



SAFEGUARDING CHILDREN POLICY

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Document author	Tracy Pepper
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Approved by	Board of Trustees
Does the policy require training for implementation? If yes, please specify type of training.	To be included in induction process - acknowledged and signed. Core management training. Annual refresher training for all delivery team.

Describe the cascade mechanism for communicating this policy.	Trustees to onboard Core team meetings. Community group Team meetings And all colleagues confirm they have read and understood the policy at induction. Therapists sign annually
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<p>How will implementation be monitored?</p>	<p>All staff are clear on the terms of the policy. Safeguarding issues dealt with agility and professionalism. Record-keeping has been improved.</p>
<p>Are there linked policies. / Procedures</p>	<ul style="list-style-type: none"> - Code of conduct - Safe Recruitment Policy - Complaints Policy - Equal Opportunities Policy (to be reviewed) - Disciplinary Policy (to be reviewed) - Protected Disclosure Policy - Health and Safety Policy - Social media policy (to be reviewed) - IT use policy (to be reviewed)
<p>Legislation and guidance related to this policy</p>	<p>Related UK legislation and statutory guidance</p> <ul style="list-style-type: none"> - Children Act 1989 - Children Act 2004 - UN Convention on the Rights of the Child (ratified 1991) - Children and Families Act 2014 - Children and Social Work Act 2017 - Criminal Justice Act 1988 - The Human Rights Act 1998 - Sexual Offences Act 2003 - Mental Capacity Act 2005 - Safeguarding Vulnerable Groups Act 2006 - Equality Act 2010 - Serious Crime Act 2015 - Counter Terrorism and Security Act 2015 - Protection of Freedoms Act 2015 - Modern Slavery Act 2017 - Domestic Abuse Act 2021 - Data Protection Act 2018 - General Data Protection Regulations 2018 - Working Together to Safeguard Children 2018 - Keeping Children Safe in Education 2020 - What to do if you're worried a child is being abused 2015 <p>This list is not intended to be an exhaustive list. As an organisation working in partnership with, or contracted to provide services for,</p>

	those bodies which are subject to Section 11 audits (including Probation, Youth Offending Teams/Services, Education and Local Authorities), Transforming Autism's safeguarding framework seeks to ensure compliance with the safeguarding the criteria set out in:
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- Section 11 of the Children Act 2004
- The Pan London safeguarding procedures for children¹ and for adults²
- The Charity Commission of England and Wales

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Transforming Autism Safeguarding Team and Contact details: as at date of version

Designated Safeguarding Lead (DSL):

Guy Shahr

Guy@transformingautism.org

07825794157

Safeguarding team:

Arianna Pulsoni - Lead Therapist : arianna@transformingautism.org

Tracy Pepper CEO 07951406461 tracy.pepper@transformingautism.org

Terminology Used in this Policy:

Safeguarding and promoting the welfare of children refers to the process of proactively taking measures in place to promote a positive and safe environment which protects children from maltreatment, prevents the impairment of health or development, ensures that children grow up in circumstances consistent with the provision of safe and effective care. It includes taking action to enable all children to have the best outcomes.

Contextual safeguarding is an approach to **safeguarding** that responds to young people's experiences of harm outside of the home, for example, with peers, in schools and in neighbourhoods. **Contextual safeguarding** framework provides specific reference to how contexts relate to each other and inform young people's behaviours.

Child protection refers to the processes undertaken to protect children who have been identified as suffering, or being at risk of suffering, significant harm.

Significant Harm: where the child is suffering, or likely to suffer significant harm. The term derives from the Children Act 1989 which introduced the concept as the threshold that justifies compulsory intervention by the appropriate authorities in family life in the best interest of children.

Staff/Workforce refers to all those working for or on behalf of Transforming Autism, full time or part time, temporary or permanent, in either a paid or voluntary capacity including those working as contractors

Child includes everyone up to the day of their 18th birthday. The term ‘**child**’ is used throughout this policy as it is a term that we feel is more representative of those aged under 12 (on program) who we seek to support, but also siblings above this age to 18.

Parent refers to birth parents and other adults who are in a parenting role, for example stepparents, foster carers and legal guardians.

Section 1 - Safeguarding Policy

1. Introduction

We acknowledge our duty of care to safeguard and promote the welfare of children and are committed to ensuring that safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice across the child sectors. Safeguarding adds value to all elements of our work and supports our ability to contribute to improved outcomes for children and to promoting their ability to respond positively in the face of adversity.

All staff, contractors, suppliers and volunteers at Transforming Autism will be made aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.

Our safeguarding policy is supported by our **Code of Conduct** to ensure that all stakeholders understand the behaviours and attitudes expected of our workforce, members and participants which are aligned to our values and mission. All the workforce will be introduced to safeguarding policies as part of their induction process and are required to formally sign up to complying with the policy and committing to adhering to the safeguarding procedures set out in it. It will be used, along with the Code of conduct, in supervisions and appraisals as a tool to hold us all accountable to the high standards which are critical to providing the best support to children..

2. Policy statement

2.1 We take our moral and legal duty of care in relation to children at risk very seriously.

2.2 We are committed to providing a safe and positive environment for everyone involved in its services and activities. The welfare and support of children to achieve their full potential is critical to building a more positive future both locally and nationally.

2.3 We are committed to ensuring that our safeguarding framework is fit for purpose within the context of our children often challenging and complex lives.

2.4 This policy seeks to support consistent, positive, confident, informed, responsive and defensible practice that keeps the needs and voice of each child and child central to all our decision-making.

2.5 In line with The Children’s Act 1989, we will work toward promoting the rights of support and protection for children to improve social outcomes,

2.6 We also believe that people with lived experience of social disadvantage and challenges have some of

the best solutions and skills to improve outcomes for themselves and others

2.7 We endeavour to promote an environment and services within which children are respected and valued. We will ensure that our workforce is alert to concerns and indicators of harm and/or abuse and implement this policy and procedures to ensure that children receive effective support, protection and social justice.

2.8 We are committed to working with local statutory agencies, services and safeguarding partners to support the provision of safeguarding information and resources relevant to the local communities and service users and in appropriate and accessible formats for children and those with communication support needs.

3. Policy principles

- The welfare and interests of children are paramount.
- All children have equal rights to protection, regardless of age, ability or disability, culture, race, language, religion or beliefs, sexual orientation, gender or gender identity.
- Safeguarding is everybody's responsibility. All staff and volunteers have a responsibility to respond positively in response to any concerns, suspicion or disclosure that may suggest a child is at risk of harm. Volunteers and staff involved in child protection issues will receive appropriate support.
- Staff and volunteers will be subject to robust and appropriate safe recruitment checks
- All staff and volunteers will receive appropriate learning and training opportunities to ensure that they can make informed and confident responses to concerns and safeguarding issues.

4. Safeguarding and Our values

Our values are set out below and call upon each and every individual who work for, or on behalf of, our organisation to be brave, inclusive and accountable.

1. Unconditional respect
2. Courage
3. Purpose

These are critical values which underpin our expectation that the workforce will demonstrate and encourage behaviours and attitudes which support positive safeguarding practices, and improved experiences and outcomes for those that we work with and seek to support.

We are all encouraged to share concerns, however small and irrespective of the source of concern, and to be fearless and accountable in maintaining and promoting a focus upon the rights and protection of the children we work with. This is essential to ensure that our activities are genuinely inclusive and equitable, challenging any potential abuses of power and trust.

Safeguarding is everybody's responsibility, and we must all play our part in ensuring that concerns are responded to positively and in an informed, proportionate and consistent way. This includes being brave enough to challenge any potentially harmful or negative behaviours which are not aligned to our values.

5. Roles and Responsibility

The Board of Trustees has collective responsibility to ensure that the organisation operates safely and

in-line with its Safeguarding and Health and Safety legal and statutory duties.

All Board members must be aware of their responsibilities and be confident that the organisation strategy reflects the necessary and appropriate Safeguarding requirements and promotes a Safeguarding culture.

All Board members are responsible for the policies and practices that underpin the organisations Safeguarding approach .

The Chair will ensure that the Board agenda regularly makes time for discussion about Safeguarding performance in the organisation and support the Safeguarding Trustee in the execution of their duties, including ensuring appropriate training is carried out, and supporting the designated Safeguarding lead in raising concerns around performance.

- **The Chief Executive** has overall **accountability** for all matters concerning safeguarding and child protection and the Board of Trustees will ensure that safeguarding is a standing agenda item for consideration with the CEO at Board meetings.

- **The Designated Safeguarding Lead** (DSL) is the owner of this policy and is consulted in the decision making by the CEO. The DSL is responsible for safeguarding and promoting child welfare, supporting staff with concerns and (in consultation with the Safeguarding Team. The DSL will also take **responsibility** for identifying key learning, themes, issues and priorities for action from the management of concerns and any training and learning needs.

6.Safer recruitment

Transforming Autism recognises that our staff and volunteers are our greatest resource. We take our responsibilities for ensuring that any individuals working with us are not just appropriately experienced and qualified but also suitable and appropriate to work within our services.

Our recruitment and selection policy sets out this commitment which includes a robust approach to advertisement and applications to ensure our safeguarding commitment is clearly communicated interviews which explore behaviours and attitudes, criminal record checks through the Disclosure and Barring Service (DBS), the take up of references and verifying the applicant's identity, qualifications, right to work documentation and employment/volunteering history.

All staff or contractors engaged in any way in activities involving direct responsibility for our children are required to have an enhanced level DBS check and will not be allowed to work in any capacity until clearance has been received by Transforming Autism's DSL. Any safeguarding concerns which arise because of the recruitment and/or DBS processes will be triaged with the CEO and DSL.

7. Children who may be additionally vulnerable

Some children may be at increased risk of harm or abuse. To ensure that all children involved in our activities receive equal protection, we will give special consideration in the way we work with those who are:

- disabled or have communication and language differences.
- affected by parental substance misuse, domestic violence or parental mental health needs
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion,

- disability, gender, gender identity or sexuality
- at risk of sexual and/or criminal exploitation
- do not have English as a first language

8. Recognition of safeguarding concerns and abuse- Training and knowledge

We committed to ensuring that we have a confident and competent workforce who understand and embed good safeguarding practice.

The training, supervision and mentoring arrangements for the workforce aim to ensure positive and consistent responses to any safeguarding concerns which may arise.

All therapists will be level 3 Safe Guarding trained.

New staff and Board members will receive a briefing during their induction, which includes orientation to our safeguarding policies and procedures, Code of conduct, reporting and recording arrangements, and details for the Designated Safeguarding Team. All staff, including the Designated staff and Board members will receive online training every 12 months. Staff will also receive safeguarding updates via email, staff meetings, and supervision throughout the year.

Section 2 - Safeguarding Procedures

1. Responding to concerns, allegations and disclosures

All staff including support staff, volunteers and contractors have a responsibility to ensure the safety and welfare of children and to take appropriate steps to ensure that all concerns are taken seriously and responded to confidently and appropriately.

We are in a privileged position in that we work in the home. This brings with it Safeguarding risks and opportunities for the Therapists .

Concerns may arise as a result of issues arising in our activities or within families and communities where our workforce are working. The child or person's behaviour may have changed, they may show signs of confusion or distress, or physical indicators may have been noticed. It is important that staff and contractors understand that early and helpful interventions, including open and supportive exploration of any potential risks with the child , are supported by practice which enables all relevant contextual information relating to an individual's strengths and potential vulnerabilities/risk to be gathered in a sensitive and confidential way.

Monitoring Phase

Any concerns regarding child or family health or safety must be referred to the lead Therapist at the earliest possible time.

The lead Therapists may recommend an initial 4-week monitoring period to establish whether the concerns

can be addressed directly with the family and provide support to the Therapist. The 4-week monitoring period will only be invoked if the child is safe. Examples include concerns about the home environment which when raised are not addressed or parenting skills which are not addressed when raised and supported.

At the end of the monitoring period a decision will be taken with the Therapists, Lead Therapist and DSL as to the next steps including following the Safeguarding pathway.

Disclosure by one parent of child abuse or disclosure by a child.

Disclosures are rare and, when they do occur, they are usually a process over time rather than a one-off event. More commonly, concerns will be indicated through changes in behaviour and non-verbal indicators. Good safeguarding practice requires an aware workforce, supported by appropriate training and supervision who can respond sensitively and with confidence, creating safe spaces where children feel heard and valued.

Remember:

- Never ignore anything that might indicate cause for concern, that risks around a child are increasing or that abuse may be taking place.
- If you are concerned that a child is at immediate risk of significant harm, take action to protect them by ringing 999.(see flow chart appendix 5)
- Share concerns fully as soon as possible with the DSL.
- Only share sensitive and confidential information on a 'need to know' basis with other staff or professionals.
- Clarify concerns where possible (can you explain, can you describe what you mean by [*quote something they have said*]? Can you tell me anything more about.) but do not investigate.
- Always record everything clearly and accurately.
Don't work in isolation, work collaboratively with other staff and professionals.
- Look for the patterns in small concerns – you may build up a full picture over time.
- Consider each child as an individual.

If a child shares concerns or discloses abuse to you:

Do:

- Thank them for trusting you.
- Tell the child they've done the right thing by telling you.
- Remain calm and not overreact.
- Give reassuring nods or words of comfort – 'I'm so sorry this has happened', 'I want to help', 'This isn't your fault', 'You are doing the right thing in talking to me'.
- Not be afraid of silences.
- Listen and accept.
- Try not to interrupt.
- Inform the child of what you are going to do next.

Don't:

- Promise confidentiality – you may need to share information with others to access support, ensure that appropriate action is taken, and the concern managed appropriately.
- Automatically offer any physical touch as comfort. If the child is upset and initiates the

contact themselves, this should be recorded and reported.

- Work in isolation as this increases risks for staff. Seek support and advice from the DSL as soon as possible. Safeguarding issues can have a significant impact and it is important that staff are supported appropriately.
- Ask leading questions.
- Ask the child to repeat the disclosure several times.

2. Record Keeping

It is essential that critical information is not held in back and that a team approach is taken to building a picture of risks, vulnerabilities and strengths that can enable an informed assessment of interventions which can support and promote the welfare of that child or mitigate against any risks of significant harm.

Remember:

- Recording should be timely – undertaken as soon as practicable.
- Date, time and sign record.
- Store securely – database that supports effective safeguarding practice (chronologies, analysis, multi-agency working, record transfer).
- Limit access (need to know basis, secure transfer, storage and retention).
- Record verbatim notes of what the person says.
- Distinguish between fact, opinion and hearsay.
- Do not omit anything - describe the child / individual / context / those around the child
- Don't be over concerned with the record not being 'complete'.
- Make it as full as possible to trigger your own recollections.
- Addendums can be added but the original record should not be altered.

Failure to record information can lead to uninformed action and unintended adverse outcomes, irrespective of good intent. It is not the responsibility of anyone within Transforming Autism to decide whether or not child abuse has taken place, nor should staff wait until either they are certain, or a threshold of 'abuse' has been met. It is never an option to do nothing if you become aware of concerns. These should be shared with a member of the Safeguarding Team or statutory agencies without delay so that advice can be sought, and appropriate action taken.

It is however recognised that an individual may need to respond to a situation immediately and prior to such contact if the nature of the concern indicates that a child may be at immediate risk of significant harm or immediate danger. Once the emergency has subsided **Safeguarding must be informed** and records must be updated.

3. Notifying parents of a child's disclosure

We will normally seek to discuss any concerns about a child with their parent unless this is likely to increase risk. This must be handled sensitively, and the DSL will make contact with the parent in the event of a concern, suspicion or disclosure.

Our focus is the safety and wellbeing of the child. Their wishes and feelings will be listened to and recorded. If Transforming Autism believes that notifying parents could increase the risk to the child/child or exacerbate the problem, advice will first be sought from children's social care and/or the police before parents are contacted

4. Raising concerns about a member of staff or a colleague

Staff who are concerned about the behaviour of a colleague towards a child, or member of staff are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation, and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of children must always be the paramount consideration. The protected disclosure policy enables staff to raise concerns or allegations, initially in confidence and for a sensitive enquiry to take place.

All concerns about the behaviour or attitudes of colleagues should be reported to the DSL. Complaints about the Designated Safeguarding Leads should be reported to the CEO.

The Local Authority Designated Officer / Team (LADO) will be notified of any significant concerns relating to staff by the DSL on agreement with the CEO.

Local authorities must ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner. Local authorities have a designated officer (the LADO), or team of officers (either as part of multi-agency arrangements or otherwise), who support the management and oversight of allegations against people who work with children. These officers are qualified and experienced to be able to fulfil this role effectively, for example qualified social workers.

Staff may also report their concerns directly to the LADO, children's social care, the police or the NSPCC if they believe direct reporting is necessary to secure action. Where there is a complaint against a member of the staff then one of the following may occur:

- A criminal investigation led by the Police
- A child protection investigation led in a multi-agency approach by the Local Authority
- A disciplinary or misconduct investigation

We will delay an internal disciplinary or misconduct investigation pending the outcome of any criminal or local authority investigation see disciplinary policy. Whilst external investigations are on-going temporary suspension of a member of staff will be considered. This is a neutral act and intended to protect all parties.

4.1 Concerns raised by parents about a member of staff

Parents who raise a concern about a member of staff relating to their behaviour should do so to the lead Therapist initially who will if deemed a safeguarding matter refer to the DSL.

The complaint will be handled in line with the complaints policy. The person in question may be suspended from work until an investigation can take place and conclusion reached.

5. Online and electronic communication

Any concerns which relate to social media or online communications should be taken very seriously. If an individual who has poor intent is challenged or questioned it is possible that they will delete texts/messages/images in order to erase any evidence or apply pressure upon those impacted. For this reason, wherever possible any concerns should be shared immediately with the DSL or CEO (irrespective of whether the concerns relate to a colleague or a child) before any conversations are initiated with the

individuals concerned.

The following measures and policy position was agreed where staff are working unsupervised and having 1-2-1 conversations online or remotely with parents of children on programme:

- Any member of staff undertaking work with participants remotely must have been subject to a full and appropriate safeguarding recruitment process.
- Each member should be given the contact numbers (designated safeguarding leads) to call if they feel uncomfortable or have any worries. They should be given a copy of the Code of conduct so that they are clear about what they should expect from our work.
- Staff should have signed to indicate that they have read, understood and agree to abide by the safeguarding policy, procedures and Code of conduct.
- Staff must be aware of how they can access support e.g., if they are concerned (about the person they are supporting / that they are being misinterpreted / that the parents are not respecting professional boundaries / that they have not handled a situation well / what they've said has had an unintended impact, etc).
- All stakeholders should be able to demonstrate/explain how they can access support and who the designated safeguarding lead is.
- Staff supervision and line management are critical factors in reducing safeguarding risks and promoting safer practices.
- Records should be maintained for all work undertaken remotely and any concerns arising through this contact (date, time, duration, participant[s], platform or method of contact). Meetings / sessions should only be recorded with the informed consent of participants and/or their parents/carers.
- Staff found to be in breach of our IT policy and guidance may be subject to disciplinary action and/or internal/external investigation.

6. Child Imagery

Sharing of sexual photos and videos of under-18-year-olds with or by adults is a form of child sexual abuse and must be referred to the police.

If staff or contractors have concerns about child imagery this must be reported to the DSL immediately.

Guidance for staff and volunteers dealing with child images shared inappropriately:

:

- The incident should be referred to the DSL immediately who will clarify the concerns with any staff involved in reporting and ensure concerns are accurately recorded.
- Never view, download or share the imagery yourself.
- If you have already viewed the imagery by accident, report this to the DSL
- Do not delete the imagery and ensure that the child is asked not to delete images or messages relating to the concern.
- Do not share information about the incident with other members of staff.
- Parents will be informed at an early stage and involved in the process unless the police advise against this or there is good reason to believe that involving parents would put the child at risk of harm.

7. Confidentiality and sharing information

All staff will understand that safeguarding issues warrant a high level of confidentiality, not only out of respect for the person and staff involved but also to ensure that information being shared does not potentially compromise evidence or any subsequent investigation.

All families on programme will be asked to confirm consent to data sharing if Transforming Autism believe

a child to be at risk. This is gained through the signing of an MOU before starting on programme.

Staff should only discuss concerns with a member of the Safeguarding Team who will undertake an initial assessment of risk (Cause for Concern Meeting) and seek independent safeguarding expertise as required (triage). The DSL will then decide who else needs to be informed on a 'need-to-know' basis. Any member of staff can contact children's social care or the police where appropriate if they are concerned about a child. The management of all concerns will then be considered regularly as new information is gathered and clarified through the Concern Management Group and Cause for Concern meeting processes.

Safeguarding information will be stored and handled in line with the Data Protection Act 1998. Information sharing is guided by the following rules and principles:

1. Neither data protection legislation and guidance (including GDPR) or human rights law are barriers to sharing information in the interests of safeguarding
2. Be open and honest
3. Seek advice (from a member of the safeguarding team or statutory agencies)
4. Share information with consent where possible
5. Always consider safety and wellbeing
6. The information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure
7. A record must be kept of your actions, decision & reasons for it

Information sharing decisions must be recorded, whether or not the decision is taken to share. Records of concern and other written information will be stored in a locked facility with restricted access and any electronic information will be stored in a protected file, transferred securely and only made available to appropriate individuals.

Safeguarding records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request to see safeguarding records, they will refer the request to the DSL.

8. Referral to children's social care or the statutory agencies

A member of the safeguarding team will make a referral to children's social care if it is believed that a child is suffering or is at risk of suffering significant harm. The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child. Any member of staff may make a direct referral to children's social care if they believe independent advice and action is necessary to protect a child. They should ensure that a member of the safeguarding team is made aware that this has happened so that Transforming Autism can provide continuing support, advice and multi-agency cooperation. Staff should follow the reporting procedures outlined in this policy but they may also share information directly with children's social care, police or the NSPCC if:

- The situation is an emergency and none of the safeguarding team is available
- They are convinced that a direct report is the only way to ensure the child's safety
- For any other reason they make a judgement that direct referral is in the best interests of the child

9. Escalation

It is important that all relevant individuals are informed at appropriate stages (the decisions to be taken and by whom are covered elsewhere in this document) including the Board. Escalation to Board will

initially be to the CEO.

The decision to escalate to the Board will be made by the CEO

10. Reporting to the Charities Commission

A serious Safeguarding incident involving a staff member may require reporting to the Charities commission. This decision will be taken by the CEO in conjunction with the Board, (See Critical incident management policy)

END.

Appendix 1 Useful Numbers

NSPCC Whistleblowing Helpline for Professionals: 0800 028 0285

Numbers to note: NHS: 111 and Emergency Services: 999

Samaritans: 116 123 Email: jo@samaritans.org

This helpline is for anyone who needs support with anxiety, depression, worries or concerns. They can help you to talk through anything which is troubling you and offer help and support. 24 hours a day, 365 days a year, free to call.

National LGBT+ Domestic Abuse Helpline

Tel: 0800 999 5428

National Domestic Violence Helpline: 0808 2000 247

This helpline is free and operates 24 hours a day to support anyone experiencing domestic abuse, domestic violence (including coercion and control), or worried about someone they know who may be experiencing this.

NSPCC: 0808 800 5000

If you're worried about a child, or you work with children and need advice or information, the helpline is available 24 hours a day, 7 days a week.

Family Lives: 0808 800 2222

Provides advice and support to parents.

England and Wales

Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service. www.womensaid.org.uk/information-support

Appendix Two - Signs and indicators of concern, abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone within the organisation or staff may suspect that an individual is being abused or neglected outside of the Charity setting. There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but concerns should not be ignored. Indicators include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Someone losing or gaining weight / an unkempt appearance / marked deterioration in personal hygiene.

- A change in the behaviour or confidence of a person, particularly if this appears to be in relation to the presence of a specific individual(s).
- They may self-harm.
- They may have a fear of a particular group or individual.
- They may tell you / another person they are being abused (a disclosure).
- Harassing of an individual in relation to protected characteristics under the Equality Act.
- Not meeting the needs of the participant.
- Anybody intentionally striking another individual or unwanted physical contact.
- Threats of harm or abuse.
- Persistent blaming of an individual or undermining of their self-esteem and confidence.
- Indicators of substance misuse.

Consent and Information Sharing

When sharing information there are seven Golden Rules that should always be followed.

1. Seek advice if in any doubt.
2. Be transparent – neither the Data Protection Act (DPA) or GDPR are not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances whereby doing so places the person at significant risk of harm.
3. Consider the public interest - Base all decisions to share information on the safety and well-being of that person or others that may be affected by their actions.
4. Share with consent where appropriate - Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
5. Keep a record - Record your decision and reasons to share or not share information.
6. Accurate, necessary, proportionate, relevant and secure - Ensure all information shared is accurate, up to date; necessary and share with only those who need to have it.
7. Remember the purpose of both the Data Protection Act (DPA) and GDPR is to ensure personal information is shared appropriately, except in circumstances whereby doing so may place the person or others at significant harm.

Appendix 3 SAFEGUARDING STEERING GROUP

Terms of Reference

1. PURPOSE

Transforming Autism has empowered the CEO to develop, monitor and review the organisation's approach and plans for safeguarding children, young people and adults at risk through a steering group which will meet once every 3 months.

2. MEMBERSHIP

- Designated Safeguarding Lead
- CEO

- Therapeutic lead.
- HR/Operations lead.

3. KEY AREAS OF FOCUS

In conjunction with the organisation’s senior management:

1. Develop, monitor and review ‘safeguarding (implementation/action) plan’ for children, young people and Adults at Risk in line with organisational priorities, objectives and current UK legislation.
2. Ensure that the organisation’s safeguarding policies and procedures for children, young people and adults are in place and are regularly reviewed and revised as necessary.
3. Ensure all necessary safeguarding related policies and procedures are in place and are accessible and implemented throughout the organisation.

- Safer Recruitment
- Disciplinary
- Grievance
- Complaints
- Whistleblowing
- Health and safety policy and procedures
- Conflict of interest.
- Code of conduct/Champions code.
- Social media
- Induction and supervision and training
- Anti-corruption and bribery
- Professional boundaries
- Equal opportunities

4. Development, monitoring and review of a Safeguarding education/training strategy
5. Advise/act on the child and adult welfare/protection implications of any organisational projects/development.
6. Champion and promote safeguarding awareness in the organisation with colleagues e.

4. Meeting frequency & protocols:

Meetings will be held every 3 months, and minutes will be kept of items discussed, actions agreed and progress made.

The meeting will be chaired by the Designated Safeguarding Lead.

The meeting will require a quorum of 3 to proceed.

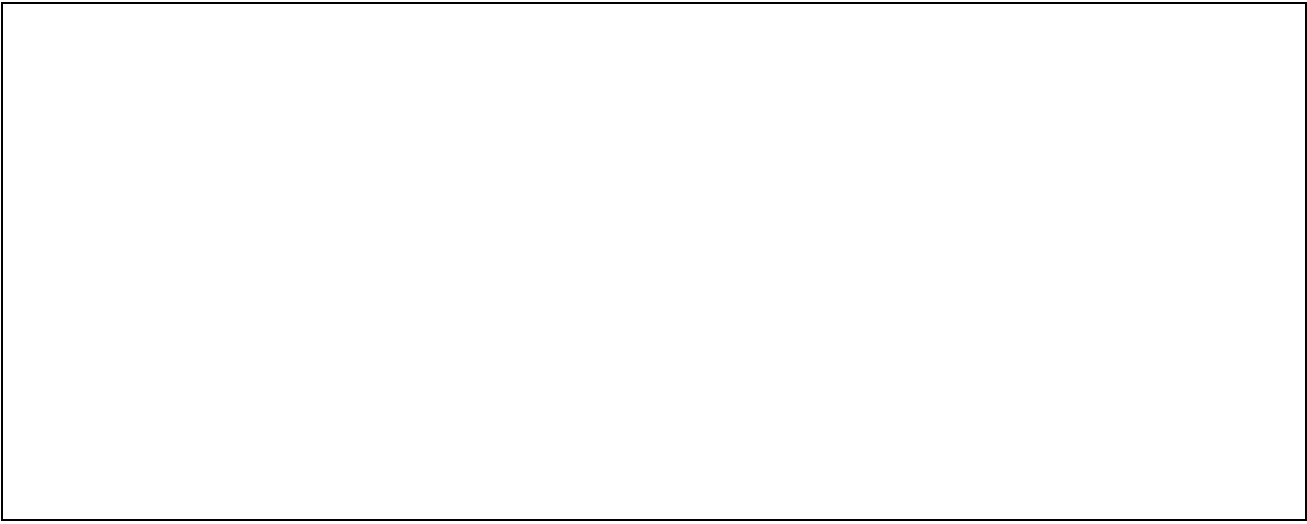
Minutes of meetings will be shared with the Board quarterly.

Appendix 4 Safeguarding Recording Process/Form

SAFEGUARDING REFERRAL FORM (INTERNAL USE ONLY)

Note: Try to obtain as much detail as possible in the beginning. The more information available at the start of a referral means the correct response can be made at the earliest stage. Record the information the earliest possible (within 48 hours) to avoid the information to fade away.

Details of the staff completing this form:

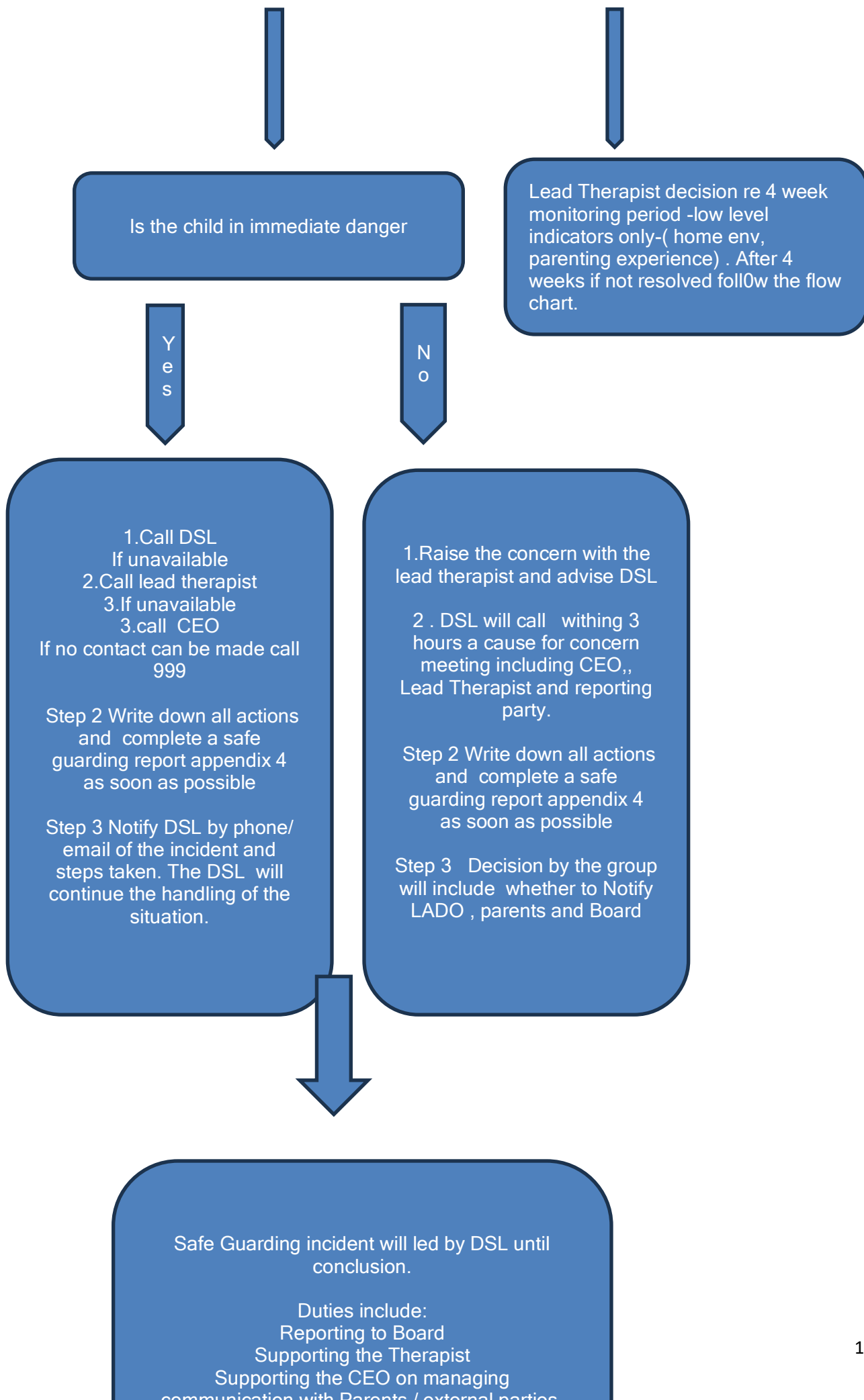


Appendix 5

Reporting Flowchart: Do you have a concern about a young person?

It is not your responsibility to decide whether or not a child is or has been abused. Never wait until you are certain as this is likely to have a poor outcome for that young person. If you have any concerns about a young person's welfare or safety, you must act upon these concerns. Contact details for internal designated staff and for external support can be found in this policy and in Appendix One

Disclosure made by child or significant adults
or concern about a child's health or safety



Is the child in immediate danger

Lead Therapist decision re 4 week monitoring period -low level indicators only-(home env, parenting experience) . After 4 weeks if not resolved follow the flow chart.

Yes

No

1.Call DSL
If unavailable
2.Call lead therapist
3.If unavailable
3.call CEO
If no contact can be made call 999

Step 2 Write down all actions and complete a safe guarding report appendix 4 as soon as possible

Step 3 Notify DSL by phone/ email of the incident and steps taken. The DSL will continue the handling of the situation.

1.Raise the concern with the lead therapist and advise DSL

2 . DSL will call within 3 hours a cause for concern meeting including CEO,, Lead Therapist and reporting party.

Step 2 Write down all actions and complete a safe guarding report appendix 4 as soon as possible

Step 3 Decision by the group will include whether to Notify LADO , parents and Board

Safe Guarding incident will led by DSL until conclusion.

Duties include:
Reporting to Board
Supporting the Therapist
Supporting the CEO on managing communication with Parents / external parties



Learning review led by
DSL