Safeguarding Children's Policy

Reference:	**KTM003**
Version:	**V2**

Document Change History		
Version	Date	Comments
V1	10/01/2026	Separate Children's policy created
V2	26/05/2026	Updated
V3	28/07/2026	Reflect changes in KCSIE 2026

Company Statement

KTM Care Ltd believes that every person has the right to live free from abuse, exploitation and neglect.

We have a responsibility for the care, support and protection of vulnerable children and adults we have compiled this Policy to help us protect the people we support.

We aim to promote the well-being, security and safety of vulnerable people in our care that is consistent with their rights, mental capacity and personal choices to prevent abuse occurring.

This Safeguarding Policy is based on guidelines and legislation that are outlined in this document.

Key Safeguarding Principles

- Behaviour is communication
- Distress may be disclosure
- Lack of verbal language does not reduce safeguarding risk
- Changes from baseline matter more than labels
- Staff do not investigate they record and report
- The DSL/DDSL decide next steps

Company Safeguarding contacts:

(DSL) Designated Lead (Adults): Kerry Austin, Registered Manager (kerryaustin@ktmcare.co.uk)

(DSL) Designated Lead (Children) Ross Thompson, Children's Operations Manager (ross@ktmcare.co.uk)

(DDSL) Deputy Designated (Adults): Natalie Brooks Smith, Deputy Manager (nataliebrookssmith@ktmcare.co.uk)

(DDSL) Deputy Designated (Children) Laura Clifford, Activity and Start Up Coordinator (Laura@ktmcare.co.uk)

Introduction

Schools and their staff form part of the wider safeguarding system for children. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

(Keeping Children Safe in Education – DfE, 2026)

This Safeguarding Policy is for all staff, parents, and the wider KTM community. It forms part of the safeguarding arrangements for our Non-School Alternative Provision and should be read in conjunction with the following:

- **Keeping Children Safe in Education (DfE, 2026)**
- KTM Care Ltd Behaviour, Relationships and Communication Policy
- KTM Care Ltd Staff Code of Conduct
- The safeguarding response to children missing from education
- The role of the Designated Safeguarding Lead (KCSIE, 2026)

Safeguarding and promoting the welfare of children (everyone under the age of 18) is defined in *Keeping Children Safe in Education (2026)* as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing the 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
- Taking action to enable all children to have the best outcomes

KTM Care has a whole-service approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, underpinning all systems, processes, and policies. It is important that our values are understood and shared by all children, staff, parents/carers, and the wider community. KTM Care believes that only by working in partnership can we truly keep children safe.

KTM Care Ltd is aware of its obligations to protect and safeguard children who are present during the delivery of our services. We apply the *Think Family* principles and promote a whole-family approach when working with children and their support networks.
Note: At no time do staff act in loco parentis as defined under the Children Act 1989.

In England, a child is defined as anyone who has not yet reached their 18th birthday (Children Act 1989). Statutory child protection guidance points out that even if a child has reached 16 years of age and is:

- Living independently
- In further education
- A member of the armed forces
- In hospital, or
- In custody in the secure estate

They are still legally children and should be given the same protection and entitlements as any other child *(Working Together to Safeguard Children, DfE 2026)*.

Setting the Context

KTM Care Ltd is a Care Service for All that Specialises in Autism, supporting people aged 4 years and upwards under the heading of 'Domiciliary Care Agency'. We assist our service

users to achieve their goals and dreams by working together and by a set plan within our digital software package “Sekoia”.

Within our Non-School Alternative Education programme, we are supporting children and young people who have been unable to access Education for various reasons and in partnership work collaboratively to create a tailored plan that will assist in transitioning the children/young people back into Education.

KTM Care can be contracted by the Local Authority (Education) and where our services are required, provide up to 16 hours per week of Non-School Alternative Provision, this also applies to Schools/Colleges.

This document should be used in conjunction and in accordance with each individual Local Authority’s safeguarding procedures (See appendix) which includes the following:

- Reporting Channels: Reporting all safeguarding concerns directly to the appropriate Local Safeguarding Children Partnership (LSCP) or Safeguarding Adults Board (SAB).

- Referral Forms: Completing the designated Local Authority Safeguarding Referral or Request for Support forms via their specific portal.

- Education Communication Pathways: If a child is on roll at a school or college, concerns must be raised immediately with the host school's Designated Safeguarding Lead (DSL) by the DSL at KTM Care. If a child is not on roll at a school, safeguarding concerns are reported directly to Essex County Council via the Children's Social Care / Multi-Agency Safeguarding Hub portal.

As a CQC-regulated provider, the Care Quality Commission must also be notified of all matters regarding “abuse or allegations of abuse concerning a person who uses the service” by completing a mandatory Statutory Notification form in accordance with Regulation 18(2) of the CQC (Registration) Regulations 2009.

Safeguarding at KTM Care is proactive, ensuring robust measures are in place before any contact with service users occurs. This includes:

- Safer Recruitment: Ensuring rigorous vetting and criminal history checks are completed when staff are recruited, fully aligning with CQC requirements and Part 3 of KCSIE 2026 (including the maintenance of a Single Central Record).
- Staff Accountability: Providing precise procedures for all staff, volunteers, and visitors so they understand their exact boundaries and protective duties.
- Risk Management: Establishing mandatory guidelines for planning events or activities, ensuring proactive control measures minimise any risk of harm

Dignity in Care – KTM Care Ltd.’s Commitment

In November 2006, the Care Services Minister launched the Dignity Challenge and after patient and public consultation produced a paper. The paper states the work that was

undertaken by the Social Care Institute for Excellence and includes the "ten dignity challenges" which were set out as follows:

- Zero tolerance to all forms of abuse
- Support people with the same respect as you would want for yourself or a member of your family
- Treat each person as an individual by offering personalised services
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people who want to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation

KTM Care Ltd are committed to providing a high quality service provision and strives to ensure that service users are treated with dignity, respect and as an individual at all times. Our comprehensive assessments and Care and Support plans are person centred and are designed to meet the needs and requirements of individuals and works collectively with parents / advocates / any other professional agencies that are involved with the service user.

Statutory Framework

There is government guidance set out in Working Together to Safeguard Children (DfE 2026) on how agencies must work in partnership to keep children safe. This guidance places a shared and equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi-agency safeguarding arrangements. These arrangements sit under the Essex Safeguarding Children Board (ESCB). In Essex, the statutory partners are Essex County Council, Essex Police and three NHS Integrated Care Boards covering the county.

Section 175 of the Education Act 2002 *(Section 157 for Independent schools)* places a statutory responsibility on the governing body to have policies and procedures in place that safeguard and promote the welfare of children who are pupils of the school.

In addition to national statutory guidance, in Essex, all professionals must work in accordance with the SET Procedures. KTM Care Ltd works in accordance with the following legislation and guidance *(this is not an exhaustive list)*:

- Keeping Children Safe in Education (DfE 2026)
- Working Together to Safeguard Children (DfE 2026)
- Working Together to Improve Attendance (DfE 2024)
- Education Act (2002)
- Essex Effective Support
- Counter-Terrorism and Security Act (HMG, 2015)
- Serious Crime Act 2015 (Home Office, 2015)

- Children and Social Work Act (2017)
- Children Missing Education - statutory guidance for local authorities (DfE, 2016)
- Sexual Offences Act (2003)
- Education (Pupil Registration) Regulations 2006
- Information Sharing (DfE 2024)
- Data Protection Act (2018)
- What to do if you're worried a child is being abused (HMG, 2015)
- Children Act (1989)
- Children Act (2004)
- Preventing and Tackling Bullying (DfE, 2017)
- Female Genital Mutilation Act 2003 (S. 74 - Serious Crime Act 2015)
- Teaching online safety in schools (DfE, 2023)
- Meeting digital and technology standards in schools and colleges (DfE 2025)
- Generative AI: product safety expectations (DfE 2025)
- Relationships Education, Relationships and Sex Education (RSE) and Health Education (DfE 2025)
- Behaviour in Schools (DfE 2024)
- School suspensions and permanent exclusions (DfE, 2024)
- Searching, screening and confiscation (DfE 2022)
- Restirctive intervention and use of reasonable force in schools (2025) and appendices
- Meeting digital and technology standards in schools and colleges DfE 2025)
- Domestic Abuse Act (2021)
- Victims and Prisoners Act (2024)
- Education Access Team CME / Home Education policy and practice (ECC, 2023)

Recognition of Abuse & Poor Practice

Recognising Abuse in Non-verbal/SEND children

At KTM Care Ltd we recognise that our children may not be able to verbally communicate abuse. Staff must be hypervigilant and recognise heightened distress as a form of disclosure. This includes a sudden change in mood, regression in skills, unexplained bruising or localised self harm. We do not assume that a child's behaviour is 'just part of their autism' or their 'SEND needs' we investigate every change through a safeguarding lens

We recognise that the conventional signs of abuse are often absent, all children are individual assessed and we understand their communication and behaviour baseline, these assessments and documents include the child's 'normal' range of behaviours, presentation and emotional regulation.

Staff must treat any significant or persistent deviation from this baseline even if not overly 'harmful' as a potential safeguarding concern. Staff at KTM Care record incidents as dysregulated, harmful or crisis/sustained risk behaviors, all incident reporting must include context, i.e trigger, environmental, sensory information, these must be logged on to our Sekoia platform.

Defining Child Abuse

Child abuse is a term used to describe ways in which either children or young people are harmed, usually by adults but increasingly by their peers. Often these are people they know and trust. It refers to damage done to a child's or young person's physical, mental or emotional health. Children or young people can be abused within or outside of their family, at school, at play and within any environment such as extra-curricular activities, participation with youth organisations and the like. Abusive situations arise when adults or peers misuse their power over children or young people.

Staff working for KTM Care Ltd are not expected to be experts at recognising abuse, they do, however, still have a responsibility to report any concerns about the safety and welfare of vulnerable people e.g. children, young people and adults, or any individuals who may pose a threat to them.

Poor practice is behaviour that fails to follow codes of conduct and ethics. Often this may not be a deliberate action and constitute abuse, but it is still an issue that needs to be addressed as it could have a detrimental effect on a vulnerable person. Concerns about poor practice should be reported in the same way as abuse.

Keeping Children Safe in Education describes abuse as 'a form of maltreatment of a child'. It sets out that:

"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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or another child or children"

The guidance refers to four main categories of abuse:

- **Physical**: a form of abuse causing physical harm to a child – this includes where an adult fabricates or deliberately induces illness in a child
- **Emotional**: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development
- **Sexual**: forcing or enticing a child to take part in sexual activities (through actual physical or online contact)
- **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

In addition, Annex B of Keeping Children Safe in Education contains important information about specific forms of abuse and safeguarding issues. Some of these, and our approach to them, are explained here:

Modern Slavery: Modern slavery is the severe exploitation of other people for personal or commercial gain. Modern slavery is all around us, but often just out of sight. Adults and children can become entrapped making clothes, serving our food, nail bars, picking crops or working in factories.

Trafficking: In the UK an increasingly high-profile fiorm of child trafficking is County Lines. This involves predominantly British children being groomed by their exploiters who then coerce them into buying and selling drugs, often across the country. The exploiters purposefully prey on vulnerable children and teenagers, grooming them and gaining their trust over time, often by giving them expensive items such as designer clothes and mobile phones, before forcing them to deal drugs to pay back the 'debt' that they have incurred. Children do not realise what is happening to them is wrong. They may be too fearful to speak out as they have become reliant on their traffickers to feed and clothe them. They may also have been subjected to physical sexual and emotional abuse or do not know where to turn for help. Children who have been trafficked from outside of the UK often speak little or no English, making them even more isolated and dependent on those exploiting them.

Child Sexual Exploitation: Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they may be given things, like gifts, drugs, money, status, and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they are in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they are being abused. CSE can happen in person or online. An abuser will gain a child's trust or control them through violence or blackmail before moving on to sexually abusing them. This can happen in a short period.

Signs of Abuse

The following signs **MAY** indicate abuse; however, it is important not to jump to conclusions, as there could be other explanations:

Physical: Unexplained or hidden injuries that lack evidence of medical attention, children may also exhibit a 'frozen stare' when they are in the vicinity of the abuser (this also applies to all groups of abused children).

Emotional: Often children revert to younger behaviour, nervousness, sudden underachievement, attention-seeking, running away from home, stealing and lying.

Sexual: Often children are preoccupied with sexual matters, as evidenced by words, play, drawings, display of sexually provocative behaviour with adults, disturbed sleep, nightmares, bed wetting, secretive relationships with adults and children, and stomach pains with no apparent cause.

Neglect: Appearing ill-cared for and unhappy, being withdrawn or aggressive, or having lingering injuries or health problems.

Self-harm: Deliberate or systematic abuse of the person, usually covert but signs of a physical nature such as scarring are usually noticed. Alopecia may be present.

Trafficking: The child looks dishevelled or dressed in clothes they could not afford, the clothes look inappropriate for the weather and the wrong size, signs of physical abuse bruising or red marks, there may be visible tattoos suggesting part of a gang, the child avoids eye contact appears fearful of adults and children, they can be aggressive towards people in authority, the adult with them may appear very controlling by speaking for them or

interpreting for them. If known to you they may exhibit a behaviour change and are reluctant to talk, recently moved to a new house and changed school.

Radicalisation: Becoming increasingly argumentative, refusing to listen to other points of view, unwilling to engage with children who are different, embracing conspiracy theories, feeling persecuted, distancing themselves from old friends, converting to a new religion, being secretive, changing online identity, having more than one online identity, spending a lot of time on the phone, accessing extremist online content, joining extremist organisations**.**

Child sexual exploitation: Sexual exploitation can be difficult to spot and sometimes mistaken for "normal" teenage behaviour. Knowing the signs can help protect children and help them when they've no one else to turn to.

These are some of the common signs (not exhaustive):

- Unhealthy or inappropriate sexual behaviour.
- Being frightened of some people, places, or situations.
- Being secretive.
- Sharp changes in mood or character.
- Having money or things they cannot or will not explain.
- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- Alcohol or drug misuse.
- Sexually transmitted infections.
- Pregnancy.

Bullying

Bullying is not always easy to define, as it can take many forms and take place over some time. The main types are physical (hitting, kicking, theft), verbal (threats, name calling) and emotional (isolating an individual from activities and games); all types can be characterised by:

- Deliberate hostility and aggression towards a victim.
- A victim who is weaker and less powerful than the bully or bullies.
- An outcome that is always painful and distressing for the victim.

Bullying behaviour may also include:

- Other forms of violence.
- Sarcasm, spreading rumours, persistent teasing.
- Tormenting, ridiculing, humiliation.
- Racial taunts, graffiti, gestures.
- Unwanted physical contact or abusive or offensive comments of a sexual nature.

Emotional and verbal bullying is more common than physical violence, it can also be difficult to cope with or to prove.

Child on child abuse (including sexualised behaviours)

Child on child abuse can manifest itself in many ways. This may include bullying (including cyber bullying), physical abuse, harmful sexual behaviours, gender-related abuse, 'up-skirting', 'sexting' or initiation / hazing type violence and rituals. We do not tolerate harmful behaviour of any kind at KTM Care Ltd we will take swift action to intervene where this occurs, challenging inappropriate behaviours when they occur. We do not normalise abuse, and it is not tolerated in our setting.

Any incidents of child on child abuse will be managed in the same way as any other child protection concern and we will follow the same procedures. We will seek advice and support from other agencies as necessary and ensure that appropriate agencies are involved when required.

KTM Care Ltd recognises that some children may abuse other children and that this may happen within our provision, or outside of it. We understand there are many factors which may lead a child to display abusive behaviours towards other children, and that these matters are sensitive and often complex. We recognise our services may be the only stable, secure and safe element in the lives of some children, particularly those who have experienced harm and trauma. We have a duty to safeguard all children and, whilst inappropriate behaviours will be challenged and addressed, it is in the context of providing appropriate support to all children at KTM Care where harmful behaviour has occurred. We will always take a balanced and proportionate approach to risky or harmful behaviour.

We understand the barriers which may prevent a child from reporting abuse and work actively to remove these. We use alternative methods of communication, social story boards to support children's understanding about healthy, positive relationships, how to report concerns, and help them understand, in a person centred or developmentally appropriate way, what abuse is. We aim to provide children with the language to report abuse and to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable. We will never make a child feel ashamed for reporting abuse, nor that they are creating a problem by doing so. We never assume, if abuse is not being reported, that it is not occurring within our – we are vigilant to signs of abuse and promote a culture of safety and understanding.

Our Children are aware of a number of staff they can trust and talk to and are available to them at any time. Their first point of contact will be Senior staff based in our hub. KTM Care is committed to ensuring the children are aware of behaviour towards them is not acceptable and how they can keep themselves safe as highlighted above.

Children who are absent from education

All children, regardless of their age, ability, aptitude and any special education needs they may have, are entitled to a full-time education. We recognise that good attendance begins with our provision being somewhere our children want to be, and that some children find it harder to attend provision for a range of reasons. We will always try to understand underlying reasons for absence and will work collaboratively with other partners to support children to attend KTM and to ensure that they receive the right help at the right time.

A child missing education is a potential indicator of abuse or neglect, and we follow the procedures for unauthorised absence and for children missing education. It is also recognised that, when not in school or Non-School Alternative Provision, children may be

vulnerable to or exposed to other risks. We believe that early intervention to address absence from school is vital, so we work with parents/carers and other partners to keep children engaged with education and remove any barriers to them accessing their education.

Parents should always inform us of the reason for any absence. Where this does not happen, we will attempt contact with parents (parents are required to provide at least two emergency contact numbers to KTM Care, to enable us to communicate with someone if we need to). Where contact is not made, KTM Care will continue to attempt contact, this will include 'door knocks', failing this we will inform the commissioner of provision. Where contact is not made, a referral may be made to another appropriate agency (Education Access Team, Social Care or Police). KTM Care must inform the local authority of any pupil who has been absent without permission for a continuous period of 3 sessions or more

Risk in the community (RIC)

RIC is the Essex partnership approach to tackling criminal and sexual exploitation of children and young people.

We understand that safeguarding incidents and behaviours can be associated with factors in the community, outside a child's home or our provision. All staff are aware of 'contextual safeguarding' and we are therefore mindful of things in a child's life which may be a threat to their safety and / or welfare. We always consider relevant information when assessing any risk to a child and will share it with other agencies when appropriate, to support better understanding of a child and their family. This is to ensure that our children and families receive the right help at the right time and to help keep our children safe.

Domestic abuse

Domestic abuse can involve a wide range of behaviours and can include intimate partner violence, abuse by family members, teenage relationship abuse and child to parent abuse. We understand that anyone can be a victim of domestic abuse, and that it can take place inside or outside of the home.

KTM Care recognises that exposure to domestic abuse (either by witnessing or experiencing it) can have a serious, long-term emotional and psychological impact on children. We work with other key partners, and we receive and share relevant information where there are concerns that domestic abuse may be an issue for a child or family, or be placing a child at risk of harm.

Harmful sexual behaviour

We recognise that children's sexual behaviours exist on a continuum, ranging from age-appropriate and developmentally expected to inappropriate, problematic, or abusive. These behaviours can present in different ways. For example, they may include peer-on-peer sexual abuse or problematic sexual behaviour (PSB) that is developmentally inappropriate or socially unexpected. In some cases, this may involve sexualised behaviour without an overt element of victimisation or abuse.

We understand that harmful sexual behaviour and child-on-child abuse can occur between children of any age and gender, either in person or online. We recognise that children who

display harmful sexual behaviour may have experienced their own abuse and trauma, and we will support them accordingly.

KTM Care has a 'zero-tolerance' approach to harmful sexual behaviour of any kind, and any inappropriate behaviour is challenged and addressed. We work in accordance with all statutory guidance in relation to such behaviours and with other agencies as appropriate.

We seek to teach our pupils about healthy and respectful relationships, boundaries and consent, equality, the law and how to keep themselves safe (on and offline).

Mental health

We recognise that good mental health for all our children and staff is very important, and we understand the part our service plays in this. We aim to develop the emotional wellbeing and resilience of all children and staff, we provide tailored support for those with additional needs. We understand that there are risk factors which can increase someone's vulnerability and protective factors that can promote or strengthen resilience. The more risk factors present in someone's life, the more protective factors or supportive interventions are needed to counter-balance these to promote resilience and keep children safe.

Our staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. We understand that, where children have suffered abuse or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. Where we have concerns this may impact on mental health, we will seek advice and work with other agencies as appropriate to support a child and ensure they receive the help they need.

It is vital that we work in partnership with parents/carers to support the wellbeing of our pupils. We expect parents/carers, if they have any concerns about the wellbeing of their child, to share this with us, so we can ensure that appropriate support and interventions can be identified and implemented.

Online safety

We recognise that our children are growing up in an increasingly complex world, living their lives on and offline. Whilst this presents many positive and exciting opportunities, we recognise it also presents challenges and risks, in the form of:

- **content:** being exposed to illegal, inappropriate, or harmful content, for example: pornography, racism, misogyny, self-harm, suicide, antisemitism, radicalisation, extremism, misinformation, disinformation (including fake news) and conspiracy theories
- **contact:** being subjected to harmful online interaction with other users; for example peer to peer pressure, commercial advertising as well as adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes;
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example making, sending and receiving explicit images, or online bullying

- **commerce:** risks such as online gambling, inappropriate advertising, phishing and / or financial scams

All staff at KTM Care are aware of the risks to children online. We understand any child can be vulnerable online, and that their vulnerability can vary according to age, developmental stage and personal circumstances. We aim to equip all our children with the knowledge they need to use the internet and technology safely, and we want to work with parents to support them to keep their children safe online.

Children must be safeguarded from inappropriate and potentially harmful content online. We have systems to filter information and block internet access to harmful sites and inappropriate content. These systems are monitored and regularly reviewed to ensure they are effective, and all staff are trained in online safety and how to report concerns.

Prevention of radicalisation
As of July 2015, the Counter-Terrorism and Security Act (HMG, 2015) placed a duty on schools and other education providers. Under section 26 of the Act, schools are required, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

As an alternative provision, we are committed to meeting the Prevent duty by:

- Delivering a broad and balanced programme that supports the spiritual, moral, cultural, mental, and physical development of young people, preparing them for adult life and promoting community cohesion
- Providing a safe and supportive environment where young people can explore and discuss sensitive issues, including extremism and terrorism, and develop the skills to question and challenge harmful ideologies
- Ensuring that any discussion of political or social issues is presented in a balanced and impartial way, avoiding any form of political indoctrination

Channel is a national programme which focuses on providing support at an early stage to people identified as vulnerable to being drawn into terrorism. If a child on roll at our school is referred to the Channel Panel, a representative from the school may be asked to attend the Channel panel to help with an assessment and support plan.

KTM Care follow local Prevent procedures and work collaboratively with relevant agencies, sharing information and concerns where appropriate. If concerns arise regarding extremism or radicalisation, we will seek advice from appropriate professionals and, where necessary, make referrals to the Police, Children's Social Care, and/or the Channel Panel.

Serious violence
All staff are aware of the risk factors and indicators which may signal that children are at risk from or 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 a child has been approached by, or is involved with, individuals associated with criminal networks or gangs.

As with other safeguarding issues, we work with other relevant agencies to share information and address concerns, to help safeguard all children.

So-called 'honour-based violence' (including Female Genital Mutilation and forced marriage)

So-called 'honour-based' abuse (HBA) 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. We understand that this form of abuse often involves a wider network of family or community pressure and can include multiple perpetrators.

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to female genital organs. It is illegal in the UK and a form of child abuse.

As of October 2015, the Serious Crime Act 2015 (Home Office, 2015) introduced a duty on teachers (and other professionals) to notify the police of known cases of FGM where it appears to have been carried out on a girl under the age of 18. Our school operates in accordance with the statutory requirements relating to this issue, and in line with local safeguarding procedures.

A *forced marriage* is one entered into without the full consent of one or both parties. It is where violence, threats or other forms of coercion is used and is a crime. Our staff understand how to report concerns where this may be an issue.

Procedures Following an Allegation OR; a Complaint

Everyone at KTM Care has a responsibility to provide a safe environment where our children can thrive. All staff are aware of the types of abuse and safeguarding issues that can put children at risk of harm, so we are able to identify children who may be in need of help or protection.

It is the duty and responsibility of all KTM Care Ltd.'s staff to ensure that the physical, emotional and social wellbeing of children are protected and promoted and that their rights are upheld at all times. All actions should flow from this statement.

All staff members are aware of and follow KTM Care's safeguarding processes (as set out in this policy) and are also aware of how to make a referral to Social Care, if there is a need to do so. During office hours staff are expected to bring all matters of concern to the attention of the DSL/DDSL as soon as possible. Out of office hours, staff are to raise the concern to the On Call Officer who will decide on the best course of action and contact the DSL/DDSL for advice. we do not assume that others have taken action.

Staff will be supported when bringing matters of concern to the company's attention and will not be treated with prejudice in doing so (please refer to the company's Whistleblowing Policy & Procedures).

Our staff understand that children may not always feel able or know how to tell someone that they are being abused. This may be because they are unable to communicate at an age-

appropriate level, be embarrassed, scared or do not recognise they are experiencing abuse, either at home or out in the community. We understand there are many factors which may impact on our children's welfare and safety and we also understand safeguarding in the wider context (contextual safeguarding). We recognise that abuse, neglect and safeguarding issues rarely occur in isolation and that, in most cases, multiple issues will overlap.

There are some circumstances where a child, young person or vulnerable adult may be placed at even greater risk if concerns are shared (e.g. where a parent or carer may be responsible for the abuse, or not able to respond to the situation appropriately).

Where an immediate response is required, and if for any reason the designated safeguarding lead (or deputy) is not immediately available, this will not delay any appropriate action being taken. Safeguarding contact details are displayed our hubs to ensure that all staff members have access to urgent safeguarding support, should it be required. Any individual may refer to Social Care where there is suspected or actual risk of harm to a child.

What to do if you Suspect or Witness Abuse

The following action should be taken by someone who has concerns about the welfare of a child or young person.

NON-ACTION IS NOT AN OPTION

Child abuse can and does occur outside the family setting, and abuse that takes place within a public setting is rarely an isolated event. It is crucial that people are aware of this possibility and that all allegations are treated seriously and appropriate actions are taken.

When staff are providing a service to adults, they should ask whether there are children in the family and consider whether the children need help or protection from harm. Children may be at greater risk of harm or in need of additional help in families where the adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or learning disabilities

KTM Care Ltd is committed to working in partnership with other multi-agency partners to ensure the protection and safeguarding of children are consistent with current policy and guidance.

To support this commitment, KTM Care Ltd has developed and will implement this Safeguarding Policy and associated procedures to:

- Provides guidance and support for KTM Care Ltd staff.
- Articulates minimum safeguarding standards when KTM Care Ltd works in partnership with other organisations to provide activities for children, young people and vulnerable adults.
- Exists as an example of good practice to support people on the Autistic Spectrum and/or with a learning disability or other care needs within a domiciliary care setting.

This policy will be reviewed regularly and when changes occur, including updates in legislation

Responding to a Concern / Disclosure – revised

1. Stay calm and ensure safety, assess the immediate safety of the individual. Take any necessary steps to protect them from harm.
2. Seek emergency assistance if the individual is injured or in immediate danger, call an ambulance without delay. If they report physical or sexual abuse and are at immediate risk, contact the Police as well as emergency medical services.
3. Take all concerns seriously, any allegation, disclosure, or concern with the utmost seriousness, regardless of how it is presented.
4. Listen carefully, allow the individual to speak freely. Listen attentively and do not interrupt.
5. Ask appropriate, open questions only if necessary, use open prompts such as *who, what, when, where, and how* to clarify information. Do not ask leading questions or investigate the matter yourself.
6. Remain neutral and non-judgemental, do not express opinions, disbelief, or judgement. Your role is to receive the information, not to assess its validity.
7. Offer reassurance to the individual that they have done the right thing by sharing their concerns.
8. Be honest about confidentiality, do not promise to keep the information secret. Explain clearly that you will need to share the information with appropriate professionals in order to keep them safe.
9. Record the information accurately, make a clear, factual record of what has been said, using the individual's own words where possible, this is on Sekoia, always include:
    - Key details shared
    - Any questions you asked
    - Date, time, and context of the disclosure
10. Report immediately, once the individual is safe and any emergency action has been taken, report the concern without delay to the DSL/DDSL or On-Call Officer in line with our procedures.
11. The designated lead will take responsibility for next steps, which may include contacting Social Care, the Police, or other safeguarding agencies.

It can be more difficult for some children to disclose abuse than for others, e.g. disabled children and vulnerable adults will have to overcome additional barriers. Those working with these groups need to be especially vigilant and give extra thought to how to respond.

The staff member who the allegation was disclosed to will be kept informed of the process, debriefed and offered counselling where appropriate, but must keep the information strictly confidential and must not discuss or, disclose any details with any other member of staff / peers etc. A breach in confidentiality will be treated as a gross misconduct issue which could lead to disciplinary action being taken up to and including summary dismissal.

Reporting child sexual exploitation

Report to your Line Manager or duty officer outside of normal office hours who will

call 999 if the child is at immediate risk.

Children Potentially At Greater Risk of Harm

At KTM Care Ltd, we know that some children are at a much higher risk of harm and need extra support. This includes children with a Child in Need or Child Protection Plan, those who are care-experienced (including those in kinship care), and young carers whose responsibilities at home might be hidden.

We work closely with schools, social care, and other agencies to make sure we are all working together to get these children the right help at the right time.

We also pay close attention to two areas highlighted in KCSIE 2026:

- Mental Health as a Safeguarding Issue: We do not view severe mental health struggles, self-harm, or suicidal ideation simply as behavioural issues. Our staff treat them as serious safeguarding concerns that require immediate support and escalation.
- Children Questioning Their Gender: We recognise that children questioning their gender can face a higher risk of isolation, bullying, and mental distress. Our staff are trained to be supportive and alert to these risks, and our DSL will always work closely with the child's family and host school to keep them safe.

Additional Safeguarding Challenges for Children with SEND

Because we specialise in autism, we know that children with Special Educational Needs and Disabilities (SEND) face unique safeguarding barriers. It can be harder to spot abuse or neglect in this group, so our staff are trained to watch out for:

- Assuming it is "just the autism": We never assume that a change in behaviour, an outburst, or an injury is just part of a child's disability. Every change is looked at through a safeguarding lens and checked against their personal baseline on Sekoia.
- Social Isolation: Neurodivergent children can be more isolated, making them easier targets for online and offline grooming.
- Hidden Bullying: Children with SEND are often targeted by bullies but might not show the typical outward signs of distress.
- Communication Barriers: When a child cannot easily tell us what is wrong, we have to look closer. We use the communication tools and baseline profiles in our Sekoia software to help us understand what their behaviour is trying to tell us.

Staff Recruitment and Training

All pre-appointment checks are documented and recorded centrally on the Single Central Record (SCR), which is maintained by HR & Operations Manager and overseen by the Registered Manager. The SCR is reviewed and updated following each recruitment round and audited termly to ensure compliance.

At KTM Care, we are committed to ensuring the highest standards of safety and integrity in our recruitment process. This includes:

- Applicant Screening, we verify identity, check qualifications, and obtain both professional and character references.
- Referees are asked to provide a considered opinion on the applicant's suitability to work with children, including any factors that may affect their ability to create a safe and positive environment.
- We conduct previous employment checks, ensuring two references covering the applicant's performance and conduct over the past two years are required, including one from the most recent employer.

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one-to-one, online, workbooks, group meetings, and individual supervision. External courses are sourced as required.

Designated Safeguarding Leads undertake the following training:

- ❖ The Role of the Designated Person / Lead person for Safeguarding Children by Essex Safeguarding Children Board.
- ❖ Designated Safeguarding Adults Lead by Essex Safeguarding Adults Board.
- ❖ Prevent Awareness & Prevent Referrals

All Staff working for KTM Care Ltd undertake:

- ❖ Care certificate which includes Standard 10
- ❖ Safeguarding of Children (Child protection) Level 2 (VTQ)
- ❖ Safeguarding of Vulnerable Adults (SOVA) Level 2
- ❖ Mental Capacity Act (MCA) Level 2 (VTQ)
- ❖ Deprivation of Liberty Safeguards- DOLs Level 2 (VTQ)
- ❖ Prevent Awareness

Information Sharing and Confidentiality

Sharing information is a key part of safeguarding work and we understand that decisions about how much information to share, with whom and when, can have a profound impact on a child's life. KTM Care Ltd is signed up to the Education and Learning Information Sharing Protocol which includes information sharing for safeguarding purposes. This protocol enables us to share and receive information with the Local Authority in a legal, safe, and secure way, to support our work in keeping children safe.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data

Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information, where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life, would not prevent sharing information where there are real safeguarding concerns. Fears about sharing information cannot (and will not) stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. Generic data flows related to child protection are recorded in our Records of Processing Activity and are regularly reviewed; and our online school privacy notices accurately reflect our use of data for child protection purposes.

A member of staff will never guarantee confidentiality to anyone (including parents/carers or pupils) about a safeguarding concern, nor promise to keep a secret. In accordance with statutory requirements, where there is a child protection concern, this must be reported to the designated safeguarding lead and may require further referral to and subsequent investigation by appropriate authorities.

In some cases, it may be necessary for the designated safeguarding lead (or deputy) to share information on individual child protection cases with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

Information sharing can help to ensure that a child receives the right help at the right time and can prevent a concern from becoming more serious and difficult to address.

Interagency Working

It is a legal requirement for agencies to work together to keep children safe. At KTM Care Ltd, we work closely with partners like Children's Social Care, SEND Operations, Education Access Teams, host schools and colleges, Essex Police, and local health or mental health services. This teamwork is vital when a learner with us has a Child in Need, Child Protection, or Care Plan.

Statutory Meetings and Reports

When a statutory meeting is called for a child attending our alternative provision, our Designated Safeguarding Lead (DSL) makes sure KTM Care Ltd is represented and that a detailed welfare report is submitted.

- Unless it puts the child at risk, we share these reports with parents or carers before the meeting.

- Any staff member attending a multi-agency meeting will be fully briefed by our DSL on the child's current well-being, presentation, and attendance, ensuring they can actively contribute to the plan.

Ongoing Monitoring and Joint Oversight

For any child with an active statutory plan, our DSL maintains daily oversight of their attendance, emotional well-being, and overall safety.

- Working with the Virtual School: We coordinate closely with the Essex Virtual School, recognizing their statutory, strategic role under KCSIE 2026 to oversee both children in care and any child who has an assigned social worker.
- Core Group Commitment: If KTM Care Ltd is part of a child's multi-agency Core Group, we attend the meetings and provide clear updates on the child's progress while in our care.
- Urgent Escalation: If an urgent safeguarding concern arises, we share it at the meeting. However, if sharing information in front of others might put the child in immediate danger, our DSL will bypass the meeting and contact the child's allocated Social Worker directly and without delay.

Behaviour, Use of Physical Intervention and Restricting Liberty

Our Behaviour, Relationships and Communication Policy sets out our approach to behaviour for all children. We recognise that there are some children who have needs that require additional support and a more personalised approach and we always consider all behaviour, our contact with children and young people for a variety of reasons, this may include:

- to comfort a child or young person in distress (appropriate to their age and individual specific needs identified through a risk assessment);
- to direct a child or young person;
- for educational reasons (for activities requiring physical support);
- for first aid purposes.

In assessing whether physical contact is appropriate in a given situation, the member of staff should use their judgement and have regard to:

- KTM Care Ltd Safeguarding Children's Policy
- KTM Care Ltd Behaviour Relationships and Communication Policy
- Alternative Education Induction Staff Handbook
- The applicable circumstances, such as whether there are other adults present
- The child's age
- The child's current care plan
- Any other material factors, including but not limited to whether: the pupil has SEND or other vulnerabilities
- any alternative strategies that do not include physical contact can be used

The guidance produced by the Department for Education Restrictive Interventions including the Use of Reasonable Force (DfE, 2025) states:

"Schools should not have a 'no contact' policy. Additionally, schools should not grant any requests by parents or staff members not to use reasonable force and/or other restrictive interventions. The adoption of a 'no contact' policy at a school can leave staff unable to intervene where reasonable in the circumstances to fully protect pupils. School leaders should adopt sensible policies which allow and support their staff to make appropriate physical contact.

As KTM Care provide non-school alternative provision and domiciliary care support services, we recognise our responsibility to ensure the safety and wellbeing of all children and young people in our care.

In line with current guidance, we do not operate a ‘no contact’ approach. Where it is necessary, proportionate, and in the best interests of the individual, staff may use reasonable force or restrictive interventions to prevent harm to the individual or others.

All children and young people accessing our provision have ‘Care Plans, Easy Traffic Light Systems and Risk Assessments, furthermore they have an individually assessed and agreed Physical Intervention Plan. This plan outlines appropriate strategies, preventative approaches, and, where necessary, approved physical interventions. These plans are developed in collaboration with parents, relevant professionals and are regularly reviewed.

Staff are Timian trained, they prioritise the use of de-escalation strategies as a first response. Physical intervention is only used as a last resort, where there is a risk of harm and other approaches have been unsuccessful or are unlikely to be effective.

Any use of force will always be reasonable, proportionate, and necessary, taking into account the individual’s needs, assessed risks, and circumstances. All incidents are recorded, monitored, and reviewed in line with our safeguarding, behaviour, relationships, and communication policies.

The term *‘reasonable force’* covers a wide range of actions used by staff that involve a degree of physical contact to safeguard children and young people.

In some circumstances, staff actions to keep children safe may involve a temporary restriction of liberty, for example preventing a child from leaving an unsafe environment or restricting movement to reduce an immediate risk of harm.

KTM Care Ltd recognises that any such intervention must be necessary, proportionate, and for the shortest possible time, and must always be used to prevent harm rather than to manage behaviour or enforce compliance.

Any restriction of liberty is considered a serious safeguarding measure, must be clearly justified, and is subject to the same expectations of recording, monitoring, and review as all physical interventions. Where relevant, this is reflected within the child’s individual risk assessment and Physical Intervention Plan.

KTM Care Ltd is committed to minimising the need for physical intervention by ensuring there are sufficient, skilled, and competent staff who work in a thoughtful, relational, and therapeutic way with children and young people. We recognise that physical intervention should only be used to prevent a greater risk of harm, where other methods have failed or would not achieve a safe outcome.

We operate in accordance with statutory and local guidance on the use of reasonable force and recognise that, where intervention is required, it should always be understood as a safeguarding measure, undertaken in the best interests of the child or young person.

Allegations Against Staff

We ensure all staff members are made aware of the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are outlined in our **Staff Code of Conduct**. All staff are regularly reminded of this through updates and training, and are also informed about our **Whistleblowing Policy.**

Keeping Children Safe in Education (DfE 2026) and the SET procedures (ESCB 2025) set out the procedures in respect of allegations against an adult working with children (in a paid or voluntary capacity). These procedures should be followed where an adult has:

- behaved in a way that has harmed a child, or may have harmed a child and/or
- possibly committed a criminal offence against or related to a child, and/or
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children, and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

Any concerns about an adult in our setting should be reported to the Registered Manager, or the designated safeguarding lead, who will then decide how to take this forward. In some cases, it might not be clear whether an incident constitutes an allegation. If this is the case, it will be necessary for us to explore the concerns to establish some facts – this initial fact-finding is not an investigation, it is to clarify information and to direct our response to the concern raised.

Where an allegation against a member of staff is received, and it is felt that any of the above criteria apply, the SET procedures (ESCB, 2025) require this to be reported to the Duty Local Authority Designated Officer (LADO) at the Essex Children's Workforce Allegations Team at LADO@essex.gov.uk. We may not carry out any investigation before a Children's Workforce Allegations Team referral has been made.

In the event of an allegation relating to the conduct and behaviour of an agency member of staff, the Registered Manager or designated safeguarding lead will liaise with the agency, while following due process, to facilitate a joint investigation or enable the agency to move this forward.

Any concern relating to the Registered Manager should be reported directly to Ross Thompson, Children's Operations Manager, who will refer the matter to the Children's Workforce Allegations Team.

Staffing matters are confidential and KTM Carel operates within a statutory framework around Data Protection. We do not share information about any individual staff member with anyone other than appropriate statutory agencies.

Whistleblowing

All members of staff at KTM Care should be able to raise concerns about poor or unsafe practice and feel confident any concern will be taken seriously by the senior leadership team. We have 'whistleblowing' procedures in place and these are available in the

Whistleblowing Policy. However, for any member of staff who feels unable to raise concerns internally, or where they feel their concerns have not been addressed, they may contact the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or by email at: help@nspcc.org.uk.

Parents or others in the wider community with concerns can contact the NSPCC general helpline on: 0808 800 5000 (24 hour helpline) or email: help@nspcc.org.uk.

DSL / DDSL Role (Designated Safeguarding Lead)

The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead (DSL/DDSL) have the necessary status, authority skills and experience to lead on safeguarding. The DSL is the person appointed to take responsibility for child protection safeguarding issues. They are responsible for making sure that all written documents are accurate, detailed and kept secure and confidential, who follow the reporting procedures governed by the local authority and their training.

The deputy designated safeguarding lead is trained to the same standard as the designated safeguarding lead. If for any reason the designated safeguarding lead is unavailable, the deputy designated safeguarding lead is able to act in their absence.

Concerns, which do not quite equate to a formal concern being raised via the portals or a call to Children and Families Hub, are recorded and monitored as part of the KTM weekly Safeguarding Audit. All concerns should be reported DSL/DDSL. The DSL/DDSL check the Sekoia “Safeguard / Concerns” reports sent in by staff once a week, usually on a Monday, and add any new concerns to the “safeguarding concerns calendar” for ease of reference. Details of the concern to be monitored are then added to the “Safeguarding & Reporting monitoring” matrix and updates are added as they come in. The DSL/DDSL monitor this and will report to the local authority if it becomes a reportable concern. It’s important that we raise all concerns or worries to the DSL/DDSL and they can make the decision on how best to proceed.

All Staff

Everyone at KTM Care Ltd is responsible for providing a safe environment where our children can thrive. Staff understand the types of abuse and safeguarding risks that may place children at harm and recognise when a child may need help or protection. We also recognise that any child may need additional support, and all staff are aware of the Early Help process and our role in this.

We understand that many of our children may not be able to verbally communicate abuse. Staff must be vigilant and recognise that distress or changes in behaviour can be a form of communication or disclosure. This may include sudden changes in mood, regression, unexplained injuries, or changes in self-injurious behaviour.

We do not assume behaviour is “just part of autism” or a child’s SEND needs. Any change is considered through a safeguarding lens. Staff are expected to know each child’s baseline their usual communication, behaviour, and emotional regulation and use this to identify concerns.

Any significant or ongoing change from this baseline must be treated as a potential safeguarding concern, even if it does not appear serious at first.
Staff must act on concerns immediately and report them to the DSL or Deputy. We do not assume someone else has already taken action. Staff follow all KTM Care safeguarding procedures and understand how to contact Social Care if needed.

All incidents must be recorded clearly on the Sekoia system, including whether behaviour is dysregulated, harmful, or crisis/sustained risk. Recording must include context such as triggers, environmental factors, and sensory influences.

Staff understand that children may not always be able to tell someone they are being harmed. This may be due to fear, communication needs, or not recognising abuse. We also recognise that safeguarding concerns often overlap and may come from different areas of a child's life. When a child does share a concern, staff will take it seriously, reassure them, and ensure they feel safe and supported. We do not make children feel ashamed or that they are causing a problem.

KTM Care Ltd Contact Information & Details

Head Office – Opening Hours: 9am – 4pm, Monday – Friday

Out-of-Hours: 4.00pm - 9.00am Monday – Friday, all Weekend and Bank Holidays

Telephone: 01376 571152 **On Call Mobile:** 07928 860086 **Email:** info@ktmcare.co.uk

Independent advice / external bodies:

Essex Social Services:

Essex Social Services
Rowan House
33 Sheepen Road, Colchester
1212
Essex
CO33WG

Telephone: 0345 603 7630

Out of hours Telephone: 0345 606 1212

email: socialcaredirect@essex.gov.uk

Essex Safeguarding Children Board:

Telephone:0345 603 7627 and ask for the priority line.
Out of hours or bank holidays, call the emergency duty team on: 0345 606 1212

Request for Support Form:
https://www.essex.gov.uk/report-a-concern-about-a-child?formId=1?formId=1

For advice on allegations made towards staff:
LADO: Telephone: 03330 139 797 **email:** lado@essex.gov.uk

Referral Form:

https://www.escb.co.uk/media/2766/referral-form-to-lado-june-2022.docx

Children not on roll at a school – IPES Students only:

MyConcern link:
https://login.thesafeguardingcompany.com/

NSPCC:

Telephone:0808 800 5000 www.nspcc.org.uk

https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/

Essex Safeguarding Adults Board:

Telephone: 0345 603 7630

Safeguarding Portal Link:

https://www.essexsab.org.uk/reporting-concerns

Protect (formerly PCaW):

The Green House
244-254 Cambridge Heath Road
London E2 9DA

Whistleblowing Advice Line: 020 3117 2520

Care Quality Commission:

Eastern Regional
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone : 03000 616161

email: enquiries@cqc.org.uk

ASKSAL:

08452 66 66 63 (Anonymous Helpline) https://www.essexmap.co.uk/places/ask-sal/

Essex Police:

Telephone: 01245 491491 **Emergencies:** 999

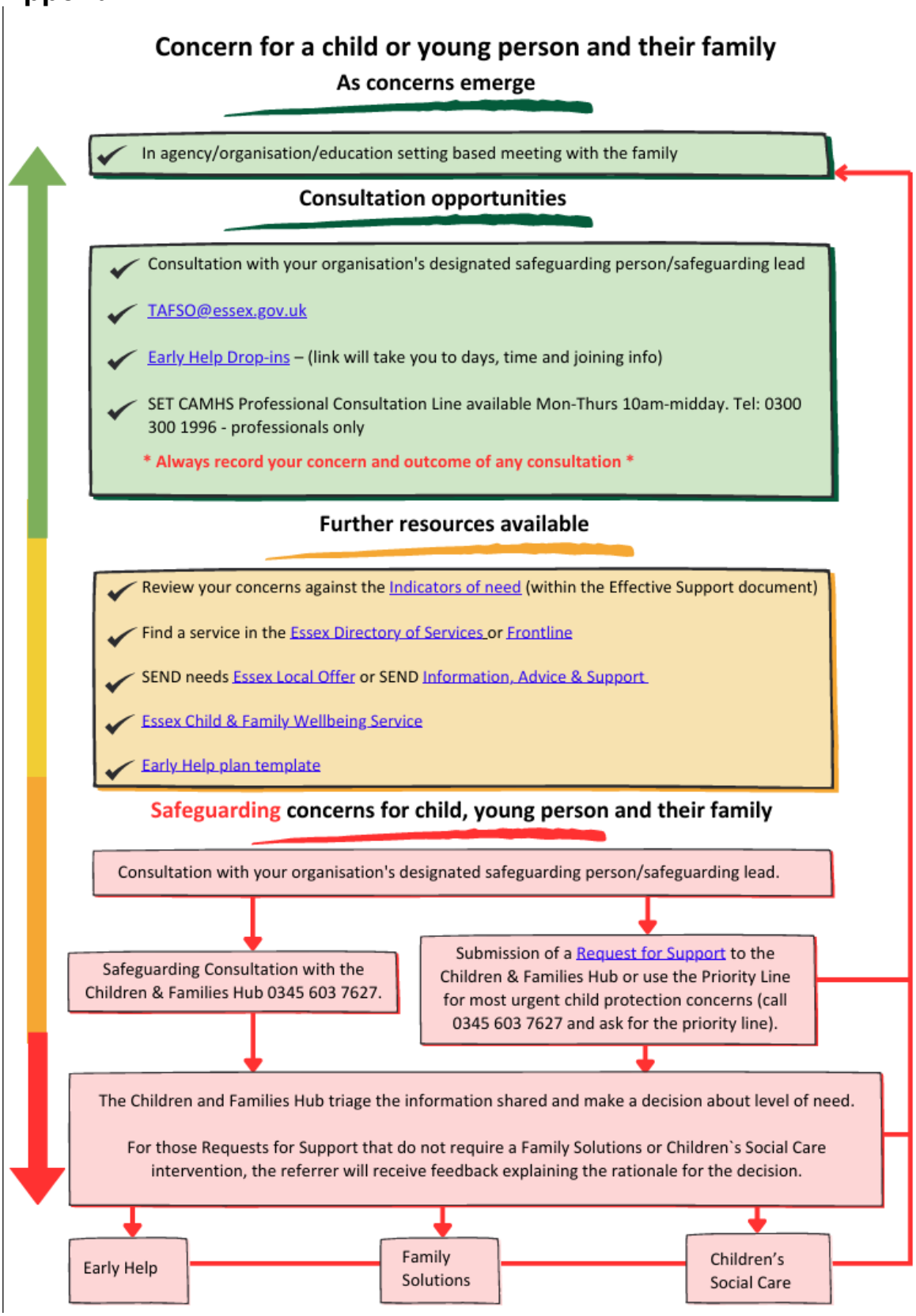
Mental Health Direct:

Telephone: 0800 995 1000

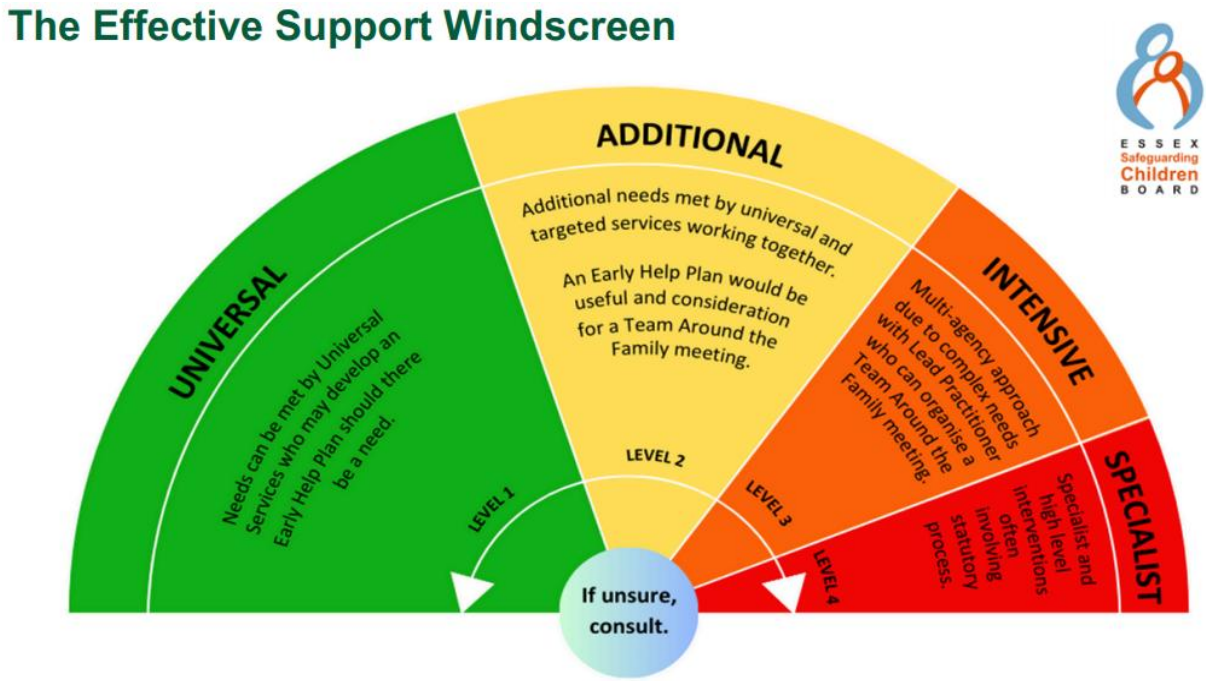
Adults in crisis: Call 111 option “Mental health crisis”.

Under 18’s: Call CAMHS - 0800 953 0222
SET-CAMHS.referrals@nelft.nhs.uk

Appendix A:


Concern for a child or young person and their family
As concerns emerge
In agency/organisation/education setting based meeting with the family
Consultation opportunities
Consultation with your organisation's designated safeguarding person/safeguarding lead
TAFSO@essex.gov.uk
Early Help Drop-ins – (link will take you to days, time and joining info)
SET CAMHS Professional Consultation Line available Mon-Thurs 10am-midday. Tel: 0300 300 1996 - professionals only
* Always record your concern and outcome of any consultation *
Further resources available
Review your concerns against the Indicators of need (within the Effective Support document)
Find a service in the Essex Directory of Services or Frontline
SEND needs Essex Local Offer or SEND Information, Advice & Support
Essex Child & Family Wellbeing Service
Early Help plan template
Safeguarding concerns for child, young person and their family
Consultation with your organisation's designated safeguarding person/safeguarding lead.
Safeguarding Consultation with the Children & Families Hub 0345 603 7627.
Submission of a Request for Support to the Children & Families Hub or use the Priority Line for most urgent child protection concerns (call 0345 603 7627 and ask for the priority line).
The Children and Families Hub triage the information shared and make a decision about level of need.
For those Requests for Support that do not require a Family Solutions or Children`s Social Care intervention, the referrer will receive feedback explaining the rationale for the decision.
Early Help
Family Solutions
Children's Social Care

Appendix B: Essex Windscreen of Need and levels of intervention



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs.

Children with Additional needs are best supported by those who already work with them, such as Family Hubs or schools, organising additional support with local partners as needed. When an agency is supporting these children, an Early Help Plan and a Lead Professional are helpful to share information and co-ordinate work alongside the child and family.

For children whose needs are Intensive, a coordinated multi-disciplinary approach is usually best, involving either an Early Help Plan or a Shared Family Assessment (SFA), with a Lead Professional to work closely with the child and family to ensure they receive all the support they require. Examples of intensive services are children's mental health services and Family Solutions.

Specialist services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care or Youth Offending Service. By working together effectively with children that have additional needs and by providing coordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

Appendix C: Missing Child Protocol – arrangements for children who have missing episodes

Definition

The definition of missing used in Essex is 'anyone whose whereabouts cannot be established will be considered as missing until located and his or her well-being confirmed'

(College of Policing Authorised Professional Practice Guidance).

Introduction

A child going missing could be a 'one-off' incident that, following investigation, does not need further work. However, multiple episodes of children who go missing can be an indicator of wider concerns (for example: exploitation, difficult home lives or poor mental health).
This guidance sets out the procedures to follow when children go missing from schools and other education settings, hereafter referred to as education settings. Missing children are among the most vulnerable in our community. Sometimes children go missing from education settings. When this occurs, it is important that action is taken quickly to address this, and in line with local procedures. This document should be read in conjunction with the education setting's Child Protection Policy, and the Southend, Essex and Thurrock Child Protection Procedures (SET Procedures).

- Essex Schools Infolink – for the model Child Protection Policy and other resources
- Essex Safeguarding Children Board – for the SET Procedures and other resources

Education settings should consider missing episodes like any other child protection concern and take action as appropriate. This may include contacting parents/carers, the Children & Families Hub (CFH) consultation line or, in an emergency, the CFH priority line and / or the police. It may be appropriate to use the Early Help Procedures (including holding a Team Around the Family meeting) to identify underlying reasons for the missing episodes, address the issues and prevent escalation. Advice should be sought from appropriate partners, and concerns should be escalated if there is no improvement.

Education setting staff may be asked to attend strategy meetings for a missing child and should prioritise attendance at these meetings. Where children missing frequently are open to Children's Social Care, a Missing Prevention Plan may be in place. Where this is the case, the education setting may be set actions as part of the Missing Prevention Plan and should receive a copy if consent has been provided.

When a child goes missing

When it is suspected that a child is missing from an education setting, this must be addressed immediately. Active steps to locate the child should be taken, for example, searching the premises and surrounding areas, attempting contact with the child by phone, text and social media, and contacting their parents/carers. If none of these actions locate the child, they must be reported missing to the Police by dialling 101, or 999 if there is a belief that the child is immediately suffering significant harm. It is important that the police are informed of any checks already completed as it may save time and prevent duplication of tasks set by the police to locate a child.

Education setting staff must inform the child's parents/carers that the child has been reported missing. Where the child has a Social Worker, they should also be informed. After a child has

been reported missing, any further information should be communicated to the police by telephoning 101 and quoting the incident number that the police would have provided following the initial report. Further information must be passed to the police as soon as possible, as officers will continue to search for the child until informed of their return.

When the child is found

If the child is found by education setting staff, or if the child returns to the premises of their own accord, the police must be notified immediately by dialling 101 or 999 if the matter is an emergency. It is important that this action is prioritised, as the child will remain classified as a missing person until seen by the police.

Essex Police

On receiving a report of a missing child, Essex Police will classify the child as missing and will respond based on the level of risk involved.

Essex Police will conduct a vulnerability interview for all children who have been missing and have returned. It may be that the child refuses to engage or speak with police. On these occasions the parents/carers can assist by reporting to officers their observations on the child's return, e.g. did the child shower, have gifts, appear unwell or under the influence of any substance etc. The setting may also be able to contribute to this process and should provide the police with any relevant information or observations.

Missing Chats
Each child that returns from missing will be offered a 'missing chat' (an independent return from missing interview) by a person not involved in their care. This will be facilitated by the Local Authority with responsibility for the child. Missing chats are offered to all children from Essex who go missing.

Useful contacts:
Shane Thomson, ECC Missing Co-ordinator: shane.thomson@essex.gov.uk
Lucy Stovell, ECC Missing Chats: lucy.stovell@essex.gov.uk