

---

# Oxfordshire Mind

## Child Protection and Safeguarding Policy

August 2024

---



Oxfordshire Mind  
2 Kings Meadow  
Osney Mead  
Oxford  
OX2 0DP

Tel: 01865 263730  
Fax: 01865 263732

[office@oxfordshiremind.org.uk](mailto:office@oxfordshiremind.org.uk)  
[www.oxfordshiremind.org.uk](http://www.oxfordshiremind.org.uk)

Registered Charity Number 261476  
Company Limited by Guarantee 4343625

## Version Control

Policy Owner	CEO
Policy Author	Head of Innovation
Policy Status ( <i>in development, draft, or approved</i> )	Approved
Consultation dates	Service users: N/A
	Staff: 17.06.2024-04.07.2024
	SMT: 04.07.2024
Approval date ( <i>include all or some of this list as appropriate</i> )	SQP: 15.08.2024
Version number	1.0

Summary: policy and procedures for safeguarding children, with some supporting information

### Key changes:

- Updates 'key persons' list to reflect staffing and structural changes.
- Clarifies that the policy applies to back office as well as to front line workers.
- Adds a note to highlight that abuse can occur in online as well as physical settings.
- Updates requirements to complete refresher training in line with local Safeguarding Board advice.
- Sets out approach to managing gaps in DBS history for staff or volunteers who have lived or worked overseas.
- 
- Adds guidance on how workers who do not themselves have access to In-Form can ensure matters are recorded on the In-Form system.
- Removes reference to the 'no names' procedure which was discontinued in Oxfordshire from August 2023

### Key Information Sources:

- MQM Policy Checklist – Safeguarding Children and Young People at: <https://connectingminds.org.uk/resources/policy-checklist-safeguarding-children-and-young-people/> [accessed 14.06.2024]

- Oxfordshire Mind MQM Report and Improvement Action Plan – April 2023
- Oxfordshire Safeguarding Children Board:  
at: <https://www.oscb.org.uk/>  
[accessed 14.06.2024]
- Berkshire West Safeguarding Children Partnership  
at: <https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp>  
[accessed 14.06.2024]
- Social Care Institute for Excellence  
at: <https://www.scie.org.uk/safeguarding>  
[accessed 14.06.2024]
- NSPCC  
at: <https://learning.nspcc.org.uk/safeguarding-child-protection>  
[accessed 14.06.2024]

## Contents

1. Introduction and Statement .....	5
2. Legal Framework .....	5
3. Organisational Policies and Procedures .....	6
4. Purpose of Policy.....	7
5. Roles and Responsibilities.....	8
6. Key people at Oxfordshire Mind .....	11
7. Monitoring and Review .....	11
Appendix A: Child Protection and Safeguarding Procedures .....	13
Appendix B - Definitions and Indicators of Abuse.....	21
Appendix C: Key elements of safer recruitment practice .....	29
Appendix D: Points of contact for In-Form access.....	30

## 1. Introduction and Statement

Oxfordshire Mind recognises its duty of care to safeguard children as detailed under the Children Acts' 1989 and 2004 and the Working Together to Safeguard Children guidance 2018 as updated in 2023.

Oxfordshire Mind is fully committed to safeguarding and protecting the welfare of all children, and taking all reasonable steps to promote safe practice and protect children from harm, abuse and neglect.

Oxfordshire Mind acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

Oxfordshire Mind believes that:

- The welfare of all children and young people is paramount
- All children, regardless of age, ability, gender, racial heritage, religious or spiritual beliefs, sexual orientation and /or identity, have the right to equal protection from harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, their parents, carers and other agencies is essential in promoting young people's welfare

## 2. Legal Framework

This policy has been developed in accordance with the principles established by the following legislation and guidance:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Children Act 2004
- Equality Act 2010
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years
- What to do if you are worried a Child is being Abused 2015

- Working Together to Safeguard Children 2018, as updated 2023
- Keeping Children Safe in Education 2019
- Oxfordshire Safeguarding Children Board procedure and guidelines
- Berkshire West (West Berkshire, Wokingham and Reading) Safeguarding Children Partnership procedures and guidelines

This policy applies to all people working on behalf of Oxfordshire Mind, including staff, volunteers, trustees, contractors, sessional and agency workers, trainees and students on placement, or anyone in a position of trust, whether or not they work directly with children and young people, and whether in a frontline or back-office role, due to the potential of them becoming aware of a safeguarding issue.

Oxfordshire Mind uses the working name Mind in Berkshire for some of its Berkshire activities, but Mind in Berkshire is not a separate legal entity and therefore this policy applies to everyone from Oxfordshire Mind involved in providing services in Berkshire, who may be held out as 'Mind in Berkshire' workers.

A child is defined as a person under the age of 18 (The Children's Act 1989).

### 3. Organisational Policies and Procedures

This policy should be read alongside the following organisational policies and guidance:

- Safeguarding Adults Policy
- The Recruitment, Retention and Development Policy which covers issues relating to employment, including recruiting safely and DBS checking, inducting, developing and supervising staff.
- Disciplinary Policy
- Responsible Employment Policy
- Whistleblowing Policy
- Data Protection and Confidentiality Policy
- IT and Communications Policy
- Volunteering & Peer Support Policy
- Health and Safety Policy

- Bullying & Harassment Policy
- Incident Reporting Policy

These can be found on BambooHR in the Files section.

See also:

- Supporting people who have committed violent or sexual offences – Wellbeing Service procedure

#### 4. Purpose of Policy

The purpose of this policy is to:

- protect children and young people who receive Oxfordshire Mind services, and children about whom we may receive information indicating they are at risk, e.g. the children of adults who use our services;
- provide clarity to all those in a position of trust about the overarching principles that guide our approach to safeguarding and child protection; and
- ensure consistent good practice across the organisation

To keep children safe Oxfordshire Mind will:

- provide a setting where children feel listened to, safe, secure, valued and respected;
- appoint a Deputy Designated Safeguarding Lead for Children and Young People, accountable to the organisation's Designated Safeguarding Lead and Trustee Lead for Safeguarding, and ensure a clear line of accountability with regards to safeguarding concerns;
- ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection;
- provide a clear procedure to follow when safeguarding and child protection concerns arise;
- ensure effective and appropriate communication between all individuals in a position of trust;

- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice;
- adopt safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children.

## 5. Roles and Responsibilities

All individuals in a position of trust must:

- Understand the different types of abuse and recognise the possible risks and indicators.
- Understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children.
- If appropriate, liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences.
- Record and store information legally, professionally and securely in line with organisational policies and procedures. (See Appendix D regarding In-Form access.)
- Undertake the required level of training for their role in line with the local Safeguarding Children Board standards - every 3 years for Level 1 and Level 2 training (with Level 2 refreshes not required for those required to refresh at Level 3), and Level 3 training required every 2 years. The DSL, Deputy DSLs and MARAC Officer should receive Level 3 training before starting their designated roles. The DSL and DDSLs should also aim to complete other specialist training offered by the relevant Safeguarding Board within 1 year of it becoming available (for example, Domestic Abuse etc).
- Understand the line of accountability for reporting safeguarding concerns, and be fully aware of the organisation's safeguarding leads and their role within the organisation.
- follow the local Safeguarding Children Board Procedures/Local Authority guidance in all cases of abuse, or suspected abuse:
  - Oxfordshire: [www.OSCB.org.uk](http://www.OSCB.org.uk)
  - Berkshire West: <https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp>

In Oxfordshire, all levels of training are available free from the Oxfordshire Safeguarding



Children Board:

<https://training.oscb.org.uk/events-list>

In Berkshire West, free training is available from the three local authorities (Reading, Wokingham and West Berkshire) covered by the West of Berkshire Safeguarding Children Partnership:

<https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/training/local-training-offers>

The Board of Trustees is ultimately accountable for ensuring settings provided by Oxfordshire Mind are safe, including the implementation of effective safeguarding procedures.

The Board of Trustees will:

- Appoint a lead Trustee for Safeguarding, to lead the Board in providing oversight of all safeguarding matters.
- Set out how safeguarding risks will be managed in a risk register that is regularly reviewed
- Conduct annual reviews of safeguarding policies, procedures, practice and outcomes

The CEO will:

- Ensure that safeguarding policy and procedures are understood and followed by everyone in a position of trust and involved in providing services, including ensuring that updates to this policy are shared across the organisation in line with OxM's policy implementation procedure.
- Promote an organisational culture in which everyone feels able to raise concerns about poor or unsafe practice, confident that such concerns will be handled sensitively and in accordance with the Whistleblowing Policy.
- Ensure there is a named DSL, Deputy DSLs and MARAC Officer who have undertaken the relevant specialist safeguarding training
- Ensure there are appropriate procedures for dealing with allegations of abuse made against workers, including management.
- Ensure that that all staff/managers with recruitment responsibilities are aware of their safeguarding responsibilities in relation to safe recruitment.
- Ensure that there is a training strategy that ensures all workers, including management, receive safeguarding training, with refresher training at required intervals.

- Allocate sufficient time and resources to enable the DSL, DDSLs and MARAC Officer to carry out their roles effectively.

The DSL will:

- Be appropriately trained, and understand the local Safeguarding Children Board procedures for all the areas in which Oxfordshire Mind operates
- Act as a source of support and expertise to the whole organisation
- Ensure written records of all concerns are kept securely, within the case notes of the individual, and also used to review and improve child protection and children's safeguarding practices and outcomes across the organisation, e.g. through periodic audits.
- Be the final arbiter within OxM of whether to refer suspected cases of neglect and/or abuse to the local authority and police in situations where other staff are struggling to reach consensus.
- Oversee and submit any safeguarding assessment reports required by Commissioners/Funders of OxM services (such as the Section 11 Safeguarding Self-Assessment Audit) and oversee OM's response to any safeguarding-related queries from external agencies.

The Deputy DSLs will:

- Be appropriately trained and act as lead for safeguarding issues in their area of practice (as detailed in the 'key people' table below), escalating issues to the DSL where necessary.
- In the absence of the DSL, carry out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the DSL, the DDSL for Children and Young People will assume the functions of the DSL.

The Designated Multi-Agency Risk Assessment Conference (MARAC) Officer will:

- Actively encourage colleagues to make referrals in cases that present a high risk of harm for victims of domestic abuse.
- Support colleagues to attend MARAC meetings if required
- Act as a point of contact on behalf of Oxfordshire Mind for enquiries relating to domestic abuse.

## 6. Key people at Oxfordshire Mind

Designated Safeguarding Lead	Jess Willsher, Chief Executive Officer Email: <a href="mailto:jess.willsher@oxfordshiremind.org.uk">jess.willsher@oxfordshiremind.org.uk</a> Tel: 07435 760818
Trustee Safeguarding Lead	Rachel Griffiths Email: <a href="mailto:Rachel.griffiths@oxfordshiremind.org.uk">Rachel.griffiths@oxfordshiremind.org.uk</a> Tel: 07833 728081
Deputy DSL (Housing)	Simon Pitkin, Head of Housing Email: <a href="mailto:simon.pitkin@oxfordshiremind.org.uk">simon.pitkin@oxfordshiremind.org.uk</a> Tel: 07713 566617
Deputy DSL (Wellbeing)	Andrew Grillo, Head of Wellbeing Email: <a href="mailto:andrew.grillo@oxfordshiremind.org.uk">andrew.grillo@oxfordshiremind.org.uk</a> Tel: 07435 760796
Deputy DSL (Innovation)	Janette Searle, Head of Innovation Email: <a href="mailto:janette.searle@oxfordshiremind.org.uk">janette.searle@oxfordshiremind.org.uk</a> Tel: 07719 084338
Deputy DSL (Children & Young People)	Sara Keppie, Wellbeing Service Manager (CYP & Families) Email: <a href="mailto:sara.keppie@oxfordshiremind.org.uk">sara.keppie@oxfordshiremind.org.uk</a> Tel: 07590 878827
Designated Multi-Agency Risk Assessment Conference (MARAC) Officer	Sara Keppie, Wellbeing Service Manager (CYP & Families) Email: <a href="mailto:sara.keppie@oxfordshiremind.org.uk">sara.keppie@oxfordshiremind.org.uk</a> Tel: 07590 878827

## 7. Monitoring and Review

The policy will be reviewed annually. All individuals in a position of trust should have access to this policy and sign to the effect that they have read and understood its contents.

Oxfordshire Mind will complete an annual self-assessment (for example, the S-11 form) to appraise their safeguarding practice in accordance with local Safeguarding Children Board standards and Commissioner/Funder expectations. Further details of Board expectations can be found as follows:

- Oxfordshire: [www.oscb.org.uk](http://www.oscb.org.uk)

- Berkshire West: <https://proceduresonline.com/berks/>

## Appendix A: Child Protection and Safeguarding Procedures

If you think a child is in immediate danger, call the police on **999**.

### 1. Introduction

All professionals have a responsibility to report concerns to Children's Social Care under section 11 of the Children Act 2004, if they believe or suspect that the child;

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of service.

### 2. What to do if you are concerned about a child

Supporting children

If/when a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns
- Offer reassurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children

Report the disclosure or concern to your Line Manager before the end of the working day or shift. Concerns arising as a result of the accumulation of indicators/signs of abuse should be discussed with the manager as soon as possible and before the end of the working day. If a decision is taken not to raise a safeguarding alert immediately, then alternative actions (for example, how the situation will continue to be monitored and assessed) should be agreed and recorded before the end of the next working day.

If your Line Manager is not available, you should find someone to speak to by going up the management chain – to your manager's manager, to that manager's manager etc, up to

the DDSL and the DSL. If the DSL is not available either, you should speak to any other member of the Senior Management team.

\*\* The most important thing is to speak to someone! Any manager should welcome that discussion and you should not worry that you might have approached the 'wrong' manager \*\*

Whichever manager you speak to will discuss the case with you and guide you on whether to seek a 'No-Names Consultation' (if this is available in your area) or to make a referral to the local authority (further details below in section 3).

### 3. Confidentiality

All matters relating to child protection are confidential and should only be disclosed on a need-to-know basis.

All workers must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. All workers must also be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another.

Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information.

If you're not given consent to share information, you may still lawfully go ahead if the child is experiencing, or is at risk of, significant harm, or if asking for consent is likely to prejudice the potential outcome of the safeguarding action.

With a child or young person it might be appropriate to seek parental or guardian consent. But it must be borne in mind that if a young person has an understanding of their circumstances and is mature enough to exercise their rights in certain settings, then the young person's consent would override the consent of a parent or guardian. This will always be a judgement call.

A decision to override consent must be taken in consultation with a manager. The manager must ensure that all actions are recorded clearly, with reasons for the decisions.

Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust should not be discussed across the workforce as a whole. This information should be shared up the management line, with the Designated Safeguarding Lead or their Deputies, with the local authority Children's Social Care and/or the Local Area Designated Officer (LADO) as needed.

Personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child and their family remaining strictly confidential.

## Seven golden rules for information sharing

- Remember that the Data Protection Act 2018 and Human Rights laws are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest with the individual (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 agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

*Acknowledgement: these seven golden rules are from [OSCB](#)*

### 4. Reporting concerns to the local authority

The referrer should provide information about their concerns and any information they may have gathered prior to referral. You should try to have the following information ready to discuss during the referral:

- Full names, dates of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;

- Any significant/important recent or historical events/incidents;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

Other information may be relevant and some information may not be available at the time of making the referral. However, the report should not be delayed, in order to collect information, if the delay may place the child at risk of significant harm.

Parents/carers must be informed about any referral unless to do so would place the child at an increased risk of harm.

### To report a concern

#### Oxfordshire

#### *Immediate concerns about a child*

#### **Call 999 in an emergency or if you believe a child is in immediate danger**

The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. You should call the MASH immediately if there is an immediate safeguarding concern, for example:

- Allegations/concerns that the child has been sexually/physically abused
- Concerns that the child is suffering from severe neglect or other severe health risks
- Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
- The child is frightened to return home
- The child has been abandoned or parent is absent

Oxfordshire MASH Tel: 0345 050 7666 (or the Emergency Duty Team on 0800 833 408 outside the office hours of 8:30-5 M-Th and 8:30-4 F)

The Oxfordshire MASH Referral Form (MASH Enquiry online referral form) may be used by professionals only to refer children to social services. Or you can email a report to MASH on the secure email on: [mash-childrens@oxfordshire.gcsx.gov.uk](mailto:mash-childrens@oxfordshire.gcsx.gov.uk)

#### *Non-immediate concerns about a child – the LCSS*

Practitioners should contact the Locality Community Support Service (LCSS) if they: Have emerging concerns for a child that do not require an immediate safeguarding response



- Would like support or guidance about using Strengths and Needs (a tool to explore family life) or a Team Around the Family (TAF) meeting to co-ordinate support for children and families

Before contacting LCSS, practitioners should:

- Refer to the [Threshold of Needs Matrix](#)
- Advise the family contact is being made with the LCSS, using of the Early help guide to support conversations to explain what Early Help is and who LCSS are: [Early help guide for families Sept 2023](#)

The Locality Community Support Service can be contacted as follows.

Tel: 0345 2412705 Email: [LCSS@oxfordshire.gov.uk](mailto:LCSS@oxfordshire.gov.uk)

Opening Hours: 8.30am – 5pm (Mon – Thurs) 8.30am – 4pm (Fri)

### [Berkshire West](#)

For the purposes of reporting safeguarding concerns about children in Berkshire West, practitioners should note that this geography covers three separate local authority areas: [Wokingham](#), [Reading](#) and [West Berkshire](#).

#### *Immediate concerns about a child*

**Call 999 in an emergency or if you believe a child is in immediate danger**

#### *Concerned about a Child in [Wokingham](#)*

If you have any worries about a child or young person who you feel is being ill-treated, abused or neglected you should contact Children's Services immediately. Children and their parents may need help urgently.

#### **Who to contact**

- All immediate concerns should be discussed with a social worker by calling the WBC Referral and Assessment Team (Children's Safeguarding and Social Care Team) on telephone **0118 908 8002** or by email: [triage@wokingham.gov.uk](mailto:triage@wokingham.gov.uk). You will also need to complete a multi agency referral form (see below).
- For concerns out of hours contact the Emergency Duty Service (EDS): telephone: **01344 351999**

**You can also discuss your concerns with:**

- Thames Valley Police: Telephone **101**

- NSPCC (National Society for the Prevention of Cruelty to Children) 24 hour helpline: **0808 800 5000**

To access the Wokingham Children Services MARF document, please click on the below link.

[Wokingham Children's Services MARF](#)

### *Concerned about a Child in Reading*

Any adult who is concerned that the situation is urgent or a child is at risk of suffering significant harm should consult or refer to the Children's Single Point of Access, Tel: **0118 937 3641**, 9am to 5pm, Monday to Friday (excluding bank holidays). Outside these hours, contact the Emergency Duty Service (EDS) on **01344 351999**.

Follow this links to the Brighter Futures for Children website to find out more:

- [Concerned about a Child](#) (for Professionals)

The Children's Single Point of Access is how to raise a concern about a child (pre-birth to 18 years old) in Reading, including safeguarding and child protection. It is a single point of contact for all early help and children's social care services, including disabled children.

Professionals can use the web form, which is the most secure and effective way of requesting help for a child. The form can be found at: [CSPOA Referral Form](#)

### *Concerned about a Child in West Berkshire*

The Contact Advice Assessment Service (CAAS) can be contacted during office hours on **01635 503090**, or by email at: [child@westberks.gov.uk](mailto:child@westberks.gov.uk)

The Children's Services Out of Hours Emergency Duty Service (EDS) is available when the West Berkshire Council offices are closed if there is an emergency safeguarding concern. This includes evenings, 24 hours on weekends and bank holidays. Please contact EDS by telephone **01344 351999** or email [edt@bracknell-forest.gov.uk](mailto:edt@bracknell-forest.gov.uk)

## **5. Allegations against others working with children**

All allegations of abuse by those who work with children must be taken seriously, whether they are in a paid or unpaid capacity. This procedure should be applied when there is an allegation or concern that a person who works with children, has:

- 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 that they may not be suitable to work with children.

We understand that a child or young person may make an allegation against a worker. If such an allegation is made, the worker receiving the allegation will immediately inform the Designated Safeguarding Lead or a Deputy DSL. If the allegation concerns the CEO, the person receiving the allegation will immediately inform the Lead Trustee for Safeguarding, who will consult with the appropriate Local Authority Designated Officer (LADO) without notifying the CEO first. If the allegation concerns a Trustee, the DSL or CEO should be informed.

The DDSL, DSL, CEO or Lead Trustee for Safeguarding will discuss the content of the allegation with the LADO, before taking any action.

In Oxfordshire, contact the LADO (and Assistant LADOs) on 01865 810603 or by email: [LADO.safeguardingchildren@oxfordshire.gov.uk](mailto:LADO.safeguardingchildren@oxfordshire.gov.uk)

The Wokingham LADO can be contacted via email on [LADO@wokingham.gov.uk](mailto:LADO@wokingham.gov.uk).

The Reading LADO can be contacted on 0118 937 2684 or by email at: [LADO@brighterfuturesforchildren.org](mailto:LADO@brighterfuturesforchildren.org)

The West Berkshire LADO can be contacted via email at: [LADO@westberks.gov.uk](mailto:LADO@westberks.gov.uk)

The LADO is involved in the oversight and management of allegations against people who work with children. Any concern or allegation should be referred to the LADO within one working day.

The LADO

- gives advice and guidance to employers and others who are concerned about an adult who works with children including volunteers and agency staff.
- provides advice and guidance to employers and voluntary organisations about the most appropriate way to manage the concern or allegation
- Helps to establish what the next steps should be
- Makes sure that all relevant specific actions are taken
- Monitors the progress of a case

In cases where the adult is unaware of the concern or allegation it may not be appropriate to tell them immediately - it may prejudice a possible Police investigation. The LADO will provide advice.

OM understands that this will be a distressing and stressful situation for everyone involved. Appropriate care and support will be offered to any clients involved and to the person(s) raising the concern or making the allegation. Employees are able to access the

Employee Assistance Programme on freephone number 0800 0280199 (Username: Wellbeing, Password: SignPostLamp).

Suspension of the worker(s) against whom an allegation has been made should be regarded as a neutral act to protect everyone involved while the matter is investigated.

A decision to suspend needs careful consideration and Oxfordshire Mind Human Resources (HR) will be consulted prior to any suspension taking place. If disciplinary action is required, refer to the Oxfordshire Mind Disciplinary Policy.

Any reporting to funders or commissioners about these concerns or allegations, as per the relevant contractual agreement, will also be reported promptly to the CEO and the Trustee Lead for Safeguarding, and included in the Risk Register.

## **Whistleblowing**

We recognise that children cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation.

Workers should see the Whistleblowing Policy, and be reassured that when raising concerns in good faith, they will be supported, and protected from any retaliation.

## **Supporting those working with children**

Oxfordshire Mind recognises that workers who have had contact with a child or young person who has suffered harm or appears likely to suffer harm may find this situation stressful and upsetting. Workers are encouraged to use the OM support systems for staff, including supervision, reflective practice opportunities and the Employee Assistance Programme (freephone number 0800 0280199 (Username: Wellbeing, Password: SignPostLamp)).

Staff are also encouraged to request additional opportunities to talk through any anxieties with their Line Manager or another manager (including a DDSL or the DSL) if they so wish.

## Appendix B - Definitions and Indicators of Abuse

The table below outlines the main categories of abuse as defined by the Department of Health ‘[Working Together to Safeguard Children](#)’ (2018). Full definitions can be found in this document. The NSPCC has further information on [types of abuse](#) and [spotting the signs](#) of abuse.

All staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

Abuse and neglect can take many forms and the circumstances of the individual’s case should always be considered. Incidents of abuse may be one-off or multiple and may affect one person or more. Some forms of abuse can occur in online as well as physical settings. Patterns of harm should be identified as well as single incidents.

People who are being abused may well be subject to more than one type of abuse at the same time. Many forms of abuse can also occur on-line.

Abuse is not always deliberate. It may be that someone is trying to do their best in a challenging situation. They may be a relative, friend or other carer who needs help or support in difficult circumstances. Oxfordshire Mind will report abuse even if does not seem to be deliberate.

Type of Abuse	<u>Possible Indicators</u>
<p><u>Neglect</u></p> <p>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:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate care-givers); or</li> </ul>	<p>Signs that may indicate a child is living in a neglectful situation:</p> <ul style="list-style-type: none"> <li>• excessive hunger</li> <li>• poor personal hygiene</li> <li>• frequent tiredness</li> <li>• inadequate clothing</li> <li>• frequent lateness or non-attendance at school</li> <li>• untreated medical problems</li> <li>• not brought food/snacks/drink, or appropriate tools for the activity</li> <li>• poor relationships with peers</li> <li>• compulsive stealing and scavenging</li> <li>• rocking, hair twisting and thumb sucking</li> </ul>

<ul style="list-style-type: none"> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<ul style="list-style-type: none"> <li>• running away</li> <li>• loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight)</li> <li>• low self esteem</li> <li>• poor dental hygiene</li> </ul>
<p><b><u>Physical Abuse</u></b></p> <p>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.</p>	<p>Signs that may indicate physical abuse:</p> <ul style="list-style-type: none"> <li>• Physical signs that do not tally with the given account of occurrence,</li> <li>• conflicting or unrealistic explanations of causer</li> <li>• repeated injuries</li> <li>• delay in reporting or seeking medical advice.</li> </ul>
<p><b><u>Sexual Abuse</u></b></p> <p>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.</p> <p>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.</p> <p>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 (including via the internet).</p>	<p>Signs that may indicate sexual abuse:</p> <p>Changes in:</p> <ul style="list-style-type: none"> <li>• Behaviour</li> <li>• Language</li> <li>• Social interaction</li> <li>• Physical wellbeing</li> </ul> <p>It is almost important to recognise there may be <b><u>no signs</u></b>.</p>

<p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	
<p><b><u>Emotional Abuse</u></b></p> <p>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	<p>Signs that may indicate emotional abuse:</p> <ul style="list-style-type: none"> <li>• Lack of self-confidence/esteem</li> <li>• Sudden speech disorders</li> <li>• Self-harming (including eating disorders)</li> <li>• Drug, alcohol, solvent abuse</li> <li>• Lack of empathy (including cruelty to animals)</li> <li>• Concerning interactions between parent/carer and the child (e.g. excessive criticism of the child or a lack of boundaries)</li> </ul>
<p><b><u>Child Sexual Exploitation (CSE)</u></b></p> <p>Child sexual exploitation is a form of child sexual abuse.</p>	<p>Signs that may indicate CSE:</p> <ul style="list-style-type: none"> <li>• Going missing from school/home/care placement</li> </ul>

<p>It 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.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>• Associating with older people/adults</li> <li>• Isolation from family/friends/peer group</li> <li>• Physical symptoms including bruising/STI's</li> <li>• Substance misuse</li> <li>• Mental health</li> <li>• Unexplained possessions, goods and/or money</li> </ul> <p>The indicators can be spotted when speaking to the young person themselves or family/friends</p> <p>If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited,</p> <p>In Oxfordshire: please contact the Kingfisher Team on 01865 309196. Out of hours calls will divert to Thames Valley Police Referral Centre.</p> <p>(Berkshire West does not have a specialist CSE team – use the general contact information to report concerns about a child)</p>
---	---

## Other type of abuse you should be aware of

### Child Exploitation

Child exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.

Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').

It has been reported that the age of those involved is getting younger, with children as young as 12 being targeted. Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.



While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.

Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

### **Domestic Abuse**

Defined as, “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional”.

### **Forced marriage**

A forced marriage (FM) is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

FM is very different to an arranged marriage where both parties give consent.

### **Modern Slavery and Human Trafficking**

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.

The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.

Indicators of Modern Slavery can include:

- Lack of access to legal documents (e.g. passports)
- Appearance (malnourished, unkempt, etc)
- Untreated or unexplained injuries
- Attitude (withdrawn, frightened, unable to speak for themselves)
- Indebtedness or in a situation of dependence
- Frequent changes of location or restrictions on movement

### Female Genital Mutilation

Female genital mutilation (FGM), sometimes referred to as female circumcision, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

There are no health benefits to FGM, it is carried out for cultural and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades.

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing [oxfordrose.clinic@nhs.net](mailto:oxfordrose.clinic@nhs.net) or calling 01865 222969.

Further information about FGM and details about the Oxford Rose Community support network can be found at: [Oxford Against Cutting](#)

### Self-Harm

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, ([www.nice.org.uk](http://www.nice.org.uk)). Self-harm is an expression of personal distress, not an illness.

Self-harm can involve:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling out hair
- Overdosing and self-poisoning
- Substance misuse
- Taking personal risk
- Disordered eating
- Self-neglect

Indicators of self-harm may include:

- Changing in eating/sleeping
- Changes in activity and mood habits
- Increased isolation from friends and family
- Talking about self-harming
- Expressing feelings of failure, uselessness or loss of hope or suicide
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Giving away possessions

### **Bullying**

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises
- asking for stolen possessions to be replaced
- falling out with previously good friends being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- torn clothes
- losing dinner money
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

### **Peer on Peer Abuse**

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

### **Prevent - Extremism**

The Counter-Terrorism and Security Act 2015 places a safeguarding duty on settings to have “due regard to the need to prevent people from being drawn into terrorism”.

Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

Preventing vulnerable adults and children from being drawn into extremism is a safeguarding concern. It is essential that frontline staff are able to spot the signs and make a safeguarding referral.

Indicators may include:

- Withdrawing from usual activities
- Accessing extremist literature/websites
- Expressing ‘us and them’ thinking
- Expressing feelings of anger, grievance or injustice

## Appendix C: Key elements of safer recruitment practice

- Consider safeguarding at every stage of the process; planning, advertising, interview and appointment.
- Ensure the job description and person specification make appropriate references to responsibilities for safeguarding children and suitability to work with children.
- Check the application form including employment/ experience history and ensuring that any gaps/ anomalies are satisfactorily explained.
- Ensure receipt of independent professional references, which address specific questions.
- Members of the interview panel should receive appropriate training to conduct interviews in accordance with safer recruitment practice.
- Verify the candidate's identity and right to work in the UK
- Verify their academic qualifications (and/ or professional body status) (original copies required).
- Enhanced DBS disclosure and Children's Barred List for anyone undertaking 'regulated activity' and, where relevant, an overseas criminal record check. If a candidate for a paid role with Oxfordshire Mind, or a prospective volunteer, in a child-facing role has been resident outside the UK for three months or more over the past five years, a risk assessment will be carried out prior to the individual starting their role to help make an informed decision about how best to proceed. In some situations, the individual may be required to obtain an overseas criminal records check in order to continue in their role.

Acknowledgement - adapted from: <https://schools.oxfordshire.gov.uk/schools-hr/recruitment/safer-recruitment-toolkit>

Also see NSPCC resources on Safer Recruitment:  
<https://learning.nspcc.org.uk/safeguarding-child-protection/safer-recruitment>

## Appendix D: Points of contact for In-Form access

Many Oxfordshire Mind workers have access to the In-Form system and so will be able to record safeguarding matters directly. Within the Services areas of the charity, most team members have In-Form access and for team members who do not have access, including new starters awaiting training or allocation of a licence, seeking the assistance of their line manager or another colleague will be the most appropriate way to proceed.

The following may also be approached to create or update an In-Form record on behalf of a colleague who does not have access.

- Volunteers can approach their 'local manager' in the service where they volunteer or a member of the Volunteering and Peer Support Team at:  
[volunteering@oxfordshiremind.org.uk](mailto:volunteering@oxfordshiremind.org.uk)
- Staff in the Finance, HR or Development teams can approach the Data & Quality Team at:  
[data@oxfordshiremind.org.uk](mailto:data@oxfordshiremind.org.uk)