concerns
- ensure all staff receive training in safeguarding children and young people consistent with their job roles and responsibilities.

#### **4.9. The safeguarding lead**

We have a designated safeguarding lead, within the roles and responsibilities of the head of services, who will:

- be available for consultation in the absence of a manager
- be responsible for this Safeguarding Children & Young People Policy and Procedure
- ensure that we are compliant with local and national safeguarding policy
- review safeguarding practice within the organisation
- coordinate completed safeguarding cases and relevant paperwork.
- ensure compliance with the safeguarding requirements of organisations with whom we hold a contract to deliver services.

The safeguarding lead will also be responsible to ensure a review of our performance in relations to concerns by:

- ensuring reviews on performance occurs regularly
- the Board of Trustees and CEO are regularly updated, notified, and informed of any concerns regarding to safeguarding adults and risk.
- any trends that may appear will inform and contribute to developments, review, address training needs, and incorporate cross organisation working.

#### **4.10. Information sharing**

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children and young people, which must always be the paramount concern. Where there are safeguarding concerns, staff have a duty to share information. Information should be shared with consent when possible. However a child's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others.

The UK General Data Protection Act 2018 (UK GDPR) is a framework to ensure that personal information about living persons is shared appropriately – it is not a barrier to sharing information.

Any information shared should be:

- clear regarding the nature of the problem and purpose of sharing information

- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incidents
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated.

Be open, honest, and age-appropriate with the child (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their consent unless it is unsafe or inappropriate to do so. Seek advice if you are in any doubt, where possible without disclosing the identity of the person.

Base your information sharing decisions on considerations of the safety and wellbeing of the child or young person and others who may be affected by their actions or the actions of the perpetrator.

#### **4.11. Other information**

We will fulfil our legal obligations under the Safeguarding Vulnerable Groups Act 2006 and the Vetting and Barring Scheme as administered by the Independent Safeguarding Authority (ISA). The child safeguarding lead will have a responsibility for making checks on and referring staff, volunteers, trustees, and subcontractors who have been found to have harmed a child or put a child at risk of harm.

We will ensure that:

- child safeguarding is taken into account in all appropriate HR strategies, systems, policies, and procedures
- national safe recruitment and employment practices are adhered to, including the guidelines issued by the Independent Safeguarding Authority
- staff, trustees, volunteers, and subcontractors in contact with children have regular supervision and support, and appropriate training to help them identify and respond to possible abuse and neglect.

## **5. Related policies**

- Confidentiality
- Data protection
- DBS checking procedure

- Managing positive DBS disclosures
- Safeguarding adults at risk
- Volunteering
- Recruitment

## 6. Policy review

This policy should be reviewed every three years unless significant change in legislation triggers a review by the Board of Trustees. Upon review, this policy should be submitted to the relevant approving committee for approval.

## 7. Ownership and control

### 7.1. Ownership

<b>Responsible</b> (for reviewing & updating the policy)	Safeguarding Lead
<b>Accountable</b> (for making decisions on the policy and for the overall meaning, objectives and compliance with the policy)	Safeguarding Lead
<b>Consulted</b> (for input into changes and updates to the policy)	Policy audience (as applicable)
<b>Informed</b> (about changes and updates to the policy)	Board of Trustees & policy audience
<b>Approving committee</b> (where approval is necessary as defined by the Policies Terms of Reference document)	Board of Trustees

## 7.2. Control

<b>Date of last review</b>	November 2023
<b>Date of next review</b>	November 2024
<b>Reviewer</b>	Henu Cummins
<b>Review outcome</b>	No change
<b>Submitted for approval to</b>	The Board of Trustees
<b>Date submitted</b>	November 2023
<b>Outcome of approval</b>	N/a
<b>Amends completed</b>	N/a

## 8. Appendix - Safeguarding Report and Action Form

Section 1 of this form is to be used for recording safeguarding concerns relating to children and/or adults at risk. It must be completed at the time of disclosure or immediately after, but only after any necessary emergency actions have been taken.

All the information must be treated as confidential.

When Section 1 is complete the form should be submitted within one working day to the Safeguarding Lead. If the concern to be raised relates to the Safeguarding Lead the form should be submitted to the CEO, and if the concern also relates to the CEO, then the form should be submitted to the Chair of the Board of Trustees.

Section 2 is to be completed by the Safeguarding Lead (or in the event of a concern relating to the Safeguarding Lead by the CEO or Chair) detailing the action taken following the concern raised, and any further actions resulting from the outcome of the concern.

### Section 1

Concern raised by: Click or tap here to enter text.	Position: Click or tap here to enter text.
Contact details: Click or tap here to enter text.	
Person affected: Click or tap here to enter text.	
Contact details: Click or tap here to enter text.	

Details of the incident/information leading to the concern (please describe in detail using only the facts and information known):

Click or tap here to enter text.

Other present or potential witnesses or information providers:

Click or tap here to enter text.

Contact details:

Click or tap here to enter text.

Additional information (please add anything else you believe to be important or helpful):

Click or tap here to enter text.

The information I have provided is factual and does not contain my own views or opinions on the concerns raised.

Print name:

Click or tap here to enter text.

Location:

Click or tap here to enter text.

Date:

Click or tap here to enter text.

## Section 2

Details of the immediate consideration and action taken by the Safeguarding Lead (or the CEO or Chair):

Click or tap here to enter text.

Details of any reflections on the incident or outcome that suggest improvements or mitigations for Mid Kent Mind and its clients:

Click or tap here to enter text.

Print name:

Click or tap here to enter text.

Date:

Click or tap here to enter text.