



# MINDJAM SAFEGUARDING POLICY

*Approved by: Dan Clark, Vikki Hearst, Leo Worsdale*

## NAMED PERSONNEL WITH RESPONSIBILITY FOR SAFEGUARDING AT MINDJAM

**Head of Safeguarding: Vikki Hearst**

**Deputy Designated Safeguarding Lead/s: Sam Hollandt, Leo Worsdale**

The Head of Safeguarding (HoS) and Deputy Designated Safeguarding Leads (DDSL) have responsibility for ensuring that the safeguarding of children is central to the ethos of our school. They are suitably trained and experienced and carry out the duties of the HoS role summarised in this policy.

This policy is reviewed annually or following national or local safeguarding changes to policy and procedure throughout the academic year.

**Created:** May 2020

**Last Review:** January 2024

**Next Review Date:** January 2025

A handwritten signature in brown ink, appearing to read "Dan Clark", is written over a light blue horizontal line.

Signed: Dan Clark    Dated: 24th January 2024

## SAFEGUARDING CONTACTS

**\*For immediate harm / danger you must call the police or the Out of Hours Emergency Duty team for your Local Children's Services. You can ask for advice on how to do this by contacting the Head of Safeguarding out of hours.\***

If you have a concern about a Mentee/Young Person or Mentor and need advice or support, contact our MindJam Safeguarding team (details below).

If you need advice regarding a potential safeguarding concern, and for all other safeguarding queries, please email [safeguarding@mindjam.org.uk](mailto:safeguarding@mindjam.org.uk).

If you need to report a safeguarding concern, please complete the Safeguarding Webform which can be found under 'Safeguarding' on the MindJam website [mindjam.org.uk](http://mindjam.org.uk).

### **Head of Safeguarding:**

Vikki Hearst: [vikkihearst@mindjam.org.uk](mailto:vikkihearst@mindjam.org.uk)

**Out of Hours:** 07878645978 (WhatsApp only please) or email [safeguarding@mindjam.org.uk](mailto:safeguarding@mindjam.org.uk)

### **Deputy DSLs:**

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## WHO DOES THIS POLICY APPLY TO?

This document applies to all individuals working with MindJam. Any mentor employed by MindJam who comes into contact with children must abide by this policy. Everyone working for MindJam has a duty to safeguard and protect our children. They must read this policy and sign to say they agree to work to it.

In this policy, the term 'child' or 'children' refers to anyone under the age of 18 years. The term 'parent' refers to both parents and carers.

## WHAT IS THE PURPOSE OF THIS POLICY?

- to clarify the roles and responsibilities of everyone at MindJam in relation to child protection and safeguarding
- to provide information on the range of safeguarding concerns
- to explain the clear procedures that are followed when a child is identified as needing more than universal services can provide

## GUIDANCE AND TRAINING

At MindJam, all staff receive suitable training to undertake their role. MindJam follows the NOS training pathway and guidance.

The HoS (and any deputies) will undergo additional specific training at least every two years to provide them with the knowledge and skills required to carry out the role. If we recruit a new HoS or DDSL, we will ensure they are fully trained and undertake Safeguarding and Child Protection training provided by NSPCC Learning.

In addition to the formal training, their knowledge and skills will be refreshed at regular intervals to allow them to understand and keep up to date with any developments relevant to their role.

## WHISTLEBLOWING AND PROFESSIONAL RESOLUTION AND ESCALATION

Anyone worried about a child must continue to raise the concern until they have a reason not to be worried about the child anymore.

It is essential that MindJam expect good practice and professional conduct from ourselves, and others involved in the safeguarding of our children. Staff must be committed to providing a high standard of service and children cannot be expected to raise concerns in an

environment where staff fail to do so. All staff are aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. They will follow the procedures for reporting low level concerns which are in our Code of Conduct and raised with the HoS and involve the [Local Authority Designated Officer \(LADO\)](#) if required. If a member of staff notices anything that gives them cause for concern, it is vital that this is raised. Acting upon staff concerns is fundamental to ensuring good practice and support for staff. Resolving issues must be viewed by all staff as a positive action and not a breach of trust between colleagues or an attack on the company. We value an atmosphere of openness and honesty and welcome suggestions, complaints and criticisms in addition to compliments.

Our staff are encouraged to use the Whistleblowing policy as appropriate to raise or pass on concerns about any of the following:

- a) Poor standards of service
- b) Issues of bad practice
- c) The conduct of colleagues or managers
- d) Anything which is not in the best interest of the children or company
- e) Anything which is illegal or unacceptable behaviour.

We will always listen to any concerns and try to resolve them but should staff feel unable to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled in the company, they can use the NSPCC helpline [The NSPCC's 'What you can do to report abuse dedicated helpline](#) or call **0800 028 0285** – line is available from **8am-8pm, Mon-Fri** or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

If the company has concerns with the way other agencies are handling a safeguarding concern, then we will follow the relevant local authority's Resolution and Escalation Protocol. This allows us to open up a dialogue with other professionals and resolve any issues in an open and honest approach and in the best interest of the child.

## **EQUALITY ACT 2010**

The following safeguarding policy is in alignment with the [Equality Act 2010](#). For more information on MindJam's equality policy please [click here](#).

# POLICY

## **1. SAFEGUARDING CHILDREN POLICY**

MindJam believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practise, which protects them.

### **We recognise that:**

- the welfare of the child/young person is paramount
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse
- working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare.

### **The purpose of the policy:**

- to provide protection for the children and young people who receive MindJam services.
- to provide guidance on procedures for staff in the event that they suspect a child or young person may be experiencing, or be at risk of, harm.

### **This policy applies to all staff or anyone working on behalf of MindJam.**

We will seek to safeguard children and young people by:

- valuing them, listening to, and respecting them
- adopting child protection guidelines through procedures and a code of conduct for staff
- ensuring all staff are DBS checked and hold valid DBS certificates
- sharing information about child protection and good practice with children, parents, and staff
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately

## **2. CHILD PROTECTION POLICY**

### **This policy applies to all staff and anyone working on behalf of MindJam.**

The purpose of this policy:

- to protect children and young people who receive MindJam services.
- to provide staff and volunteers with the overarching principles that guide our approach to child protection

MindJam believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them.

### **Legal framework**

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children

We recognise that:

- the welfare of the child is paramount, as enshrined in the Children Act 1989
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of 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, young people, their parents, carers and other agencies is essential in promoting young people's welfare

**We will seek to keep children and young people safe by:**

- valuing them, listening to and respecting them
- adopting child protection practices through procedures and a code of conduct for staff and volunteers
- developing and implementing an effective e-safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support and training
- sharing information about child protection and good practice with children, parents, staff, and volunteers
- sharing concerns with agencies or schools who need to know and involving parents and children appropriately.

### **3. E-SAFETY POLICY**

This policy and the procedures that it underpins apply to all staff and anyone working on behalf of MindJam.

- To protect children and young people who receive MindJam services and who make use of information technology (such as mobile phones, Tablets and the Internet) as part of their involvement with us;
- To provide staff with the overarching principles that guides our approach to e-safety;
- To ensure that, as an organisation, we operate in line with our values and within the law in terms of how we use information technology.

**We recognise that:**

The welfare of the children/young people who come into contact with our services is paramount and should govern our approach to the use and management of electronic communications technologies.

All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.

Working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to e-safety.

The use of information technology is an essential part of all our lives; it is involved in how we as an organisation gather and store information, as well as how we communicate with each other. It is also an intrinsic part of the experience of our children and young people and is greatly beneficial to all. However, it can present challenges in terms of how we use it responsibly and, if misused either by an adult or a young person, can be actually or potentially harmful to them.

**We will seek to promote e-safety by:**

- Developing a range of procedures that provide clear and specific directions to staff on the appropriate use of ICT; Supporting and encouraging the young people using our service to use the opportunities offered by technology and the internet in a way that keeps themselves safe and shows respect for others;
- Supporting and encouraging parents and carers to do what they can to keep their children safe online and when using their mobile phones and game consoles;
- Use our procedures to deal firmly, fairly and decisively with any examples of inappropriate ICT use, complaints or allegations, whether by an adult or a child/young person (these may include breaches of filtering, illegal use, cyberbullying, or use of ICT to groom a child or to perpetrate abuse);
- Informing parents and carers of incidents of concern as appropriate;
- Reviewing and updating the security of our information systems regularly;
- Providing adequate physical security for ICT equipment;
- Ensuring that usernames, logins and passwords are used effectively;
- Using only official email accounts provided via the organisation, and monitoring these as necessary;
- Ensuring that images of children, young people and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given;
- Any social media tools used in the course of our work with children, young people and families must be risk assessed in advance by the member of staff wishing to use them;
- Providing effective management for staff and volunteers on ICT issues, through supervision, support and training;
- Examining and risk assessing any emerging new technologies before they are used within the organisation.
- We are committed to reviewing our Safeguarding, Child Protection and e-safety policies and associated good practice annually.

## 4. SUICIDAL THOUGHTS/SELF HARMING POLICY

### Introduction and Purpose

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This policy has been developed to provide information and detail practice requirements regarding the management of children and young people who engage in self-harming behaviours or threats of suicide. The purpose of this advice is to:

- Provide a framework for self-harm and suicide risk management;
- Provide information about reducing the risks of injury or death and ensuring the safety and wellbeing of children and young people;
- Outline the reporting requirements;
- Reduce the level of uncertainty and stress for practitioners in managing children and young people who self-harm and express potentially suicidal behaviour.

Within the spectrum of children and young people who are currently being 'looked after' some are particularly vulnerable to risks from a range of actions and behaviours associated with self-harm. These include those who:

- Threaten to self-harm, including threats of suicide;
- Actual self-harm;
- Engage in self-mutilation (self-cutting, blood-letting);
- Express suicidal ideation;
- Attempt suicide;
- Tie, or attempt to tie, ligatures.

*'In its broadest sense, self-harm describes a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging'. (Young people and Self-Harm: A national Inquiry First interim Report 2004).*

### Therapeutic Statement – The Caldecott Foundation

Often these types of actions and behaviours are associated with adolescence but they can also be displayed by young children. Given the level of harm that can result from these actions and behaviours, working with and responding to these behaviours requires specific, intensive and strategic planning and casework. Two major considerations in responding to and managing self-harming behaviours and threats of suicide are harm reduction and duty of care.

Self-harm should be seen as a communication of emotional distress. Whilst it is important that staff tend to any immediate medical need, they must also consider how to respond to this underlying communication. Without doing so, self-injurious behaviour is likely to be repeated. As with many other behaviours our young people display, for some, self-harm has become a functional strategy of having their needs met. Staff's responsibility therefore, is to support the young person in finding alternative, more appropriate methods to communicate and have these needs met. Whilst stopping a young person from self-harming may be viewed as desirable, staff must carefully consider the impact this may have on the young person.



Essentially, if we remove their means of communicating this distress (self-harm), without equipping them with an accessible alternative, the young person may find an alternative response, which could be more harmful (more extreme/different methods of self-harm or accidental suicide).

Self-harm is an emotive subject and staff should be aware of the potential impact on those involved and the support available to them (Supervision, Training, Therapy Service)

Other resources that homes should consider, include “The Language of Injury: Comprehending Self-Mutilation” by Gloria Babiker, Lois Arnold (Copies of this are available in the therapy department and Learning & Development). Staff can also access the following websites:-

- [Self Harm UK](#);
- [Harmless](#).

(Caldecott Therapy Service, 2016)

## **Standards and Procedures**

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Many children and young people who come into the ‘looked after’ system have experienced significant trauma in their lives and are often highly vulnerable. It is likely that these children will sometimes have multiple and complex needs and significant behavioural and emotional difficulties, which can lead to acting in ways that place themselves in situations of high risk. This can particularly apply where a child is placed out of home care.

The ‘Residential Care Audit’ (2001) identified that children placed in residential care can be particularly vulnerable. The audit identified that 22 per cent of children in residential care had engaged in self-harming behaviours or threats of suicide. Added to this, the audit identified a high level of mental health diagnoses and higher levels of substance abuse than the general population. Residential care clients were also found to lack age appropriate skills necessary for independent living and to have increased levels of aggressive and challenging behaviour at younger ages.

## **Threats of Self Harm / Actual Self Harm or Suicide**

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Threats of self-harm and actual self-harm involved a range of actions, along a continuum, from statements to self-harm to a display of self-harming behaviours, to suicide. In definition self-harm requires not only the threat of self-infliction of injury (to varying degrees of intent), but also importantly, an awareness of motive. The issue of awareness of motive is significant because it is what distinguishes self-harming behaviours from other types of behaviours often associated with and grouped as adolescent risk taking and experimental behaviours.

Children in the Child Protection system can present with significant behavioural and emotional difficulties and a lack of self-care. Experimental and risk-taking behaviours can frequently become extreme and result in significant levels of harm. This does not equate to every child who engages in extreme risk-taking behaviour intentionally wanting to self-harm. Some displays of behaviours such as self-cutting, self-strangulation or deliberately placing

oneself in harm's way, can be relatively easy to define as an act of self-harm. Other types of high risk activities, which result in harm, may be more difficult to define as either intended acts of self-harm or experimental risk-taking behaviour, for example, substance use or reckless behaviour through, for example, absenting from care or self-injury through aggression.

Although acts of self-harm and attempted suicide do not necessarily involve an intention to die, there is a strong association between self-harm, attempted suicide and subsequent death by suicide. Self-harm is always a sign of something being seriously wrong. Every child or young person who self-harms must be taken seriously and offered help.

### **Assessing Risk Factors and Developing Management Plans**

The reasons why children and young people in the 'looked after' system present with self-harming behaviours are often complex and varied but generally related to a combination of factors which include:

- Past experience of and on-going trauma;
- Significant and continuing stressors in their lives;
- Inadequate or poorly developed emotional or behavioural capabilities;
- Absence of self-care;
- Emerging or diagnosed psychiatric or psychological disorder;
- Lack of appropriate support networks;
- Lack of other coping mechanisms to moderate or address the behaviours.

For practitioners, identifying the potential likelihood or probability of self-harm requires an assessment of a range of factors indicating risk and need and an assessment of the risk opportunities. This assessment will form the basis for determining a risk management plan and if possible should include correctly identifying underlying causal factors. To formulate a risk management plan requires the coordinated and collaborative input of a number of professionals who may be involved or have expertise to offer.

### **Involvement of Other Agencies and Professionals**

Children and young people who display self-harming or suicidal behaviours may already have involvement with other services that have expertise to offer in addressing or reducing such behaviours, these services should be identified during the initial referral and placement planning process. If a child or young person is not involved with such services, practitioners should consider making referrals or seek consultation as part of the placement and behaviour support plans. This may include referrals to therapy service, CAMHS etc.

The involvement of these services on a consultancy basis or as part of the care team in developing intervention strategies and case management plans is essential to attaining the best outcomes for the child or young person involved. It is essential that other agencies and professionals acknowledge that they have a significant role in assisting to formulate intervention strategies and implementing agreed management plans as part of joint working.

## **Identifying Factors Indicating Risks for Potential and Actual Harm**

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Factors which indicate risk of self-harm or suicide include:

- Previous threats, attempts or acts of self-harm or suicide;
- Preoccupation with or idealisation of self-harm or suicide;
- History of self-harm or suicide within the family;
- Ongoing and presenting psychological or emotional functioning, including marked changes in presentation such as depression, mood deterioration (or elevation), high levels of anxiety or unrest, impulsivity;
- Psychological and psychiatric history;
- Stressors present in a child or young person's life, including current events and occurrences;
- Lack of individual coping strategies and internal mechanisms to deal with distressing or traumatic events;
- Withdrawal, isolation, separation or alienation from networks such as family, peers, social groups and school;
- Excessive involvement in high risk activities such as reckless actions endangering life, substance use etc.;
- At discharge from a Psychiatric inpatient unit services.

## **Identifying the Opportunities for Potential and Actual Harm**

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Opportunities for potential and actual harm include:

- Whether there is a plan to self-harm or suicide;
- Where there are means available to carry out self-harm or suicide;
- A significant event or incident occurred with which the child has not coped well with or, in the past has self-harmed as a response to such an event;
- Other factors present which could increase the possibility or desire to follow through with self-harm or suicide, such as access to substances of drugs, involvement with others who self-harm;
- Lack of or reduced contact and monitoring from regular supports;
- Comments indicating an intention to self-harm or suicide.

## **Addressing Risk Factors and a Child's Best Interest**

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Where it is known that a young person engages in threats of self-harm/ suicide or actual self-harm, as identified during the referrals and placement planning process, it is essential that a self-harm management plan is put in place. This should be completed in consultation with all professionals and services involved and recorded on the correct paperwork. In the case of an emergency referral particular attention should be paid during the initial placement planning process to any known history of self-harming behaviours. Interventions and responses may be required to:

- Ensure the immediate and on-going safety of the child;

- Reduce the harm or prevent it from recurring;
- Provide the basis for a behaviour support plan which supports and promotes addressing harmful behaviours and the underlying causes;
- Decide whether the child or young person can be safely maintained and supported in their current placement;
- Take appropriate decision making action, such as consult with or report self-harming behaviour to the relevant manager or other involved professionals who can provide advice and direction.

Chronic or entrenched patterns of self-harming behaviours can be triggered by a specific event but are more likely to be related to psychological functioning. Often this internal component can make it more difficult to predict or map when an episode may occur. Where the self-harming behaviour may be chronic or on-going there may be recurring behaviours or conduct in a child or young person's presentation which signal a self-harming episode is imminent. A self-harm management plan in this case would include:

- A summary of any incidents of actual or threatened self-harm;
- Identification of any themes and patterns of the behaviours, for example; time of day, location, staff involved etc.;
- Identifying the antecedents and triggers that indicate when an episode of self-harm has been or is more likely;
- The current frequency and duration of incidents;
- Identification of strategies currently employed and an evaluation of their effectiveness;
- If necessary, develop additional strategies to further reduce, prevent, or avoid self-harming behaviours;
- Formulation of an action plan, including recommendations and a review date.

The self-harm management plan is to be reviewed monthly, or sooner if an incident occurs which increases the risk of self-harm. For high-risk children and young people this may be as frequent as daily or weekly. Where a specific event has led to an assessment that the risk of an episode of self-harm is more likely, staff should then amend or update the individual behaviour support and self-harm management plans. These plans set out how the team will manage the increased risk down, for example through increased vigilance and support.

In such cases it is likely that the care and placement planning process will need to include additional and frequent consultation between relevant professionals.

### **Reporting and Recording Requirements**

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Accurate and timely recording on the child or young person's files of all incidents related to self-harm is important as this information assists in developing, formulating and reviewing an overall picture for those who engage in self-harming behaviours.

In the case of suicide, attempted suicide and ligature the Responsible Individual medical intervention should be sought with emergency services called if the situation call for it. A Safeguarding lead should be informed as soon as is reasonably practicable.

In the Instance of suicidal thoughts, the mentee must be informed that another safe adult must be informed to keep them safe. Parents or guardians and the local authority must be called if the mentor feels the child is at risk.

In the case of self-harm, the mentee must be informed that another safe adult must be informed to keep them safe, and parents or guardians must be informed.

In all cases contact with parents/guardians and local council but be made by phone where possible. A record must be kept in all cases and added to the mentees safeguarding folder. If unsure at any stage of procedure contact the HoS.

### **Considerations for Good Practice**

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When dealing with self-harming behaviours the primary concern must be for the child or young person's immediate safety. However, staff will also need to be proactive in providing the young person with appropriate skills and strategies to understand the motive for the behaviour. They should engage with the young person to consider the risks involved and educate them in sustainable strategies to reduce or eliminate the behaviour for themselves. This can only be achieved through developing positive and trusting relationships between staff and young people which enable them to evaluate and recognise the effectiveness of agreed strategies.

Self-harming behaviours and acts of self-harm by children and young people can have a distressing and traumatic impact on all those involved in ensuring their safety and wellbeing. When working with children and young people who self-harm or are at risk of suicide, staff will be supported to reflect on the impact of such incidents.

In situations where staff are involved with a child who is actively self-harming or suicidal, they should, in consultation with the registered manager, ensure there is a plan in place to support them to manage the negative effects that an incident of self-harm or suicide may cause staff and other children and young people.

This may be possible through systems already in place (supervision, team meetings, Mentalisation sessions) but may also require additional support from other areas of the organisation or external bodies.

Consideration needs to be given to the provision of appropriate training and information to staff involved in working with children and young people most at risk of self-harm and suicide.

### **Responsibilities of Staff where there is a Young Person at Risk of Suicide or Self Harm in Residential Services**

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#### **Responsibilities**

**Person first receiving information that a young person may be at risk of self-harm or suicide**

- Take immediate action to ensure the safety of the young person, including seeking medical attention as appropriate and with reference to agreed behaviour support plans if applicable;
- Inform HoS of any concerns as soon as practicable;
- Record incident in line with recording and reporting policies.
- Inform parents/guardians and/or local council depending on the situation, under the advisement of HoS.

## **5. ALLEGATIONS REGARDING PERSON(S) WORKING IN OR ON BEHALF OF MINDJAM (INCLUDING VOLUNTEERS)**

As per the guidance in section 4 of KSCIE 2023, our school recognises two levels of concerns:

1. Allegations that meet the harms threshold – further details outlined in our Managing Allegations policy
2. Allegation/concerns that do not meet the harms threshold referred to as ‘low level concerns’. Our staff [Code of Conduct](#) policy outlines our expectations of staff and how they should behave.

### **Allegations that meet the harms threshold**

- 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 would pose a risk of harm to children or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children. This is to take account of situations where a person’s behaviour outside school may suggest ‘transferable risk’. For example, where a member of staff or volunteer is involved in an incident outside of MindJam which did not involve children but could have an impact on their suitability to work with children’
- We will apply the same principles as in the rest of this document and we will always follow the Lincolnshire Safeguarding Children Partnership Procedures that can be accessed at [Lincolnshire Safeguarding Children Partnership](#).
- The Head of Safeguarding (HoS), supported by the Head mentor, will be the case manager who will take the lead in any investigation. If either HoS or Head mentor is the subject of the allegation, then the other will manage the case. If there is any doubt as to the procedure to follow, we will contact the Local Authority Designated Officer (LADO) for advice.

The priority in any allegation is the safety of the child. The HoS will follow normal safeguarding procedures if there is risk of harm to a child. Any allegation against an individual working for MindJam will result in immediate suspension.

Following our procedures, the case manager will undertake basic enquiries to obtain facts being careful not to jeopardise any potential police investigation. All investigations will be carried out by:

- applying common sense and judgement

- dealing with the allegation quickly, fairly, and consistently
- providing protection for the child and support for the person subject to the allegation

We will inform the person subject to the allegation when it is right to do so based on advice from LADO and if appropriate Social Care and the Police.

Following the initial investigation and discussions with LADO there may be an outcome of:

- no further action – record of decision and rationale is made as well as decision of information to be shared with the individual
- further enquiries – following discussion with LADO, these are carried out by the Head of Safeguarding or other suitable senior member of staff or, an independent investigator depending on the nature of the investigation. The case manager will monitor the progress of this following the timescales and reviews outlined in the Managing Allegations Policy

Suspension will be implemented if there is cause to suspect a child is at risk of any harm or if the case is so serious that it is most likely to result in dismissal.

We recognise that this process can be very stressful for all involved; MindJam is committed to provide support as outlined in our Managing Allegations policy.

Information sharing is crucial in this process. This includes all relevant information about the person subject to the allegation to aid investigations as well as information about the child involved to determine the level of protection required. Our policy outlines conditions related to the confidentiality of this information.

The outcomes from an allegation are:

**Substantiated:** there is sufficient evidence to prove the allegation;

**Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive or cause harm to the person subject of the allegation;

**False:** there is sufficient evidence to disprove the allegation;

**Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation.

The term, therefore, does not imply guilt or innocence; or,

**Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made.

Following the decision, the case manager, with support from LADO will determine the next actions. If an allegation was found to be malicious, the school must consider whether the person/child who made the allegation is in need of help themselves and whether a referral to customer services is required.

Details of the allegations will be kept on the file of the person accused, except those resulting in a malicious outcome where the choice to retain is that of the individual.

#### **Non-recent allegations**

If an adult wishes to raise an allegation to the school that they were abused as a child, the adult will be strongly advised to contact the police. Any non-recent allegation made by a child must be reported to the LADO who will follow the local authority procedures for dealing with historic reporting of incidents.

#### **Allegations that do not reach the harm threshold**

MindJam fosters a culture in which all allegations and concerns about adults are taken seriously and responded to promptly and appropriately. By being open and transparent about addressing 'low level concerns' we can respond early and reduce the escalation of situations and potential risk of harm to children.

This part of the policy should be read in conjunction with the Staff Code of Conduct and Whistleblowing Policy, to enable staff to share their concerns, no matter how small, about their own or another member of staff's behaviour.

The purpose of the policy is to create and embed a culture of openness, trust and transparency in which the clear values and expected behaviour which are set out in the school's Code of Conduct are constantly lived, monitored and reinforced by all staff. The school deals with all concerns about adults working in or behalf of the school appropriately and promptly.

This part of the policy seeks to

- ensure that staff are clear about, and confident to distinguish between, expected and appropriate behaviour from concerning, problematic or inappropriate behaviour – in themselves and others, and the delineation of professional boundaries and reporting lines
- empower staff to share any low-level concerns with the Senior Leadership Team.
- help staff address unprofessional behaviour and help the individual to correct such behaviour at an early stage
- identify concerning, problematic or inappropriate behaviour – including any patterns – that may need to be consulted upon with (on a no-names basis if appropriate), or referred to, the LADO
- provide responsive, sensitive and proportionate handling of such concerns when they are raised
- help identify any weaknesses in the organisation's safeguarding system.

## CHILD PROTECTION PROCEDURES

All staff follow the company's Child Protection Procedures which are consistent with:

- [‘Working Together to Safeguard Children 2023’](#),
- [Lincolnshire Safeguarding Children Partnership Procedures Manual](#).

MindJam mentors have the potential to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. Appendix 1 outlines the definitions of abuse. The relationships between staff, children, parents and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or staff being alerted to concerns.

All staff will have an awareness of specific safeguarding issues, as referred to in Appendix 2. Domestic Abuse, Child Exploitation (CE), Radicalisation and the Prevent Duty, Female Genital Mutilation (FGM), Attendance and Children Missing from Education (CME) and Contextual Safeguarding are some of these areas.

All staff will also be aware that safeguarding concerns can manifest themselves via peer-on-peer abuse. This is most likely to include, but is not limited to: bullying (including



cyber bullying), gender-based violence/sexual assaults and sexting. Staff are clear as to the company's procedures with regards to peer-on-peer abuse.

It is *not* the responsibility of the staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All members of staff however, have a duty to recognise concerns and maintain an open mind.

Accordingly, all concerns regarding the welfare of children will be recorded and discussed with the HoS (or the deputy DSL in their absence) prior to any discussion with parents.

#### **Concerns that staff must act on immediately and report:**

- any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play.
- any explanation given to the above which appears inconsistent or suspicious
- any behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings or play)
- any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- any concerns that a child is presenting signs or symptoms of abuse or neglect
- any significant changes in a child's presentation, including non-attendance
- any hint or disclosure of abuse from any person
- any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present)
- any potential indicators of Child Exploitation
- any potential indicators of FGM
- any potential indicators of Radicalisation
- any potential indicators of living in a household with Domestic Abuse

## **RESPONDING TO DISCLOSURE**

Staff will not investigate but will, wherever possible, elicit enough information to pass on to the HoS in order that s/he can make an informed decision of what to do next. The HoS will ensure that the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Child Protection processes will operate with the best interests of the child at their core.

#### **Staff will:**

- listen to and take seriously any disclosure or information that a child may be at risk of harm
- try to ensure that the person disclosing does not have to speak to another member of staff
- clarify the information
- try to keep questions to a minimum and of an 'open' nature
- try not to show signs of shock, horror or surprise
- try not to express feelings or judgements regarding any person alleged to have harmed the child

- explain sensitively to the person that they have a responsibility to refer the information to the HoS, children need to know that staff may not be able to uphold confidentiality where there are concerns about their safety or someone else's
- reassure and support the child as far as possible
- explain that only those who 'need to know' will be told
- explain what will happen next and who will be involved as appropriate
- record details including date, what the child has said, in the child's words on to the company's safeguarding recording system and ensure that the HoS is made aware.
- record the context and content of their involvement, distinguishing between fact, opinion and hearsay

Action by the HoS (or deputy DSL in their absence)

Following any information raising concern, the HoS will consider:

- any urgent medical needs of the child
- whether the child is subject to a child protection plan
- discussing the matter with other agencies involved with the child/family
- consulting with appropriate persons e.g. [Police or Local Authority](#)
- the child's wishes

#### **Then decide:**

- to talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk
- whether to make a [child protection referral](#) to Children's Social Care-Duty and Advice Team because a child is suffering or is likely to suffer significant harm and if this needs to be undertaken immediately
- not to make a referral at this stage
- if further monitoring is necessary
- if it would be appropriate to undertake an assessment (e.g. Early Help Assessment - EHA)

All information and actions taken, including the reasons for any decisions made, will be fully documented. All referrals to Lincolnshire's Customer Service Centre will be followed up in writing and these referrals will always be kept on file irrespective of the outcome.

## **ACTION FOLLOWING A CHILD PROTECTION REFERRAL**

The HoS (or deputy DSL in their absence) will:

- make regular contact with the social worker involved to stay informed
- wherever possible, contribute to the strategy discussion
- provide a report for, attend and contribute to any subsequent [child protection conference/strategy meeting](#)

- if the child or children are made the subject of a child protection plan, contribute to the child protection plan and attend core group meetings and review conferences
- where possible, share all reports with parents prior to meetings and ensure that they understand the content
- where in disagreement with a decision and concerns remain with the child firstly:
  1. Talk in the first instance to the social worker/LADO
  2. check the referral including all the relevant information and clearly document the concerns about the child
  3. finally follow the [professional resolution and escalation protocol](#) if the concern remains
- where a child subject to a child protection plan goes missing, immediately inform the social worker and/or Children's Social Care Customer Service Centre.

## RECORDING AND MONITORING

Accurate records will be made as soon as practicable and will clearly distinguish between observation, fact, opinion and hypothesis. All records will state who is providing the information, the date and time, information will be recorded in the child's words where possible and a note made of the location and description of any injuries seen, if this is a paper record then this should be signed. An example of how this is done can be found in Appendix 3. Photographs of injuries will not be taken.

The HoS ensures that the method for other members of staff or volunteers passing on concerns or information is always adhered to as consistency is paramount in ensuring that nothing gets missed. All records of concerns are followed up and clearly show what action is being taken as a result of the concern and the outcomes of this action.

All documents will be retained in a 'Child Protection file', separate from the child's MindJam file. It is kept secure with appropriate level of limited access.

## SUPPORTING THE CHILD AND PARTNERSHIP WITH PARENTS

MindJam recognises that the child's welfare is paramount, and that good child protection and safeguarding practice and outcomes rely on a positive, open, and honest working partnership with parents.

Whilst we may, on a rare occasion, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child.

We will also provide a secure, caring, supportive and protective relationship for the child. Children will be given a proper explanation (appropriate to age and understanding) of what action is being taken on their behalf and why.

We will endeavour always to preserve the privacy, dignity and right to confidentiality of the child and parents. The HoS will determine which members of staff need to know personal information and what they need to know for the purpose of supporting and protecting the child.

## CHILD INFORMATION

To keep children safe and provide appropriate care for them, we require accurate and up to date information about:

- names, contact details and relationship to the child of any persons with whom the child normally lives
- names and contact details of all persons with parental responsibility (if different from above)
- emergency contact details (if different from above).
- any relevant court order in place including those which affect any person's access to the child (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)
- if the child is or has been subject to a Child Protection Plan
- if the child is or has been subject to an Early Help Assessment (EHA) or Child In Need (CIN) processes
- if the child is a Looked After Child (LAC) or previously looked after
- name and contact details of the child's GP
- any other factors which may impact on the safety and welfare of the child

The company will collate, store and agree access to this information, ensuring all information held electronically is stored securely with due regard to meeting data protection and safeguarding requirements. MindJam must ensure this information is accurate. We encourage parents to keep us informed of any changes to the basic contact information that we hold at any time but in addition to this our company will check information for all children at least on an annual basis.

## ROLES AND RESPONSIBILITIES

**The Head of Safeguarding and Deputies will ensure that:**

- the policies and procedures adopted by the Governing Body are fully implemented, and followed by all staff;
- sufficient resources and time are allocated to enable the Head of Safeguarding and other staff to discharge their responsibilities including taking part in strategy discussions and other inter-agency meetings and contributing to the assessments of children.
- there are arrangements in place for safeguarding supervision for the HoS and the deputy DSLs.
- all staff and volunteers feel able to raise concerns about poor or unsafe practice regarding children, and such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle blowing policies.

- the HoS is supported in providing a contract for the company to provide a report and attend Initial Child Protection Case Conferences, Reviews and Looked After Children Reviews.
- allegations regarding staff or any other adults in the company are referred to the Local Authority Designated Officer (LADO), as set out in the Managing Allegations procedure.
- low level concerns in relation to staff behaviour are dealt with through disciplinary policy and a culture of openness and transparency is developed.
- individuals are referred to the Disclosure and Barring Service or/and the Secretary of State via the Teaching Regulation Agency where a person is dismissed or has left due to a safeguarding concern or serious misconduct.

The HoS and Deputy DSLs maintain oversight and hold lead responsibility for any concern about a child, including children requiring early help or child protection.

A member of the Safeguarding Team will always be available during company hours for staff in the company to discuss any safeguarding concerns. Arrangements will be made for appropriate cover for any out of hours/out of term activities.

Their role will include ensuring that the company, and staff, know who their vulnerable or potentially vulnerable children are, understand their additional needs, academic progress and attainment and maintain a culture of high aspirations for this cohort by supporting teaching staff to identify the challenges that children in this group might face and the additional support and adjustments, both pastoral and academic that could be made to best support them.

As part of their role, they will:

**Manage referrals by:**

- referring cases of suspected abuse to the local authority children’s social care (Customer Service Centre)
- supporting staff who make referrals to Customer Service Centre
- seeking advice from Prevent Team regarding radicalisation concerns & refer cases to the Channel programme when necessary
- supporting teachers to report any cases of Female Genital Mutilation (FGM) as outlined in the duty
- supporting the Head to refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required
- referring cases to the Police where a crime may have been committed

**Work with others by:**

- liaising with the Head Mentor to inform them of issues especially on-going enquiries under section 47 of the Children Act 1989 and police investigations
- as required, liaising with the “case manager” (as per Part four of KCSIE) and the LADO for child protection concerns (all cases which concern a staff member or volunteer)

- liaising with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- acting as a source of support, advice, and expertise for staff.
- liaising with mental health team or lead where safeguarding concerns are linked to mental health

### **Undertake Training**

The HoS (and any deputies) will undergo training to provide them with the knowledge and skills required to carry out the role.

The HoS and Deputies will ensure that they are sufficiently trained and informed to:

- understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- ensure each member of staff, especially new and part-time staff, has access to and understands the company's child protection policy and procedures
- be alert to the specific needs of children in need, those with special educational needs and young carers
- be able to understand the unique risks associated with online safety and keep up to date with knowledge to keep children safe whilst they are online at the company.
- understand the lasting impact that adversity and trauma can have on children's behaviour, mental health and wellbeing, and know what is needed in responding to this in promoting educational outcomes
- understand the importance of information sharing, both within the company and with the safeguarding partners, other agencies, organisations and practitioners
- be able to keep detailed, accurate, secure written records of concerns and referrals
- understand and support the company with regards to the requirements of the Prevent duty and can provide advice and support to staff on protecting children from the risk of radicalisation
- maintain access to resources and receive information about additional relevant course

### **Raise Awareness by:**

- ensuring the company's child protection and safeguarding policies and procedures are known, understood and used appropriately
- ensuring the company's child protection and safeguarding policy is reviewed at least annually and the procedures and implementation are updated and reviewed regularly
- working with the Governing body in particular, the Safeguarding Governor.
- ensuring that the latest version of the child protection and safeguarding policy is available publicly and parents know that referrals about suspected abuse or neglect may be made and the role of the company in this

- linking with the Lincolnshire Safeguarding Children Partnership to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

**All staff and volunteers will:**

- read and sign to say that they understand and will fully comply with the company's policies and procedures
- read the appropriate parts of Keeping Children Safe in Education (Sept 2022)
- identify concerns and inform the HoS as early as possible to prevent concerns from escalating and identify children who may need extra help or who are suffering or are likely to suffer significant harm
- ensure there is a culture of listening to children and always considering their thoughts and wishes
- recognising the difficulties that some children have in approaching and sharing concerns with adults, putting in place measures to build relationships
- attend annual whole company safeguarding training and other appropriate training identified
- provide a safe environment in which children can learn
- be aware that they may be asked to support a Social Worker to make decisions about individual children
- inform the HoS of any safeguarding concerns regarding an adult within company at the earliest opportunity
- inform the senior mentor of any concerns regarding another senior mentor at the earliest opportunity
- inform a senior mentor of any behaviour of staff that is deemed as inappropriate and a risk to young people
- act on the concern and make the referral themselves if they feel the concern is not being taken seriously.

## CHILD ABUSE, NEGLECT AND SPECIFIC SAFEGUARDING SITUATIONS

Abuse or neglect of a child can happen by someone inflicting harm or failing to act to prevent harm. Young people may be abused in a family, an institutional or community setting by those known to them or by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. Sometimes they tell us about abuse, sometimes they don't.

Abuse is categorised in Working Together into four areas Sexual Abuse, Emotional Abuse, Physical Abuse and Neglect. Further information can be found in Appendix 1. Children also face risks within several safeguarding situations, these are detailed in Appendix 2. In our company, we ensure that staff training focuses on the situations that are relevant to our children in our company environment, recognising also that children are part of a wider community and that a 'it may happen here' culture allows early intervention. We also ensure

that children themselves develop skills in recognising risks and keeping themselves and others safe within these situations.

Children and Young People may not know how to tell an adult that they are being abused. The relevant safeguarding training will be provided to help mentors recognise the warning signs of the different types of abuse (emotional, physical, sexual and neglect). Training is also provided to help guide the mentor to create a safe environment for the mentee in which they feel able to disclose abuse, supported by the HoS.

## SAFER RECRUITMENT

Safer recruitment ensures that every new member of staff understands their duties to safeguard young people from the outset starting from the advertisement, through the interview, to their induction, and start at the company. It is essential that no one gets to work with children who cannot keep them safe.

We ensure that all appropriate measures are applied in relation to everyone who works in the company who is likely to be perceived by the children as a safe and trustworthy adult including e.g. volunteers and staff employed by contractors. Safer recruitment practice includes scrutinising applicants, verifying identity, seeing academic and vocational qualifications, obtaining professional references, checking previous employment history (and ensuring all gaps in employment are accounted for) and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and all relevant safer recruitment checks, e.g. Disclosure and Barring Service and Right to Work in the UK checks.

The key staff involved in staff recruitment are trained in safer recruitment and [vetting](#). At least one member of the recruitment panel, including appointment of volunteers and contracted services, will have received safer recruitment training in the last 5 years and accessed more regularly updates on changes to safer recruitment legislation and procedures.

The company maintains a [Single Central Record](#) (SCR) which is a statutory document that holds relevant information including safer recruitment checks on:

- all staff who work at the company: this means those providing education to children;

The information that must be recorded in respect of all staff members mentioned above is whether the following checks have been carried out or certificates obtained, and the date on which each check was completed/certificate obtained:

- an identity check
- a barred list check
- an enhanced Disclosure and Barring Service (DBS) check
- a prohibition from teaching check



- further checks on people who have lived or worked outside the UK: this would include recording checks for those European Economic Area (EEA) teacher sanctions and restrictions
- a check of professional qualifications; and
- a check to establish the person's right to work in the United Kingdom.

### **Individuals who have lived or worked outside the UK**

Individuals who have lived or worked outside the UK must undergo the same checks as all other staff in the company. This includes obtaining (via the applicant) an enhanced DBS certificate (including barred list information, for those who will be engaging in regulated activity) even if the individual has never been to the UK. In addition, the company must make any further checks they think appropriate so that any relevant events that occurred outside the UK can be considered. These checks might include, where available:

- [criminal records checks for overseas applicants](#) or [Home Office guidance](#) and for teaching positions
- obtaining a letter of professional standing from the professional regulating authority in the country in which the applicant has worked using the UK European Information Centre [UK ENIC](#) for advice about which regulatory or professional body applicants could be contacted.

Where available, such evidence will be considered together with information obtained through other pre-appointment checks to help assess suitability. Where this information is not available, the company will seek alternative methods of checking suitability or undertake a risk assessment that supports informed decision making on whether to proceed with the appointment. Although sanctions and restrictions imposed by another regulating authority do not prevent a person from taking up teaching positions in England, the company should consider the circumstances that led to the restriction or sanction being imposed when considering a candidate's suitability for employment.

## APPENDIX 1

### **Definitions of safeguarding abuse and neglect**

(‘Working Together’ 2023 and ‘Keeping Children Safe in Education’ 2023)

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

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

**Harm** means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

**Development** means physical, intellectual, emotional, social or behavioural development;

**Health** includes physical and mental health; maltreatment includes sexual abuse and other forms of ill-treatment which are not physical.

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

**Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (Fabricated Induced Illness).

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

## APPENDIX 2

### **Definitions and procedures for specific safeguarding situations**

In addition to the situations below the LSCP policy and procedures manual maintains an extensive section on 'Children in Specific Circumstances' – (section 5) that HoS and any deputy HoSs should be familiar with.

### **Children and the court system**

Children are sometimes required to give evidence in criminal courts. There are two age appropriate guides to support children Going to Court 5-11 year olds and 12-17 year olds.

### **Children Missing Sessions**

Missing sessions can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may involve sexual abuse or exploitation and child criminal exploitation. It may also indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child missing sessions in the future.

It is MindJam's duty to notify the local authority of any children who do not attend sessions without prior notice. If a session is missed and a reason is not given (illness or holiday) or child misses a succession of sessions (i.e. two or more) then the mentor must contact the mentees school or council point of contact to inform them of the missed sessions. A record of the missed session will be kept on the mentor's booking sheet.

### **Children with family members in prison**

MindJam understands that children with a parent(s) in prison are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. They may require specific services and support. Families and children of people in prison will be seen as families first and school will work to ensure their needs are appropriately met. This will include providing support to ensure the voice of the child is considered when seeking contact with a family member in prison. Support is available from the National Information Centre of children of offenders NICCO who provide information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

### **Child Sexual Exploitation**

Child Sexual Exploitation (CSE) is a form of child sexual abuse. 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. 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. (Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (2017)

Staff are trained in recognising the key indicators of CSE and understand their role in the prevention of CSE and the importance of awareness within the curriculum e.g. within the teaching of Healthy Relationships.

If staff identify children for whom CSE may be a concern they will apply the usual referral process and Child Protection procedures and pass this information to the Head of Safeguarding (HoS). The HoS will make referrals to the CSC as appropriate. The company also appreciates that they have a role to play in sharing soft intelligence in relation to perpetrators of CSE, and therefore if such information should come to light within sessions the HoS will share this appropriately with the police on Tel: 101.

### **Child Criminal Exploitation: County Lines and Cyber Crime**

MindJam recognizes that criminal exploitation of children is a geographically widespread form of harm that can affect children both in a physical and virtual environment. We recognise that the experiences of boys and girls being exploited may be very different; appropriate support will be given to address the individual needs of our children.

County Lines Criminal Activity: Drug Networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines is missing school episodes, when the victim may have been trafficked for the purpose of transporting drugs. MindJam will consider whether a referral to the National Referral Mechanism (NRM) should be undertaken in order to safeguard that child and/or other children. First responders organisations e.g. the local authority can complete the referral, on the company's behalf, online.

Cybercrime Involvement: Organised criminal groups or individuals exploit children and young people due to their computer skills and ability, in order to access networks/data for criminal and financial gain.

There are a number of signs that may indicate a child is a victim or is vulnerable to being exploited which include;

- missing from school
- showing signs of other types of abuse/aggression towards others
- having low self-esteem, and feelings of isolation, street or fear
- lacking trust in adults and appearing fearful of authorities
- having poor concentration or excessively tired
- becoming anti-social
- displaying symptoms of substance dependence
- excessive time online computer/gaming forums

- social Isolation in school with peers
- high-functioning with an interest in computing

This is not an exhaustive list and we are aware of other factors which may also impact on the child. Like with all other safeguarding concerns, if our children are in this situation, support will be provided through the company or partner agency. Further advice and support regarding concerns of this nature can be found in the contacts section.

### **Domestic Abuse and Operation Encompass**

The cross-government definition of domestic violence and abuse is:

- any incident or pattern of incidents of controlling, coercive, 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.
- actions that encompass, but are not limited to a psychological, physical, sexual, financial and emotional impact.
- controlling behaviour that includes a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- coercive behaviour that includes an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

If staff identify children for whom Domestic Abuse may be a concern they will apply the usual referral process and Child Protection procedures and pass this information to the Head of Safeguarding (HoS). The HoS can then refer cases where relevant, to Lincolnshire Customer Services. Where domestic abuse notifications are received from the Multi-Agency Risk Assessment Conference (MARAC), this information will be added to a child's chronology and child protection record to ensure that appropriate support can be provided where necessary. A coding system will be in place. Further guidance is available in the Domestic Abuse Resource Pack for Schools and Educational Settings in Lincolnshire; <https://edanlincs.org.uk/> email: [info@edanlincs.org.uk](mailto:info@edanlincs.org.uk) Tel: 01522 510041

### **Homelessness**

Being homeless or at risk of homelessness presents a real risk to a child's welfare. The HoS (and deputy) is aware of contact details and referral routes into the Lincolnshire Housing Authority so they can raise /progress concerns at the earliest opportunity. We refer to the Homeless Reduction Act Factsheets which summarises the new duties that focus on early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

## **'Honour-based' violence (including Female Genital Mutilation and Forced Marriage)**

So called 'honour-based violence' (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abusive and should be handled and escalated as such. Our staff are alert to the possibility of a child being at risk from HBV, or have already suffered HBV and understand the duty on them to protect the welfare of these children

### **Female Genital Mutilation/FGM**

We understand that Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. Staff know that FGM is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

#### **The reporting of FGM is a mandatory duty**

Our teachers are aware that Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon them (and those employed or engaged to carry out teaching work) to report to the police where they discover that FGM appears to have been carried out on a girl under 18 years of age. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining children. We refer to the DfE guidance Mandatory reporting of female genital mutilation procedural information

Teachers must personally report to the police, cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the HoS and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases. In these cases, teachers will follow usual safeguarding procedures reporting to HoS.

### **Forced Marriage**

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

Our staff understand that, likewise, this is a potential safeguarding issue and that they must pass on concerns by applying the usual referral process and Child Protection procedures and passing this information to the Head of Safeguarding (HoS). We refer to The Forced Marriage Unit on Tel; 020 7008 0151 and their statutory guidance;

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322310/HMG\\_Statutory\\_Guidance\\_publication\\_180614\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf)

## **Preventing Radicalisation, The Prevent Duty and Channel**

Children are vulnerable to extremist ideology and radicalisation. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection and report concerns to the HoS. Under section 26 of the Counter-Terrorism and Security Act 2015, we are aware that we must have due regard to the need to prevent people from being drawn into terrorism, and that this is known as the Prevent Duty.

In order to fulfil the Prevent Duty, staff have received information/training to help them to identify children who may be vulnerable to radicalisation, and the company is committed to accessing further training to ensure that all staff are up to date and aware of this duty.

If a staff member identifies children for whom this may be a concern they should apply the usual referral process and Child Protection procedures and pass this information to the Head of Safeguarding (HoS). If the individual is at immediate risk of harm or immediate risk of terrorist related activity then the Police should be contacted on 999. If there is no immediate risk, the Head of Safeguarding will contact the relevant Prevent team to seek further help. The Prevent officer may be able to support the company or may decide that a referral into the Channel process is required. Channel guidance. It may be decided that there are no Prevent related concerns but a referral to Children's Services is required.

Radicalisation will also be considered within current Online Safety policies, procedures and curriculum in terms of having suitable filtering and monitoring in place and raising awareness with staff, parents and children about the increased risk of online radicalisation, through the use of the internet, Social Media and Gaming.

We refer to the Prevent duty guidance: for England and Wales which contains information for schools.

## **Child on Child Abuse**

All staff are aware that children can abuse other children (often referred to as child on child abuse). This is most likely to include, but not limited to:

- bullying (including cyber bullying, prejudice-based and discriminatory bullying.
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- abuse in intimate relationships
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, distress or alarm;



- nudes/semi-nudes (sexting); and
- initiation/hazing type violence and rituals;

## **Body Shape**

Young people come under increasing pressure to conform to so-called ideals by peers, adults, sometimes parents, the mass media, through social media and through their own view of themselves. Research shows more than half of young people worry about the way they look, and this can lead to withdrawal, isolation, emotional and at its extremes serious physical harm. We work assertively to tackle these values, support individuality and body confidence at the company and encourage young people to work together to present a positive and healthy view of body shape.

## **Bullying**

Bullying is a form of abuse and can cause serious anxiety and distress and further safeguarding risks. It comes in many different forms which are detailed in this appendix. All bullying including cyber bullying and prejudice-based bullying must be reported and will be managed through our anti-bullying procedures. The company will make a child protection referral if required. Staff are fully trained to deal with bullying and support children who are being bullied. Staff recognise the different levels of bullying and the seriousness of racist, homophobic and gender related bullying. We recognised that, whilst those who are bullying may need sanctions put in place, we also recognise that they may be in need of support and we will engage with appropriate services to address this.

## **Serious Violence**

All staff are aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal network or gangs.

All staff are aware of the associated risks and understand the measures in place to manage these. We refer to the Home Office publication for advice and guidance.

<https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence>

and

<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-line>

## Sexual Violence and Sexual Harassment

Staff are aware of sexual violence and sexual harassment and that children can, and sometimes do, abuse their peers in this way. Sexual violence refers to Rape, Assault by Penetration and Sexual Assault as described in the Sexual Offences Act 2003. Sexual harassment means 'unwanted conduct of a sexual nature' that can occur online and offline. Staff understand that when we reference sexual harassment we do so in a context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Neither is acceptable and will not be tolerated by the company. MindJam takes all such reports seriously and they will receive the same high standard of care that any other safeguarding concern receives. A multi-agency approach will be undertaken when responding to all such complaints; however the company will always take immediate action to protect children despite the actions of any other agency. These actions may include an immediate risk assessment in respect of the needs of the child victim and will address any risks identified to any child in respect of an alleged perpetrator of sexual violence or sexual harassment to ensure children are protected from harm. Any risk assessment will be fluid and may change to reflect any developments during the management of the case.

All such reports will be managed by the Head of Safeguarding. There are a number of options the company may consider in respect of the management of a report of sexual violence or sexual harassment between children and each case will receive an appropriate bespoke response once all the facts are known. Irrespective of any potential criminal outcome, the company has a duty to safeguard all children and may deal with any such report on a balance of probability basis when considering the outcomes for children involved.

Any report of sexual violence will trigger the company to do a risk assessment to consider

- the needs of the victim and their support and protection
- any other potential victims
- the perpetrators and,
- all other children, and if appropriate, students and staff if protection is required against the perpetrator.

This risk assessment does not replace those assessments carried out by professionals but helps the company decide on the next course of action particularly in relation to keeping the victim and other potential victims safe from harm or distress. The assessment may result in reorganisation of classes or transport arrangements, for example to ensure that the victim and perpetrator are not in close proximity. Any decisions will be made based on the wishes of the victim, the nature of the incident and the safety of others. Actions will be taken immediately to reduce risk and undue distress and assessments will be reviewed regularly.

The outcome of a report of sexual violence may be that we will manage the situation within our own processes, request early help from the local authority, report the incident to social

care or report to the Police. All reports will be reviewed and potential lessons to be learnt by the company will be considered.

We recognise in our company that reporting of the above can be difficult for children and therefore we provide a range of ways in which children can let us know of their concerns and we will promote these regularly. We will adopt an understanding that it could and is most likely happening in our company and not depend on reporting to dictate actions. We will develop a 'zero tolerance' approach and not judge any disclosure as 'low level' or acceptable. We understand that child on child abuse happens anywhere. The way we respond to a concern is likely to have a long lasting impact on how others react if they wish to disclose therefore we are very aware of ensuring appropriate support is in place. We will continue to reflect on our approaches using the experiences of children and families to guide this. If we find the information to be false, unfounded or malicious, we will also reflect and act on if necessary, why this disclosure was made and any potential 'cry for help' that could escalate into a safeguarding concern. Support will also be considered for the perpetrator in order to reduce harmful behaviour and potential risk to others.

All staff have received the appropriate level of training to be able to respond to sexual abuse and harassment incidents.

Our behaviour policy provides further information on the process followed by the company and all staff have read and understood this policy.

### **Upskirting**

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence. Staff will always act in the best interests of a child and follow usual safeguarding procedures.

### **Consensual and non-consensual sharing of nudes and semi-nudes images and/or videos (sexting or nudes)**

<https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people>

Where there is a disclosure or the company becomes aware that a child may have been involved in sending nudes or semi-nudes images or videos which is sometimes referred to as 'sexting', it will refer to the guidance in the document 'Sexting in Schools and Colleges, Responding to incidents and Safeguarding young people' published by the UK Council for Child Internet Safety (2016).

Staff understand that when an incident comes to their attention the incident should be referred to the HoS as soon as possible. The HoS will then hold an initial review meeting with appropriate company staff and subsequent interviews with the young people involved (if appropriate). Parents will be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of

harm. At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral will be made to children's social care and/or the police immediately

We will refer to the following guidance if appropriate: The DfE guidance 2018 on Searching Screening and Confiscation Advice for Schools

### **Contextual Safeguarding**

MindJam recognises that safeguarding incidents and/or behaviours can be associated with factors outside the sessions and/or can occur between other children. All staff, but especially the Head of Safeguarding will consider the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. The company will provide as much information as possible to children's social care as part of any referral undertaken.

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

### **Carrying Knives/offensive weapons and gang culture**

If a member of staff suspects a child of being involved in gang culture, this is a Safeguarding concern and will require a discussion with the Head of Safeguarding who will seek advice from agencies and professionals including reference to the Safeguarding procedures as outlined by the local authority. The child may be an exploited child and victim to which the company will offer support

### **Children who may require Early Help**

All Staff working within the company are aware safeguarding is not just about protecting children from deliberate harm, neglect and failure to act. It relates to broader aspects of care and education, including:

- children's health and safety and well-being, including their mental health
- meeting the needs of children who have special educational needs and/or disabilities.
- the use of reasonable force
- meeting the needs of children with medical conditions
- intimate care and emotional well-being
- online safety and associated issues
- appropriate arrangements to ensure children's security taking into account
- the local context.
- young carers;
- privately fostered children;
- children who have returned home to their family from care:
- children showing signs of engaging in antisocial or criminal behaviour;
- family circumstances presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or

- early signs of abuse and/or neglect;
- signs of displaying behaviour or views that are considered to be extreme;
- children misusing drugs or alcohol themselves;
- not attending school or are at risk of exclusion from school;
- frequently going missing/goes missing from care or from home;
- risk of modern slavery, trafficking, exploitation, radicalised;
- not in education, training or employment after the age of 16 (NEET);
- unborn babies – LSCP pre-birth protocol

These children are more vulnerable and therefore the company will identify who their vulnerable children are, ensuring all staff and volunteers know the processes to secure advice, help and support where needed.

We refer to the guidance for Early Help at [www.lincolnshire.gov.uk/tac](http://www.lincolnshire.gov.uk/tac) or seek help via [TACadmin@lincolnshire.gov.uk](mailto:TACadmin@lincolnshire.gov.uk)

### **Children with special educational needs and disabilities or physical health issues**

SEND officers are available for every child and family across the country. Special consideration should be given to safeguarding and protecting children who may have additional vulnerabilities. Additional barriers can exist to the recognition of abuse and neglect which can include assumptions that indicators of abuse such as behaviour, mood and injury relate to the child's disability without further exploration. It is common to see a disability first and abuse second which may delay support required. Vulnerable children can be disproportionately impacted by things like bullying and abuse, without outwardly showing any signs. There may also be communication barriers and difficulties in overcoming these barriers

These additional challenges are addressed through a high level of pastoral care and communication and interaction with our young people. These communication tools may include Makaton, communication in print and Colourful Semantics to ensure the child's voice is heard despite their additional needs. Our communication with parents will be frequent and informative allowing on-going risk assessments to be carried out to avoid any assumptions being made in relation to any change in behaviour or physical appearance.

### **Online safety**

Young people are increasingly using mobiles phones, tablets and computers on a daily basis. While mobile devices are a source of fun, entertainment, communication and education we know that some adults and young people will use these technologies to harm young people. The harm might range from hurtful and abusive texts and e-mails, to enticing young people to engage in sexually harmful conversations, webcam photography or face-face meetings. Our e-safety policy explains how we try to keep young people safe in the home. The company follows UK Council for Internet Safety and Department for Education Guidance around sexting and staff will immediately report concerns to the Head of Safeguarding.

“Chatrooms” and social networking sites are the more obvious sources of inappropriate and harmful behaviour and young people cannot access these on our IT system. We will work with young people on how to maintain their own safety and how to summon help if they are concerned about what they see online. Some young people will undoubtedly be chatting on mobiles or social networking sites at home and parents are encouraged to consider measures to keep their young people safe.

The staff Code of Conduct provides further advice and guidance regarding the use of social networking and electronic communication with young people in our care.

### **Private Fostering**

Private fostering is when a child or young person under 16 years old (or 18 if they have a disability) is to be looked after for a period of 28 days or more by someone who is not a close relative, guardian or person with parental responsibility. Close relatives include parents, step-parents, aunts, uncles and grandparents.

By law, the local authority must be told about all private fostering situations. The child’s parents, private foster carer and anyone else (including the company) involved in the arrangement are legally required to inform the local authority.

It is then the local authority’s legal duty to make sure all private fostering arrangements are safe for the child or young person. Once informed of the arrangement the local authority will check the suitability of private foster carers, make regular visits to the child or young person and ensure advice, help and support is available when needed.

### **Substance Misuse**

MindJam takes a serious view of substance misuse while recognising that young people may get caught up in misusing substances through vulnerability or exploitation. All cases of substance misuse should be brought to the attention of the Head teacher who will consider both the student behaviour policy and any factors that may indicate a young person is in need of help or protection.

### **Trafficking and exploitation**

The two most common terms for the illegal movement of people – ‘trafficking’ and ‘smuggling’, are very different. In human smuggling, immigrants and asylum seekers pay people to help them enter the country illegally; after which there is no longer a relationship. Trafficked victims are coerced or deceived by the person arranging their relocation. On arrival in the country of destination the trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered.

Young people are a special case, any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been deceived. This is partly because it is not considered possible for young people to give informed consent.

Even when a child understands what has happened they may still appear to submit willingly, to what they believe to be the will of their parents.

Any concerns about trafficking and exploitation will be reported by the company to Customer Services immediately.

## APPENDIX 3

### **Body Map Guidance**

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

\*At no time should an individual member of staff take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the Customer Service Centre or the child's social worker if already an open case to social care.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and then recorded appropriately.

A copy of the body map should be kept on the child's concern/confidential file.



## APPENDIX 4

### **Guidance**

- [Lincolnshire Safeguarding Children Partnership Multi-Agency Procedures](#)
- [Working Together to Safeguard Children & Young People 2023](#)
- [Information Sharing Document 2018](#)
- [What to do if you're worried a child is being abused 2015](#)
- [Children Act 1989](#) and [Children Act 2004](#)
- [Guidance for Safer Working Practice for those Adults who work with Children and Young People](#)
- <https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people>
- [Sexual violence and sexual harassment between children in schools and colleges](#)

### **Prevent**

Prevent Support Officer, Lincolnshire County Council, 01522 555367,  
[prevent@lincolnshire.gov.uk](mailto:prevent@lincolnshire.gov.uk)

PREVENT Officer, East Midlands Special Operations Unit – Special Branch, 01522 558304,  
Email: [prevent@lincs.pnn.police.uk](mailto:prevent@lincs.pnn.police.uk)

### **Online Safety incidents**

#### **National helpline**

[Safer internet Helpline](#)

#### **Early Help Team**

[TACadmin@lincolnshire.gov.uk](mailto:TACadmin@lincolnshire.gov.uk) [www.lincolnshire.gov.uk/tac](http://www.lincolnshire.gov.uk/tac)  
[earlyhelpconsultants@lincolnshire.gov.uk](mailto:earlyhelpconsultants@lincolnshire.gov.uk)

#### **Training Materials**

LSCP Online and face to face Safeguarding Training courses including Safer Recruitment training: [LSCP Training](#)

LCC Safeguarding in Schools Training Package [safeguardingschools@lincolnshire.gov.uk](mailto:safeguardingschools@lincolnshire.gov.uk)

Safeguarding Governor Training [governorsupport@lincolnshire.gov.uk](mailto:governorsupport@lincolnshire.gov.uk)

Prevent Training; All staff can undertake e-learning which is equivalent to WRAP 2 via the LSCP Training

In addition free face to face Prevent Awareness training is available through contacting either of the following:

- Lincolnshire Police, Prevent Officer, 01522 558304, [prevent@lincs.pnn.police.uk](mailto:prevent@lincs.pnn.police.uk).
- Lincolnshire County Council, Prevent Officer, 01522 555367, [prevent@lincolnshire.gov.uk](mailto:prevent@lincolnshire.gov.uk)