



Safeguarding Handbook

April 2024

Summary of Updates to Safeguarding Handbook | April 2024

Resource Title:	Safeguarding Policies & Procedures Handbook
Review Date:	March 2024
Version Date:	1st April 2024

Summary Record of Changes and/or Additions to Safeguarding Handbook

- **Review of entire safeguarding content**
- Front cover of **Safeguarding Handbook** updated to **April 2024**
- Document header updated to **Version April 2024**
- **Review & Updated** - at end of each policy - updated to **April 2024**
- **Version Control** and **Summary Record of Changes** since last version - updated to **April 2024**
- Check that all **External Hyperlinks** are functioning and resolving as intended
- Corrections to a handful of **Typos**
- Updates to **Internal Safeguarding Contacts List** - where this was requested
- Updates to **External Safeguarding Contacts List** - where this was requested
- Updates to **Who's Who in Safeguarding** organogram - where this was required following any request to update **Internal** or **External Safeguarding Contacts Lists**
- Updates to **Projects & Programmes** - where this was requested
- Addition to **Underpinning Safeguarding Principles** to make clear that any allegations relating to incidents occurring - when an individual or organisation uses your premises - will be dealt with by following the organisation's safeguarding policies and procedures, including informing the Local Authority Designated Officer (**KCSIE 09/23 requirement**)
- Additions to **Safer Recruitment Procedure** and **Recruitment, Selection & Induction Process Flow Overview** to state that the organisation will inform shortlisted candidates that online searches may be done as part of pre-recruitment checks (**KCSIE 09/23 requirement**)
- Additions to **Recognising the Signs of Child Abuse, Child Abuse: Child Sexual Exploitation** and **Child Abuse: Criminal Exploitation & County Lines** that being absent - as well as missing, from education - can be warning sign of a range of safeguarding concerns, including sexual abuse, sexual exploitation or child criminal exploitation (**KCSIE 09/23 requirement**)
- Complete re-write - with significant content and subject matter additions - to **Child Abuse: Online Abuse** to address the new **Online Safety Act** legislation (**Online Safety Act 10/23 new legislation**)
- Renaming of **E-Safety Policy** to **Online Safety Policy** (**Online Safety Act 10/23 new legislation**)

Summary Record of Changes and/or Additions to Safeguarding Handbook

- Complete re-write - with significant content and subject matter additions - to renamed **Online Safety Policy** to address the new **Online Safety Act** legislation (**Online Safety Act 10/23 new legislation**)
- Addition to renamed **Online Safety Policy** about the organisation's roles and responsibilities for **Filtering & Monitoring (KCSIE 09/23 requirement)**
- Revision to **Social Media Policy** to reflect the renaming of E-Safety Policy to **Online Safety Policy (Online Safety Act 10/23 new legislation)**
- Addition to **Appendix 1** to reflect **Domestic Abuse Act** and **National Framework statutory guidance (Working Together to Safeguard Children 02/24 update to the statutory guidance)**
- Addition to **Appendix 1** to reflect **Online Safety Act (Online Safety Act 10/23 new legislation)**
- Numerous revisions throughout the **Safeguarding Handbook** to reflect the renaming of the E-Safety Policy to **Online Safety Policy** and the renaming of the E-Safety Agreement to **Online Safety Agreement (Online Safety Act 10/23 new legislation)**.

Part 1:
Introduction
to
Safeguarding
Handbook

Part 1: Introduction to Safeguarding Handbook Contents

The following **Introduction to Safeguarding Handbook** provides an important overview of MCT's approach to safeguarding and the emphasis that is placed on the protection of all children, young people and adults at risk. It reinforces the principle of MCT placing safeguarding front and centre and at the heart of everything the organisation undertakes. Please ensure that you fully read this **Part 1** section.

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1. Overview of Millwall Community Trust's Safeguarding Handbook

Welcome to Millwall Community Trust's (MCT) Safeguarding Handbook.

As a consequence of MCT working within **Regulated Activity** ([click here for information about what is a Regulated Activity](#)) it is required to have robust safeguarding policies and procedures to ensure the protection of all children, young people and adults at risk. To ensure that MCT meets that duty - and as part of a proactive, integrated and consistent approach to safeguarding - the organisation has developed this **Safeguarding Handbook**. This **Safeguarding Handbook** brings together all elements of MCT's safeguarding policies, procedures, processes, codes of practice and best practice guidance. This **Safeguarding Handbook** not only provides the essential information required of an organisation working within regulated activity, it will also help every person working at MCT ensure that they are fully compliant with safeguarding best practice - and in being compliant, you will be **fulfilling your responsibility of protecting all children, young people and adults at risk from harm**.

Whilst this **Safeguarding Handbook** contains a lot of information - and therefore may initially seem daunting - you will receive **Safeguarding Induction Training**, as well as **Regular Refresher Safeguarding Training** to help you utilise the contents effectively. MCT's **Designated Safeguarding Officer (DSO)** will be responsible for ensuring that you receive the necessary safeguarding training - as appropriate to your role and responsibilities. However, it is also your responsibility to ensure that you read and adhere to all of MCT's safeguarding policies and procedures.

Who to go to if you need help?

If you are ever in doubt - about what to do in any given situation - please do not hesitate to speak to either your line manager or the appropriate member of MCT's Safeguarding Team.

Page 4 & 5 of this Safeguarding Handbook provides a full list of the Internal & External Safeguarding Contacts for those with responsibility for safeguarding at MCT. Please ensure that you familiarise yourself with the safeguarding contacts that can support you in your role for MCT.

Finding your way around MCT's Safeguarding Handbook

For ease of use MCT's Safeguarding Handbook has been divided into the following 9 colour-coded sections:

- **Part 1:** Introduction to Safeguarding Handbook
- **Part 2:** General Safeguarding Policies
- **Part 3:** Safer Recruitment
- **Part 4A:** Child Safeguarding
- **Part 4B:** Adults at Risk Safeguarding
- **Part 5:** Safer Activities
- **Part 6:** Information Management
- **Part 7:** Additional Safeguarding Policies
- **Part 8:** Appendices

Changes to the Safeguarding Handbook

MCT has made a written commitment to review the **Safeguarding Handbook** at least annually. In addition, MCT will undertake more frequent reviews following changes in safeguarding legislation, following the implementation of a new activity or service (which involves contact with children and/or adults at risk), following a safeguarding incident and/or following a significant organisational change.

Accordingly, whenever there is a change to this Safeguarding Handbook, you will be informed of such changes and/or receive the appropriate additional safeguarding training and/or be issued with a new copy of the Safeguarding Handbook or be provided with access to the relevant updates. MCT's Designated Safeguarding Officer (DSO) holds the most current version of the Safeguarding Handbook.

2. Millwall Community Trust's Safeguarding Statement

Although there is a **Children's Safeguarding Policy Statement** (at the beginning of **Part 4A**) and an **Adult's at Risk Policy Statement** (at the beginning of **Part 4B**) the following is MCT's overarching Safeguarding Statement - which is here to emphasise the importance that is placed on putting the safeguarding and protection of all Children, Young People & Adults at Risk at the front and centre of everything we do.

What is Safeguarding?

Safeguarding is the action that is taken to promote the welfare of children, young people and adults at risk and protect them from harm. Safeguarding means protecting people from abuse, maltreatment, neglect, harm and/or exploitation. Through MCT setting up and following good safeguarding policies and procedures, it means that children, young people and adults at risk - that come into contact with our organisation - are protected from those that might pose a risk. All organisations that work with (or come into contact with) children, young people and adults at risk are required to have safeguarding policies and procedures to ensure that everyone - regardless of their age, gender, religion or ethnicity - can be protected from harm.

MCT's Safeguarding Ethos

MCT will always seek to provide protection to any person that receives our services. To this end MCT will provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a person may be experiencing, or be at risk of, harm. MCT believes that no one should ever experience abuse of any kind. MCT have a responsibility to promote the welfare of all children, young people and adults at risk to keep them safe. MCT are committed to work in a way that protects them.

Who does this Safeguarding Policy Statement apply to?

This **Safeguarding Policy Statement** applies to everyone that comes into contact with MCT - including as applicable - the Board of Trustees & Executive Team, Senior Managers, Staff, Agency Staff, Contractors, Suppliers, Volunteers, Students on work experience, as well as anyone else working on behalf of MCT. This policy also applies to any other person that engages with the work of MCT and includes parents, carers, families and other visitors to MCT premises.

Safeguarding at MCT

MCT places the safeguarding of children, young people and adults at risk as its prime focus and has developed full safeguarding policies and procedures. To underpin the approach, MCT ensures all of its management team, staff members and volunteers have been fully trained in safeguarding to enable the organisation to live and breathe its approach. **In developing the Safeguarding Policies & Procedures, MCT has adopted the following three-part Safeguarding Strategy - which focuses on the following:**

1. Getting the right people involved with MCT

This is achieved through adherence to MCT's Safer Recruitment Policies and Procedures.

2. Creating a safe environment for children, young people & adults at risk

This is achieved by providing all required safeguarding training, support and best practice advice; and further guidance by the effective communication of MCT's Codes of Conduct.

3. Promoting clear systems to deal with any safeguarding concerns

This is achieved through implementation of all MCT's policies and procedures relating to safeguarding.

Any person with a safeguarding concern or complaint - or who requires safeguarding support and advice - should not hesitate to contact the appropriate member of MCT's designated Safeguarding Team (or any of the external safeguarding contacts) detailed on pages 4 & 5 of this Part 1: Introduction.

3. Trustees Accountability for Safeguarding

Primary Responsibility for Safeguarding at MCT

The Charity Commission for England and Wales clearly states in its guidance, that **the Trustees of a Charity have primary responsibility for safeguarding** in their organisations. The guidance goes on to say that for Trustees to fulfil their duty of care to their Charity, they need to **take steps to safeguard** and **take responsibility for** the children, young people and adults at risk with whom MCT works.

How MCT's Trustees undertake their duty of care for Safeguarding

- Act in the child's and adult's best interests
- Take all reasonable steps to prevent any harm occurring to children and adults
- Assess and manage MCT's safeguarding risk
- Put in place safeguarding policies, procedures and processes
- Undertake ongoing monitoring and reviewing to ensure that safeguards are being implemented and are effective
- Respond appropriately to allegations of abuse
- Take primary responsibility for safeguarding and the leadership role in actively championing safeguarding good practice.

Therefore, in furtherance of MCT's Board of Trustees duty of care, a named Trustee has been appointed to the role of **Senior Safeguarding Manager** and as such will be the Board's Safeguarding Lead.

MCT's Senior Safeguarding Manager's contact details are listed on the on the following page within the Internal Safeguarding Contacts List.

MCT's Senior Safeguarding Manager's Responsibilities

MCT's **Senior Safeguarding Manager** is responsible for leading on the Boards safeguarding standing agenda and reporting back to the Board each time it meets - or more frequently if a safeguarding incident were to occur. The Senior Safeguarding Manager will champion and strategically oversee all safeguarding activity within the Charity - as well as supporting MCT's **Designated Safeguarding Officer** and **Deputy Designated Safeguarding Officer** in their operational safeguarding roles.

Board Standard Safeguarding Agenda

The Board's standard safeguarding agenda includes, as appropriate, includes the following strategic and operational matters:

- Any safeguarding concerns and issues since the last Board meeting
- Update on progress of safeguarding induction and coaching since the last Board meeting
- Development/updates of safeguarding policies, procedures and processes since the last Board meeting
- Safeguarding risk assessment against existing and new projects and programmes
- Safeguarding strategy for the next three months
- Safeguarding budget requirements for the next three months.

As the Chair of Trustees, I confirm that the core safeguarding policies, procedures and processes contained within this Safeguarding Handbook have been Reviewed, Approved & Adopted by MCT's Trustees, Senior Executives and Senior Management Team.



Keith Soper | Chair of Trustees
2nd May 2024

Reviewed & Updated: April 2024

MCT will review this **Trustees Accountability for Safeguarding** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

4. Internal Safeguarding Contacts List

Any person wishing to raise a safeguarding concern - or requiring safeguarding help, guidance, support and/or advice - should contact one of the following members of MCT's safeguarding team:

Board Safeguarding Lead/Senior Safeguarding Manager	
Name	Jason Vincent
Job Title	Trustee
Telephone Contact	07947 500691
Email	jvincent@millwallcommunity.org.uk

Designated Safeguarding Officer & Nominated Manager for Adults	
Name	Katie Whitmore
Job Title	Designated Safeguarding Officer
Telephone Contact	07809 554848
Email	kwhitmore@millwallplc.com

Deputy Designated Safeguarding Officer & Nominated Manager for Adults	
Name	Joubin Sarrami
Job Title	Community Manager
Telephone Contact	07958 026990
Email	jsarrami@millwallcommunity.org.uk

Deputy Designated Safeguarding Officer & Nominated Manager for Adults	
Name	Sean Daly
Job Title	CEO
Telephone Contact	07973 324987
Email	sdaly@millwallcommunity.org.uk

Deputy Designated Safeguarding Officer & Nominated Manager for Adults	
Name	John Scarborough
Job Title	AP Manager
Telephone Contact	0207 740 0503
Email	jscarborough@millwallcommunity.org.uk

Online Safety Coordinator	
Name	Katie Whitmore
Job Title	Designated Safeguarding Officer
Telephone Contact	07809 554848
Email	kwhitmore@millwallplc.com

Responsible Person for Health & Safety	
Name	Sean Daly
Job Title	CEO
Telephone Contact	07973 324987
Email	sdaly@millwallcommunity.org.uk

Responsible Person for Data Protection	
Name	Katie Whitmore
Job Title	Designated Safeguarding Officer
Telephone Contact	07809 554848
Email	kwhitmore@millwallplc.com

5. External Safeguarding Contacts List

The following details the external safeguarding contacts that can assist with a safeguarding concern - or provide safeguarding help, guidance, support and/or advice:

	Multi-Agency Partnership	Safeguarding Adults Board
Name of Council	LB of Lewisham Council	LB of Lewisham Council
Name of Contact	Finola Owens	Finola Owens
Telephone Contact	0208 314 3114 or 07725 785625	0208 314 7777 (select option 1)
Email	finola.owens@lewisham.gov.uk	finola.owens@lewisham.gov.uk

Kent LADO

Telephone Contact	0300 041 0888
Email	kentchildrenslado@kent.gov.uk
If contact is urgent - i.e. a child is in immediate danger - and you cannot be connected to the LADO Team , you should call the Integrated Front Door on 0300 041 1111 .	

MCT will always be prepared to make its Safeguarding Policies & Procedures available to its Local Authority for review where this is requested.

Football Club's Designated Safeguarding Officer

Name	Katie Whitmore
Job Title	Designated Safeguarding Officer
Telephone Contact	07809 554848
Email	kwhitmore@millwallplc.com

FA Welfare Officer

Name	Yasmin Dyer
Job Title	FA Welfare Officer
Telephone Contact	0207 610 8360
Email	yasmin.dyer@londonfa.com

The EFL Safeguarding Manager

Name	Alex Richards
Job Title	EFL Safeguarding Manager
Telephone Contact	01772 325940
Email	arichards@efl.com

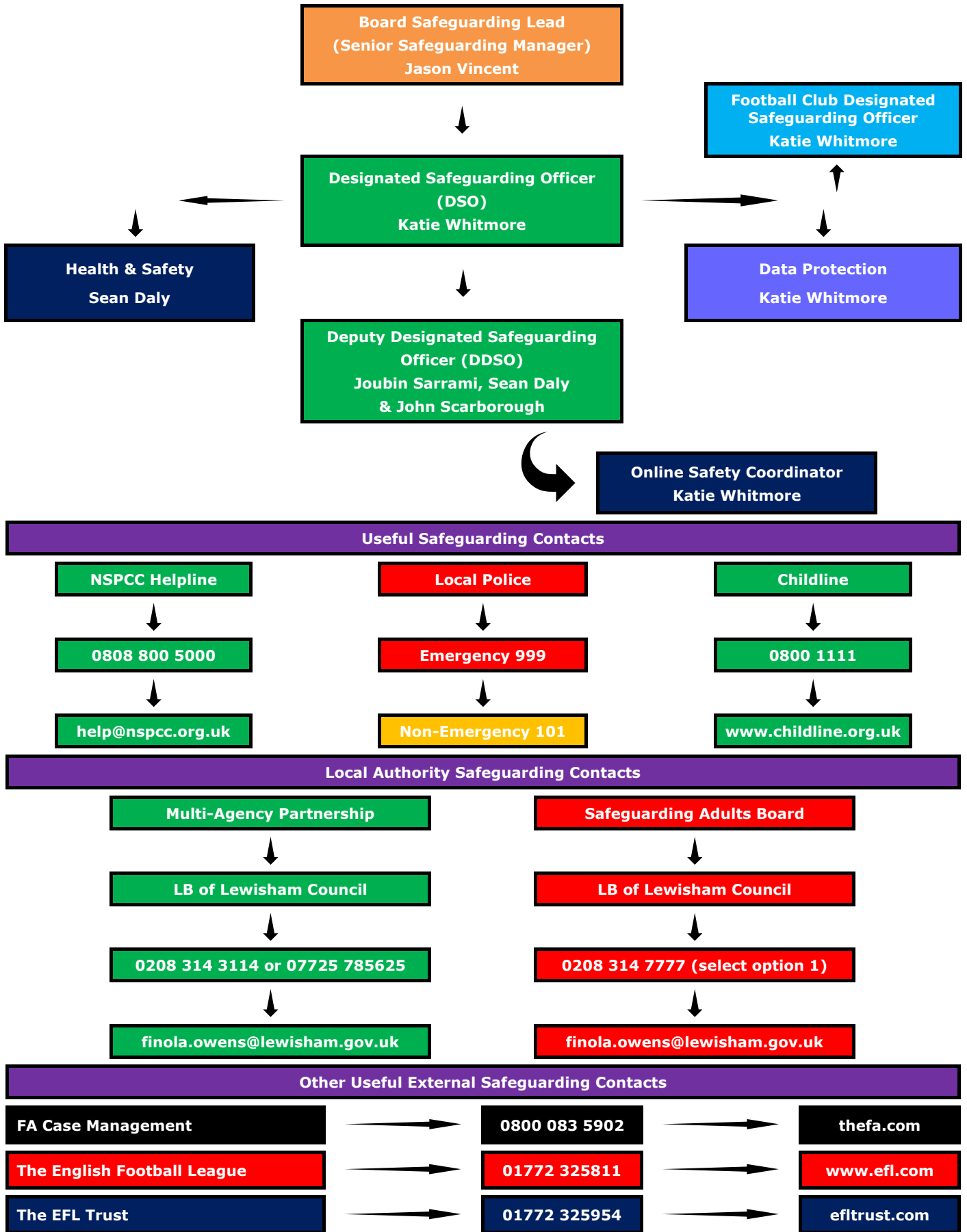
Other Useful External Safeguarding Contacts

Local Police	Rotherhithe Police Station: Emergency 999 & Non-Emergency 101 Sam Moore 425CO Millwall FC SCO22, Central Football Unit, 2nd Floor - Block B, Lambeth HQ, 109 Lambeth Road London SE1 7LP - 0207 230 2425 & 0781 845 4964 sam.moore@met.police.uk	
NSPCC Helpline	0808 800 5000 or help@nspcc.org.uk	
ChildLine	0800 1111 (or text phone 0800 400 222) or www.childline.org.uk	
FA Case Management	Urgent: 0800 083 5902	Non-Urgent: safeguarding@thefa.com
The EFL	01772 325811	
The EFL Trust	0800 169 1863	
NCS Pharos	0203 637 0520	

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MCT will review the **Internal & External Safeguarding Contacts Lists** every time a change in personnel and/or good practice dictates, but always at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

6. Who's Who in Safeguarding



7. Glossary

Throughout MCT's Safeguarding Handbook the following terms, acronyms and abbreviations are used:

Acronym	Meaning
MCT	Millwall Community Trust
AaR	Adult at Risk
Adult	Any person aged 18 years of age and older
CCO	Club Community Organisation
CEO	Chief Executive Officer
Child/Children	Any person under 18 years of age
CPD	Continual Professional Development
CPSU	Child Protection in Sport Unit
DBS	Disclosure & Barring Service
DCO	Data Compliance Officer
DDSO	Deputy Designated Safeguarding Officer
DPM	Data Protection Manager
DSO	Designated Safeguarding Officer
EFL	English Football League
EFLT	English Football League Trust
FA	The Football Association
GDPR	General Data Protection Regulation
HSO	Health & Safety Officer
KCSIE	Keeping Children Safe in Education
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children's Board - but now referred to as Safeguarding Partners
NCS	National Citizen Service
NSPCC	National Society for the Prevention of Cruelty to Children
Parent	Any parent, carer, advocate or other responsible person for a child, young person or adult
Participants	Any child, young person or adult who engages with the organisation
PL	Premier League
PLCF	Premier League Charitable Fund
SAB	Safeguarding Adult Board (Responsible for helping and safeguarding adults at risk)
Safeguarding	This means protecting children, young people and adults at risk from harm
SCR	Single Central Record
SLA	Service Level Agreement
SSM	Senior Safeguarding Manager
Staff	Any paid staff member or unpaid volunteer/worker

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MCT will review this **Glossary of Terms, Acronyms & Abbreviations** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

**Part 2:
General
Safeguarding
Policies**

Part 2: General Safeguarding Policies Contents

The following **General Safeguarding Policies and Procedures** are detailed in this section as they are considered overarching to all other elements of MCT's Safeguarding Handbook. In this **Part 2** section you will find further information relating MCT's approach to safeguarding, the key Safeguarding Roles and Responsibilities - as well as the various Codes of Conduct that everyone who works or engages with the organisation must uphold. Also outlined are our policies related to Equality, Diversity & Inclusion, as well as MCT's Whistleblowing and Complaints policies.

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8. Safeguarding & Football

First and foremost, Millwall Community Trust (MCT) accepts its responsibilities in helping to make football a safer place for everyone involved and regardless of how they engage with the organisation. MCT has a duty of care to every person that participates in its activities. To ensure that MCT meets that duty - and as part of a proactive, integrated and consistent approach to safeguarding - the organisation has developed robust policies, procedures and processes to ensure the protection of children, young people and adults at risk. This Safeguarding Handbook therefore details all of the relevant policies, procedures and processes relating to MCT's approach to Safeguarding.

In developing MCT's safeguarding policies, procedures and processes, the organisation has taken due regard of the Football Associations (FA) three-part safeguarding strategy which focuses on:

Safeguarding & Football

- 1. Getting the right people involved with MCT** - which is achieved through adherence to our Safer Recruitment Policies and Procedures.
- 2. Creating a safe environment for all participants** - by providing all required training, support and best practice advice and guidance through the effective communication of appropriate codes of conduct.
- 3. Promoting clear systems to deal with any safeguarding concerns** - and which is achieved through implementation of all MCT's policies, procedures and processes relating to safeguarding.

To ensure the adherence and implementation of the above three-part safeguarding strategy, MCT will at all times ensure that its designated safeguarding leads have undergone the relevant DBS checks and will have undertaken appropriate safeguarding training (and regular refresher safeguarding courses as required) provided by either MCT's **Local Authority** and/or the **FA** and/or the **PL/PLCF** or the **EFL/EFL Trust**.

Further information relating to DBS Checks, Induction, Training and Continual Professional Development can be found in the Safer Recruitment Section of this Safeguarding Handbook.

MCT's intends for its safeguarding policies, procedures and processes to reflect best practice - and accordingly they have been developed in line with the requirements of the **FA**, the **PL/PLCF** and **EFL/EFL Trust**, the **Multi-Agency Safeguarding Partners** and the **SAB**.

As an organisation that is striving to be at the forefront of best safeguarding practice, MCT will continuously work towards maintaining and embedding the **Standards for Safeguarding and Protecting Children in Sport** as published by the **NSPCC's Child Protection in Sport Unit (CPSU)** - and as adopted by the **FA**, the **PL/PLCF** and **EFL/EFL Trust**. MCT also recognises the role of **UNICEF's International Safeguards for Children in Sport**.

In relation to adults, MCT referred to latest legislation contained within **The Care Act 2014**, as well as following the eight minimum standards of best practice and guidance developed by **Volunteer Now's Keeping Adults Safe: A Shared Responsibility Guidance** - in consultation with a safeguarding adults at risk advisory expert group - which was drawn from key organisations who work with adults at risk in the voluntary, community and independent sectors.

In addition to working with - and taking guidance from - the relevant Local Authorities Safeguarding Teams, MCT will always work in partnership with the safeguarding leads within the Football Club, the FA and the EFL/EFL Trust. This working partnership will further the effective safeguarding and protection of all children, young people and adults at risk - and in the event of there being a safeguarding incident or safeguarding concern it will ensure that MCT follows all appropriate reporting protocols.

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MCT will review this **Safeguarding & Football** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

9. Projects & Programmes

MCT receives funding to provide many different projects and programmes within its community. For the avoidance of doubt, this Safeguarding Handbook - as well as all other supplementary safeguarding policies, procedures and processes - applies to each and every project and programme delivered by MCT. However, the following two caveats should be noted:

1. Some of MCT's projects and programmes are with partners and external organisations who have their own robust safeguarding policies and procedures. Therefore, as part of MCT's due diligence, it will require these partners and external organisations to evidence and provide a copy of their **Safeguarding Policy Statement** so it can be held on file. MCT will also make it clear in its SLA's and contracts that in the absence of a particular safeguarding procedure - or in the event of a dispute - MCT's safeguarding policies and procedures and/or MCT's **Safeguarding Handbook** will take precedence and thereby define the safeguarding procedure to follow.
2. In some cases projects and programmes delivered on behalf of partners and external organisation will require MCT to follow specific processes and/or refer to specific critical incident management reporting procedures. These are noted below and the relevant policies are detailed in MCT's **Safeguarding Handbook** as appropriate.

Name of Project or Programme	Type of Provision? e.g. Health, Education, Well-being, Physical Activity etc.	Whose Safeguarding Procedures Apply?	Whose Incident Reporting Procedures Apply?
Term Time FC	Physical Activity	MCT	MCT
Saturday Morning Soccer	Physical Activity	MCT	MCT
Holiday Soccer Schools	Physical Activity	MCT	MCT
Urban Pathway (boys & girls)	Physical Activity	MCT	MCT
Girls' Grassroots Football	Physical Activity	MCT	MCT
Schools Coaching Programme	Physical Activity	MCT	MCT
Girls' Football Academy	Physical Activity	MCT	MCT
PL Kicks Programmes	Community Development	MCT	MCT
19+ Coaching	Community Development	MCT	MCT
Disability Football	Health Improvement	MCT	MCT
Walking Sports for Older People	Health Improvement	MCT	MCT
MCT POST 16 Academy	Education	MCT	MCT
Alternative Education Provision (AP)	Education	MCT	MCT
Traineeships	Employability	MCT	MCT
Kinder Move and Learn	Physical Activity/Education	School - but reserves right to follow MCT procedures	MCT

Reviewed & Updated: April 2024

MCT will review this **Projects & Programmes** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

10. Responsibilities for Safeguarding

The individual responsibilities of MCT's key safeguarding personnel (and how this partnership working is effective in practice) is outlined below:

Board of Trustees Responsibilities

A stipulation in the latest version of the UK Government guidance - Working Together to Safeguard Children - is that it is a key responsibilities of organisations working with children to have a senior Board level lead to take leadership responsibility for the organisation's safeguarding arrangements.

Board

Therefore, Trustees are never permitted to simply say that they have delegated their safeguarding role to the staff of MCT. Whilst the management and staff clearly have a vital role to play in keeping children and adults at risk safe, the Board of MCT are also required to take active responsibility for championing safeguarding good practice - to ensure that the Charity is meeting the standards of safety required. This responsibility also extends to the safeguarding of adults at risk. To ensure MCT meets its duties, the Board of Trustees have appointed a named Trustee to be the **Board Safeguarding Lead** - and who will act as the **Senior Safeguarding Manager (SSM)**.

Senior Safeguarding Manager Responsibilities

To ensure that MCT can undertake its safeguarding duty of care for every person that engages with the organisation, a named Trustee has been appointed as the SSM - and as such takes strategic leadership responsibility for safeguarding arrangements.

SSM

The **SSM** is responsible for keeping all Trustees up to date with MCT's safeguarding strategy. The **SSM** is supported in their role operationally by MCT's **DSO** - who on matters of safeguarding reports directly to the **SSM**. As detailed in MCT's **Training Policy**, the **SSM** is required to undertake mandatory appropriate safeguarding training a minimum of every two years. In addition, MCT's **SSM** receives annual safeguarding updates on development and best practice in safeguarding directly from the **DSO**. **The core responsibilities of MCT's SSM are to:**

- **Support MCT's safeguarding personnel who have responsibility for making safeguarding referrals**
- **Liaising with the LADO regarding allegations in conjunction with the DSO**

Designated Safeguarding Officer Responsibilities

To support staff with safeguarding issue - as well as for taking the operational lead for the day to day safeguarding responsibilities of the organisation - MCT has appointed a Designated Safeguarding Officer (DSO) whose core responsibilities include.

DSO

- Oversight of MCT's safeguarding policies and procedures - including ensuring compliance and making recommendations for changes and updates
- Personally undertaking (at least once a year) continued professional development training on safeguarding legislation and good practice
- Implementing and monitoring safeguarding within MCT and in the delivery of services/activities
- Acting as the first point of contact for any report or suspicion of abuse, or any concern relating to the welfare or safety of a child or adult at risk who is a participant of - or is otherwise connected to - MCT
- Managing safeguarding concerns, complaints and allegations
- Supporting all MCT staff with safeguarding issues
- Reporting directly to the **SSM** and the Board on matters of safeguarding
- Collaboration with the MCT's parent football club's **DSO**
- Managing and oversight of any reporting, referrals and sharing of information with other organisations
- The **DSO** also has a detailed job description that outlines their responsibilities - which includes coordinating safeguarding induction and refresher safeguarding training for all MCT staff
- In the event that there is a serious safeguarding concern, the **DSO** is responsible for immediately briefing the **SSM**, who in turn will be responsible for ensuring that all Trustees are informed without unnecessary delay.

Responsibilities for Safeguarding continued...

MCT recognises that its SSM, the DSO and the Deputy Designated Safeguarding Officer (DDSO) must have a commitment to work together - as well as in partnership with the Football Club - for safeguarding to be effective.

Working in partnership with the Football Club

MCT's DSO will meet with MCT's DDSO, the Football Club's DSO and the FA Welfare Officer on a quarterly basis to review any incidents, share information and best practice (in accordance with Working Together to Safeguard Children legislation). Minutes of these meetings will be made and stored in accordance with the Data Protection Act and will be reported to MCT's SSM following each quarterly meeting within 48 hours of the meeting having taken place.

Keeping up to date with safeguarding best practice

As detailed in MCT's Ongoing Safeguarding Training, Professional Development & Support Policy, the DSO is required to undertake mandatory appropriate safeguarding training a minimum of every 12 months. In addition, MCT's SSM receives annual safeguarding updates on development and best practice in safeguarding.

MCT will ensure that it provides sufficient time, funding, supervision, training and support for the DSO (and other safeguarding personnel) to fulfil their safeguarding responsibilities effectively. As such the safeguarding funding needs of the organisation are a standing agenda item for MCT's Board of Trustees.

All personnel undertaking the safeguarding roles outlined in this policy are named in the Internal & External Safeguarding Contact List detailed within this Safeguarding Handbook.

All MCT staff and volunteers - who have received relevant safeguarding induction and training - support the DSO in their role; and all job descriptions reference the safeguarding responsibilities of their positions as applicable.

Reviewed & Updated: April 2024

MCT will review this Responsibilities for Safeguarding and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

11. Underpinning Safeguarding Principles

When utilising MCT's Safeguarding Handbook, the following principles underpin all core policies, procedures and processes of the organisations safeguarding practice:

MCT's Safeguarding Ethos

MCT's believes that safeguarding - and the protection of all children, young people and adults at risk - is everyone's responsibility.

Who does MCT's Safeguarding Handbook apply to?

This **Safeguarding Handbook** - and all of its policies, procedures and processes - applies to all services and activities provided by MCT which involve direct contact with children and/or adults at risk. In addition, all policies, procedures and processes applies to everyone that comes into contact with MCT, including as applicable, the Trustees, the **CEO** and Executive Team, Senior Managers, the Management Team, Employees, Sessional Workers, Agency Staff, Contractors, Suppliers, Volunteers, Students on work experience, as well as anyone else working on behalf of the organisation. This is regardless of whether the organisation pays for services, or whether they have volunteered.

Definition of a child

The UK Governments **Working Together to Safeguard Children** defines a child as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection. Accordingly, all references to a 'child' or 'children' - throughout MCT's safeguarding resources - also includes 'young person' or 'young people' as appropriate.

Definition of an adult at risk

The **Care Act 2014** defines an adult at risk as someone over the age of 18 who has a need for care and support; and/or someone who is experiencing - or is at risk of - neglect or abuse.

How MCT's Safeguarding Handbook is communicated internally

All staff and Trustees are made aware of MCT's safeguarding policies, procedures and processes through their induction when they first join the organisation. Safeguarding forms a standing agenda item at all staff meetings and at all Board meetings. All staff and Trustees receive refresher safeguarding training at regular intervals - and always following any major safeguarding incident, following incident learning outcomes, following organisational changes, as well as when there are any changes to legislation that impacts upon best safeguarding practice.

How MCT's safeguarding policies and ethos are promoted internally

MCT ensures that its safeguarding ethos is instilled internally by placing the protection of all children, young people and adults at risk at the heart of its practice. This means that safeguarding is everyone's responsibility and as such forms an integral part of induction for all new staff and Trustees.

The **SSM**, the **DSO** and the **DDSO** attend regular safeguarding training as outlined in the **Ongoing Safeguarding Training, Professional Development & Support Policy** and regularly share their up to date knowledge and best practice with their teams and colleagues. This sharing of safeguarding knowledge is achieved through safeguarding forming a standing agenda item at all staff meetings and at every Board meeting.

How MCT's Safeguarding Handbook is made available internally

- Staff and Trustees are provided with an electronic copy of MCT's **Safeguarding Handbook** during induction - and are informed whenever an updated version has been **Reviewed, Approved & Adopted by the Board**.
- Each member of MCT's Safeguarding Team holds the most recent physical copy of the **Safeguarding Handbook** to enable them to support staff and colleagues appropriately with their safeguarding practice.

Underpinning Safeguarding Principles continued...

How MCT's safeguarding policies and ethos are promoted externally

MCT ensures that its safeguarding ethos is communicated externally by having its Safeguarding Policy Statement on all public facing notice boards within the organisation, as well as prominently promoting them on its websites. MCT's Safeguarding Policy Statement makes clear the following:

- The safeguarding ethos of the organisation
- Who internally can provide safeguarding support and advice
- Who internally should be contacted if there were ever any safeguarding concerns
- Who internally should be contacted if there were any complaints about MCT's safeguarding practice
- How any child, adult, parent, partner, carer or other interested party can access a full copy of MCT's **Safeguarding Handbook**
- How safeguarding concerns can be raised externally.

How MCT ensures safeguarding best practice with its stakeholders

Contractors & suppliers

Prior to engaging with contractors and suppliers (who deliver work on behalf of MCT) they will be provided with the organisations **Safeguarding Policy Statement** and be given access to MCT's **Safeguarding Handbook**. All contractors and suppliers will be required to sign an agreement which confirms that they have read and understood MCT's **Safeguarding Policy Statement** and that they will adhere to MCT's safeguarding policies, procedures and processes. Support will be offered to contractors and suppliers through MCT's **DSO**.

Partners & external organisations

MCT will expect all partners and external organisation (with which it engages) to have their own robust safeguarding policies and procedures. As part of MCT's due diligence it will require partners and external organisations to evidence and provide a copy of their **Safeguarding Policy Statement** so it can be held on file. MCT will make it clear that in the absence of a particular safeguarding procedure - or in the event of a dispute - MCT's safeguarding policies and procedures and/or MCT's **Safeguarding Handbook** will take precedence. MCT's **DSO** will work in partnership with MCT's partners and external organisation's **DSO** - with the aim of sharing best practice and ensuring effective safeguarding of all.

Customers & clients

Any group or individual who hires MCT's facilities will be provided with the organisations **Safeguarding Policy Statement**. All hirers will be required to sign to say they will ensure that anyone using the facilities being hired will uphold MCT's safeguarding ethos that makes the safeguarding and protection of all children, young people and adults at risk everyone's responsibility. All hirers will be notified of MCT's **DSO** and given details of how the **DSO** can be contacted to provide safeguarding guidance and support, as well as being informed that MCT's **DSO** is the person to whom they should raise any safeguarding concerns to. For avoidance of any doubt - as with all safeguarding allegations - MCT will follow its safeguarding policies and procedures, which would include informing the LADO.

Reviewing & updating MCT's Safeguarding Handbook

At the end of every policy, procedure and flowchart there is the last **Reviewed & Updated** date. As a minimum, every policy, procedure and flowchart will undergo a review no less than once every 12 months from this last reviewed date. In the event that there is a significant safeguarding issue at MCT, then all policies, procedures and flowcharts will undergo a review immediately to ensure that any required changes or new policies are actioned immediately. **In summary, MCT undertakes to review its safeguarding policies, procedures and processes as follows:**

- **Annually**
- **Following a change in safeguarding legislation**
- **Following the implementation of a new activity or service involving contact with children and/or adults at risk**
- **Following a safeguarding incident within (or which directly concerns or affects) the organisation**
- **Following a significant organisational change.**

Underpinning Safeguarding Principles continued...

Responsibilities for reviewing & updating the Safeguarding Handbook

MCT's **SSM**, **DSO** and **DDSO** are the accountable team for reviewing and updating all policies, procedures and flowcharts. This work will be led by MCT's **DSO** with the input of all safeguarding personnel, as well as the input from other safeguarding experts/partners as required. Whenever a review and/or update is being undertaken MCT will liaise with the Football Club's **DSO** and wider safeguarding team.

When establishing, developing and/or improving a service, project or activity MCT will always:

- **Include safeguarding in the service, project or activity planning brief**
- **Seek input from children and adults at risk who might be participants.**

Furthermore, MCT will ensure that any delivery partners - involved in the service, project or activity - have implemented (so far as is relevant) safeguarding measures equivalent to the minimum safeguarding standards set by the organisation; and that they are subject to a legally-binding contractual commitment in respect of those safeguarding measures.

Seeking advice from and notification to the Football Authorities

For the avoidance of doubt, every policy, procedure and process in this **Safeguarding Handbook** supports and encourages anyone, at any time, to be able to seek safeguarding advice from the **PL/PLCF/EFL/EFLT Safeguarding Manager, FA Case Management** and/or the **NSPCC**.

Full contact details of where advice can be sought and/or notification made are provided in MCT's Safeguarding Contact List which is contained in this Safeguarding Handbook and from MCT notice boards.

Reporting concerns

MCT will always report - to the above Football Authorities - any concern which it is required to report to:

- **The Police**
- **The Local Authority Designated Officer**
- **Any other statutory agency, including the Multi-Agency Safeguarding Partners (for children) and/or the Safeguarding Adults Board.**

Disclosure & Barring Service Referrals

In addition, as MCT is a provider of **Regulated Activity**, the organisation will always be required to follow **DBS Referral Guidance** - and in certain circumstances has a legal duty to make a referral to the **Disclosure & Barring Service**.

The procedures that will be followed in these circumstances are as outlined in the **Dealing with Allegations of Abuse made against Staff Policy** contained within this **Safeguarding Handbook**.

MCT's DSO is responsible for managing the process of DBS referrals with the support of the SSM.

Reviewed & Updated: April 2024

MCT will review this **Underpinning Safeguarding Principles** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

12. Equality, Diversity, Inclusion & Ethical Working Policy

Introduction to Equality & Diversity

MCT understand that equality is not about treating everyone the same, but rather about ensuring that access to opportunities are available to everyone - through taking into account the differing needs and capabilities of people. Diversity, is about recognising and valuing differences through inclusion of as many people as possible, regardless of whether those differences relate to protected characteristics such as age, disability, gender, racial heritage, religious belief, sexual orientation and/or identity; or are differences linked to such things as commitments outside work, working part-time or shift work, language, union activity, health status, perspectives, opinions and/or an individual's personal values **etc.**

Definition of equality

For MCT, practicing equality is about ensuring that every individual has an equal opportunity to make the most of their lives and their talent; and a belief that no one should have a poorer life chance because of the way they were born, where they come from, what they believe - or whether they have a disability. Equality is also about recognising that certain groups of people have historically experienced discrimination.

It is because of this belief and understanding that MCT is committed to the following principles relating to equality and diversity:

Equality

1. All children, young people and adults at risk - regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity - have the right to equal protection from all types of harm, abuse and/or exploitation.
2. To this end MCT will ensure that its services are provided in a way that promotes equality and diversity - eliminates discrimination in all of its forms (ensuring that no one is excluded) - and which respects the needs of each and every individual.
3. MCT will not unlawfully discriminate against any child, young person or adult at risk because of their protected characteristics - and will always give full consideration to how everyone with protected characteristics are being supported.
4. MCT is conscious that children, young people and adults at risk (with protected characteristics) may be more at risk of harm - and therefore will always seek to integrate that awareness into MCT's safeguarding policies and procedures.

Further information relating to MCT's approach to equality is detailed in the Equal Opportunities Policy contained in this Safeguarding Handbook. Please also see the MCT's Dignity at Work Policy.

Where proportionate, MCT will always take positive action to deal with disadvantages faced by any child, young person or adult at risk because of their protected characteristics - e.g. by making reasonable adjustments for a child with a disability, or by supporting girls if there was evidence that they were being disproportionately subjected to sexual violence or harassment etc.

Definition of ethical working

MCT believes that working ethically is to behave with integrity, to be honest and to do the right thing at all times. Behaving ethically is underpinned by **fairness, justice, inclusion** and **respect for diversity** - and about **ensuring that unfair discrimination is eliminated.**

Ethical working policy statement

MCT is committed to ethical and safe working practices in order to help protect children, young people and adults at risk who engage with the organisation. To this end, MCT will ensure that regardless of age, disability, racial heritage or religious belief, sexual orientation or identity, everyone is treated fairly and impartially. MCT firmly believes that everyone has a right to an environment that is free from intimidation, harassment and abuse; and will not tolerate any behaviour that is in breach of this **Equality, Diversity, Inclusion & Ethical Working Policy.**

Expectations of MCT staff

MCT firmly believes that adhering to its **Equality, Diversity, Inclusion & Ethical Working Policy** will not only protect children and adults, but also reduce the risk of allegations being made in the first place. To this end, staff receive induction training and on-going refresher training to enable them to be ambassadors of fairness, justice and inclusion, as well as to respect and celebrate diversity. MCT expects all staff to oppose discriminatory behaviour and to work to promote equality of opportunity.

Equality, Diversity, Inclusion & Ethical Working Policy continued...

A culture of listening

MCT commits to safe working practices that will be enhanced through a culture of listening to all of our stakeholders (Trustees, staff, volunteers, children, adults, parents, carers, partners **etc.**); gathering information from them regarding their experiences and priorities; and involving them in decision making. Using this input will assist MCT to develop safeguarding policies, procedures and processes that promote ethical working. Examples of this in practice are MCT's **Consent Policy** and **Sharing of Information Policy**.

Principles of working ethically

MCT ensures that working ethically is an underpinning principle of all its policies, procedures and processes **e.g.** in safer recruitment it is about living and breathing MCT's **Equal Opportunities** and **Valuing Diversity Policies**. Elsewhere, it is the foundation of how we work and interact with children, adults, parents and carers **etc.**

Therefore, MCT's approach to equality, diversity, inclusion & ethical working is that we will adhere to our safeguarding policies, procedures and processes. In summary this means that MCT will:

Working Ethically

- Recruit and appoint staff using MCT's safer recruitment procedures
- Induct Trustees, staff and volunteers to understand their accountabilities and responsibilities for the protection of all children and adults
- Underpin all of MCT's arrangements with contractors, suppliers, partners, external organisations, customers and clients with our safeguarding ethos
- Use MCT's child and adults at risk safeguarding policies, procedures and processes to manage and - where necessary - report any safeguarding concerns
- Support all MCT safeguarding personnel to carry out their safeguarding responsibilities effectively
- Ensure the ongoing coaching, training and development of all MCT staff, as appropriate, to be effective in their safeguarding roles and to be able to fulfil their responsibility to protect all children and adults at risk
- Live and breathe all safeguarding policies, procedures and processes related to **Equality, Diversity, Inclusion & Ethical Working, Equal Opportunities, Dignity at Work, Anti-Bullying, Safer Activities** and the **Sharing of Information**
- Value our staff and seek their input and contribution to the development of MCT's equality, diversity, inclusion & ethical working practices and best safeguarding practice.

Furthering equality, diversity, inclusion and ethical working

MCT will ensure that it works in furtherance of this Equality, Diversity, Inclusion & Ethical Working Policy by committing to (and training and supporting staff to do) the following:

Ethical Working

- Respecting the rights of children and adults at risk
- Recognising and respecting the qualities and potential of each individual
- Understanding the vulnerabilities of different groups
- Creating safe and healthy environments
- Respecting and acknowledging the relationships between children, adults and their families and carers
- Providing all children, adults - and their families and carers with special needs and/or disabilities - access to appropriate support services
- Valuing and respecting everyone's culture, language, ethnicity and family structure
- Working to prevent discrimination in all its guises
- Working to develop relationships of mutual trust
- Encouraging children and adults - as appropriate - to make (or be involved in making) decisions that affect them
- Maintaining confidentiality in line with the **Confidentiality Policy**
- Seeking input from all stakeholders to develop policies, procedures and processes
- Working in partnership with other organisations, agencies and statutory bodies to promote effective safeguarding best practice.

Equality, Diversity, Inclusion & Ethical Working Policy continued...

Reporting breaches of this policy

MCT requires its staff to report any kind of behaviour which is against the principles of this policy. MCT strongly encourages all children, adults, parents and carers **etc.** to raise concerns about any breaches of this policy that they may encounter within the organisation. MCT will always listen when issues are raised and take the appropriate action.

Monitoring ethical working

MCT will regularly monitor the implementation of its **Equality, Diversity, Inclusion & Ethical Working Policy** in order to assess whether fairness, justice, inclusion and respect for diversity is being achieved. Monitoring will take the form of observation and staff input, as well as seeking feedback and input from children, adults, parents and carers **etc.**

Where changes are required, MCT will implement them without delay - and then further review the impact and effectiveness of those changes.

This Equality, Diversity, Inclusion & Ethical Working Policy should be read in conjunction with the Equal Opportunities Policy and the Dignity at Work Policy detailed in this Safeguarding Handbook.

MCT will adhere to the NCS Trust Inclusion Guidance for any trans case for all NCS programmes participants (including children and Adults at Risk). The relevant NCS guidance can be accessed through the following link:

[NCS Guidance on Gender Identity](#)

Reviewed & Updated: April 2024

MCT will review this Equality, Diversity, Inclusion & Ethical Working Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

13. Whistleblowing Policy

Policy statement

MCT understands that sometimes things go wrong. If things do go wrong, then we ask you to tell us. Whistleblowing occurs when an MCT staff member raises a concern about misconduct, illegal or underhand practices by individuals and/or an organisation; and in as far as safeguarding goes - about the way care and support is being provided, such as practices that cause harm, or the risk of harm to others, or are abusive, discriminatory or exploitative. Officially this is called **making a disclosure in the public interest**.

This policy would also include situations where a staff member's concerns are not acted upon in accordance with the **Dealing with Allegations of Abuse made against Staff Procedure**, **Dealing with Allegations of Child on Child Abuse Policy** and/or the **Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse** as outlined in this **Safeguarding Handbook**.

Purpose of having a Whistleblowing Policy

The purpose of this **Whistleblowing Policy** is to make it clear that MCT staff can whistleblow without fear of victimisation, subsequent discrimination or disadvantage. This **Whistleblowing Policy** is therefore intended to **encourage and enable** everyone to raise serious concerns directly to MCT, rather than overlooking a problem, or seeking a resolution of the problem outside of the organisation without first bringing the matter to the attention of MCT.

All MCT staff have a responsibility to maintain the highest standards of care towards everyone they come into contact with through their work with and for the organisation. This Whistleblowing Policy aims to ensure that serious concerns can be properly raised and addressed within the organisation and are recognised as a way of enabling the delivery of good practice - and which will help to ensure the protection of every child and adult at risk.

Responsibilities

MCT believes that all staff are professional and skilful in the work and tasks they undertake. However, occasionally it may be that a staff member has concerns about another person's conduct or standards of practice **e.g.** they may be worried that a child is not being cared for properly; an adult at risk is being abused; or even that someone may be at serious risk. It could be that they have concerns about fraud; financial irregularity; or other issues they have become aware of within while working for MCT. All MCT staff have a responsibility to raise any such concerns so that they can be resolved.

MCT acknowledges that raising concerns can be an extremely difficult and courageous thing to do. Any MCT staff member who has good grounds on which to base their concerns - even if they do not have proof - will be listened to and taken seriously. Please remember though, that it is not your responsibility to investigate the matter - this is MCT's responsibility.

Never keep quiet about wrongdoing

MCT staff members - who do not report bad practice or abuse, neglect or ill treatment of a child, young person or adult - or for that matter anything else illegal that they are suspicious about - may be seen as colluding with that unacceptable practice.

Such collusion constitutes a disciplinary offence and will be dealt with in accordance with MCT's **Disciplinary Procedure** (for staff) and **Resolving Problems with Volunteers Procedure** (for volunteers) and which could result in the termination of the working relationship - as well as the information being forwarded to the appropriate authorities.

Reviewed & Updated: April 2024

MCT will review this **Whistleblowing Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

14. Whistleblowing Procedure

Procedure for Raising Concerns

1. Speak to someone

In most circumstances, staff wishing to raise their concerns should ideally discuss the matter with their line manager. If this is not possible, perhaps because this person is thought to be involved or colluding in the suspected wrongdoing, another MCT manager or MCT's **DSO** or **SSM** should be contacted instead.

The person that the staff member raises their concerns to, will be responsible for ensuring the concerns are looked into or passed to the most appropriate person within MCT - in line with the organisations **Disclosures in the Public Interest Policy** contained within the **Employee Handbook**.

2. Follow-up

Depending on the nature of the concern raised, a response regarding the action taken will be supplied to the staff member raising it as soon as possible. However, it is important to be aware that it might not always be appropriate to reveal the full extent of the investigation, where this relates to personal issues involving a third party.

3. Conclusion

Once MCT's conclusions have been finalised, any necessary action will be taken. This could include either reporting the matter to an appropriate external government department or regulatory agency and/or taking internal disciplinary action against relevant members of staff. If no action is to be taken, the reasons for this will be explained.

What to do if you're still concerned

If, on conclusion of the above stages, the individual making the disclosure reasonably believe that appropriate action has not been taken, then they may then report the matter externally to the proper authority in accordance with the provisions of the Act. **The Act sets out a number of prescribed external bodies or persons to which qualifying disclosures may be made as follows:**

[Click Here to Report a Concern](#)

Notwithstanding the above, MCT always encourages staff to raise concerns internally in the first instance, rather than externally. This enables issues to be dealt with promptly and speedily.

False and/or malicious allegations

No MCT staff member will ever be penalised for whistleblowing - even if it is not upheld - unless they made a false accusation which they knew was both untrue and made with malice. If it is found that a false accusation was knowingly made, this would be treated as gross misconduct in accordance with the MCT's disciplinary procedure (for staff) and resolving problems with volunteer's procedure (for volunteers) and could result in the termination of the working relationship.

Reviewed & Updated: April 2024

MCT will review this Whistleblowing Procedure and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

15. Code of Conduct for Staff

Principles: This **Code of Conduct for Staff** is an important element of MCT's safeguarding ethos and to ensure that all children and adults are protected from harm. It is designed to outline the expectations of MCT and provide a framework that underpins how staff will work ethically with those that engage with the organisation. **It is the responsibility of all staff working on behalf of MCT to ensure that:**

- They recognise the position of trust they have by working for MCT
- Their behaviour is appropriate at all times
- They observe and put into practice all policies, procedures and processes established for the safety and protection of children and adults
- They follow the procedures for responding to signs or suspicions of abuse
- In every respect, the relationships they form with the children and adults are appropriate.

How staff can meet their responsibilities: The following is a list of Do's and Don'ts to assist MCT staff to meet their duty to safeguard all children and adults they have responsibility for. By following this code of conduct MCT staff will avoid compromising situations or opportunities for misunderstands and/or allegations.

Do	read the Safeguarding Handbook and make everyone aware of the policies, procedures & processes.
Do	read and understand the Safeguarding Policy Statements for Children and Adults at Risk.
Do	ensure you are familiar with the safeguarding personnel and how to make contact with them.
Do	abide by the Code of Conduct for Staff and put it into practice at all times.
Do	follow the Code of Good Safeguarding Practice when working with Children and Adults at Risk.
Do	encourage others to challenge any attitudes or behaviours they do not like.
Do	follow MCT's child/adult ratios for meetings and activities.
Do	allow children and adults to talk about any concerns they may have.
Do	respect the right to personal privacy of a child, young person or vulnerable adult.
Do	remember someone else might misinterpret your actions - no matter how well-intentioned.
Do	avoid being drawn into inappropriate attention seeking behaviour e.g. tantrums and crushes.
Do	keep other members of staff informed of where you are and what you are doing.
Do	take any allegations or concerns of abuse seriously and refer immediately to the DSO .
Do	remember this code at sensitive moments e.g. when responding to bullying or abuse.
Do	have separate sleeping accommodation for participants and staff in any overnight activity.
Do	avoid breaches of trust e.g. a sexual relationship with a child or adult participant over the age of consent.
Do	plan activities so that more than one other person is, or at least are within sight and hearing of others.
Do	treat everyone with dignity and respect.
Do	follow MCT's no alcohol instruction.
Do	treat all participants equally/show no favouritism.
Do	set an example you would wish others to follow.

Do Not	trivialise abuse.
Do Not	form a relationship with a child, young person or adult at risk as that is an abuse of trust.
Do Not	permit abusive peer activities e.g. initiation ceremonies, bullying etc.
Do Not	engage in inappropriate behaviour or contact e.g. physical, verbal, sexual etc.
Do Not	play physical contact games with children, young people or adult at risk.
Do Not	make suggestive remarks or threats to children, young people or adult at risk, even if meant in fun.
Do Not	use inappropriate language when writing, phoning, emailing posting on the internet.
Do Not	let allegations, suspicions, or concerns about abuse go unreported.
Do Not	just rely on your good name to protect you.

This Code of Conduct for Staff is the core framework for ethical working generally and should be read in conjunction with any and all other codes of conduct that apply to any specific project delivery.

Reviewed & Updated: April 2024

MCT will review this **Code of Conduct for Staff** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

16. Code of Conduct for Children

Principles

This Code of Conduct for Children is a general framework to encourage and support appropriate behaviour and help MCT to provide safe activities and services. This code should be read in conjunction with the Code of Behaviour for Children. MCT believes that all children and young people have the right to:

- Be safe and happy in their chosen activity
- Be listened to
- Privacy
- Enjoy their chosen activity in a safe environment
- Be referred to professional help if they need it
- Be protected from abuse by other participants, staff or from outside sources
- Be respected and treated fairly
- Be believed
- Experience competition and the desire to win
- Ask for help
- Have any concerns taken seriously and acted on
- Participate in their chosen activity on an equal basis as appropriate to their ability.

The following is a list of Do's and Don'ts that outline the expected standards of behaviour from children and young people engaging with MCT and should be read in conjunction with any other code of conduct applicable to the activity being participated in:

Do	be loyal and give your friends a second chance.
Do	be friendly and particularly welcoming to new members joining MCT.
Do	be supportive and committed to your team members and offer them comfort when required.
Do	keep yourself safe.
Do	report any inappropriate behaviour or risky situations for yourself and others.
Do	play fairly and be trustworthy.
Do	respect officials and accept their decisions.
Do	show appropriate loyalty and be gracious in defeat.
Do	respect opponents.
Do	make our MCT a fun place to be.
Do	behave and listen to all instructions from MCT staff.
Do	show respect to other MCT members and staff and show team spirit.
Do	take care of equipment owned by MCT.
Do	respect the rights, dignity and worth of all MCT participants.
Do	wear suitable clothing, shoes and/or kit for the activity you are participating in.

Do Not	cheat or be violent and/or aggressive.
Do Not	get involved in inappropriate peer pressure and push others into something they do not want to do.
Do Not	use rough and/or dangerous play.
Do Not	smoke on MCT premises or whilst representing MCT at competitions.
Do Not	consume alcohol or drugs of any kind on MCT premises or whilst representing MCT.
Do Not	discriminate against anyone on any grounds.
Do Not	use bad language or racial/sectarian references.
Do Not	bully another person - which includes bullying via social media, texts and messaging.

Any minor misdemeanours or general misbehaviour will be addressed by the MCT staff member responsible for the activity and reported verbally to MCT's DSO. More serious or persistent misbehaviour may result in disciplinary action and potentially dismissal from the activity. Parents/carers will be informed at all stages.

Reviewed & Updated: April 2024

MCT will review this Code of Conduct for Children and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

17. Code of Conduct for Adult Participants, Parents, Families, Carers & Spectators

How parents, families & carers can support MCT

The following is a list of **Do's** and **Don'ts** which is designed to act as a reminder to adult participants, parents, families, carers and spectators about the expected standards of conduct. By following this code of conduct adult participants, parents, families, carers and spectators can assist MCT to provide a positive, nurturing and safe environment for all children, young people and adults who make use of the services and facilities of the organisation.

Do	read the MCT's Safeguarding Policy Statement and note the contact details of the DSO .
Do	understand and respect MCT's Safeguarding Ethos and Ethical Working Policy .
Do	ensure you are familiar with how to give Comments & Suggestions and raise Concerns or Complaints .
Do	abide by this Code of Conduct and put it into practice at all times.
Do	encourage and support children, young people and adults to follow MCT's relevant Codes of Behaviour .
Do	bring any attitudes or behaviours that concern you to the attention of MCT's DSO .
Do	work with MCT to build relationships with our staff.
Do	demonstrate through your own behaviour that everyone should be treated with dignity and respect.
Do	understand that you must remain calm & respectful when there is conflict, despite who may be at fault.
Do	approach MCT staff to help solve any issues and/or problems.
Do	work with MCT and our staff for the benefit of all children, young people and adults.
Do	seek to clarify a child or adults' version of events with MCT's view to help resolve problems.

Do Not	interfere, or threaten to interfere, with the running of a session or activity.
Do Not	engage in disruptive behaviour on MCT grounds.
Do Not	use loud or offensive language, swear, curse or display temper/anger.
Do Not	threat to do actual bodily harm to an MCT Trustee, member of staff, parent/carer or participant.
Do Not	damage or destroy MCT property.
Do Not	send abusive/threatening emails, texts/voicemail/phone messages or other written communication.
Do Not	make defamatory/offensive/derogatory comments regarding MCT or its staff on any social media.
Do Not	use physical aggression towards another child or adult.
Do Not	physically punish your own child on MCT grounds.
Do Not	chastise someone else's child.
Do Not	smoke or consume alcohol or drugs on MCT grounds.
Do Not	brings dogs onto MCT grounds.

This Code of Conduct for Adult Participants, Parents, Families, Carers & Spectators should be read in conjunction with any and all other codes of conduct that apply to any specific project delivery location.

Reviewed & Updated: April 2024

MCT will review this **Code of Conduct for Adult Participants, Parents, Families, Carers & Spectators** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

18. Responding to Low Level Concerns Policy

Defining what is meant by a low level concern

A **low-level concern** is any **concern**, or **sense of unease**, about an adult's **suitability** to work with children, young people **and/or** adults at risk - **and where it does not meet the threshold of either:**

1. **Harm identified within MCT's Safeguarding Policies & Procedures.**
2. **Referral to MCT's local authority etc.**

Please note that a concern can still be significant - despite not meeting the threshold of harm or a referral - and therefore should never be ignored or go unreported in accordance with this Policy. Accordingly, any person with a concern about another adult's behaviour towards children, young people or adults at risk should always bring their concern to the immediate attention of MCT's DSO, or in their absence the DDSO.

Purpose of having a Responding to Low Level Concerns Policy

- The purpose of this **Responding to Low Level Concerns Policy** is to ensure there is an appropriate way of responding to low-level concerns - and is part and parcel of MCT's aim to create a culture of openness and trust between the organisation and its stakeholders.
- In addition, having this procedure will assist all adults to consistently model MCT's values, as well as underpinning MCT's aim (and everyone's responsibility) of keeping children, young people and adults at risk safe from harm.
- Finally, this procedure will help to protect staff working with MCT from potential false allegations, or misunderstandings.

Who this policy applies to

This **Responding to Low Level Concerns Policy** applies to everyone that comes into contact with MCT - including as applicable - the Board of Trustees & Executive Team, Senior Managers, Staff, Agency Staff, Contractors, Suppliers, Volunteers, Students on work experience, as well as anyone else working on behalf of MCT. This policy also applies to any other person that engages with the work of MCT and includes parents, carers, families and other visitors to MCT premises.

N.B. Where low level concerns are raised about non-MCT staff - i.e. Agency Staff, Contractors, Suppliers etc. then MCT will always notify that person's employer, so that any potential patterns of inappropriate behaviour can be identified.

Examples of behaviour that might constitute a low level concern

Examples of low level concern can include - but is not limited to - the following:

Examples

- Inadvertent **and/or** thoughtless behaviour
- Behaviour that might be considered inappropriate - depending on the circumstances
- Behaviour which is intended to enable abuse - **examples of such behaviour could include:**
 - Being over friendly with children
 - Having favourites
 - Adults taking photographs of children on their mobile phone
 - Engaging with a child on a one-to-one basis in a secluded area or behind a closed door
 - Using inappropriate sexualised, intimidating or offensive language.

Please also refer to the Code of Good Safeguarding Practice when Working with Children and the Code of Good Safeguarding Practice when Working with Adults at Risk for further examples of what would constitute appropriate and inappropriate behaviour.

Responding to Low Level Concerns Policy continued...

How to report concerns

Whether a concern meets the relevant harm or referral thresholds or not, will be a matter for MCT's **Safeguarding Team** to decide - following the appropriate investigations. Therefore - whenever there is a concern outlined by this **Responding to Low Level Concerns Policy** - the relevant procedure/s to follow is as defined in this **Safeguarding Handbook** within **the following sections:**

Where the concern relates to behaviour towards a child or young person:	
▪ Part 4A	Responding to Signs or Suspicions of Abuse Procedure
▪ Part 4A	Responding to Signs or Suspicions of Abuse Flowchart
▪ Part 4A	Dealing with Allegations of Abuse made against Staff Procedure

Where the concern relates to behaviour towards an adult at risk:	
▪ Part 4B	Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse
▪ Part 4B	Procedure for Dealing with Allegations made against Staff

Please note that a **low-level concern** will still be reportable, regardless of whether or not it is linked to a particular act or omission **e.g.** where an adult has acted in a manner which is inconsistent with MCT's **Codes of Conduct** and **Codes of Good Safeguarding Practice** (detailed in this **Safeguarding Handbook**) **and/or** where it is linked to conduct which has taken place outside the context MCT's activities, but which is inconsistent with the reasonably expected standards of behaviour.

MCT encourages and supports all staff to feel confident to self-refer if they have found themselves in a situation which could give rise to misinterpretation **and/or** if they have behaved in a way that falls below professional standards. The aim of self-referral is to support staff members to always be focussed on good safeguarding conduct, to manage any issues that are identified in a proactive manner and to create a culture of openness and trust.

Recording, reviewing and responding to concerns

All concerns raised will be **recorded**, **reviewed** and **responded** to in accordance with the appropriate safeguarding policy and/or procedure (for dealing with allegations made against staff) as outlined within this **Safeguarding Handbook**.

MCT staff should read this **Responding to Low Level Concerns Policy** in conjunction with **Code of Conduct for Staff**, **Code of Conduct for Children**, **Code of Conduct for Adult Participants**, **Parents, Families, Carers & Spectators**, **Conflicts of Interest Policy**, **Child Safeguarding Policy Statement**, **Code of Good Safeguarding Practice when Working with Children**, **Behaviour Code for Children**, **Adults at Risk Safeguarding Policy Statement** and the **Code of Good Safeguarding Practice when Working with Adults at Risk**.

Reviewed & Updated: April 2024

MCT will review this **Responding to Low Level Concerns Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

19. Principles for Receiving Comments, Suggestions, Concerns and/or Complaints

Policy statement

MCT fosters a culture of inclusion, transparency and openness as this will support demonstrating that it has nothing to hide in terms of its practice. Therefore, MCT is open to feedback from children and adults, as well as their parents, families and carers - including receiving feedback from Trustees and staff - as this will assist the organisation in improving how it carries out its activities and delivers its services. MCT - as an organisation which treats all children and adults with dignity and respect - is committed to protect them from harm and will seek to encourage and enable everyone to take an active role in planning and decision-making in all ways that are appropriate to the individual. MCT will seek to achieve this aim through:

1. A commitment to a listening environment within the organisation.
2. The use of a suggestion box to give everyone that engages with the organisation an opportunity to make suggestions about how things could be improved.
3. Maintaining a record of matters, ideas and suggestions that are made by children and adults - as well as their parents, families and carers - and the actions taken.
4. Providing regular feedback on actions taken and developments within MCT.

How MCT will involve parents, families & carers of children & adults

MCT realises that parents, families and carers have a wealth of knowledge about the emotional, physical and cultural needs of their child/family members/adults at risk for whom they care for, or work with. MCT therefore believes that it is important to establish and maintain contact with the parents, families and carers who are involved with the organisation. This will be achieved through encouraging all parents, families and carers to make representations to MCT's management committees and/or their participation in services or activities provided by MCT.

Such involvement will also be an important source of reassurance and support for everyone who has a vested interest in the protection of a child or adult.

How staff contribute to MCT's work with children & adults

As far as MCT staff members are concerned, supervision and support will enable line managers to gain valuable insights provided by staff and to learn lessons to ensure that the organisation is operating effectively.

In addition to the above processes, MCT will seek to encourage feedback via the use of satisfaction surveys that staff, children, adults, parents, families and carers can complete anonymously.

How parents, families & carers can raise concerns or complaints

MCT encourages all parents, families & carers - who have a concern or complaint about some aspect of the organisation - to use MCT's Complaints Procedure. The complaints procedure provides the following:

Procedure

- A fair and clear process to raise concerns or complaints
- A named first point of contact, as well as a named alternative - should the first point of contact be unavailable, or is the subject of the complaint
- An appeals process in cases where a complaint cannot be resolved at the first stage
- Who - within MCT - has the final decision in relation to a concern or complaint
- Realistic time limits for each stage of the complaints procedure to ensure matters are dealt with promptly.

MCT's full Complaint Policy and Complaint Procedures are provided in the next section of this Safeguarding Handbook.

Principles for Receiving Comments, Suggestions, Concerns and/or Complaints continued...

Complaint procedure principles

Everyone involved in a complaint (complainant and the subject/s of the complaint) will be provided with the opportunity to represent their side of the case.	
Principles	<ul style="list-style-type: none">In the case of a complaint from a child or young person, representation can include input from a parent, family member, carer or an advocateIn the case of a complaint from an adult at risk, representation can include input from a partner, parent, other family member, carer or an advocateIn the case of a complaint made by a parent, partner, family member, carer or an advocate, representation can include input from a friend or family member.
	Where the complaint is regarding an MCT staff member - or about a family member or carer/advocate acting inappropriately - the person dealing with the complaint will ensure that there is absolute clarity regarding:
	<ul style="list-style-type: none">The particular incident of concern and whether there have been any previous incidentsAny remedial action to be taken e.g. an apology and any new behaviour expectedWhat will happen if the agreed arrangements are not adhered to.
	MCT's complaint procedure will ensure that records of discussions - and any information shared at each stage of the procedure - will be made clearly, recorded accurately, kept confidentially and stored in a secure location in line with the organisations policies and procedures relating to the Recording, Storing and Sharing of Information.
Where a complaint is in relation to a particularly serious safeguarding incident e.g. where abuse or exploitation is suspected - then the reporting procedure relating to Responding, Recording & Reporting Allegations of Abuse (as detailed in this Safeguarding Handbook) will take precedence over MCT's Complaints Procedure.	

Reviewed & Updated: April 2024

MCT will review this **Principles for Receiving Comments, Suggestions, Concerns and/or Complaints** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

20. Complaints Policy

Policy statement

MCT recognises that everyone who uses our services, activities and/or facilities has the right to a high standard of service and a right to complain if they are not happy with any aspect of what we do. Learning from complaints helps MCT to improve the services that are provided.

The purpose of the Complaints Policy & Procedure is to achieve the following outcomes:

Purpose

- a. Help MCT to provide a service of the highest standard to everyone that engages with the organisation.
- b. Help MCT to ensure that everyone that uses (or wishes to use) the organisation's services know that they have a right to complain if they need to.
- c. Help MCT to deal with complaints in a positive way and use them to improve the organisations services.
- d. Set out the issues that could be covered under this procedure.
- e. Set out the steps everyone should take if they wish to make a complaint to MCT.
- f. Set out how MCT will deal with complaints in a fair and consistent way.

Who this Complaints Policy & Procedures applies to

This **Complaints Policy & Procedure** applies to all children, adults, parents and families, as well as carers and advocates. In addition it applies to every person that attends - or wishes to make use of - MCT's facilities and services.

However, this policy and procedure **is not** intended to be used by MCT's staff or volunteers who may be unhappy about their own experience in the workplace. In these circumstances, staff members should use the **Grievance Procedure** (found in section four of the **Employee Handbook**) and volunteers should use the **Complaints Procedure for Volunteers** found in the **Volunteers Handbook**.

The **Complaints Policy & Procedure** are also **not** intended to cover concerns that staff may have about issues of possible malpractice or wrongdoing in the workplace. These concerns should be dealt with under the **Whistle Blowing Policy & Procedure** found in this **Safeguarding Handbook**.

If anyone - whether an MCT staff member, child, adult, parent, family member, carer or advocate - is concerned that a child or adult may be at risk of harm, they should use the relevant procedures contained within this Safeguarding Handbook - rather than this Complaints Policy & Procedure.

How MCT will seek to deal with complaints

- Defining clearly what is mean by a complaint
- Setting out a procedure that can be easily followed and understood
- Making sure that everyone knows about this policy and procedure
- Producing child and adult friendly material explaining this policy and procedure
- Reassuring people that they will not be penalised in any way for using the complaints procedure - and that MCT will respond positively to any complaints made in good faith
- Offering extra support to those who need help to make a complaint
- Taking a staged approach to complaints, that takes account of the level of seriousness and the possibility of resolution at different points
- Investigating each complaint as objectively and fully as reasonably possible
- Keeping the complainant informed during the course of the investigation, as well as about the outcome of their complaint
- Keeping clear records of complaints and of how they are resolved.

Reviewed & Updated: April 2024

MCT will review this **Complaints Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

21. Complaints Procedure

Definition of a complaint

A complaint is a statement from someone that they are not happy about the service provided to them by MCT and that they would like this to be improved. The complaint might be about:

Definition	<p>a. The behaviour of an MCT member of staff member. If this relates to allegations that someone may have harmed a child or adult - or may be at risk of doing so - then the policy relating to Responding, Recording & Reporting Allegations of Abuse detailed in this Safeguarding Handbook should be used instead.</p> <p>b. The behaviour of children or adults in the group - although please note the above point relating to harm.</p> <p>c. The level, type of service received, or being refused a service altogether.</p> <p>d. The building or facilities.</p> <p>e. Written information e.g. style or lack of.</p> <p>f. Service received over the telephone e.g. not being able to get through, or being kept waiting.</p> <p>g. A child, adult, parent, family member, carer or advocate feeling that they have been treated unfairly, or in a way that is discriminatory.</p> <p>h. A specific activity or outing.</p> <p>i. Anything else related to the service provided by MCT.</p>
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Informal procedure for making a complaint

Step	Procedure for Making a Complaint: Informal
1.	If possible, the person should discuss the complaint with MCT's DSO . If this is not possible - for example, the complainant does not feel comfortable speaking to the DSO because the relationship is too difficult - the discussion should be with another member of the MCT safeguarding team.
2.	MCT's DSO - or an alternative MCT manager - will, in the first instance, try to resolve the matter informally. This is often possible and can mean that the problem is sorted out simply and more quickly.
3.	If an informal solution has been tried before and has not worked, or if the complainant does not feel that informal discussions are adequate or likely to be effective, stage one of the complaints procedure should be followed.

Stage 1: Formal procedure for making a complaint

Step	Formal Procedure for Making a Complaint: Stage 1
4.	The complainant should put their concerns in writing to MCT's DSO or, if the DSO is the subject of the complaint, to MCT's SSM . If the complainant needs help to do this - and a family member is not able to offer this support - help will be provided by MCT's DSO , or, if the DSO is the subject of the complaint, by another member of MCT staff identified by the SSM .
5.	<p>MCT's DSO will acknowledge the complaint within two working days by sending a brief letter to:</p> <ul style="list-style-type: none"> ▪ Thank the complainant for getting in touch & express regret that a complaint has been necessary ▪ Assure them that the matter will be investigated ▪ Set a provisional timescale for the investigation that is achievable, but avoids delay as much as possible ▪ Explain when they will next be in contact ▪ Offer a contact name - usually this will be MCT's DSO or the SSM - in case the complainant has any questions in the meantime ▪ Make any temporary arrangements that may be necessary pending the outcome of the investigation into the complaint.

Complaints Procedure continued...

Step	Formal Procedure for Making a Complaint: Stage 1 continued...
6.	Normally the service to the complainant should continue as normal during the investigation into the complaint. If this is not possible e.g. because an individual has had to be excluded from an activity, or because the complainant does not want to use the service at that point, or because it would not be appropriate for the MCT staff member to continue working with the subject of the complaint - then this should be acknowledged and temporary alternative arrangements made, wherever possible.
7.	If the complaint is about a specific MCT member of staff or other child or adult participant, then that person (and the parent/family/carer/advocate where applicable) should be informed within two working days - or as soon as possible - that a complaint has been made against them and the nature of the complaint. However, the person should not be informed if doing so would compromise anyone's safety, or a police investigation.
8.	MCT's DSO will normally be responsible for investigating a stage one complaint. Therefore, the DSO should plan the investigation according to the nature of the complaint, taking into account any witnesses or specialist opinion that should be sought. As a minimum, the complainant (and parent/family/carer/advocate if the complainant is a child or adult at risk) should be interviewed. Any person who might be the subject of the complaint should also be interviewed, provided that doing so would not compromise anyone's safety, or a police investigation.
9.	If the complaint is about a building, facilities or equipment, then this should be examined.
10.	If the complaint is about access to a service, the reasoning behind a decision to offer or not offer a particular service should be examined.
11.	If, at any point during the investigation, it appears that a criminal offence may have been committed, the matter should be reported to the police; and to other statutory agencies, bodies and the FA & EFL . Discussions should be held with the police about whether the investigation into the complaint can continue alongside their own enquiries.
12.	If it emerges at any point that a child or adult at risk may have been caused significant harm - or may be at risk of significant harm - the appropriate safeguarding procedures detailed in Safeguarding Handbook should be instigated immediately .
13.	MCT's DSO should make notes of the investigation - including notes of any meetings that take place - and should write a report based on their findings. The report should state clearly whether the complaint is upheld or not, and should make recommendations about how the matter can be taken forward. The report should be shared with both the complainant and the SSM , other safeguarding personnel as appropriate and any specific member of MCT staff, and/or other person, who may be involved. Any comments that either party may wish to make about the extent to which they accept or reject the findings of the report should be noted.
14.	Once a way forward has been agreed, this way forward should be reviewed regularly.



Unhappy with the findings of Stage 1?	Previous complaint resurfaces within 12 months?
If either the complainant (or a person who was the subject of the complaint) is not prepared to accept the findings of the report, they should confirm this in writing. The matter will now become an appeal and the procedure for the appeal is as defined by the Formal Procedure for Making a Complaint: Stage 2 .	Where a complaint - that was previously handled in the preceding 12 months (from the date that the report findings have been communicated) - has resurfaced, then this will be progressed by following the procedure defined by the Formal Procedure for Making a Complaint: Stage 2 .



Complaints Procedure continued...

Stage 2: Formal procedure for making a complaint

Step	Formal Procedure for Making a Complaint: Stage 2
	A stage two complaint may come about for one of two reasons. It may be a complaint that has escalated from stage one - because the complainant, or a person who was the subject of the complaint, wishes to appeal the findings from a stage one investigation. Alternatively, it may relate to matters that were investigated as a stage one complaint within the previous 12 months and has now resurfaced .
15.	Stage two complaints should be investigated either by a manager senior to MCT's DSO who was investigating at stage one. Alternatively, it can be investigated by a completely independent person - who is not a staff member or volunteer - and who will be nominated by the CEO of MCT. Therefore, the investigation will be commissioned by the CEO and the findings must be reported back to them.
16.	If a complaint is to progress to stage two, the complainant - this could be the original complainant or a person who was the subject of the original complaint - should again indicate in writing that they wish to complain (or complain further) and should state the reason for this.
17.	The written statement should be presented to the CEO , who should then, within two working days , respond in writing to the complainant in the same way as outlined for the stage one procedure. In addition, the CEO should provide the complainant with the name of the person who will investigate the stage two complaint.
18.	The procedure for the investigation and sharing of the report should be similar to that outlined in the stage one procedure.
19.	Stage two is the final stage of the complaint's procedure . If any party wishes to complain further following the completion of stage two, this should be taken up with an external party e.g. local councillor, MP or an appropriate statutory authority.

Keeping a record of the complaint

Regardless of whether a complaint is dealt with formally or informally, accurate notes should be made by MCT's **DSO** - or the person conducting the investigation - of each stage of the process, including records of meetings. Anonymous summary notes of any complaint should also be kept on the complaints file with a reference number. This will assist MCT in the process of monitoring and learning from complaints.

Copies of the final report should be given to the person making the complaint and to anyone who may be the subject of the complaint.

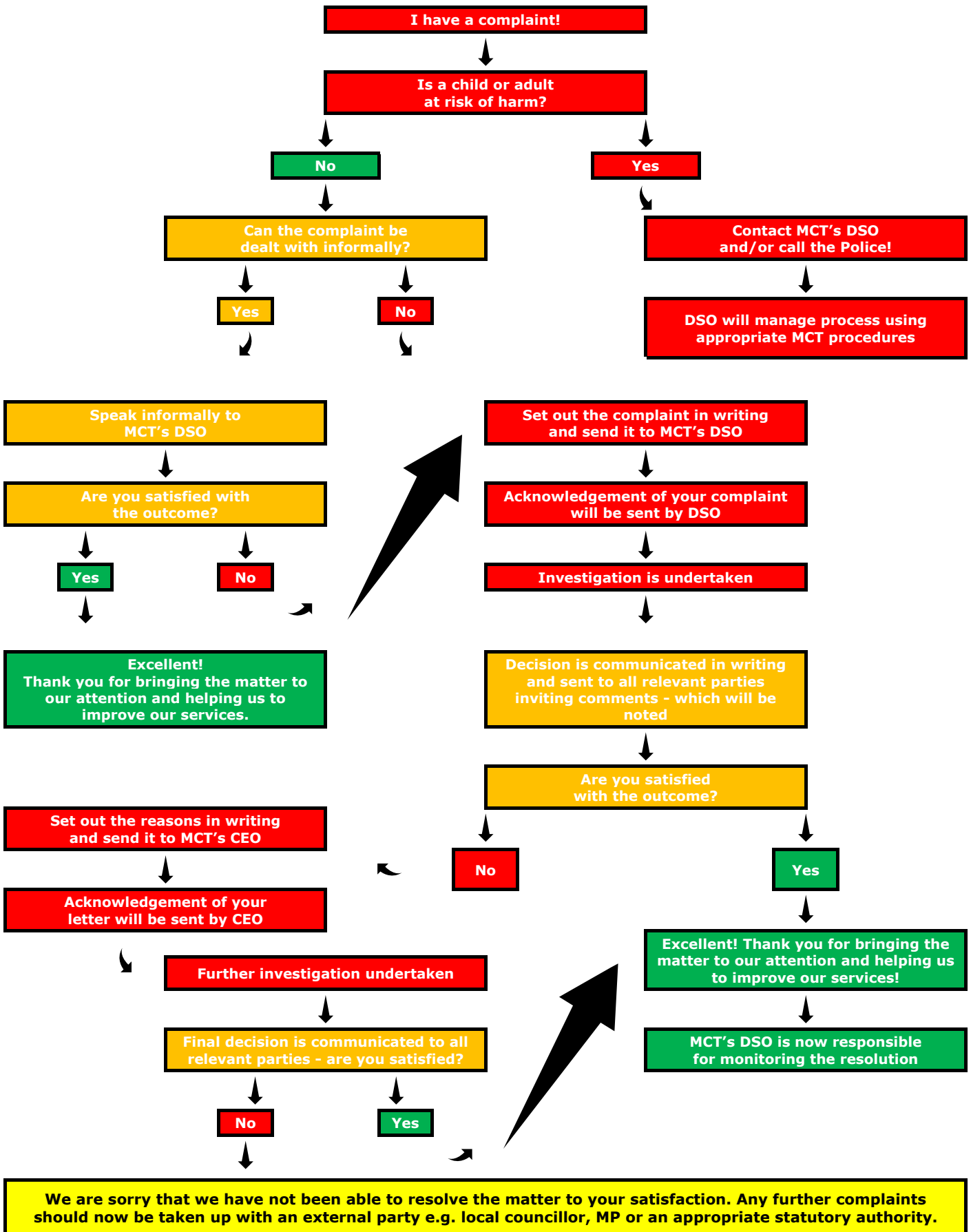
If the complaint leads to any disciplinary action or a referral to a statutory authority, copies of the notes made during the investigation and the report of the investigation (together with any notes relating to the outcome) should be kept confidentially on the file of any person who is the subject of the complaint.

All records should be maintained in accordance with the policies and procedures details in the section relating to the Recording, Storing & Sharing of Information within this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Complaints Procedure** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

22. Complaints Procedure Flowchart



Part 3:
Safer
Recruitment
Policies & Procedures

Part 3: Safer Recruitment Policies & Procedures Contents

The following **Safer Recruitment Policies & Procedures** are designed to discourage unsuitable applicants from applying for roles to work with children, young people and adults at risk. Should such people apply, then MCT's safer recruitment practices are designed to identify and reject them. All MCT staff - responsible for recruitment - must strictly adhere to all elements detailed in this **Part 3** section.

No:	Part 3: Safer Recruitment Policies & Procedures	Page No:
23.	Safer Recruitment Policy	1
24.	Single Central Record Policy	2
25.	Safer Recruitment Procedure	3
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23. Safer Recruitment Policy

Policy statement

MCT is committed to promoting the welfare of all children, young people and adults who use and interact with the organisation's services and for keeping them safe. In line with the Equal Opportunities Policy, MCT is committed to equality, valuing diversity and working inclusively across all of its activities - and this applies also to the selection, recruitment and induction of new staff. To this end, MCT aims to have a workforce that reflects a variety of backgrounds and cultures and who can provide the relevant knowledge, abilities and skills that are required for the organisation.

All elements of these safer recruitment policies, procedures and processes apply to any person responsible for the recruitment, selection and induction of staff at MCT - as well as those who may participate in shortlisting and interview panels.

The purpose of this Safer Recruitment Policy is to ensure that MCT:

Purpose

- Recruits and selects the best possible people available to join the organisation
- Takes all reasonable steps to prevent unsuitable people joining the organisation
- Recruits, selects and manages all staff in a way that complies with legislation designed to combat inequality and discrimination
- Does all it can to achieve and maintain a diverse workforce
- Has recruitment and selection processes that are consistent and transparent
- Assesses and judges applicants as competent before an offer of employment/volunteering is made
- Inducts properly and fully all new staff.

MCT recognises that:

- Its workforce is its greatest asset
- Unsuitable individuals sometimes seek out opportunities via employment and volunteering to have contact with children, young people and adults in order to harm them
- Some groups face unfair discrimination in the workplace
- All participants, as well as their parents, families and carers, will benefit from the organisation's efforts to recruit and select a skilled and committed workforce that has been drawn from a diverse range of backgrounds that reflect our community
- Newly recruited staff cannot possibly perform their roles effectively unless they are inducted properly and receive on-going support, supervision and training as appropriate.

Reviewed & Updated: April 2024

MCT will review this Safer Recruitment Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

24. Single Central Record Policy

Policy statement

The EFL introduced the **Single Central Record (SCR)** in 2016. MCT has embraced this opportunity to enhance its safer recruitment procedures and has established its own SCR. The SCR is maintained across all of MCT's activities. MCT will ensure it meets its legal requirements for vetting staff who undertake any form of work with the organisation in regulated activity.

To this end, MCT will ensure its safer recruitment processes are recorded on a SCR - and which will include information relating to DBS checks undertaken. MCT uses the SCR to support the safer recruitment of staff working in regulated activity.

SCR process

MCT's SCR is a comprehensive record on which the safe recruitment of all MCT staff - who work in regulated activity - will be recorded. The details collated on MCT's SCR will include the following information relating to the individual:

Process

- **Identity details:** Including full name, full address, date of birth, date employment/volunteering commenced and ID verification details
- **Role details:** Including job role, department and contract type
- **Safeguarding qualifications:** Including copies of certificates, dates of safeguarding training and **FAN number**
- **Vetting details:** Including dates of checks relating to DBS
- **Right to work details:** Including types of evidence used to complete the check
- **YD2 self-declarations:** Where these are required
- **Referencing details:** Including when references were requested, when they were, as well as details of the MCT staff member who checked them
- **Leaver details:** Including dates, exit interviews and whether references for a new prospective employer have been issued.

Recording safeguarding concerns, complaints & allegations

In circumstances where staff or volunteers leave the organisation - as a consequence of a safeguarding concern, complaint or allegation - then the **SCR** will record this event. In such circumstances, MCT will always have taken advice - in line with the procedures in this **Safeguarding Handbook** - prior to this happening.

Reviewed & Updated: April 2024

MCT will review this **Single Central Record Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

25. Safer Recruitment Procedure

In order to be able to implement safer recruitment procedures, MCT will commit to undertake each element of the following steps whenever it undertakes any recruit activity to fill a vacancy:

No.	Step	Procedure
1.	Job description:	For every vacancy - prior to commencing advertising - a clear job description will be produced, outlining the tasks that the successful applicant will be required to undertake.
2.	Role profile:	For every vacancy - prior to commencing advertising - a clear role profile will be produced which will detail the skills that the successful applicant will be expected to have.
3.	Application form:	MCT does not believe that CV's are the best way to accurately assess applicants, as a consequence of the varying nature of the information provided on them. Therefore, every applicant will be required to complete the organisation's standard application form to enable them to be considered for the role. The completed application form will be used to initially assess the applicant's suitability for the role advertised. The use of a standard application form will enable MCT to compare the experience and skills of job applicants more easily, while ensuring that all the important and relevant information is collected consistently.
4.	Safeguarding awareness:	Every advertisement will make it clear that MCT has a commitment to safeguarding and protecting of all children and adults. To this end, every job applicant will receive MCT's Safeguarding Policy Statement as part of the organisation's job application pack. Please also note Element 7 of this Safer Recruitment Procedure - relating to Questioning - below.
5.	Applicant interview shortlisting:	All shortlisting for interviews will be carried out by at least two people and shortlisting will always be against the job description, the role profile and MCT's standard application form. MCT will also consider online searches, as part of its due diligence checks on shortlisted candidates.
6.	Face to face interviews:	All short-listed applicants will be required to undergo a face-to-face interview with at least two interviewers present. At the interview, pre-prepared and clear questions will be asked in pursuit of selecting the most suitable person for the vacancy.
7.	Questioning:	Every applicant that is interviewed will be asked specifically whether they have any criminal convictions, cautions, other legal restrictions and/or pending cases that might affect their suitability to work within regulated activity. Where information is provided relating that would result in a positive DBS disclosure, MCT will follow its Managing Positive Disclosure Policy and Flowchart. Furthermore, questioning of an applicant will seek to assess the following: <ul style="list-style-type: none"> ▪ Their motivation and reasons for working with children and adults at risk ▪ Their perceptions about boundaries and acceptable behaviour ▪ Their understanding of - and commitment to - safeguarding.
8.	Identity checks:	Every applicant that is invited to an interview will be required to bring original photographic identification - as well as one other form of identification - which will be from the prescribed list of acceptable documents required for a DBS check.
9.	Verification of qualifications & training certificates:	Where qualifications and/or certificates are a condition of employment, applicants will be required to demonstrate (prior to being made a conditional offer of employment) that they actually hold any relevant qualifications/certificates that they say they have. This will be achieved by requiring applicants to produce the original documents, or through providing the required information to enable verification checks to be undertaken with the awarding body, or the training provider.

Safer Recruitment Procedure continued...

No.	Step	Procedure
10.	Disclosure & Barring Service check:	Every applicant - who is made a conditional offer of employment/volunteering (and where the post requires them to possess one i.e. Trustees) - will be required to undergo an enhanced DBS check which proves satisfactory to MCT. If the job role involves regulated activity, the DBS check will also include a check against the barred list. All new staff and volunteers in posts requiring any level of DBS check will be required to subscribe to the DBS update service. Where there is a positive disclosure, MCT will follow its Managing Positive Disclosure Policy and Flowchart .
11.	Employment references:	Every applicant who is made a conditional offer of employment/volunteering will have a minimum of two references (covering the last five years of employment) taken up. The reference will specifically enquire from each referee whether the applicant is considered suitable to work with children and adults at risk.
12.	Safeguarding policies and procedures:	Every new recruit will receive a copy of MCT's Safeguarding Handbook and will be required to sign their statement of terms and conditions of employment/volunteer's agreement agreeing to abide by all policies and procedures contained within this document.
13.	Induction training:	All new recruits will be given an induction plan - appropriate to the role they have been recruited for - to enable them to effectively undertake their responsibilities. Part of this induction training will include training and awareness on how to keep all children and adults at risk - that use the organisation's services - safe from harm.
14.	Probationary period:	All job offers will be conditional on the successful completion of a probationary period being completed. No new recruit will be confirmed in to post until they have completed their probationary period (and any extension of that period) and have been formally reviewed through the completion of a post-induction review form.

Reviewed & Updated: April 2024

MCT will review this **Safer Recruitment Procedure** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

26. Recruitment, Selection & Induction Process Flow Overview

When undertaking any recruitment process on behalf of MCT, line managers must ensure that the steps - set out in this process flow overview - are followed at all times. No part of this process is optional and all steps must be adhered to...

Step	Process
1.	Identify the vacancy.
2.	Review these Safer Recruitment Policies & Procedures .
3.	Analyse the job role and produce the role profile using the Role Profile Template available from MCT's DSO .
4.	Using the completed role profile, produce or update the job description using the Job Description Template available from MCT's DSO .
5.	Plan the recruitment & selection process taking into account where the role will be advertised, and who will be responsible for each stage of the recruitment, selection and induction process - with reference to the minimum standards outlined in these Safer Recruitment Policies & Procedures .
6.	Advertise the vacancy ensuring that the advert refers to MCT's commitment to safeguarding and protecting of all children and adults at risk.
7.	Ensure every interested applicant receives a copy of MCT's Standard Application Form as well as a copy of MCT's Safeguarding Policy Statement .
8.	Review all applications forms that are returned against the criteria in the job description and the role profile. A CV - on its own - is not acceptable to support Safer Recruitment Procedures .
9.	Create a shortlist of suitable applicants ensuring that at least two people are involved in ratifying the short-list.
10.	With reference to the role profile and the assessments methods identified on it, prepare and agree on the interview questions with the other members of the interview panel.
11.	Invite the short-listed applicant to a face to face interview (ensuring that all applicants are informed to bring original photographic ID and originals of certificates with them) and where at least two people will conduct the interviews. Ensure that all short-listed applicants are informed that online searches may be undertaken as part of MCT's pre-recruitment checks .
12.	Conduct the interviews against the prepared questions and assessments - and verify each candidate's identity and qualifications.
13.	Consider any confidential information that the candidate has submitted along with their application, and discuss this with the candidate.
14.	Make a decision on suitable appointment of candidate/s.
15.	Make a conditional offer of employment/volunteering subject to return of a signed copy of the statement and terms and conditions of employment/volunteer's agreement; satisfactory completion of a probationary period; receipt of a DBS that proves satisfactory; receipt of references that prove satisfactory; as well as satisfactory validation and verification of all information provided on the application form, CV and discussed at interview.
16.	Plan the induction and prepare the Induction Checklist available from MCT's DSO .
17.	Complete the take up of references and all other verification checks required.
18.	If any issues arise from references, DBS checks and/or other verification checks, take advice from MCT's DSO and follow the Managing Positive Disclosure Policy and Flowchart before then speaking to the applicant.

Once you have arrived at **Step 18**, you must take the appropriate course of action identified below - and which is dependent on how you answer the first question "**Are the issues now resolved?**"

Recruitment, Selection & Induction Process Flow Overview continued...

Are the issues now resolved?		
Yes		No
Confirm the offer of employment/volunteering on a probationary period, or continue the probationary period.		Withdraw the offer of employment/volunteering or terminate employment/volunteering.

Step	Process
19.	New staff member or volunteer starts. Follow through the induction programme.
20.	Conduct the scheduled reviews using the relevant Induction Review Forms available from MCT's DSO .
21.	At the end of the probationary period carry out a review using the Post Induction Review Form available from MCT's DSO .

Has the employee satisfactorily completed their probationary period?		
Yes		No
Confirm the appointment and continue with regular supervision and appraisals.		Either extend the probationary period or terminate employment/volunteering.
22.	If - at the end of the probationary period extension - the employee/volunteer has still not reached the required standards, then terminate employment/volunteering following HR guidance and the correct HR procedures . If the employee/volunteer has now reached the required standards, then confirm their appointment and continue with regular supervision and reviews.	

Reviewed & Updated: April 2024

MCT will review this [Recruitment, Selection & Induction Process Flow Overview](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

27. Safer Engagement of Contractors Policy & Procedure

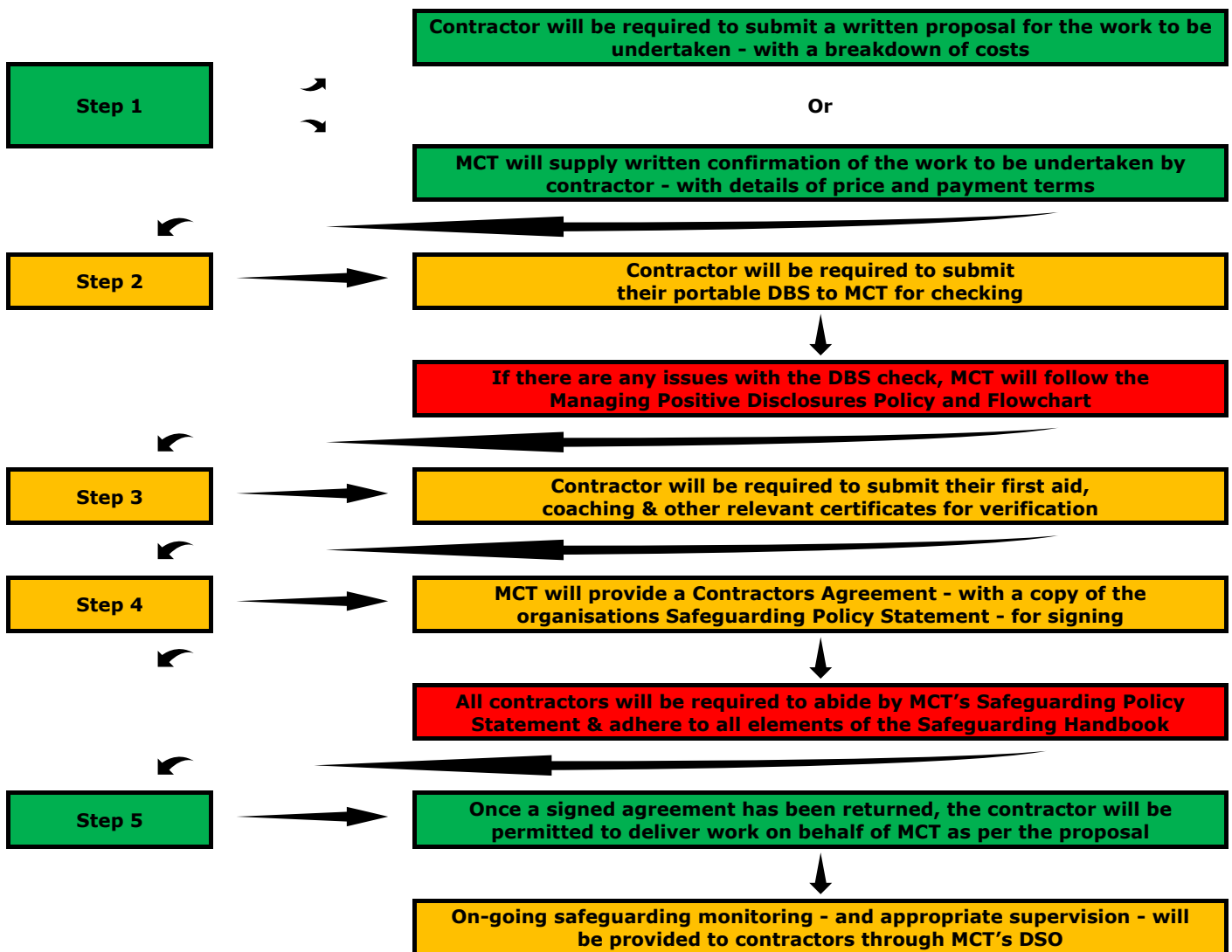
Policy statement

It is a requirement of MCT that any contractor - working and delivering projects or programmes on behalf of the organisation - has undergone appropriate safeguarding checks in relation to their suitability to work with children and/or adults at risk. MCT will not permit any contractor to work on behalf of the organisation until the following safer engagement procedure has been completed and satisfied in full.

Safer engagement procedure for contractors

Every contractor (who delivers work on behalf of MCT to children and adults at risk) will have to satisfy each stage of the following safer engagement procedure before being allowed to undertake work.

Safer Engagement of Contractors Flowchart



Where appropriate, MCT will also make use of a Contractors Handbook to support the work, behaviour and conduct of self-employed contractors.

Reviewed & Updated: April 2024

MCT will review this [Safer Engagement of Contractors Policy & Procedure](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

28. Safeguarding when Working with Partners & External Organisations Policy

Policy statement

MCT will expect all partners and external organisation (with which it engages) to have their own robust safeguarding policies and procedures. As part of MCT's due diligence, it will require partners and external organisations to evidence and provide a copy of their [Safeguarding Policy Statement](#) so that it can be held on file. MCT will also share its own [Safeguarding Policy Statement](#) and [Safeguarding Handbook](#) at the commencement of all work, as well as on the renewal of work contracts.

When preparing and entering into SLA's, contracts and agreement - with partners and external organisations - the agreement will make clear whose safeguarding and incident reporting procedures will apply to the work being undertaken.

In all circumstances - and unless specifically agreed and confirmed in writing between the parties at commencement - MCT will always retain the right to defer to MCT safeguarding and incident report policies, procedures and processes in the event of a dispute.

Letters of Assurance

When MCT is involved in delivering regulated activity on behalf of partners and external organisations it will provide a Letter of Assurance for each MCT staff member - which confirms that they:

1. Hold a valid certificate issued by the DBS that permits them to carry out the work they are undertaking for MCT.
2. That references were taken up and received - and which were satisfactory to MCT.

Supporting best safeguarding practice when working with partners and external organisations

MCT's **DSO** will seek to work in partnership with the MCT's partners and external organisation's **DSO's** - with the aim of sharing best practice and ensuring effective safeguarding of all.

Managing disputes

MCT will make it clear in all SLA's, contracts and agreements that in the absence of a particular safeguarding procedure - or in the event of a dispute - MCT's safeguarding policies, procedures and processes and/or MCT's Safeguarding Handbook will take precedence.

Reviewed & Updated: April 2024

MCT will review this [Safeguarding when Working with Partners & External Organisations Policy](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

29. Safeguarding when Working with Customers & Clients Policy

Policy statement

MCT will ensure that - whenever it hires the organisations facilities to customers or clients - safeguarding is placed at the centre of the hiring agreement. The specific process followed will depend on who the hiring party is, but the procedures that will be followed are outlined below:

Individual or group not affiliated to a club

Where the hirer is an independent individual or independent group i.e. not associated as part of an affiliated club or organisation - and are hiring MCT's facilities which doesn't involve charging a member of the public to attend an event then the hiring agreement will include the following elements:

1. A declaration statement that makes clear MCT's safeguarding ethos - and the hirers obligation to uphold it.
2. A declaration statement that makes it clear that the hirer has a responsibility to safeguard and protect all children and adults at risk. This will also obligate the hirer to bring to the attention of anyone else using the facilities their own safeguarding responsibilities during use of MCT's facilities.
3. A copy of MCT's **Safeguarding Policy Statement**.
4. The name and contact details of MCT's **DSO**.
5. A statement that the hirer must contact MCT's **DSO** if they needed to raise a safeguarding concern.
6. Offer of safeguarding guidance and support via MCT's **DSO** if it should be required.

The above elements are in addition to MCT's standard hiring agreement and will be provided prior to monies being taken or hiring of facilities are permitted.

Individuals or groups affiliated to a club or organisation

Where the hirer is part of an affiliated club or organisation - or where the hirer intends to charge members of the public to attend an event e.g. fitness class etc. - then the hiring agreement will include (in addition to all the element already outlined above) the following:

- **Letters of Assurance:** The hirer will be required to confirm in writing that they - or all the staff responsible for the children and/or adults attending during the hire have the following:
 - A valid certificate issued by the DBS that permits them to carry out the work they are undertaking during the hire of the facilities - where that activity being undertaken during the hire requires them to hold a current DBS
 - Confirmation that references were taken up and received - and that these proved satisfactory.

The above elements are in addition to MCT's standard hiring agreement and will be provided prior to monies being taken or hiring of facilities are permitted.

MCT's DSO will investigate and take the appropriate actions whenever there are safeguarding concerns following a customer or client hiring the organisations facilities.

Reviewed & Updated: April 2024

MCT will review this **Safeguarding when Working with Customers & Clients Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

30. Equal Opportunities Policy

Policy statement

MCT is an equal opportunity employer and is fully committed to a policy of treating all of its staff - as well as applicants for employment or volunteering (and to serve as Trustees) - equally. MCT will avoid unlawful discrimination in all aspects of recruitment and selection, promotion, transfer, opportunities for training, pay and benefits, other terms of employment or volunteering arrangements - as well as discipline, selection for redundancy and dismissal or termination of employment.

Protected characteristics

MCT will take all reasonable steps to engage, train and promote staff on the basis of their experience, abilities and qualifications - without regard to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins), religion or belief, sex or sexual orientation. In this policy, these are known as the **protected characteristics**.

Staff have a duty to co-operate with MCT to make sure that this policy is effective in ensuring equal opportunities and in preventing discrimination. Action will be taken under the organisation's disciplinary procedure against any staff who are found to have committed an act of improper or unlawful discrimination.

Serious breaches of this equal opportunities policy statement will be treated as potential gross misconduct and could render a staff member liable to summary dismissal - or a volunteer to have their agreement terminated.

All MCT staff must always bear in mind that they can be held personally liable for any act of unlawful discrimination.

Duty to report and not victimise

All MCT staff must draw the attention of their line manager to suspected discriminatory acts or practices. No MCT staff member is to victimise or retaliate against another member of staff who has made allegations or complaints of discrimination; or who has provided information about such discrimination.

Such behaviour will be treated as potential gross misconduct and could render the staff member liable to summary dismissal - or a volunteer to have their agreement terminated. All MCT staff are expected to support colleagues who suffer such treatment and are making such a complaint.

Direct discrimination

Direct discrimination occurs when, because of one of the protected characteristics, an applicant or a staff member is treated less favourably than other applicants or staff members are treated, or would be treated.

The treatment will still amount to direct discrimination even if it is based on the protected characteristic of a third party with whom the applicant or staff member is associated - and not on the applicant's staff member's own protected characteristic. In addition, it can include cases where it is perceived that an applicant or a staff member has a particular protected characteristic, when in fact they do not.

Discrimination after employment/volunteering is also unlawful if it arises out of and is closely connected to the employment/volunteering relationship, for example refusing to give a reference, or providing an unfavourable reference for a reason related to one of the protected characteristics.

MCT will take all reasonable steps to eliminate direct discrimination in all aspects of employment and volunteering.

Indirect discrimination

Indirect discrimination is treatment that may be equal in the sense that it applies to all applicants or staff members, but which is discriminatory in its effect on, for example, one particular sex or particular racial group. Indirect discrimination occurs when there is applied to the applicant or staff member, a **Provision, Criterion or Practice (PCP)** which is discriminatory in relation to a protected characteristic of the applicants or staff members.

Equal Opportunities Policy continued...

A PCP is discriminatory in relation to a protected characteristic of the applicants or staff member if:

PCP

- It is applied, or would be applied, to persons with whom the applicant or staff member does not share the protected characteristic
- The **PCP** puts, or would put, persons with whom the applicant or staff member shares the protected characteristic at a particular disadvantage when compared with persons with whom the applicant or staff member does not share it
- It puts, or would put, the applicant or staff member at that disadvantage, **and...**
- It cannot be shown by MCT to be a proportionate means of achieving a legitimate aim.

MCT will take all reasonable steps to eliminate indirect discrimination in all aspects of employment and volunteering.

Victimisation

Victimisation occurs when a staff member is subjected to a detriment - such as being denied a training opportunity or a promotion - because they have raised or supported a grievance or complaint of unlawful discrimination; or because they have issued employment tribunal proceedings for unlawful discrimination; or they have given evidence in connection with unlawful discrimination proceedings brought by another staff member. However, a staff member is not protected if they give false evidence or information; or make a false allegation - and they do so in bad faith.

Post-employment victimisation is also unlawful **e.g.** refusing to give a reference, or providing an unfavourable reference because the former staff member has done one of the protected acts set out above.

MCT will take all reasonable steps to eliminate victimisation in all aspects of employment and volunteering.

Recruitment, advertising and selection

The **recruitment process** will be conducted in such a way as to result in the selection of the most suitable person for the post in terms of relevant experience, abilities and qualifications. MCT is committed to applying its equal opportunities policy statement at all stages of recruitment and selection.

Advertisements will aim to positively encourage applications from all suitably qualified and experienced people. When advertising vacancies - and in order to attract applications from all sections of the community - MCT will, as far as reasonably practicable:

1. Ensure advertisements are not confined to those areas or publications which would exclude or disproportionately reduce the numbers of applicants with a particular protected characteristic.
2. Avoid setting any unnecessary provisions or criteria which would exclude a higher proportion of applicants with a particular protected characteristic.

Where **vacancies may be filled by promotion or transfer**, they will be published to all eligible staff in such a way that they do not restrict applications from any staff with a particular protected characteristic. However where - having regard to the nature and context of the work - having a particular protected characteristic is an occupational requirement (and that occupational requirement is a proportionate means of achieving a legitimate aim) MCT will apply that requirement to the role and this may therefore be specified in the advertisement.

The **selection process** will be carried out consistently for all jobs at all levels; and all applications will be processed in the same way. All MCT line managers will strictly follow the organisations **Safer Recruitment Policies, Procedures and Processes** detailed in this **Safeguarding Handbook**.

MCT will have regard to its duty to make **reasonable adjustments** to work/volunteering provisions, criteria and practices, or to physical features of its premises, or to provide auxiliary aids or services in order to ensure that a person with a disability is not placed at a substantial disadvantage in comparison with persons who do not have a disability.

Equal Opportunities Policy continued...

If it is necessary to assess whether personal circumstances will affect the performance of the role e.g. if the role involves unsociable hours or extensive travel, this will be discussed objectively without detailed questions based on assumptions about any of the protected characteristics.

Training and promotion

MCT will **train all line managers** in its policy on equal opportunities and in helping them identify and deal effectively with discriminatory acts or practices. Line managers will be responsible for ensuring they actively promote equality of opportunity within the areas for which they are responsible. MCT will also train all line managers in its policy relating to safer recruitment of staff.

MCT will provide **training to all staff** to help them understand their rights and responsibilities in relation to equal opportunities; and to help them understand and contribute to creating a working environment that is free from discrimination in all its forms.

Where a **promotional system** is in operation, it will not be discriminatory and it will be checked from time to time to assess how it is working in practice. When a group of staff - who predominantly have a particular protected characteristic - appear to be excluded from access to promotion, transfer and training and to other benefits, the promotional system will be reviewed to ensure there is no unlawful discrimination.

Terms of employment/volunteering, benefits, facilities & service

All **terms of employment/volunteering, benefits, facilities and services** will be reviewed from time to time, in order to ensure that there is no unlawful direct or indirect discrimination because of one or more of the protected characteristics.

Equal pay & equality of terms

MCT is committed to **equal pay and equality of terms in employment**. It believes its male and female employees should receive equal pay where they are carrying out like work, work rated as equivalent, or work of equal value. In order to achieve this, MCT will endeavour to maintain a pay system that is transparent, free from bias and based on objective criteria.

Reporting complaints

All **allegations of discrimination** will be dealt with seriously, confidentially and speedily. MCT will not ignore or treat lightly grievances or complaints of unlawful discrimination from employees and volunteers.

If any employee or volunteer wishes to **make a complaint of discrimination**, they should do so promptly by bringing the matter to the attention of either their line manager - or where the line manager may be the subject of the complaint - to another more senior MCT manager or MCT's Designated Safeguarding Officer.

Monitoring equal opportunity

MCT will regularly **monitor** the effects of its selection decisions, personnel structure, pay practices and other procedures in order to assess whether equal opportunity is being achieved. This will also involve considering any possible indirectly discriminatory effects of its working practices. If changes are required, MCT will implement them. MCT will also make reasonable adjustments to its standard working practices to overcome substantial disadvantages caused by disability.

This Equal Opportunities Policy should be read in conjunction with the Dignity at Work Policy and the Equality, Diversity, Inclusion & Ethical Working Policy detailed in this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this Equal Opportunities Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

31. Dignity at Work Policy

Policy statement

MCT are committed to providing a work environment in which all staff are treated with respect and dignity - and which is free from any form of bullying or harassment based upon age, disability, gender reassignment, race (including colour, nationality and ethnic or national origins), religion or belief, sex, sexual orientation or upon any other ground. In this policy, these are known as the protected characteristics.

Staff have a duty to co-operate with MCT to make sure that this policy is effective in preventing harassment or bullying. Appropriate action will be taken against any staff member who is found to have committed an act of improper or unlawful harassment, bullying or intimidation.

Serious breaches of this dignity at work policy statement will be treated as potential gross misconduct and could render an employee liable to summary dismissal - or a volunteer to have their agreement terminated.

All MCT staff members must always bear in mind that they can be held personally liable for any act of unlawful harassment. Staff who commit serious acts of harassment may also be guilty of a criminal offence.

All staff are responsible for conducting themselves in accordance with this policy. MCT will not condone or tolerate any form of harassment, bullying or intimidation, whether engaged in by staff or participants - or by outside third parties who engage with MCT - such as contractors, suppliers, partners, external organisation, customers and/or clients.

Duty to report and not victimise

All MCT staff must draw the attention of their line manager to suspected cases of harassment, bullying or intimidation. No MCT staff member is to victimise or retaliate against a staff member who has made allegations or complaints of harassment, or who has provided information about such harassment. Such behaviour will be treated as potential gross misconduct and could render a staff member liable to summary dismissal - or a volunteer to have their agreement terminated. All MCT staff are expected to support colleagues who suffer such treatment and are making such a complaint.

MCT will also take appropriate action against any third parties who are found to have committed an act of improper or unlawful harassment, bullying or intimidation against its staff.

This policy covers harassment, bullying and intimidation both in the workplace and in any work-related setting outside the workplace, for example during business trips, at external training events or at work-related social events.

Bullying & harassment

Bullying is offensive or intimidating behaviour, or an abuse or misuse of power which undermines or humiliates a staff member.

A member of staff unlawfully harasses another member of staff if they engage in unwanted conduct related to a protected characteristic, and the conduct has the purpose or effect of violating the other person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that other person.

A member of staff also unlawfully harasses another person if they engage in unwanted conduct of a sexual nature, and the conduct has the purpose or effect of violating the other person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that other member of staff.

Finally, a member of staff unlawfully harasses another person if they - or a third party - engage in unwanted conduct of a sexual nature, or that is related to gender reassignment or sex, or the conduct has the purpose or effect of violating the other person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that other person - and because of that other person's rejection of, or submission to, the conduct - they treat that other person less favourably than they would treat them if they had not rejected, or submitted to, the conduct.

Dignity at Work Policy continued...

The unwanted conduct will still amount to harassment if it is based on the protected characteristic of a third party with whom the person is associated and not on that particular person's own protected characteristic, or if it was directed at someone other than that person, or even at nobody in particular, but they witnessed it. In addition, harassment can include cases where the unwanted conduct occurs because it is perceived that a person has a particular protected characteristic, when in fact they do not.

Conduct may be harassment whether or not the employee/volunteer intended to offend. Something intended as a **joke** or as **office banter** may offend another person. This is because different people find different levels of behaviour acceptable; and everyone has the right to decide for themselves what behaviour they find acceptable to them.

Behaviour which a reasonable person would realise would be likely to offend another person will always constitute harassment - without the need for the other person having to make it clear that such behaviour is unacceptable **e.g.** touching someone in a sexual way. With other forms of behaviour, it may not always be clear in advance that it will offend a particular person **e.g.** office banter and/or jokes. In these cases, the behaviour will constitute harassment if the conduct continues after the person has made it clear - by words or through conduct - that such behaviour is unacceptable to them. A single incident can amount to harassment if it is sufficiently serious.

Bullying and harassment may be verbal, non-verbal, written or physical. Examples of unacceptable behaviour include - but are not limited to - the following:

Unacceptable

- Unwelcome sexual advances, requests for sexual favours, other conduct of a sexual nature
- Subjection to obscene or other sexually suggestive or racist comments or gestures, or other derogatory comments or gestures related to a protected characteristic
- The offer of rewards for going along with sexual advances; or threats for rejecting sexual advances
- Jokes or pictures of a sexual, sexist or racial nature - or which are otherwise derogatory in relation to a protected characteristic
- Demeaning comments about another person's appearance
- Questions about a person's sex life
- The use of nicknames related to a protected characteristic - whether made orally or by e-mail
- Picking on or ridiculing a person because of a protected characteristic
- Isolating a person, or excluding them from social activities, or relevant work-related matters, because of a protected characteristic.

Reporting complaints

MCT encourages staff - who believe they are being harassed, bullied or intimidated - to notify the offender (by words or by conduct) that the behaviour is unwelcome, if at all possible. However, MCT also recognises that actual or perceived power and status disparities may make such confrontation impractical. In the event that such informal direct communication is either ineffective or impractical - or the situation is too serious to be dealt with informally - staff should then promptly bring the matter to the attention of either their line manager - or where the line manager may be the subject of the complaint - to another more senior MCT manager, or to MCT's **DSO**.

All allegations of harassment, bullying or intimidation will be dealt with seriously, confidentially and speedily. MCT will not ignore or treat lightly grievances or complaints of harassment, bullying or intimidation from its staff.

Disciplinary action

Any member of staff who is found to have harassed another person in violation of this policy will be subject to the appropriate action. Serious breaches of this dignity at work policy will be treated as potential gross misconduct and could render a member of staff liable to summary dismissal - or a volunteer to have their agreement terminated.

In addition, any MCT line managers - who had knowledge that such harassment had occurred in their departments, but who had taken no action to eliminate it - will also be subject to disciplinary action under MCT's disciplinary procedure.

Dignity at Work Policy continued...

Training

MCT will **train all line managers** in the organisation's policy on dignity at work and in helping them identify and deal effectively with harassment, bullying or intimidation. MCT line managers will be responsible for ensuring they actively promote dignity at work within the departments for which they are responsible.

MCT will provide **training to all staff** to help them understand their rights and responsibilities in relation to dignity at work, as well as what they can do to create a work environment that is free from harassment, bullying and intimidation.

This Dignity at Work Policy should be read in conjunction with the Equal Opportunities Policy and the Equality, Diversity, Inclusion & Ethical Working Policy detailed in this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Dignity at Work Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

32. Recruitment of Ex-Offenders Policy

Policy statement

MCT is an equal opportunity employer and is fully committed to a policy of treating all of its job applicants fairly and equally. MCT aims to select people for employment and volunteering on the basis of their skills, experience, abilities and qualifications. MCT will therefore consider ex-offenders for employment and volunteering on their individual merits. Having a criminal record will not necessarily bar a person from working for MCT. This will depend on the nature of the job role and the circumstances and background of the criminal offences. Where there is a requirement for a Disclosure & Barring Service (DBS) check, this will be made clear to all applicants early in the recruitment process either within the job advertisement, or on the MCT application form.

MCT's approach towards engaging ex-offenders differs depending on whether the job role is, or is not, exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA).

Spent, filtered and/or protected convictions & cautions

- Unless the job role is exempt from the **Rehabilitation of Offenders Act 1974** job applicants are not required to disclose any **convictions** or **cautions**.
- Even where the **Rehabilitation of Offenders Act 1974** does apply (please see the relevant section within this **Recruitment of Ex-Offenders Policy** for further information) under the terms of the **Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975** job applicants are not required to disclose any **protected convictions** or **protected cautions**.

Therefore, job applicants **will not** be asked any questions about **spent, filtered and/or protected convictions or cautions** during the recruitment process. Where information on criminal convictions is requested - because it is pertinent to the job role - it will be made clear that **spent, filtered and/or protected convictions or cautions do not** need to be declared or disclosed.

Accordingly - in the event that something is disclosed unnecessarily by a job applicant - MCT will not refuse to employ anyone just because they have spent, filtered and/or protected convictions or cautions.

Additional guidance

- The term **conviction** is used to refer to any sentence or disposal issued by a court
- The term '**cautions**' include reprimands and final warnings.

Please note: Applicants **do not** need to disclose anything that would be currently **filtered** from the **Police National Computer** by the **Disclosure & Barring Service**. Any applicant wishing to find out more information relating to the filtering of convictions and cautions can do so from the following link:

[Click Here for Information on the Filtering of Convictions & Cautions](#)

Unspent convictions & cautions

MCT will not automatically refuse employment or volunteering opportunities with an applicant just because they have an existing or unspent conviction or caution. During the recruitment process, applicants may be asked to disclose any unspent convictions or cautions - if that information is considered by MCT to be necessary because it is directly relevant to their suitability for the particular job role. If an applicant has a conviction that is not spent - and if the nature of the offence is relevant to the job for which they have applied - MCT will review the particular circumstances of the case following the **Managing Positive Disclosure Policy & Flowchart** (as detailed in this **Safeguarding Handbook**) and it may, at its absolute discretion, decline to select the person for employment or volunteering or withdraw any offer of employment already made.

Basic Disclosure

Even where a job role is not exempt from the **Rehabilitation of Offenders Act 1974** - and only once MCT has selected the applicant to whom it wishes to offer employment or volunteering to - MCT may seek documentary evidence about that person's criminal convictions. In these circumstances, MCT may require the applicant to obtain a **Criminal Conviction Certificate** (also known as a **Basic Disclosure**) from the **Disclosure & Barring Service** or **Disclosure Scotland** as appropriate. In this case, any offer of employment or volunteering will be made **conditional** upon this documentation being obtained to MCT's satisfaction.

Recruitment of Ex-Offenders Policy continued...

Job roles exempt from the Rehabilitation of Offenders Act 1974

If the job role into which MCT is seeking to recruit is one of the excluded jobs listed in the **Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975** or, in Scotland, the **Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003**, MCT will require the applicant to disclose all convictions and cautions, whether spent or unspent - unless they are **protected convictions** or **protected cautions**.

If an applicant has a conviction or caution, MCT may, at its absolute discretion, decline to select the person for the particular role.

Failure to disclose the required information about convictions or cautions when asked to do so during the recruitment process - where the job role is exempt from Rehabilitation of Offenders Act 1974 - could lead to withdrawal of an offer of employment or volunteering with MCT, or alternatively, to the termination of the working relationship if the applicant has already commenced work.

Ultimately, although a person's criminal record in itself may not debar that person from being appointed to a post with MCT - where the **Protection of Children Act 1999**, the **Criminal Justice and Court Services Act 2000** and/or the **Care Standards Act 2000** applies - this will be an automatic bar to working for MCT.

In addition, MCT will exercise discretion where it is felt that a recent and/or serious conviction might mean that a person might re-offend or cause harm.

Disclosure & Barring Service (DBS) Checks

Where a job role is exempt from the **Rehabilitation of Offenders Act 1974** - and only once MCT has selected the applicant to whom it wishes to offer employment or volunteering to - MCT will be required to seek documentary evidence about that person's criminal convictions.

Therefore - and appropriate to the role being undertaken - MCT will require the applicant's agreement to make an application to the Disclosure & Barring Service or to Disclosure Scotland for a criminal record check at one of the following levels:

- Standard Disclosure
- Enhanced Disclosure
- Enhanced Disclosure with List Checks.

In this case, any offer of employment or volunteering will be made **conditional** upon the DBS documentation being obtained to MCT's satisfaction.

* Please also refer to the **Disclosure & Barring Service Check Policy** in this **Safeguarding Handbook**.

Whenever any matter of concern is disclosed, MCT will always follow the **Managing Positive Disclosure Policy and Flowchart** - detailed in this **Safeguarding Handbook** - as well as then discussing the outcome of that process with the applicant, before taking any decision to withdraw a conditional offer of employment.

Data protection requirements

MCT is committed to ensuring that all information about a person's criminal convictions, cautions or offences - including any information released in criminal records checks - is used and processed fairly and lawfully and stored confidentially and in accordance with the provisions of the **UK GDPR** and **Data Protection Act 2018**.

In particular, personal data about a person's criminal convictions, cautions and offences will only be held for as long as the retention period set out in MCT's **GDPR Data Protection Policy** and in MCT's **Privacy Notice for Job Applicants** and **Privacy Notice for Staff**. In addition, this personal data will only be seen by those who need to see it as part of the recruitment and employment process and it will not be shared with or disclosed to any other employer, prospective employer or other unauthorised third party.

Recruitment of Ex-Offenders Policy continued...

In particular, personal data about a person's criminal convictions, cautions and offences will only be held for as long as the retention period set out in MCT's **GDPR Data Protection Policy** and in MCT's **Privacy Notice for Job Applicants** and **Privacy Notice for Staff**. In addition, this personal data will only be seen by those who need to see it as part of the recruitment and employment process and it will not be shared with or disclosed to any other employer, prospective employer or other unauthorised third party.

Furthermore, the **Privacy Notice for Job Applicants** sets out MCT's purposes for collecting information about a person's criminal convictions, cautions or offences (normally to assess suitability for the particular employment, or - in the case of some job roles - to comply with statutory and/or regulatory requirements and obligations), our lawful basis for processing such data and our additional lawful condition for processing it **i.e.** so that we can perform or exercise our obligations or rights under employment law and in line with MCT's **GDPR Data Protection Policy**.

All records and personal data generated through the recruitment process will be maintained in accordance with the policies and procedures detailed in the section relating to the [Recording, Storing & Sharing of Information](#) within this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this [Recruitment of Ex-Offenders Policy](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

33. Disclosure & Barring Service Checks Policy

Policy statement

It is a mandatory requirement that any person that seeks to work with MCT in a position defined in law as regulated activity; or who will undertake normal job duties which include coaching, teaching, training & instruction, caring for & supervising, or advice & guidance on the wellbeing for children must possess a valid Enhanced DBS Check. In addition, every Trustee will also be required to possess a valid DBS check. Therefore, no person will be permitted to commence any form of paid or unpaid work with the organisation, prior to MCT being satisfied that the DBS certificate permits them to be engaged in the particular post. Furthermore, MCT will always ensure that applicants are shown as being accepted on the FA Whole Game database before being allowed to take up a post.

	DBS Check	DBS Update Service
Staff	If a staff member - undertaking paid work - does not possess a portable DBS, then MCT will pay to undertake the required level of DBS check for the role being offered.	MCT strongly encourages all staff - that are required to hold a valid DBS to be able to undertake the work that they do - to ensure that their DBS certificate is kept up to date through the DBS update service. The DBS updating service allows employers to check your certificate on-line.
	Staff will be required to register for the update service no later than 30 days from the date that their DBS certificate is issued; and this small annual cost is the responsibility of the staff member. The many benefits of this service include being able to easily enable other organisations - that require a DBS check - to quickly verify an individual's DBS status.	
Volunteers	If a volunteer - undertaking unpaid work - does not possess a portable DBS, then MCT will apply for the required level of DBS check for the role being undertaken. There is no cost to a volunteer for this DBS check.	The DBS update service is free for volunteers and therefore MCT asks that all MCT volunteers register for the update service.
	Registration for the DBS update service must occur no later than 30 days from the date that your DBS certificate is issued. If volunteers undertake volunteering for other organisation the DBS update service will enable other organisations to quickly verify an individual's DBS status.	
Contractors	Contractors will not be permitted to undertake any work on behalf of MCT unless they possess the necessary level of DBS check. The cost of registering for the DBS service is the responsibility of the contractor.	It is a condition of working with MCT that all contractors are registered for the DBS update service.
	Contractors must ensure that their DBS certificate remains valid and that there are no gaps in the continuity of their DBS certificate while engaging with - and delivering work on behalf of - MCT	

If the DBS check returns a positive disclosure, then MCT will always follow the **Managing Positive Disclosures Policy and Flowchart** in this **Safeguarding Handbook**.

This **Disclosure & Barring Service Check Policy** must be read in conjunction with the **Conflicts of Interest Policy** in this **Safeguarding Handbook** - as its provisions apply to all MCT staff.

DBS checks will be managed in compliance with the **Data Protection Act 2018** and in accordance with the **Management of Records Policy** in this **Safeguarding Handbook**.

Reviewed & Updated: April 2024

MCT will review this **Disclosure & Barring Service Checks Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

34. Managing Positive Disclosures Policy

Policy statement

MCT will not automatically refuse employment or volunteering opportunities with an applicant, just because they have an existing or unspent conviction or caution. Neither will MCT automatically terminate a work or volunteering arrangement where a staff member's DBS status changes after appointment. In these circumstances, MCT will always use this Managing Positive Disclosures Policy and follow the steps outlined in the Managing Positive Disclosures Flowchart to inform its decision over the appointment of an applicant, or the continued engagement of a staff member.

However, for this policy to be implemented - one of the following two situations must apply as appropriate:

1.	During the recruitment process, all applicants must have voluntarily disclosed any unspent convictions or cautions when asked to do so - as outlined in the Recruitment of Ex-Offenders Policy in this Safeguarding Handbook .
2.	For staff and volunteers already engaged by the organisation, it is a requirement that they immediately self-disclose anything that would be a conflict of interest - and which is outlined in the Conflicts of Interest Policy in this Safeguarding Handbook .

Failure to disclose information about convictions or cautions - when either asked to do so during the recruitment process for applicants; or via the conflicts of interest policy for staff - could lead to withdrawal of an offer of employment or volunteering with MCT; or alternatively, to the termination of the working relationship if the applicant is already a staff member.

Policy implementation

Where an applicant or staff member self discloses - or a DBS check identifies a positive disclosure - MCT will review the particular circumstances of the case in relation to either:

- a. The tasks the applicant will undertake if they were appointed.
- b. The tasks the staff member is currently undertaking in their role.

The process of the review will be carried out by reference to MCT's Managing Positive Disclosures Risk Assessment Form - which are available from MCT's DSO. The risk assessment will follow the structure of the Managing Positive Disclosures Risk Assessment Form and will consider the following in reaching a decision:

- The seriousness of the caution, conviction and/or bind over and its relevance to the safety of other staff members, children, adults at risk - as well as our partners, external organisations and customers, clients and property
- The length of time since the caution, conviction and/or bind over occurred
- Any relevant information offered by the applicant or staff member about the circumstances which led to the offence being committed **e.g.** the influence of domestic or financial difficulties **etc.**
- Whether the offence was a one off, or part of a history of offending
- Whether the offence involved a child/children or an adult
- Whether the applicant or staff member's circumstances have changed since the offence was committed - and which would make the reoffending less likely
- The country in which the offence was committed **e.g.** some activities are offences in Scotland, but not in England and Wales - and vice versa
- Whether the offence has since been decriminalised by Parliament
- The degree of remorse, or otherwise, expressed by the applicant or staff member, as well as their motivation to change
- Whether the behaviour could pose a risk to MCT's children, adults at risk and other service users
- Whether the post involves 1:1 contact with children or adults at risk, as well as other vulnerable groups
- The level of supervision the applicant or staff member will or does receive
- Whether the post involves direct contact with the public
- Whether the nature of the role presents any opportunities for reoffending to occur within MCT's workplace
- Whether the applicant or staff member fully disclosed the conviction, caution and/or bind over as per MCT's relevant policies
- Whether the conviction, caution and/or bind over only came to light retrospectively.

Managing Positive Disclosures Policy continued...

A review panel of three people - convened from MCT's internal safeguarding team - will complete and review the Managing Positive Disclosures Risk Assessment Form.

Whenever any matter of concern is disclosed, MCT will always follow the Managing Positive Disclosure Policy and Flowchart detailed in this Safeguarding Handbook; as well as then discussing the outcome of that process with the applicant or staff member - prior to taking a decision to withdraw a conditional offer of employment, or to implement disciplinary procedures.

Data protection requirements

MCT is committed to ensuring that all information about a person's criminal convictions or cautions, including any information released in disclosures and generated by the **Managing Positive Disclosures Risk Assessment Form**, is used and processed fairly and stored confidentially and in accordance with the provisions of the **Data Protection Act 2018**.

In particular, personal data about a person's criminal convictions will only be held for as long as it is required for employment or volunteering purposes; and it will only be seen by those who need to see it as part of the recruitment and engagement process and it will not be shared with or disclosed to any other employer, prospective employer or other unauthorised third party.

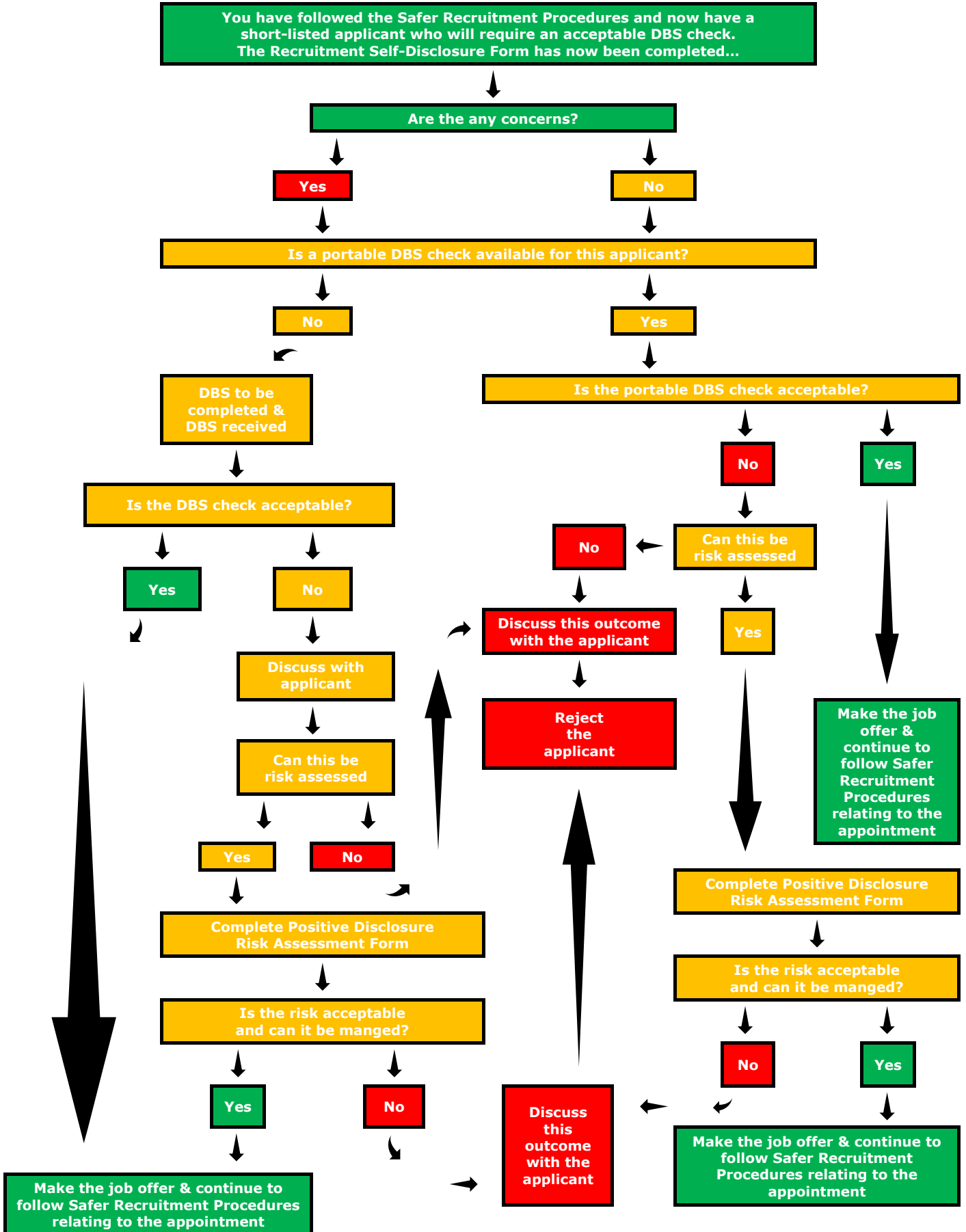
This Managing Positive Disclosures Policy must be read in conjunction with the Recruitment of Ex-Offenders Policy and the Conflicts of Interest Policy in this Safeguarding Handbook.

MCT's safeguarding personnel responsible for managing a positive disclosure should follow the Managing Positive Disclosures Flowchart on the next page of this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Managing Positive Disclosures Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

35. Managing Positive Disclosures Flowchart



36. Conflicts of Interest Policy

Policy statement

MCT requires that all staff immediately disclose any matters that could reasonably be considered to be a conflict of interest to MCT. All disclosures of a potential conflict of interest will be treated confidentially.

Examples that may be considered as a conflict of interest - and which is not intended to be an exhaustive list - are as follows:

Conflicts

- A complaint of wrong doing being made against you by another person or organisation - whether substantiated or not
- Any situation that could result in a report being filed with the DBS
- Any situation which could potentially result in the withdrawal of your DBS certification
- Undertaking work for another organisation that could reasonably be considered as being in conflict with the work and ethos of MCT
- Anything happening inside or outside of work - that if you were linked with MCT through that incident - could reasonably be considered as bringing MCT into disrepute.

Should a staff member be in any doubt as to whether a particular situation could be considered a conflict of interest that requires disclosure – they are required to bring this to MCT's DSO's attention so that a decision can be made as to the appropriate steps that should be taken.

Consequence of failing to disclose a conflict of interest

Any staff member - who fails to voluntarily disclose to MCT something of a nature that a reasonable person would consider to be a potential conflict of interest - will be considered to have attempted to cover up wrong doing. Such a failure will result in formal disciplinary action being taken.

Depending on the seriousness of the cover up and the conflict of interest, it may amount to potential gross misconduct and could result in the summary dismissal of the member of staff, or the termination of the volunteering agreement for a volunteer.

Reviewed & Updated: April 2024

MCT will review this **Conflicts of Interest Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

37. References & Verification Policy

Introduction

The purpose of MCT seeking references and verification on a new staff member is to ensure that enough information relating to that individual - along with that gained through the selection process - can be used to determine their suitability for a particular post.

References

Accordingly, it is MCT's policy to seek at least two written references, one of which must be from a previous employer (or, if this is the person's first job, their school teacher or higher or further education lecturer) and to ask for documentary proof of qualifications and eligibility to work in the UK. Any offer of working with MCT will therefore be conditional on this information and documentation being satisfactory to the organisation. Before references are taken up, the individual's consent will be sought first.

Only the CEO is authorised to provide written references on behalf of MCT. All staff are absolutely prohibited from providing references on behalf of MCT. If any MCT manager, staff member or volunteer should ever be approached to provide a reference for ex-staff or ex-volunteers, they must in all circumstances refer that request to MCT's CEO.

Verification

MCT will take the necessary steps to verify any of the information provided on the CV and application form. In all cases where verification is being undertaken, MCT will explain to the individual - in advance - the nature of its verification process and the methods to be used to carry it out, including details of any external sources that will be used.

Where it is considered necessary to secure the release of documents or information from a third party, the individual's consent will be sought first. If any verification checks produce discrepancies - when compared to information already provided by the individual - MCT will always give them the opportunity to make representations and provide an explanation of the inconsistencies before any decision is taken to withdraw a conditional offer of employment or volunteering.

Checking an applicant's websites and/or social media

Where an individual has provided website links on their CV, or in their application form, to their social media and/or personal website pages, MCT may check these links once an offer of employment/volunteering is about to be made. Until that stage, however, these links will be disregarded in the recruitment process.

Reviewed & Updated: April 2024

MCT will review this [References & Verification Policy](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

38. Probationary Period Policy

Policy statement

MCT's policy relating to probationary periods is an integral part of these safer recruitment policies, procedures and processes. This policy's aim is to ensure that all appointment decisions are sound and that the person who has been recruited is an appropriate person who would not pose a risk to children or adults at risk. The probationary period allows MCT a period of time to undertake, collect and verify all relevant information that it is required to have on a new member of staff to be able to confirm them in post - following successful completion of the relevant probationary period.

This information includes, but is not limited to, past employment references, DBS checks, verification of training, qualifications and certification - as well as any other information that was provided at interview and on application forms and CV's.

Probationary period

Employment and volunteering with MCT is subject to a probationary period during which the new staff member will be required to demonstrate their suitability for the position in which they have been recruited for.

To this end all new staff will have their progress against their induction plan assessed on a regular basis throughout the probationary period.

Extension of probationary period

The probationary period may be extended at MCT's discretion by **up to a further three months** - and this is without prejudice to the organisation's right to terminate employment or volunteering before the expiry of the probationary period.

An extension to the probationary period may be implemented in circumstances where the member of staff's performance or conduct has not been entirely satisfactory, but it is thought that an extension may lead to improvement.

An extension to the probationary period may also be considered in circumstances when the staff member has been absent from work (for any reason) for a significant period during the probationary period.

Termination of employment during the probationary period

Employment or volunteering may be terminated at any time during, or at the end of, the probationary period (or during, or at the end of, any extension of the probationary period) on any of the following grounds:

Reasons

- Unsuitability for the role
- Poor or unsatisfactory performance
- Misconduct
- Poor attendance
- Poor timekeeping
- Lack of capability
- For reasons of health & safety
- If it is believed or established that the staff member does not have the qualifications, experience or knowledge that was claimed at the time of recruitment.

This above list of reasons is not intended to be exhaustive. Any termination will be confirmed in writing and there will be no right of appeal.

Probationary Period Policy continued...

Post induction review

At the end of the probationary period, MCT will carry out a post induction review within a reasonable time of its expiry. The probationary period will not be deemed to have been completed until MCT has carried out its review and formally confirmed the position in writing to the staff member. If the probationary period has been successfully completed, the staff member's continued engagement by MCT will then be confirmed.

Notice period for employees during probation

During the probationary period (and during any extension of the probationary period) - and until MCT has carried out its review at the end of it and formally confirmed the position in writing to the member of staff - the notice period will be one week and MCT's disciplinary and capability procedures will not apply.

Reviewed & Updated: April 2024

MCT will review this [Probationary Period Policy](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

39. Safer Induction Policy

Policy statement

The Charity Commission for England and Wales clearly states that safeguarding training is mandatory for anyone working directly with children and young people - as well as with their families and/or carers. MCT takes seriously its duty for ensuring all staff are competent to carry out their responsibilities for safeguarding and for promoting the welfare of all children and adults at risk. In addition, it is essential that MCT creates an environment where all staff feel able to raise concerns and feel supported in their safeguarding role. To this end, MCT recognises that all new staff will require adjustment in their new role and will therefore support all new starters through a structured induction programme appropriate to the role being undertaken. All staff are included in MCT's safer induction programme and will be given every required support throughout it.

Objectives of induction

The induction programme exists to ensure that all new staff understand:

- How MCT operates
- The work of the different departments
- The history and culture of the business
- The business plan and goals of MCT for the forthcoming years
- How their job role fits in with the other members of their department and MCT as a whole
- Their own targets and performance objectives up until the first formal appraisal
- Their role and responsibility in the safeguarding and protection of all children and adults at risk.

Safeguarding induction

With regard to safeguarding, all new starters (including Trustees) - who will be working with children or adults at risk (or be in contact with them) - will undergo induction and necessary training on safeguarding **immediately that they are appointed**. For any other staff working within the organisation - but not directly with children or with adults at risk - safeguarding induction training must take place **within one month of joining MCT**.

This element of induction training will be undertaken by MCT's DSO - and will include the following core elements:

Safeguarding

- Familiarisation with the **DSO's** role and responsibilities
- The legal responsibilities and good practice for safeguarding and promoting the safety and welfare of children and adults at risk
- An overview of MCT's **Safeguarding Policy Statement** and commitment to the protection of all children and adults at risk
- A review of MCT's **Safeguarding Policies & Procedures** - relevant to the role being undertaken by the new staff member
- How staff should respond to any safeguarding concerns - through outlining the relevant procedures to be followed in the event of a concern existing about a child or adult's safety or welfare
- The contact details relating to MCT's internal safeguarding personnel
- The contact details relating to raising concerns with children's and adults' services, police, health, the **Local Authority Designated Officer, Child Exploitation Online Protection Centre** and the **NSPCC helplines**
- Details about staff and volunteer monitoring, supervision, on-going training (including safeguarding refresher training) and support.

As part of MCT's safeguarding induction process, all staff who will be working with children and adults at risk will receive a copy of each of the following:

- MCT's **Safeguarding Handbook**
- The **Football Association's Handbook** relating to Safeguarding
- The **Department of Education's Keeping Children Safe in Education (Part 1)**.

Part of MCT's commitment to safeguarding will entail the DSO testing the maturity; the understanding of boundaries and the position of trust of all new starters - prior to them undertaking work with children and adults at risk who use the services of the organisation.

Safer Induction Policy continued...

Induction programme

The safer induction programme will be put in place once an applicant has formally accepted a conditional offer to work from MCT. The detail and exact content of the induction programme will vary according to the seniority of the role; the individual needs of the new starter; as well as the role description. However, in the first week, all new starters will be introduced to their work colleagues; as well as meeting with their line manager and other relevant senior members of the management team, as appropriate.

At this point it will be the line managers responsibility to go through the following:

Induction

- Main terms and conditions of employment or volunteer's agreement
- Working or volunteering arrangements, including sickness absence reporting procedures
- Role description, which will include duties and responsibilities
- **Employee Handbook** or **Volunteer Handbook**
- **Safeguarding Handbook**
- Health and safety rules and procedures, including first aid facilities, accident reporting and emergency evacuation procedures
- Equal opportunities and dignity at work
- Targets and performance objectives up until the first formal appraisal
- Training and development plan up until the first formal appraisal
- Information about the structure and organisation of MCT
- Information about the department/team the new starter will work in
- Location of entrances, exits, fire exits, kitchen, rest rooms, toilets and any other facilities
- Location of MCT notice boards
- Location of workstation or work area
- Use and operation of equipment and location of office supplies
- Useful contact numbers
- Bank details, P45, National Insurance number, contact details, next of kin **etc.** as appropriate for either the staff member or the volunteer.

Induction checklist

The MCT manager responsible for the induction, will use an induction checklist to ensure that all matters are covered - and will sign this off once the induction programme has been completed. MCT may involve other managers, staff and volunteers in the induction programme as appropriate. The **DSO** will always be responsible for undertaking the safeguarding elements of induction - as detailed previously within this policy. The induction checklist will be a written record of the safeguarding induction, dates, attendance and matters that were covered by the training.

Mentoring & coaching

New starters will be allocated a mentor upon commencement. This appointed mentor will meet with the new starter during their first week with the organisation and their role will be to assist the new starter with any day-to-day matters in the first three months of working with MCT. The mentor's role is not to coach or train the new starter, but to give advice and assistance as appropriate. The relevant line manager is responsible for training the new starter and for supporting them in their new duties and tasks.

Induction reviews

All new starters will have their progress reviewed via formal and structured induction reviews - which will be carried out at the **end of week 1**; the **end of month 1**; the **end of month 2** and the **end of month 3**. The purpose of these reviews is to discuss how the induction training is progressing and to identify and address any gaps in the desired results of the induction training.

Reviewed & Updated: April 2024

MCT will review this **Safer Induction Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

40. Supervision Policy

Policy statement

MCT recognises the need for regular and effective supervision of its staff to ensure that they feel well supported and motivated in their work; that the organisation is delivering quality services to the people that use its services; and that the business can function effectively.

Purpose of Supervision

This is an opportunity to review the work programme of the staff member, as well as to monitor their progress and to review the direction of their work. Supervision is also an opportunity to identify any gaps in skills and training, with a focus on enhancing professional development. Most importantly, supervision is an effective method to manage safeguarding risks and concerns. Just as importantly, staff successes and achievements in their work can also be identified and celebrated. Supervision is also a place where staff can be challenged supportively and constructively and within mutually agreed and accepted boundaries. Issues relating to the workplace and to working practices can be identified and discussed.

Ultimately, supervision is an ideal opportunity to demonstrate that the member of staff is a valued member of the MCT team, as well as offering them a chance to ensure that their emotional well-being is considered and that their personal development needs are being met. During the session, staff will be able to 'offload' their concerns and have these discussed in a supportive environment.

In summary, the purpose of supervision includes:		
Purpose	<ul style="list-style-type: none"> ▪ Review of work programme ▪ A place to be challenged, supportively and constructively ▪ Issues related to the workplace are addressed ▪ A place to identify skills gaps and training needs - professional development ▪ Staff experiences are valued ▪ Working practices are discussed 	<ul style="list-style-type: none"> ▪ Achievements are identified and celebrated ▪ Work progress is monitored and direction is reviewed ▪ Emotional well-being/work-life balance and a place for personal development ▪ Mutually agreed and acceptable boundaries are agreed ▪ A place to offload any concerns and worries.

What staff can expect from supervision

This is an opportunity for staff to review their current workload with their line manager and discuss future work, as well as agreeing on targets. The line manager will acknowledge the work that the member of staff is responsible for and offer praise and constructive feedback where appropriate. Support and guidance can also be offered where necessary. This is also a time when the line manager can challenge staff appropriately and address actions and anticipated follow-up relating to these. Training needs will also be identified during the meeting and notes will be made by the line manager and which will be copied to staff - which will serve as a record to refer back to at the next supervision. Staff should feel able to raise any issues or concerns, both related to work and/or personal things that are unrelated to work.

In summary, staff can expect the following from supervision:		
Expect	<ul style="list-style-type: none"> ▪ A place where guidance is received ▪ To be challenged appropriately by their line manager ▪ A place to address actions and follow up ▪ That notes and records of the supervision are made and stored/copied ▪ An assessment of training needs is made ▪ Support is offered 	<ul style="list-style-type: none"> ▪ That their supervisor has an understanding of their work and workload ▪ Acknowledgement and praise is received ▪ Work is discussed and targets agreed ▪ A place where personal things (including those that are not work related) can be discussed if the staff member so desires ▪ A place to talk about any concerns and issues.

Frequency of supervision

Frequency and length of supervision is expected to be in line with the following minimums:

- **Full time staff** should receive supervision no less than once every month for a minimum of 60 minutes
- **Part time staff/volunteers** should receive supervision no less than once every six to eight weeks for a minimum of two hours as part of the staff training and coach development days.

Supervision Policy continued...

Any supervisory sessions must be re-booked for as soon as possible after the missed sessions to maintain the minimum regularity set out above.

Location of supervision

Supervision should take place in a private and uninterrupted space during the staff members scheduled working day.

Recording supervision sessions

It is the line manager's responsibility to take notes and ensure that the staff member receives a copy; and that a copy goes on file. Both the line manager and staff member must agree and sign a final copy of the supervision records - which will then be kept in individual supervision files in a secure place. After six months, supervision notes should be archived and held in the staff member's HR folder for six years.

Records will be made in a manner that works for each line manager. However, a summary action sheet will be completed during, or immediately after each session. It is important that any agreed actions are given to the staff member and that the line manager ensures that actions are reviewed & agreements followed up - with negotiation around timescales & outcomes where necessary - in future sessions.

Access to supervision sessions

Should the line manager with responsibility for supervision of a staff member leave, they are required to provide access to (to the person taking over responsibility for that staff member's future supervision) six months of previous supervision notes.

Confidentiality

There will be three levels relating to the need to breach confidentiality within supervision as set out below. This explanation is provided so that all staff receiving supervision within their work role at MCT are clear about what can - and cannot - remain confidential:

Issues	<ul style="list-style-type: none"> ▪ If it concerns actions of gross misconduct ▪ If it concerns activities where child and/or adult at risk safeguarding policies apply. ▪ If the behaviour or activities would bring MCT into disrepute ▪ If it is about harm to self and/or others ▪ If it involves illegal activity - depending on currency and severity of activity 	Confidentiality	<p>There is a duty as a line manager to report/action via MCT's most senior person responsible for HR & appropriate public authorities - where this is appropriate.</p>
	<ul style="list-style-type: none"> ▪ If it concerns actions relating to performance or capability. ▪ If it concerns activities that may lead to disciplinary action being taken 		<p>Items may need to be reported via line management structures to MCT's most senior person responsible for HR.</p>
	<ul style="list-style-type: none"> ▪ If the information given by the staff member will have significant impact on MCT e.g. long term sickness/absence. 		<p>Items may need to be reported through the line management structure and to MCT's most senior person responsible for HR.</p>

Reviewed & Updated: April 2024

MCT will review this **Supervision Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

41. Appraisal Policy

Policy statement

A performance appraisal will be carried out on each staff member at least once per year. The timing of that review may vary depending upon the job role and, in any event, is in the absolute discretion of MCT. The purpose of the annual appraisal is to review the performance of the staff member and provide constructive feedback; whilst identifying areas of satisfaction and where improvements can be made. In addition, discussions will focus on future goals, development and training needs.

Structure of appraisals

Staff members will attend a meeting with their line manager to discuss their work performance. The objectives of the meeting will be to:

- Discuss the previous year's achievements
- Identify any shortfalls in achieving objectives and establish the reasons for any shortfalls

If necessary, agree any changes required to objectives and actions required to improve performance and/or to enable them to achieve their full potential in the work they carry out for MCT.

- Consider any future training, development and career needs for the staff member
- Discuss opportunities for advancement or alternative work.

All performance reviews will include consideration of a staff members safeguarding responsibilities.

Personal development

Staff should also set out what actions they intend to take to develop themselves and they must assist in making the performance review process a worthwhile exercise.

The meeting will be an open forum where views can be exchanged and agreed conclusions reached.

Preparation for the appraisal

Staff should prepare for their appraisal meeting by considering what points they wish to discuss about their performance. They should consider their achievements over the previous year and the progress they have made in achieving objectives and they should be prepared to explain the reasons for any shortfalls.

Appraisal documentation

During and after the meeting, the line manager will complete an appraisal form as a record of the discussions that took place at the meeting. This will then be given to the staff member for agreement and signature:

- If the staff member disagrees with any of the comments made, they will be able to record this on the form
- Once the form has been signed, they should return it to their line manager and retain a copy for their own safekeeping
- The form will be kept confidential and will be held on the employee's personnel file and a copy
- The appraisal process will be reviewed by the most senior person in the organisation to ensure the fairness and effectiveness of each line manager's approach to the process.

The completed appraisal form must be viewed as a working document and as such should be continually referred to and reviewed throughout the year by staff and line managers.

Disagreements

Any staff member who feels that their appraisal was entirely unsatisfactory, or unfair to them, may ask that a more senior MCT manager review the appraisal with them and their line manager - or where a more senior manager is not available - to request a meeting to discuss concerns and issues.

Appraisal Policy continued...

Employees in probationary period

Staff who are still in their probationary period will not receive an annual appraisal. Instead, their performance will be reviewed, independently of the annual appraisal process, during and at the end of the probationary period as outlined in the **Safer Induction Policy** in this **Safeguarding Handbook**.

Volunteers

All MCT volunteers will be appraised as part of their regular supervision - and at the intervals referred to in the **Supervision Policy** in this **Safeguarding Handbook**.

Reviewed & Updated: April 2024

MCT will review this **Appraisal Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

42. Safeguarding Training & CPD Policy

Policy statement

The only way that MCT can be certain that its strategy for implementing safeguarding is effective, is through the induction, the training (and regular refresher training), as well as the on-going professional development of all staff. It is for this reason that MCT have developed this Safeguarding Training & CPD Policy which identifies the distinct steps that the organisation will take to ensure the competence of its key safeguarding personnel, as well as all its remaining staff.

Induction training

Upon appointment, all staff will undertake a **structured induction programme during their probationary period**. While induction training will cover many elements related to a new recruit becoming familiar with the organisation - and the role they have been recruited for - every new recruit will also receive **specific induction training relating to the safeguarding and protection of children and adults at risk**.

Further details relating to Induction Training can be found in the Safer Induction Policy detailed in this Safeguarding Handbook.

Training & refresher training

Following induction, it is the policy of MCT that all staff will undertake further training - and refresher training as necessary - to provide them with the relevant skills and knowledge to safeguard all children and adults at risk. In any event, this training will take place no less than once every 12 months.

To ensure this policy is effective, MCT will budget the necessary resources (including the time and travel requirements) for both internal training and external training events.

While this will naturally include the training necessary for effective role performance, it will also include - as a matter of course - further safeguarding training linked to maintaining the best standards of child and adults at risk protection; and as appropriate to the staff members specific role and responsibilities and the degree of direct contact that they have with children and adults. This will include such subject areas as:

- Understanding the legislation and any specific regulations regarding safeguarding
- Updates (and refresher training) on recognising indicators and signs of abuse
- MCT's procedures for responding to, reporting, recording and referral of concerns, allegations or disclosures of abuse
- The relevant processes for reporting and managing allegations against a staff member
- Ongoing anti-bullying support, training and guidance to support staff to be effective at preventing and responding to all forms of bullying, including cyber, racist, homophobic and sexual bullying.

In addition, MCT's DSO (in conjunction with line managers) are required to ensure that all staff receive safeguarding updates at regular staff meetings between any formal training and refresher training received throughout the year.

Where appropriate, MCT will put staff and volunteers onto the annual FA Safeguarding Children Workshop to help meet the requirements of training and refresher training.

On-going professional development

All staff are encouraged generally to undertake regular and appropriate CPD to maintain and keep up to date their skills. However, certain MCT staff members are obligated to undertake CPD as part of their safeguarding role responsibilities for the organisation.

Safeguarding Training & CPD Policy continued...

Listed below are the minimum CPD requirements for the following MCT safeguarding staff members:

CPD

- **SSM:** This post-holder must attend mandatory **EFL SSM** Training every two years
- **DSO:** This post-holder must attend mandatory **EFL/EFL Trust Safeguarding workshops** and **DSO** training annually.

In addition to the above mandatory training, MCT will ensure that a menu of safeguarding training is available for different post holders - relevant to their responsibilities and the programmes and projects undertaken by the organisation.

Reviewed & Updated: April 2024

MCT will review this **Safeguarding Training & CPD Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

43. Staff Support Policy

Policy statement

MCT recognises that staff working for the organisation - and who have become involved in supporting/working with an individual who has suffered harm (or appears to be likely to suffer harm) may find the situation stressful and upsetting.

It is MCT's paramount concern that in these circumstances staff receive all necessary support.

How MCT will support staff

Accordingly, MCT will support any staff member who finds themselves in this situation, by providing an opportunity to talk through any anxieties, concerns and worries with MCT's **DSO**. In all cases - and where required or considered appropriate - MCT and the **DSO** will seek-out further support for staff **e.g.** through referring the employee to their own GP, linking through to Occupational Health and/or a teacher/trade union representative, as well as signposting towards the relevant support organisations as appropriate.

How MCT will support the senior safeguarding team

MCT will ensure that the **SSM**, **DSO** and **DDSO** have access to the necessary support to enable them to effectively manage the demands of the role and to be able to support MCT staff as has been outlined above.

Such support will include attending appropriate workshops, courses or meetings as organised by the Local Authority and/or other external providers, the FA and/or the EFL/EFL Trust to enable them to manage such situations.

Reviewed & Updated: April 2024

MCT will review this **Staff Support Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

**Part 4A:
Child
Protection
Policies & Procedures**

Part 4A: Child Safeguarding Policies & Procedures Contents

The following **Child Safeguarding Policies & Procedures** underpin the importance MCT place on keeping every child free from harm. Detailed in this **Part 4A** section is our Child Safeguarding Policy Statement, as well as clear guidance to support staff to recognise and respond to safeguarding concerns. Finally, MCT have detailed the Procedures for dealing with, recording and reporting allegations of abuse.

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44. Child Safeguarding Policy Statement

Policy statement

Every child has the right to protection from abuse and exploitation. Safeguarding - and the protection of all children - is everyone's responsibility. MCT believes that it is always unacceptable for any child to experience abuse of any kind; and recognises its responsibility to safeguard the welfare of all children by a commitment to practice which protects them. The safeguarding of children will be made possible by adhering to MCT's safeguarding policies, procedures and processes; and by working in partnership across the organisation - as well as with external organisations and statutory bodies.

MCT recognises and is committed to the following four principles to underpin effective safeguarding practice:	
1.	That the welfare of the child is paramount.
2.	That some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, their communication needs and/or other issues surrounding disabilities.
3.	That working in partnership across the organisation (including with MCT's parent football club) - and with children, their parents and carers, as well as other external agencies and statutory bodies - is essential to effectively promote a child's welfare and safety.
4.	That 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, abuse and/or exploitation; and to this end MCT will ensure that its services are provided in a way that promotes equality and diversity, eliminates discrimination in all of its forms (ensuring that no one is excluded) and which respects the needs of each and every individual.

Purpose & aims of this policy

MCT believes that no child should ever experience abuse of any kind.

To this end, MCT has a responsibility to promote the welfare of all children and to keep them safe; and are committed to work in such a way that protects and safeguards them.

MCT has developed robust **Child Safeguarding Policies & Procedures** - contained within this **Safeguarding Handbook** - to establish the boundaries, guidelines and best practice for acceptable behaviour in relation to how the organisation and its staff will ensure the safety and welfare of all children - whether they be participants and/or beneficiaries.

Scope of this policy

MCT's **Children's Safeguarding Policies and Procedures** (as well as all other supplementary safeguarding resources) are designed to provide protection for the children who either receive and/or are the beneficiaries of the organisation's services.

To this end, MCT will provide all line managers and staff with the appropriate guidance on the safeguarding procedures and best practice they should adopt in the event that they suspect a child may be experiencing, or be at risk of, harm.

Who this policy applies to

This policy applies to everyone that comes into contact with MCT - including as applicable - the Trustees, the CEO and Executive Team, Senior Managers, the Management Team, Employees, Sessional Workers, Agency Staff, Contractors, Suppliers, Volunteers, Students on work experience, as well as anyone working on behalf of the organisation.

Safeguarding is everyone's responsibility!

Child Safeguarding Policy Statement continued...

MCT commits to the effective safeguarding of all children (that are participants, beneficiaries and/or are connected to MCT) through taking a child-centred approach to its responsibilities and by doing the following:

Child-Centred

- Valuing children by listening to and respecting them
- Taking children's wishes and feeling into account - both in regard to individual decisions that affect a child and in the development of services for them
- Adopting child protection guidelines (through relevant and appropriate safeguarding policies & procedures) as well as **Staff Codes of Conduct** - to ensure that MCT keep children safe and can respond to any concerns or allegations
- Developing and implementing an effective **Online Safety Policy** and related procedures
- Recruiting staff safely - ensuring all necessary checks are made
- Sharing information about child protection and good practice with children, parents, carers and staff
- Sharing information about concerns with agencies who need to know - and involving parents, carers and children appropriately
- Providing effective management for staff through supervision, support and training.

Principles of a child-centred approach: MCT will always seek to underpin its policy on safeguarding children by:

Principles

- Being **vigilant** and notice when things are troubling children
- **Understanding** what is happening - as well as hearing and understanding the child - and then **acting** upon that understanding
- Developing an on-going **stable** relationship of trust with children
- **Respecting** children and treating them with the expectation that they are competent, rather than assume they are not
- Providing **information** and **engagement** with children by keeping them informed about and involved in procedures, decisions, concerns and plans
- **Explaining** to children the outcome of assessments and decisions - as well as the reasons if their views have not met with a positive response
- **Support** children in their own right and not just as a member of their family
- Providing access to **advocacy** to assist children in putting forward their views
- **Involving** children and their parents and carers in developing and shaping safeguarding policies and procedures.

Reviewed & Updated: April 2024

MCT will review this **Child Protection Safeguarding Policy Statement** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.



Sean Daly | CEO

Jason Vincent | SSM & Trustee

45. Code of Good Safeguarding Practice when Working with Children

Introduction

Every staff member associated with MCT has been selected to work with the organisation, because they have demonstrated a desire to provide a positive, fun and safe environment for children and young people. Any person working with children is automatically placed in a position of trust - that carries with it authority, status, power and responsibility. It has been proven, that where adults are positive role models - and display high moral and ethical standards - the benefits to a child's development can be significant.

Duty of care

Every staff member that works with MCT has a legal responsibility to provide a duty of care. This duty of care means that each and every individual adult must take all reasonable steps to ensure the safety of any child involved in an activity for which they and MCT are responsible. This duty of care is extended by a moral responsibility to work at developing a culture in which all children can take part in activities in a safe and enjoyable environment.

Relationship of trust

MCT recognises that genuine and appropriate relationships do occur between staff members and the children that use the organisations services. While the relationship of trust should always be nurtured, allowing appropriate relationships to lead into sexual, or inappropriate relationships, will always be wrong. MCT staff members need to be aware of the power and influence that can be exercised over a child. Where activities undertaken by MCT have an element of competitiveness **e.g.** selection to play, mentoring, assessment **etc.** a child can become dependent on the adult - and thereby, be more vulnerable. Therefore, it is vital that staff recognise their responsibility - and ensure that they do nothing to abuse their position of trust.

Good safeguarding practice

Despite having the best safeguarding policies and procedures; and the most effective safeguarding induction training and refresher training - there can still be many situations, that an MCT staff member may find themselves in, which could be misconstrued and/or misinterpreted by others. MCT wants to help reduce such situations from occurring - and which could be viewed from the outside as inappropriate, poor practice, or abusive. **Therefore:**

- **By developing the following standards of good safeguarding practice, MCT is seeking to ensure that all of its staff are protected from false allegations relating to child safeguarding concerns.**
- **By MCT staff members following these standards of good safeguarding practice, we further live and breathe our mission of protecting all children.**

Ultimately though, every staff member should never believe that they can rely on their own good reputation; or the good reputation of MCT to protect them. All MCT staff members should always behave and conduct themselves in such a way as to ensure that nothing they do can be misconstrued or misinterpreted.

Underpinning Principles of MCT's Good Safeguarding Practice

For the avoidance of doubt, the following forms an unequivocal and unalterable core standard and principle that applies to all adults that work with - and for - MCT, in any capacity:

Never develop or nurture an inappropriate relationship (or any form of inappropriate contact) with a child, that in any way falls outside of the work that you have been authorised to undertake on behalf of MCT.

- An **inappropriate relationship** with a child also includes a sexual relationship, or any form of sexual contact.
- **Inappropriate contact** would include a breach of any of the good safeguarding practices detailed under any of the headings below, where contact is being made in breach of any instruction to the contrary.

Code of Good Safeguarding Practice when Working with Children continued...

Even if a child is aged 16 years or older, it is forbidden for an MCT staff member to have a sexual relationship; sexual contact; or an otherwise inappropriate relationship with them. Any such behaviour - by any MCT staff member - towards any person under the age of 18 years of age, represents a serious breach of trust and is not acceptable under any circumstances.

In circumstances, where the above underpinning principle is breached by a staff member, they will be subject to MCT's disciplinary procedures. Any breach of the above underpinning principle involving a volunteer - or member of staff from another organisation - will result in them being asked to leave MCT.

Furthermore, any such breaches of MCT's underpinning principle by staff will always result in a referral being made to one or more statutory agencies such as the Police, the Local Authority Children's Social Care Department, the FA, the EFL Trust and/or the Disclosure and Barring Service.

Not-with-standing the above underpinning principle, it is MCT's intention to regularly review the following guidelines - relating to standards of good safeguarding practice - to ensure that they reflect the very latest best practice; and that they take account of the ever-changing safeguarding risks that children can face.

General good safeguarding practice

MCT staff members must adhere to the following:

Never

- Never exaggerate or trivialise child abuse issues
- Never make inappropriate promises to a child, particularly in relation to confidentiality
- Do not ask a child to keep a secret
- Do not jump to conclusions about others, without first checking the facts
- Never allow allegations by a child to go unchallenged, unrecorded - or in any way not acted upon
- Never agree to meet a child on their own on a one to one basis. If such a situation should be requested by a child, then you are required to immediately speak with MCT's **DSO**.

Behaviour good safeguarding practice

MCT staff members must adhere to the following:

Never

- Never act in a way towards a child that can be perceived as threatening or intrusive. This includes verbal aggressiveness and shouting
- Do nothing that would cause a child to lose self-esteem **e.g.** by embarrassing, humiliating, undermining them; or otherwise acting in a way that would reduce them to tears
- Never make sarcastic, insensitive or derogatory comments (or gestures) to a child, even if this was meant to be in fun
- Never make sexually suggestive comments (or gestures) to a child, even if this was meant to be in fun
- Never patronise or treat a child as if they are silly.

In addition to not behaving in any of the ways listed above, MCT staff members should always be careful not to behave in any of the ways listed above either in front of - or within the presence of - a child, even though it is not intended to be directed towards the child.

Communication good safeguarding practice

MCT staff members must adhere to the following:

- Never use inappropriate language in the presence of a child
- Do not allow children to use inappropriate language unchallenged.

Code of Good Safeguarding Practice when Working with Children continued...

Personal contact good safeguarding practice

MCT staff members must adhere to the following:

- Never allow - or take part in - any form of inappropriate touching of a child
- Never take part in any rough, physical, or sexually-provocative games - which includes horseplay of any kind.
- Do not undertake things of a personal nature for a child which they can do for themselves unless you have been requested to provide that assistance by their parent or carer.

It is recognised that some children may need help with such things as tying laces and this is acceptable. This element of good safeguarding practice does not preclude attending to an injured or ill child, or from rendering first aid.

Personal information good safeguarding practice

MCT staff members must adhere to the following:

- Never let a child have your personal home address
- Never let a child have your personal telephone number/s
- Never contact a child via text message using a personal phone
- Never email a child from a personal email address.

Where emailing or texting a children is an accepted and documented operational procedure of MCT, this email and/or text must at all times come from the authorised MCT email account or work mobile phone - and each child's parent/carer must be copied into the email or text.

Physical contact good safeguarding practice

MCT staff members should only use appropriate physical contact if the sole aim is to:

- Develop sports skills techniques
- Treat an injury
- Prevent an injury or accident from occurring
- To meet the professional requirements of the sport or activity being undertaken.

Acceptable physical contact - as outlined above - would always take place in an open or public environment; and would never take place in secret or out of sight of others.

In all circumstances where physical contact is required, the adult must always explain the nature and reason for the physical contact; and reinforce the teaching or coaching skills being used. Unless the MCT staff member is responding to an emergency situation, the adult must always seek the child's permission for initiating the required physical contact.

Appropriate physical contact will never involve touching in or around the genital area, the buttocks and/or the breasts. In addition, any physical contact anywhere else on the body should not cause a child distress or embarrassment.

Positive influence good safeguarding practice

MCT staff members must adhere to the following:

Never

- Never smoke in front of children - or in any place that you could be seen smoking by them
- Never consume alcohol in front of children - or in any place that you could be seen drinking alcohol by them
- Never offer children drugs or other illegal substances
- Never offer children sexual materials **e.g.** adult magazines, adult videos and/or adult website addresses **etc.**
- Never accept bullying, rule violations, cheating or the use of prohibited substances - such as performance enhancers **etc.**

Code of Good Safeguarding Practice when Working with Children continued...

Supervision good safeguarding practice

MCT staff members must adhere to the following:

- Never leave a child unsupervised
- A child must never be taken to an adult's home
- Avoid spending too much time alone with any one particular child where you are away from other adults
- Never go to a child's home where you would be alone with them
- Do not be in a dressing room with a child on your own. If this is unavoidable, ensure the door remains open
- Should circumstances require adults and children to share a dressing room, adults are required to provide the child with privacy and ensure that the adult showers and changes at a separate time to the child
- Mobile phones - and any technology capable of taken photos or videos - are not permitted to be used in changing rooms.
- Do not treat any child more favourably than others
- Never share a room with a child.

Social media definition

Social media is an interactive online media that allows users to communicate instantly with each other or to share data in a public forum. It includes social and business networking websites such as Facebook, Myspace, Reddit, Twitter and LinkedIn. Social media also covers video and image sharing and blogging websites such as YouTube, Instagram, Google+, Tumblr and Flickr, as well as personal blogs, any posts made on other people's blogs and all online forums and noticeboards. This is a constantly changing area with new websites and apps being launched on a regular basis and therefore this list is not exhaustive.

This element of MCT's social media good safeguarding practice policy applies in relation to any social media that staff members and volunteers may use, regardless of whether it is specifically detailed in the definition above or not.

Social media good safeguarding practice

MCT staff members must adhere to the following:

- Never contact or communicate with a child through social media sites, or via any other form of social media app or interface
- Never permit a child to be added to your social media feed/s or social media apps.

Where a child requests to be added to any personal social media feed or social media app, you must immediately refuse the request and communicate the attempt to connect with you through social media to MCT's DSO. MCT's DSO will explain to the child that staff are not permitted to have child participants on their social media feeds; and that they should not send such requests again.

N.B. There may be circumstances where an MCT staff member may have a child participant on their social media feed - or on social media apps - as a consequence of appropriate contact prior to commencing work with MCT; or before the child became a participant with MCT. In all circumstances, MCT staff members should disclose this social media connection to the **DSO** and then delete all social media connections with that child. MCT's **DSO** will explain to the child and/or their parent/carer the reasons this action has been taken.

Transport good safeguarding practice

MCT staff members and volunteers must adhere to the following:

- Never use a mobile phone while driving with a child or children - whether or not the mobile phone meets handsfree legislation
- No adult is permitted to transport a child or children if they are in an unregulated job category
- Never transport a child or children if not in possession of the relevant licence entitlement, or the relevant insurances
- You should not transport a child without another adult being present.

Code of Good Safeguarding Practice when Working with Children continued...

N.B. Where such a journey is unavoidable, then the staff member required to transport the child **must** first speak to their line manager or MCT's **DSO** and gain the consent of that other person **prior** to making the journey. The staff member must also ensure that they communicate with the parent/carer of the child to ensure that they are also fully aware that their child is being transported without another adult being present.

In all cases where the above procedure is used to transport a child without another adult being present, the staff member must complete a journey log and submit this at the end of each week to MCT's DSO. MCT will monitor journey logs to further reduce situations where a child needs to be transported by a lone adult.

In all cases where a child is transported as a single passenger - without another adult being present - the child should sit in the back seat of the vehicle and wearing their seat belt.

Reviewed & Updated: April 2024

MCT will review this **Code of Good Safeguarding Practice when Working with Children** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

46. Introduction to Child Safeguarding

The purpose of this introduction is to ensure that everyone that this Safeguarding Handbook applies to has a clear understanding of what is meant by child protection and child safeguarding - and thereby has no confusion as to what their responsibilities are.

Definition of child protection

Child protection is part of safeguarding and promoting welfare and refers to the activity that is undertaken by MCT staff members to protect specific children who are suffering, or are likely to suffer, significant harm.

Definition of safeguarding

Safeguarding and promoting the welfare of children is defined by the UK Governments guidance, *Working Together to Safeguard Children* as the following:

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

Definition of child abuse

Child abuse is any action by another person that causes significant harm to a child. The abuse can be physical, sexual, psychological or emotional, but can just as often be about a lack of love, care and attention. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives.

Child abuse may take place over a period of time, or may be a single event. Children may be abused in a variety of settings - such as the family, institutional or community setting. A child can be abused by those known to them or, more rarely, by others **e.g.** via the internet. An abuser can be an adult or adults, or another child or children and harm may occur intentionally or unintentionally.

The core definitions of harm are outlined below and are as defined by the UK Government's guidance *Working Together to Safeguard Children*.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities - not necessarily involving a high level of violence - and whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration **e.g.** rape or oral sex - or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Abusers 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.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

Introduction to Child Protection continued...

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, though it may occur alone.

It's important to remember that parents and/or caregivers of children with multiple needs may find it difficult to ensure that the full range of the child's needs, including their emotional needs, are met. Whilst it may prove difficult to include such children in everyday activities alongside other family members, not to include them may be harmful.

Physical abuse

Physical abuse 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.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs and which is 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 caregiver failing to:

- Provide adequate food, clothing or 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
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. However, what is known, is that neglect - in whatever form it takes - can be just as damaging to a child as physical abuse.

Although the above four categories of abuse in this introduction are those detailed in the UK Government's guidance **Working Together to Safeguard Children**, there are numerous more detailed categories of abuse that it is important all MCT staff members are aware of. The next section **Recognising the Signs of Child Abuse** - as well as the sections that follow it - provide a fuller breakdown of all the recognised categories of child abuse and further guidance on how to help safeguard and protect children.

Reviewed & Updated: April 2024

MCT will review this Introduction to Child Safeguarding and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

47. Recognising the Signs of Child Abuse

Recognising child abuse is not easy. MCT does not believe it is the responsibility of its staff members to decide whether or not child abuse has taken place - or if a child is at significant risk of harm from someone. However, every MCT staff member has both a responsibility and duty - as set out in this Handbook - to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

Therefore, this section starts by providing greater detail about the four core categories of abuse detailed in the UK Government's guidance **Working Together to Safeguard Children**. This **Safeguarding Handbook** then provides more specific guidance on how to help safeguard and protect children in relation to many of the other recognised types of child abuse.

The following information is provided to help all MCT staff members to be more alert to the signs of possible abuse.

Sexual abuse

A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online. Sometimes the child won't even understand that what's happening to them is abuse - or that it is wrong.

Defining child sexual abuse

There are two different types of child sexual abuse - contact abuse and non-contact abuse. Further information on each type is detailed below:

- **Contact abuse** involves touching activities where an abuser makes physical contact with a child, including penetration. **It includes the following:**
 - a) Sexual touching of any part of the body - whether the child's wearing clothes or not.
 - b) Rape or penetration by putting an object or body part inside a child's mouth, vagina or anus.
 - c) Forcing or encouraging a child to take part in sexual activity.
 - d) Making a child take their clothes off, touch someone else's genitals or masturbate.
- **Non-contact abuse** involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. **It includes the following:**
 - a) Encouraging a child to watch or hear sexual acts.
 - b) Not taking proper measures to prevent a child being exposed to sexual activities by others.
 - c) Meeting a child following sexual grooming with the intent of abusing them.
 - d) Online abuse including making, viewing or distributing child abuse images.
 - e) Allowing someone else to make, view or distribute child abuse images showing pornography to a child.
 - f) Sexually exploiting a child for money, power or status (This is known as child exploitation and is covered in further detail later in this section).

Changes in behaviour which can indicate sexual abuse include:

Changes

- Staying away from certain people
- Being absent or missing from education
- Avoiding being alone with people, such as family members or friends
- Seeming frightened of a person or a reluctance to socialise with them
- Showing sexual behaviour that's inappropriate for their age
- Becoming sexually active at a young age
- Being promiscuous
- Using sexual language or knowing information that you wouldn't expect them to
- Having physical symptoms such as anal or vaginal soreness, an unusual discharge, sexually transmitted infection (**STI**) and/or pregnancy.

Recognising the Signs of Child Abuse continued...

Emotional abuse

Children who are emotionally abused suffer ongoing emotional maltreatment or emotional neglect. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them.

It's sometimes called psychological abuse and can seriously damage a child's emotional health and development as well as causing serious harm.

Defining emotional abuse

Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child.

Children who are emotionally abused can often be suffering another type of abuse or neglect at the same time - but this may not always be the case.

Physical abuse

It isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them.

Defining physical abuse

Physical abuse is deliberately hurting a child and causing injuries such as bruises, broken bones, burns or cuts. There's no excuse for physically abusing a child. It causes serious, and often long-lasting, harm - and in severe cases, death.

- a) Shaking or hitting babies can cause non-accidental head injuries (**NAHI**).
- b) Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell - this is known as fabricated or induced illness (**FII**).

Neglect

Neglect is the ongoing failure to meet a child's basic needs. It's dangerous and children can suffer serious and long-term harm. Neglect is also the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents or carers.

A child who is neglected will often suffer from other abuse as well. Neglect is dangerous and can cause serious, long-term damage - and even death.

Defining neglect

There are four specific types of neglect and each is listed below with further detail:

1.	Physical neglect: This is failing to provide for a child's basic needs such as food, clothing or shelter. It is also failing to adequately supervise a child, or provide for their safety.
2.	Educational neglect: Failing to ensure a child receives an education.
3.	Emotional neglect: Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. This form of neglect is often the most difficult to prove.
4.	Medical neglect: Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.

Recognising the Signs of Child Abuse continued...

Neglect can have serious and long-lasting effects. It can be anything from leaving a child home alone to the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases, it can cause permanent disabilities. Neglect can be really difficult to identify, making it hard even for professionals to take early action to protect a child.

Changes in behaviour which can indicate neglect

Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. However, if MCT staff members ever notice multiple, or persistent signs, then it could indicate that there is a serious problem. Children who are neglected may have:

- Poor appearance and hygiene
- Health and development problems
- Housing and family issues.

MCT recognises that where a child is being subjected to harassment, violence and/or abuse it may breach their rights, as set out in the Human Rights Act.

Reviewed & Updated: April 2024

MCT will review this **Recognising the Signs of Child Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

48. Child Abuse: Bullying & Cyberbullying

There is clear evidence that bullying is abusive and will include at least one or more of the four core categories of abuse - sexual abuse, emotional abuse physical abuse and/or neglect. For this reason, bullying in all its forms has been included in MCT's Safeguarding Handbook.

Bullying & cyberbullying

Bullying can happen anywhere - at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

Defining bullying

Bullying is behaviour that hurts someone else - such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

Bullying includes the following:

Bullying

- **Verbal abuse** - such as name calling and gossiping
- **Non-verbal abuse** - such as hand signs or text messages
- **Emotional abuse** - such as threatening, intimidating or humiliating someone
- **Exclusion** - such as ignoring or isolating someone
- **Undermining** - by constant criticism or spreading rumours
- **Controlling or manipulating** someone
- **Physical assaults** - such as hitting and pushing
- **Making silent, hoax or abusive calls**
- **Online or cyberbullying** - further details are provided below.

Defining online or cyberbullying

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images or videos. Children may know who's bullying them online - as it may just be an extension of offline peer bullying that they are already experiencing - or they may be targeted by someone using a fake or anonymous account.

It's easy to be anonymous online and this may increase the likelihood of an individual engaging in bullying behaviour. Because cyberbullying can happen at any time or anywhere - a child can be bullied when they are alone in their bedroom - it can feel like there is no escape.

Cyberbullying includes the following:

Cyberbullying

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images or videos
- **Trolling** - which is the sending of menacing or upsetting messages on social networks, chat rooms or online games
- Excluding children from online games, activities or friendship groups
- Setting up hate sites or groups about a particular child
- Encouraging children to self-harm
- Voting for or against someone in an abusive poll
- Creating fake accounts, hijacking or stealing online identities - with the aim to embarrass a child or cause trouble using their name
- Sending explicit messages - also known as **sexting**
- Pressuring children into sending sexual images or engaging in sexual conversations.

Child Abuse: Bullying & Cyberbullying continued...

Bullying can also be motivated by a discrimination towards the person being bullied. Further details of these types of bullying are provided below:

- **Racial bullying:** Identified by the motivation of the bully, the language used, and/or by the fact that victims are singled out because of the colour of their skin, the way they talk, their ethnic grouping or by their religious or cultural practices
- **SEN & Disability bullying:** This is where children are singled out because of a disability; and which deaf children can be bullied more than other children with **SEN's** or disabilities
- **Sexual bullying:** Behaviour, which whether physical or non-physical, is based on a person's sexuality or gender; and is when sexuality or gender is used as a weapon by boys or girls towards other boys or girls. Sexual bullying is more prevalent towards girls than boys
- **Homophobic/Bi-phobic bullying:** Irrational dislike, hatred or fear of individuals that are, or are perceived to be lesbian, gay or bisexual
- **Transphobic bullying:** Transphobic is an umbrella term to describe people whose gender is not the same as - or does not sit comfortably with - the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, cross dresser, non-binary, gender queer.

N.B. The acronym **LGBTQ+** is considered to be an inclusive and respectful term for all those who do not identify as straight. **LGBTQ+** refers to people that identify as **Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning)** - and the **+** means that all non-heterosexual or non-gender-conforming people **e.g.** those that identify as Intersex, Asexual (or Androgenous), Pansexual **etc.** are able to join the community.

Although MCT understands that a child - who may be LGBTQ+ - is not inherently at risk of harm, it is a fact that they can still be targeted by other children. Even a child who is perceived as being LGBTQ+ (whether in fact they are or not) can be just as vulnerable as children who are. MCT understands the importance of providing LGBTQ+ children with a safe space, for them to be able to speak out, or share their concerns with MCT staff and will therefore ensure that staff are trained to be able to do so.

Changes in behaviour which can indicate a child is being bullied or cyberbullied

It can be hard for adults, including parents, to know whether or not a child is being bullied. A child might not tell anyone because they're scared the bullying will get worse. They might think that they deserve to be bullied, or that it's their fault.

However, the following should be looked out for by MCT staff members:

Changes

- Belongings getting "lost" or damaged
- Physical injuries - such as unexplained bruises
- Being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- Not doing as well at school
- Asking for, or stealing, money - to give to a bully
- Being nervous, losing confidence, or becoming distressed and withdrawn
- Problems with eating or sleeping
- Bullying others.

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children - to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). For this reason, MCT has put in place rigorously enforced anti-bullying strategies.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Bullying & Cyberbullying** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

49. Child Abuse: Child Sexual Exploitation

Child sexual exploitation (CSE)

Child sexual exploitation is a type of sexual abuse in which children are sexually exploited for money, power or status. Children may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some children are trafficked into - or within the UK - for the purpose of sexual exploitation. Sexual exploitation can also happen to children in gangs. Being absent or missing from education can be a warning sign of sexual exploitation.

Defining child sexual exploitation

Sexual exploitation of children involves exploitative situations, contexts and relationships where children - or a third person or persons - receive 'something' e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money - as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition e.g. being persuaded to post sexual images on the Internet and via mobile phones without immediate payment or gain.

In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common. Involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Child Sexual Exploitation** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

50. Child Abuse: Child Trafficking

Child trafficking

Child trafficking is child abuse and is a type of abuse where children are recruited, moved or transported and then exploited, forced to work, or sold. They are often subject to multiple forms of exploitation. Children are trafficked for many reasons which include:

- Child sexual exploitation
- Benefit fraud
- Forced marriage
- Domestic servitude such as cleaning, childcare, cooking
- Forced labour in factories or agriculture
- Criminal activity such as pickpocketing, begging, transporting drugs (also known as **County Lines**), working on cannabis farms, selling pirated DVDs and bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. Trafficked children experience multiple forms of abuse and neglect because physical, sexual and emotional violence are often used to control victims of trafficking. Children who are trafficked are also likely to be physically and emotionally neglected.

Defining child trafficking

The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in human beings'.

The above is the official definition of child trafficking produced by the Council of Europe and ratified by the UK Government in 2008

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Child Trafficking** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

51. Child Abuse: Criminal Exploitation & County Lines

Criminal exploitation & county lines

Criminal exploitation is a form of child abuse where children and young people are manipulated and coerced into committing crimes. Children that are criminally exploited are also groomed, physically abused, emotionally abused, sexually exploited and/or trafficked. Sadly, as criminally exploited children are often committing crimes themselves, they aren't often seen as the victims they actually are.

Defining county lines criminal exploitation

County lines results in children as young as 7 years old being put in danger by criminals who take advantage of their innocence and inexperience. Urban gangs - as well as organised crime networks - groom and exploit them to sell drugs. As the children and young people are often made to travel across **counties** using dedicated mobile phone **lines** the police refer to this criminal exploitation as **County Lines**.

Understanding what is meant by gang

The Government has distinguished gangs into three distinct groups - defined by the activity of the gang - as follows:		
Peer Group Gangs	Street Gangs	Organised Criminal Gangs
This is a small and transient social grouping which may or may not describe themselves as a gang depending on the context.	These are groups of young people who see themselves - and who are seen by others - as a discernible group for whom crime and violence is integral to the group's identity.	This final type of gang is a group of individuals for whom involvement in crime is for personal gain - whether financial or otherwise - and for whom crime is their occupation.

It is not illegal for a young person to be in a gang, as the term gang does not mean that it is either criminal or dangerous. However, gang membership can be linked to illegal activity, particularly organised criminal gangs who are involved in trafficking, drug dealing and violent crime.

Children most at risk of being criminally exploited

Criminals target the most vulnerable children and these include children who are:

- Homeless
- Experiencing family breakdowns
- Living in care homes
- Experiencing learning difficulties
- Struggling at school
- Trapped in poverty.

Children are groomed into trafficking drugs with promises/bribes of money, friendship and status. Once drawn into this abusive situation they are then controlled with the use of threats, violence and sexual abuse - giving rise to trauma and fear, often leaving them with little choice but to continue doing what the criminals want.

Signs of criminal exploitation & county lines

The following are signs to look out for if you are worried that a child or young person has joined a gang, or is being criminally exploited:	
Signs	<ul style="list-style-type: none"> ▪ Going missing from home, staying out late and travelling for unexplained reasons ▪ Being found in areas away from home ▪ Increasing drug/alcohol use, or being found to have large amounts of drugs on them ▪ Being secretive about who they are talking to and where they are going, including spending more time on social media and being secretive about time online ▪ Making more calls or sending more texts, possibly on a new phone or phones.

Child Abuse: Criminal Exploitation & County Lines continued...

Signs of criminal exploitation & county lines continued...

The following are signs to look out for if you are worried that a child or young person has joined a gang, or is being criminally exploited:

Signs

- Unexplained absences (or being missing) from school, college, training or work
- Unexplained money, phone/s, clothes or jewellery
- Being increasingly disruptive, angry, aggressive or violent
- Using sexual, drug-related or violent language/slang you wouldn't expect them to know
- Coming home with unexplained injuries and refusing to seek medical help, or looking particularly dishevelled
- Having hotel cards or keys to unknown places
- Frequently absent from and doing badly in school
- In a relationship or hanging out with someone older than them
- Being isolated or withdrawn
- Wearing clothes or accessories in gang colours or getting tattoos
- Self-harming and feeling emotionally unwell
- Committing petty crimes like shop lifting or vandalism
- Carrying weapons or having a dangerous breed of dog.

If you are ever worried that a child or young person is being criminally exploited please speak to MCT's DSO without delay. The sooner a child or young person is spoken to the sooner they can be helped and protected.

How children & young people are recruited

Recruitment into a gang can be because of where the person lives or because of who their family is. Ultimately, organised criminal gangs purposely groom children and young people because they're less suspicious - and if caught are given lighter sentences than adults. Other reasons that children and young people become involved in gangs include:

How

- A consequence of being excluded from school and feeling like they don't have a future
- Because they want (or need) to feel protected from other gangs/bullies **etc.**
- Peer pressure - and wanting to fit in with their friends
- So that they can feel respected, important, gain status and/or feel powerful
- They are enticed by the promise of rewards and/or they want to make money.

Dangers of criminal exploitation & county lines

Dangers of criminal exploitation & county lines include the following:

Dangers

- Being subject to threats, blackmail and violence - including having the safety of friends and family threatened also
- Being exploited and forced to commit crimes
- Being arrested - including being arrested for crimes committed by the gang (that they have not directly committed themselves) but under the law of joint enterprise
- Not being able to leave or cut off ties with the gang
- Being at risk of emotional abuse & physical harm, including rape and sexual abuse
- Being at risk of severe injury, or even being killed
- Abusing drugs, alcohol and other substances
- Long term negative impact on education and employment options.

Child Abuse: Criminal Exploitation & County Lines continued...

County lines also involves children being trafficked away from the areas in which they live and being kept in Airbnb and short term rental properties so that they can be exploited to sell and manufacture drugs. This only further exposes the child or young person to many of the other types of child abuse covered in this section of the Safeguarding Handbook.

How to help a child or young person

The following steps will assist you should you be concerned about a child or young person:

Step	Your Response	Support
1.	Talk to them	Being able to speak to a trusted adult outside of the gang can be helpful. If you can do so, speak to them honestly about the consequences of violent or illegal behaviour - as they might not have realised how they could be liable, or that they could have been lied to.
2.	Be aware	If you have concerns - or perhaps even know that a child or young person is already involved with a gang or criminal group - then being more aware of where they are going, who they are out with and what they are doing on social media can help you to know when they might need support or be more at risk. To this end, work with MCT's DSO , other MCT staff members, as well as the school, parents and carers etc. to keep an eye on their behaviour and to know who they are with.
3.	Ask for support	Share any concerns that you might have with MCT's DSO - as they will know how to reach out to the Police or other agencies that can provide help and support.
4.	Encourage a change	Where the child or young person engages with the services and activities of MCT, you can encourage them to get involved in the organisation's positive activities. Asking them about their future plans can also be helpful - and MCT's DSO can signpost them to things like apprenticeships, school/college programmes, as well as other opportunities, so that they know they have other options.

If a child or young person is in danger call 999. Non-urgent information should be shared with the Police via the Crimestoppers on 0800 555 111.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Criminal Exploitation & County Lines** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

52. Child Abuse: Domestic Abuse

The reason domestic abuse is detailed in the child abuse section of MCT's Safeguarding Handbook is because any young person under the age of 18 years of age is classed as a child for the purposes of safeguarding legislation. Therefore, an awareness of the different forms of domestic abuse is essential if MCT staff members are going to be able to safeguard young people who may be experiencing it. It will also help staff to understand better the harm domestic abuse may be having on children who witness it in their home lives.

Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. However, domestic abuse isn't just physical violence - it also includes any emotional, physical, sexual, financial or psychological abuse. It can happen in any relationship, and even after the relationship has ended. Both males and females can be abused or be abusers. Seeing, hearing or experiencing the effects of domestic abuse is also child abuse. Teenagers can also suffer domestic abuse in their relationships. Domestic abuse can seriously harm children.

Defining domestic abuse

Domestic abuse can include the following:

- Sexual abuse and rape
- Punching, kicking, cutting, hitting with an object
- Withholding money, or preventing someone from earning money
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill or harm them, another family member or pet.

The definition of domestic abuse also includes the following two types of behaviour:

- **Controlling behaviour:** This is where a person uses a range of acts to make a person subordinate and/or dependent by isolating them from sources of support, exploring 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:** This is an act or pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

The impact of domestic abuse on health and wellbeing can include:

- Psychological and psychiatric problems such as depression, anxiety, despair, post-traumatic stress disorder. Indicators may be stress, self-harm and or suicide attempts
- Symptoms related to musculoskeletal disorders and chronic pain, genitor-urinary disorders, and respiratory illness. Injuries can include contusions, abrasions, lacerations, burns, fractures, dislocations, bruises, lost teeth, internal injuries, gynaecological problems and miscarriages.

Domestic abuse can take many forms and the following provides further information...

Domestic Abuse - Sexual

This form of abuse is where an individual is forced to participate in unwanted, unsafe, and/or degrading sexual activity.

Defining sexual abuse

Rape and sexual abuse is common in abusive relationships as a person's right to consent is likely to be ignored. A person who has suffered rape or sexual abuse may also suffer severe psychological affects due to the prolonged level of fear they experienced.

Child Abuse: Domestic Abuse continued...

Domestic Abuse - Physical & Emotional

This form of domestic abuse can be verbal or nonverbal.

Defining physical abuse

This is a form of abuse where the aim is to - chip away at the confidence and independence of victims with the intention of making them - compliant and limiting their ability to leave.

Defining emotional abuse

This includes verbal abuse such as yelling, name-calling, blaming and shaming, isolation, intimidation, threats of violence.

Domestic Abuse - Economic or Financial

The purpose is to limit the victims' ability to access help.

Defining economic or financial abuse

Examples of ways this is committed include:

- Controlling finances - withholding money and or credit cards
- Exploiting assets
- Withholding necessities, food and/or toiletries
- Preventing the person from working, or forcing them to work, against their will
- Deliberately running up debts.

Domestic Abuse - Honour Based Violence (HBV)

This form of domestic abuse is perpetrated in the name of so called 'honour'. It may be a violent crime or incident which may have been committed to protect, or defend the honour of the family or community.

Defining HBV

Is often linked to family members or acquaintances who believe someone has brought shame to their family or community - by doing something that is not in keeping with the traditional beliefs of their culture. **Examples of why HBV may be committed against people include:**

- Becoming involved with a boyfriend or girlfriend from a different culture or religion
- Wanting to get out of an arranged marriage
- Wanting to get out of a forced marriage - a forced marriage is very different to an arrange marriage where both parties have agreed
- Wearing clothes or taking part in activities that may not be considered traditional within their culture.

Women and girls are most common victims of HBV; however, it can also affect men and boys.

Not all crimes of 'honour' include violence, but it is none-the-less domestic abuse and can include the use of threats of violence; sexual or psychological abuse; being held against their will; or taken somewhere they don't want to go.

Please refer to MCT's full policy on HBV in this section of the Safeguarding Handbook.

Domestic Abuse - Forced Marriage

This form of abuse is where a marriage is performed under duress and does not have the full consent of both parties.

Child Abuse: Domestic Abuse continued...

Defining forced marriage

Victims of forced marriage may be the subject of physical violence, rape, abduction, - false imprisonment - enslavement - emotional abuse - and murder.

**It is important not to confuse 'forced' marriage with 'arranged' marriage.
In the instance of an 'arranged' marriage both parties are freely consenting.**

Domestic Abuse – Female Genital Mutilation (FGM)

FGM, also referred to as female circumcision, involves females - usually under the age of 16 - undergoing procedures wrongly believed to ensure their chastity and marital fidelity.

Please refer to MCT's full policy on FGM in this section of the Safeguarding Handbook.

Domestic Abuse - Elder abuse

This form of domestic abuse is where an elderly person is abused by someone usually in a position of trust.

Defining elder abuse

This is where harm or distress is caused to an elderly person within a relationship - where this is an expectation of trust. Most typical abusers are partners, adult children or family members.

Domestic Abuse - Against People with Disabilities

This form of abuse is where people with disabilities are more vulnerable to domestic violence.

Defining domestic abuse against people with disabilities

This is where a person with a limiting illness or disability experiences violence.

Domestic Abuse - Teen Dating

Domestic violence is not just limited to adults as young people are subject to relationship abuse too.

Defining teen dating abuse

This form of domestic abuse is where a young person is assaulted, experiences sexual violence and/or victimisation.

Domestic Abuse - During Pregnancy

Domestic violence can start or worsen during pregnancy.

Defining domestic abuse during pregnancy

This form of abuse can cause placental separation, foetal fractures, antepartum haemorrhage, rupture of the uterus, pre-term labour and impacts upon the health of a woman and her baby through poor diet and restricted access to antenatal care.

Domestic Abuse - within LGBT Relationships

Domestic abuse is not limited to heterosexual relationships. It's thought that around 25% of LGBT people suffer through violent or threatening relationships with partners or ex-partners - roughly the same proportion as heterosexual women.

Child Abuse: Domestic Abuse continued...

Defining domestic abuse within LGBT relationships

This is a form of domestic violence in gay, lesbian, bisexual and transgender relationships; and which can be motivated by concerns around homophobia and gender discrimination. Abuse can include wanting relationship exclusivity quicker than the person is comfortable with - and can include being pushed into living together, or getting married. In addition, this abuse can include jealousy, isolating the person and even threats of outing them.

Domestic Abuse - Against Men

Men who experience domestic abuse from a current or former partner find it difficult to get support. This can be due to any number of reasons, including love for a partner, embarrassment or shame, as well as concern for any children - and simply not knowing where to go. According to the abuse charity ManKind, male victims are more than twice as likely as women to keep the abuse secret and not seek help.

Defining domestic abuse against men

Domestic abuse against men doesn't just mean that acts of physical violence and sexual abuse are involved; it can also take the form of controlling behaviour - which includes such behaviours as jealousy, put downs, lack of privacy and being emotionally blackmailed. It can result in the person changing their behaviour to avoid conflict; and feeling as if they are constantly walking on egg shells.

Domestic Abuse - Stalking

This is a form of abuse where a person is being stalked or harassed and the obsessive or repeated behaviour is unwanted by the victim.

Defining stalking

Stalking is where a stranger or acquaintance may wilfully and repeatedly follow, watch and/or harass another person.

Any allegation of stalking should be taken very seriously as it is synonymous with increased risk of serious harm or murder.

Help and guidance - covering all forms of domestic abuse - can be obtained from Victim Support by telephoning 0808 168 9111 or by visiting the website below:

[Click Here to Get Help with Domestic Abuse](#)

Reviewed & Updated: April 2024

MCT will review this [Child Abuse: Domestic Abuse](#) and best good practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

53. Child Abuse: Female Genital Mutilation

Female Genital Mutilation (FGM)

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous - as well as being a criminal offence.

Defining FGM

FGM is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna.

The law and FGM

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation.

Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Since July 2015, anyone can apply to the court for an **FGM Protection Order** if they are concerned that someone is at risk of **FGM**.

Breaching an FGM Protection Order is a criminal offence - with a maximum sentence of five years' imprisonment.

Since October 2015, the **FGM Act 2003** (as amended by **section 74** of the **Serious Crime Act 2015**) introduced a mandatory reporting duty for all regulated health and social care professionals and teachers in England and Wales.

Professionals must make a report to the Police, if, in the course of their duties:

1. They are informed by a girl under the age of 18 that she has undergone an act of FGM.
2. They observe physical signs that an act of FGM may have been carried out on a girl under the age of 18.

Changes in behaviour which can indicate a child has undergone FGM

A girl or woman who has had FGM may:

Changes

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear.

Changes to look out for which may indicate a child is at risk of undergoing female genital mutilation: A girl at immediate risk of **FGM** may ask a teacher, or another adult for help if she suspects **FGM** is going to happen, or she may run away from home or miss school. Although the girl may not know what's going to happen, she might talk about:

- Being taken 'home' to visit family
- A special occasion to 'become a woman'
- An older female relative visiting the UK.

Child Abuse: Female Genital Mutilation continued...

Although this section of the Safeguarding Handbook is specifically concerned with child protection and safeguarding, the following is relevant to this aim:

There is no requirement for automatic referral of adult women with **FGM** to adult social services or the **Police**. Therefore, referral to the **Police must not** be introduced as an automatic response when identifying adult women with **FGM** - and each case has to therefore be individually assessed. Adult women with **FGM** should be supported by offering referral to community groups who can provide the appropriate support, and clinical intervention - or other services as appropriate **e.g.** through an **NHS FGM clinic**. However, the wishes of the woman concerned must be respected at all times.

Where the above becomes of relevance to MCT's child safeguarding policies is that if the woman who has undergone FGM is pregnant - then the welfare of the unborn child or others in her extended family must be considered at this point - as these children are potentially at risk of FGM also and safeguarding action must be taken accordingly.

If any MCT staff member is in any way concerned about a girl being at risk of FGM, they must immediately bring their concerns to the attention of MCT's DSO.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Female Genital Mutilation** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

54. Child Abuse: Grooming

Grooming

Many children do not understand that they have been groomed; or that what has happened is abuse. Children can be groomed online, or in the real world - and this can take place by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female and they can be any age.

Defining grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation.

How grooming happens

Grooming happens both online and in person. Groomers will hide their true intentions and may spend a long time gaining a child's trust. They may also try to gain the trust of the whole family so they can be alone with the child.

Groomers manage to do this by:

- Pretending to be someone they are not **e.g.** saying they are the same age online
- Offering advice or understanding
- Buying gifts
- Giving the child attention
- Using their professional position or reputation
- Taking them on trips, outings or holidays
- Using secrets and intimidation to control children.

Once a groomer has established trust, they then exploit the relationship by isolating the child from friends or family and making the child feel dependent on them. They will use any means of power or control to make a child believe they have no choice but to do what the groomer wants. Groomers may introduce 'secrets' as a way to control or frighten the child. Sometimes they will blackmail the child, or make them feel ashamed or guilty, to stop them telling anyone about the abuse.

Online grooming

It's easy for groomers to hide their identity online. They may pretend to be a child and then chat and become 'friends' with children they are targeting. Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a child. They can spend time learning about a child's interests from their online profiles - and then use this knowledge to help them build up a relationship. **Groomers may look for:**

- Usernames or comments that are flirtatious or have a sexual meaning
- Public comments that suggest a child has low self-esteem or is vulnerable.

Groomers don't always target a particular child. Sometimes they will send messages to hundreds of children and wait to see who responds. Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Grooming** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

55. Child Abuse: Harmful Sexual Behaviour

Harmful sexual behaviour

Children who develop harmful sexual behaviour harm themselves and others. Harmful sexual behaviour includes:

- Using sexually explicit words and phrases
- Inappropriate touching
- Using sexual violence or threats
- Full penetrative sex with other children or adults.

Sexual behaviour between children is also considered harmful if one of the children is much older - particularly if there is more than two years' difference in age, or if one of the children is pre-pubescent and the other isn't. However, a younger child can abuse an older child, particularly if they have power over them e.g. if the older child is disabled.

Why children develop harmful sexual behaviour

Children who develop harmful sexual behaviour have usually experienced abuse and neglect themselves. A 2013 study of children with harmful sexual behaviour suggested that two-thirds had experienced some kind of abuse or trauma such as physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown, domestic violence, and parental drug and alcohol abuse. Around half of them had experienced sexual abuse.

Reviewed & Updated: April 2024

MCT will review this [Child Abuse: Harmful Sexual Behaviour](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

56. Child Abuse: Honour Based Violence

Honour Based Violence (HBV)

This is a form of domestic abuse which is perpetrated in the name of so called 'honour'. It may be a violent crime or incident which may have been committed to protect - or defend the honour of the family - or community.

Defining HBV

Is often linked to family members or acquaintances who believe someone has brought shame to their family or community - by doing something that is not in keeping with the traditional beliefs of their culture. **Examples of why HBV may be committed against people include:**

- Becoming involved with a boyfriend or girlfriend from a different culture or religion
- Wanting to get out of an arranged marriage
- Wanting to get out of a forced marriage - a forced marriage is very different to an arrange marriage where both parties have agreed
- Wearing clothes or taking part in activities that may not be considered traditional within their culture.

Whilst women and girls are most common victims of HBV, it can also affect men and boys.

Not all crimes of 'honour' include violence, but it is a sub-heading of domestic abuse such as threats of violence, sexual or psychological abuse, being held against their will, or taken somewhere they don't want to go.

It should be noted that MCT's HBV Policy does not stand alone, but is inexorably linked to domestic abuse, forced marriage and female genital mutilation. Accordingly, please refer to MCT's policies on Child Abuse: Domestic Violence (specifically the section on Forced Marriage) and Child Abuse: Female Genital Mutilation in this section of the Safeguarding Handbook for further information and guidance.

This Policy sits alongside - and should be used in conjunction with - MCT's Safeguarding Policies and Procedures.

Reviewed & Updated: April 2024

MCT will review this [Child Abuse: Honour Based Violence](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

57. Child Abuse: Modern Slavery

Modern slavery

Modern slavery takes many forms encompassing slavery, servitude, forced or compulsory labour and human trafficking.

Defining modern slavery

Modern slavery is where offenders - known as slave drivers or traffickers - coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Slave drivers or traffickers may sexually exploit children, force them to work for little or no pay and/or force them to commit criminal activities.

The cross-government strategy to approach fighting modern slavery in the UK and internationally focuses on 4 areas based on the 'four Ps' structure:

The 4 Ps

- **Pursue:** Prosecute and disrupt the activities of those responsible for modern slavery
- **Prevent:** Prevent people from engaging in modern slavery
- **Protect:** Protect vulnerable people from exploitation by raising awareness and helping to increase resilience against modern slavery
- **Prepare:** Improve victim identification and provide them with better support and protection.

Modern slavery is broken down into the following four categories:

- A. Labour exploitation.
- B. Domestic servitude.
- C. Sexual exploitation.
- D. Criminal exploitation.

The above four categories are further sub-divided into the following 17 areas:

A. Labour exploitation...

1. **Exploited for multiple purposes in isolated environments:** This is where a person is exploited for labour in an isolated location. This may even be on the offenders' property and normally in squalid conditions. This person will be subjected to repeated abuse and rarely paid.
2. **Work for offenders:** This is where a person is forced to work directly for offenders on sites - or businesses that the offender controls (can be known as a gangmaster) - for little or no pay.
3. **Work for someone other than offenders:** This is where a person is employed legitimately by an employer unrelated to the offender, however, the offender will have control of their bank account and will take most, if not all of their wages.

B. Domestic servitude...

4. **Exploitation by partner:** This is where a person is forced to undertake household chores for their partner and partners relatives. If the person is married to the offender, it may have been an arranged or forced marriage.
5. **Exploitation by relatives:** This is where a person lives with family and extended family and is exploited for household chores and childcare. Children are very often the victims of this form of exploitation.
6. **Exploitation by a person not related:** This is where the person is living with strangers and are forced to undertake household chores. Normally they will also be confined to the house.

C. Sexual exploitation...

7. **Child sexual exploitation - group exploitation:** This is where the child is sexually exploited by groups of offenders. This is normally for personal gratification, but can also be for forced sex work - in fixed or changing locations. Offenders will often transport the child to different locations to abuse them.

Child Abuse: Modern Slavery continued...

8. **Child sexual exploitation - single exploiter:** This is where the child is sexually exploited by an individual. They will groom the child and then use them for sexual exploitation.
9. **Forced sex work in fixed location:** This is where the person is trafficked and exploited in an established location for sex work **e.g.** brothels and massage parlours.
10. **Forced sex work in changing location:** This is where a person is forced into sex work and where the location changes. Normally advertised online and will be found at locations that include streets, clients' residence, hotels and pop-up brothels.
11. **Trafficking for personal gratification:** This is where a person is trafficked to a residential site that is controlled by the offender - and where the offender sexually exploits the person for their own gratification.

D. Criminal exploitation:

12. **Forced gang-related criminality:** This is where a person is forced to undertake gang related criminal activities. It is very often children that are exploited and who are forced by gangs to transport drugs and money.
13. **Forced labour in illegal activities:** This is where a person is forced to provide labour to offenders. This will be for illegal purposes and the most common example is where they are forced to cultivate cannabis in a private residence.
14. **Forced acquisitive crime:** This is where a person is forced to carry out crimes such as shoplifting and pickpocketing. They may be provided with food and accommodation, but would rarely be paid.
15. **Forced begging:** This is where a person is transported to locations to beg on streets for money, which is then taken by the offender. This type of exploitation is very often committed against children or adults at risk.
16. **Trafficking for forced sham marriage:** This is where traffickers transport EU nationals to the UK and sell them to an exploiter. The exploiters will then marry the victims to gain immigration advantages and often sexually abuse them.
17. **Financial fraud (including benefit fraud):** This is where a person is exploited financially and most commonly their identity documents are taken and used to claim benefits.

The law on modern slavery

The **Modern Slavery Act 2015** has consolidated all current offences relating to trafficking and slavery as detailed above. Modern slavery is a hidden crime, usually made up of a series of different events, often taking place in different countries - and frequently involving multiple victims and offenders - who may be involved at different times. **These crimes of modern slavery often consist of three distinct stages:**

1. **Recruitment.**
2. **Exploitation.**
3. **Transportation.**

The complexity of this crime is recognised in the **Palermo Protocol** on human trafficking, which is a key piece of international anti-trafficking legislation. **This protocol identifies three elements of human trafficking as the:**

- **Act** of human trafficking - which includes the recruitment of victims
- **Means** - which is referring to the ways in which offenders carry out the act of human trafficking **e.g.** through force, abuse of power and/or coercion
- **Purpose** - this element of human trafficking being the way in which victims are exploited.

If a child makes a disclosure, or there are suspicions of an act of modern slavery, MCT staff should immediately speak to the organisation's DSO. If a child is in immediate danger, then the police should be called immediately on 999.

All concerns or reports relating to Modern Slavery will be dealt with by using MCT's Procedure for Responding to Signs or Suspicions of Abuse in the Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Modern Slavery** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

58. Child Abuse: Non-Recent Abuse

Non-recent abuse is also known as Historical Abuse. It is never too late to report a claim of abuse and can be reported to the police regardless of how long ago it happened.

Defining non-recent abuse

Non-recent abuse is where there has been an allegation of abuse - which can be neglect, physical, sexual or emotional abuse - and which has been made by, or on behalf of, a person who is now 18 years old or over, relating to an incident that took place when they were under the age of 18 years old.

It is more likely that someone who has been abused as a child will suffer abuse again and this is known as victimisation.

Long term effects of non-recent abuse

People who have been previously neglected or abused may experience, emotional difficulties, mental health problems, problems with drug and alcohol abuse, poor physical health, struggles with parenting and/or their relationships, as well as having learning difficulties and/or behavioural problems.

Supporting disclosures of non-recent abuse not previously reported

In situations where MCT receive a disclosure of non-recent abuse that has not previously been reported - relating to a person who is still a child - MCT's **DSO** will always adhere to the appropriate reporting procedure as outlined in this **Safeguarding Handbook**.

Therefore, every report of non-recent abuse - of a person who is still a child - will always be acted upon in accordance with the law relating to the protection of children and MCT's policies, procedures and processes in this Safeguarding Handbook.

Supporting disclosures of non-recent abuse of adults

It is acknowledged that if the disclosure of non-recent abuse relates to a person who is now 18 years of age or older, that person cannot be forced or compelled to report the abuse to the police if they do not want to. In such cases, MCT will offer reassurance to them that should they wish to report the matter in the future, they will be provided with the help and support to do so. They will also be informed that a record of their disclosure has been recorded for future reference, should they decide to disclose it to the relevant authorities at a later time.

However, if an adult - who discloses non-recent abuse - wants to make a report, they may want support from MCT to do so. In these circumstances MCT's DSO will take the following steps:

1. Advise them they can contact make a report to the local police on the non-emergency number – **101**.
2. The 101 operator will record their initial report and redirect it to the appropriate department, where a **Specially Trained Officer** may be deployed to speak to them.
3. If the adult does not feel comfortable in reporting the non-recent abuse directly to the police - they will be advised to make contact with the **NSPCC helpline - 0808 800 5000** who will be able to discuss the various reporting options available to them.

MCT's DSO will make it clear that the organisation will continue to support them through the process if required.

Supporting disclosures of non-recent abuse that has been reported

The process that will be followed in these circumstances will depend on the current age of the person:

- If the person is a child MCT's **DSO** will follow the relevant policies, procedure and process detailed in this **Safeguarding Handbook**.

Child Abuse: Non-Recent Abuse continued...

If the person is making the disclosure is over 18 years of age, MCT's DSO will recommend the following agencies:

National Association for People Abused in Childhood (NAPAC)

This agency can provide support for the person who has been abused, as well as other family members and friends, as well as advising on who else can provide help. In addition, **NAPAC** can advise and support MCT's **DSO** (or other MCT staff members) who are providing support to the abused person...

[Click Here to Visit the NAPAC Website](#)

Samaritans

This is a telephone service that provides confidential emotional support for people experiencing distress or despair and are available 365 days a year...

[Click Here to Visit the Samaritans Website](#)

Adults GP

The persons GP will be able refer them for the appropriate support they need such as counselling

British Association for Counselling & Psychotherapy (BACP)

If they would prefer not to speak with their GP, they can search for private counselling...

[Click Here to Visit the BACP Website](#)

Rape Crisis

This agency provides a directory of local support services...

[Click Here to Visit the Rape Crisis Website](#)

As for all other situations, should an MCT staff member feel that a person is in immediate danger, then the police should be called without delay on 999.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Non-recent Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

59. Child Abuse: Online Abuse

Defining online abuse

Online abuse is any type of abuse that **happens on the internet**, using technology like **computers, tablets, mobile phones, games consoles** and other **internet-enabled devices**.

Online abuse

Children may be exposed to online harms - such as inappropriate behaviours or inappropriate content - as well as experiencing several types of abuse online, including:

- Bullying or cyberbullying
- Emotional abuse - including emotional blackmail
- Harassment, stalking or other threatening behaviour
- Pressure or coercion to send sexual images
- Sexual abuse
- Sexual exploitation.

How online abuse may occur

Online abuse can happen anywhere that allows digital communication, such as:

- Social media
- Text messages and messaging apps
- Email and private messaging
- Immersive technologies such as virtual and augmented reality
- Online chats
- Comments on video or livestreaming sites
- Chat in games, including voice chat

Perpetrators **exploit digital technology** to **initiate, maintain** and **escalate abuse**. They may also **groom** children online, using online platforms to build a trusting relationship - **with the intention of abusing them**.

Perpetrators will also often try to engage with children **across a variety of online platforms**. They may also encourage children to move conversations to platforms that use **end-to-end encryption** - e.g. **WhatsApp, Facebook Messenger, iMessage, Google Messages** and **Telegram** etc.

Use of end-to-end encryption means that only the sender and recipient can see the content of messages - which makes it harder to identify threats to child safety.

Children can be at **risk of online abuse from people they know offline**, or from people they have **only ever known online**. Children particularly may have a **false sense of safety online** - which means they're more likely to talk to strangers.

Perpetrators of online abuse may also create anonymous profiles or pretend to be another child - which means children may not realise who they're actually speaking to online.

Children can also experience **further abuse** - or be **revictimised** - if abusive content is **recorded, uploaded** and/or **shared by others online**, regardless of whether the original abuse happened online or offline.

NSPCC research has shown that the impact of 'online' and 'offline' abuse is the same - no matter how the abuse took place. However it happens, it can feel relentless and like there's no escape.

The unique problem of online abuse

A real problem is that children can **feel like there is no escape from online abuse** - as abusers can **contact them at any time of the day or night**. Online abuse results in children being abused in what should be considered safe places like their bedrooms - and images and videos can be stored and shared with other people.

Child Abuse: Online Abuse continued...

Signs and indicators of online abuse

Although many of the signs that a person is being abused are the same - regardless of the type of abuse they are experiencing - MCT staff and volunteers should be alert to any behavioural or emotional changes being displayed, including but not limited to, the following:

Signs & Indicators

- Becoming angry **and/or** irritable
- Feeling low **and/or** anxious
- Changes in eating **and/or** sleeping habits
- Using inappropriate language - for their age or development
- Becoming more secretive about their devices, or who they are talking to
- Behaving agitated, anxious or fearful - if someone picks up or wants to use their phone or other device
- Appearing isolated or withdrawn from usual friendships and activities **and/or** having new friends
- Going out for long periods, starting to miss school **and/or** cancelling other activities they used to enjoy
- Spending more (or suddenly less) time online - perhaps unusually staying up late
- Suddenly stop using their phone, or other devices, with no explanation.

Signs will vary and will depend on the individual child or young person and the type of harm they are experiencing. Further details about the different types of abuse that a child may experience are detailed within this Safeguarding Handbook.

Vulnerability factors

Although any child can experience online abuse or harm, research suggests there are some factors that can make children more vulnerable to abuse - including such factors as the following:

- Age
- Gender
- Being LGBTQ+
- Loneliness or social isolation
- Living in care
- Special educational needs or disability
- Mental health problems
- Previous experiences of abuse.

Where a child has multiple vulnerabilities, this can increase their likelihood of encountering online risk.

Barriers to disclosing online abuse

As with all forms of abuse, a child may find it difficult - or be reluctant - to speak out about the abuse they've experienced online. This may be as a result of the following:

Barriers

- Not understanding that they are being abused
- Feeling dirty **and/or** ashamed
- Being too embarrassed to share the details of what is happening/has happened to them
- Being afraid because of threats of violence from the abuser
- Having been told by the abuser that they won't be taken seriously
- Having established an emotional attachment with the abuser and not wanting them to get in trouble.

They may also blame themselves for the abuse and not expect to get any support. This might especially be the case if they have experienced unsupportive approaches from school, peers and family previously. Or they may be worried that they will be banned from going online if they speak out. Furthermore, if a child has experienced sexual abuse online, their abuser may also have threatened to share sexual images of them if they tell anyone about the abuse. This means they might be even more frightened to speak out.

Child Abuse: Online Abuse continued...

How MCT will deal with online abuse

1. By having clear and robust safeguarding procedures in place for responding to all forms of abuse.
2. By providing support and training to all MCT staff and volunteers on how to deal with all forms of abuse - including **bullying** or **cyberbullying**, **emotional abuse**, **sexting**, **sexual abuse** and **sexual exploitation**.
3. By ensuring that MCT's responses to online abuse takes the needs of the person experiencing abuse, any bystanders and the organisation as a whole into account.
4. By reviewing the plan developed to address online abuse at regular intervals, in order to ensure that any problems have been resolved in the long term.

Reporting concerns

In all circumstances - where MCT staff or volunteers are concerned that a child has experienced or is experiencing online abuse - this must be brought to the immediate attention of MCT's DSO. MCT's DSO will then be responsible for following the appropriate process and reporting procedures, as outlined within this Safeguarding Handbook.

This section relating to online abuse should be read in conjunction with the other types of child abuse that are outlined in this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Online Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

60. Child Abuse: Child on Child Abuse

Child on child abuse

Child on child abuse is where a child is exploited, bullied or harmed by another child (known as a peer) i.e. someone who is either the same age or older, but where both parties are under the age of 18. Child on child abuse explicitly includes sexual violence, sexual harassment and other harmful sexual behaviour perpetrated by a child or young person on another child or young person.

Defining child on child abuse

Child on child abuse takes many forms, but often includes the following different categories of abuse:

Examples of Child on Child Abuse

Bullying: A child may spread rumours, hit, push, name call and/or threaten another child

Cyber bullying: Cyber bullying is the same as bullying - but the bullying is conducted online using social media networks **etc.**

Emotional abuse: A child humiliates, threatens, criticises, uses as a scape-goat and/or makes another child a subject of their jokes

Initiation/hazing: This is where a child or children induct new comers into a group by making them undertake dares, or be part of an initiation ceremony

Physical abuse: A child hurts another child deliberately **i.e.** by biting, kicking, punching and/or the pulling of hair

Prejudiced behaviour: This is where a child targets another child - that may have disabilities, special needs, cultural differences and/or a different sexual identity - to make the other child feel powerless, worthless or excluded

Sexual assault, abuse and/or sexually harmful behaviour: A child uses inappropriate sexual language, sexual threats, sexually touching, or has full penetrative sex with another child

N.B. Sexual assault covers a wide range of behaviours and can include even a single act of kissing someone without their consent or touching someone's bottom, breasts and/or their genitalia without consent. It also includes causing someone to engage in sexual activity without their consent e.g. by forcing them to strip, touch themselves sexually, or to engage in sexual activity with a third party.

Sexual harassment: This is unwanted conduct of a sexual nature which can occur both online and offline, as well as inside and outside of the organisation.

N.B. Sexual harassment covers sexting - which is when a child shares indecent images or videos of themselves (either naked or semi-naked) to another child - and also includes the sending of sexually explicit messages. The sharing of unwanted explicit content and upskirting (which is also a criminal offence in its own right) are also further examples of sexual harassment.

Sexual exploitation: This is where a young person may think that they are in a relationship with another young person and they receive gifts, money or affection in return for them performing sexual activities on the other young person, or on someone else. This form of abuse can lead to grooming which is where an emotional connection is gained with a child - to develop their trust - and which is actually for the purposes of sexual abuse, sexual exploitation, or the trafficking of the child. Children can be groomed online or face to face and/or by a stranger, or even by someone that the child knows

Teenage relationship abuse: This is where a young person is assaulted, experiences sexual violence, or is victimised by their partner, who is also under the age of 18 years old. Further information relating to teenage relationship abuse is provided in the **Domestic Abuse** section of this **Safeguarding Handbook**.

It is important to remember that any of the above examples of child on child abuse can take place both inside and outside of the organisation and can be associated with factors outside of the MCT setting and its immediate control - including within the young person's intimate personal relationships. Regardless of where the child on child abuse takes place MCT will always respond appropriately.

MCT accepts the real risk posed by child on child abuse - and staff should maintain an attitude of "it could happen here". Accordingly, all MCT staff must be alert to incidences (and risks) of child on child abuse and always take the appropriate steps - as outlined below - if any such incidences do arise.

Child Abuse: Child on Child Abuse continued...

Further information & guidance related to child on child abuse

Many of the different types of abuse detailed above are referenced in greater detail throughout this section of the **Safeguarding Handbook**.

Staff are advised to familiarise themselves with all the areas of child abuse in this **Safeguarding Handbook** and follow the relevant guidance, advice and reporting procedures relevant to the situation e.g. in circumstances of bullying, MCT staff should follow the policy and procedures relating to anti-bullying. If in doubt staff should always speak to MCT's DSO.

As for all other situations, should an MCT staff member feel that a child is in immediate danger as a consequence of child on child abuse, then the police should be called without delay on 999.

Dealing with allegations of child on child abuse

MCT understand the risks of child on child abuse and will work proactively to minimise the chances of it happening, as well as recognising and responding promptly to the signs if it does occur.

Whilst in most instances the conduct of a child towards another child will be covered by the **Behaviour Code for Children** within this **Safeguarding Handbook**, MCT has also developed a **Dealing with Allegations of Child on Child Abuse Policy & Procedure** to deal with any allegations of abuse - made against a child by another child - for any situations when the **Behaviour Code for Children** is not the appropriate response.

MCT also understands that some allegations might be of such a serious nature that they raise safeguarding concerns in themselves - e.g. allegations which include physical abuse, emotional abuse, sexual abuse and sexual exploitation etc. Furthermore, incidences of child on child abuse may indicate that the child or young person is being abused themselves - e.g. sexual exploitation, criminal exploitation, sexual abuse, serious youth violence and county lines - or a sign of a wider issue that requires addressing within the culture of the MCT setting.

Supporting disclosures of child on child abuse

MCT accepts that failing to recognise, acknowledge or understand the scale of child on child abuse **and/or** downplaying some behaviours can lead to a culture of unacceptable behaviour, an unsafe environment and in the worst case scenarios a culture that normalises such abuse resulting in children and young people accepting it as normal and thereby not coming forward to report it.

Therefore, MCT will always take seriously any disclosure (or MCT concern) related to child on child abuse and will take all steps necessary to support and keep safe a child or young person experiencing such abuse. MCT staff will never give the impression that a report of any type of child on child abuse is creating a problem, or that the child or young person should be ashamed of reporting what has occurred.

MCT will also impress upon staff to recognise that an initial disclosure of child on child abuse may only be the first incident being reported, rather than representative of a singular incident. Furthermore - because trauma can impact upon memory - MCT will be conscious that a child or young person may not be able to recall all details or the timeline of abuse. Finally, MCT and staff will keep in mind that certain children and young people may face additional barriers to making a disclosure because of their vulnerability, disability, sex, ethnicity and/or sexual orientation.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Child on Child Abuse** and good practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

61. Child Abuse: Self-Harm

Self-harm

This is where a child or young person hurts (or tries to hurt) themselves physically. It can also be referred to as self-injury.

Defining self-harm

The term self-harm is used to describe a wide range of behaviours, but it is generally understood to be a **physical response** to an **emotional pain** of some kind. **The more commonly known forms of self-harm include such things as:**

- **Cutting**
- **Burning**
- **Pinching.**

However, there are many ways in which someone can hurt themselves, including but not limited to:

- **Abusing drugs**
- **Abusing alcohol**
- **Having an eating disorder.**

Understanding why a person may self-harm

The need to self-harm usually comes from emotions that have become difficult to manage - although sometimes it may be a sign of an underlying mental health issue. There are many reasons underlying why someone may want to self-harm, but often, once they start, it becomes a compulsion which they cannot stop. This compulsion is because once someone starts self-harming, chemicals which are released in the brain can make the self-harming become addictive very quickly. It can be a way of that child or young person punishing themselves for something they have done or may have been accused of doing.

Often, a person who is self-harming, is being bullied, feeling lonely, sad and/or angry, under too much pressure to do well at school or work, have low self-esteem and/or low confidence, being emotionally abused, suffering from grief, feel like they have a lack of control over their own lives, or having relationship problems with family, friends or colleagues.

Accordingly, self-harm will often happen during times of anger, distress, fear, worry, depression or low self-esteem and happens in order for the individual to be able to manage or control negative feelings. Self-harm can also be used as a form of self-punishment for something someone has done, thinks they have done, are told by someone else that they have done, or that they have allowed to be done to themselves.

Self-harm is ultimately a personal response from the individual, but a response which doesn't resolve any difficult emotions - in either the short term, or long term. When someone self-harms they often find that the immediate relief that the self-harming seems to bring is usually quickly replaced by an even greater sense of distress.

Self-harm isn't usually a suicide attempt or a cry for attention, but it is often a way for the person to release overwhelming emotions - and it is their way of coping. There are often links between depression and self-harm. Signs of possible self-harm include:

Possible Physical Signs of Self-Harm	Possible Emotional Signs of Self Harm
<ul style="list-style-type: none">▪ Evidence of cuts, bruises or burns, most commonly on the head, wrists, arms, thighs & chest	<ul style="list-style-type: none">▪ Appearance of being depressed, tearful, having low motivation and/or being withdrawn and isolated
<ul style="list-style-type: none">▪ Bald patches on head from hair pulling	<ul style="list-style-type: none">▪ Sudden weight loss or gain
<ul style="list-style-type: none">▪ Taking an overdose.	<ul style="list-style-type: none">▪ Could have low-esteem and appear to self-blame and/or could be drinking or taking drugs.

A person that is self-harming is likely to hide the physical signs by wearing long sleeved clothes to cover themselves up - even when it is hot.

Child Abuse: Self-Harm continued...

Helping a child or young person who is self-harming

It is not easy to work out why someone is self-harming - and they may not even know exactly why they are doing it either. Sometimes, it's more important (and often much more helpful for the individual) to focus on how they are feeling rather, than what they are doing to themselves. It is only through talking about and understanding the emotions involved, that the need to self-harm can be reduced and eventually taken away.

MCT recognises that its staff are not trained in child counselling and neither do they possess professional qualifications in psychology. Accordingly, MCT always expects its staff to sign-post any child or young person - who is self-harming - to a suitable professional e.g. their GP.

Notwithstanding the importance of always sign-posting to a qualified professional, the following steps may assist as a short-term measure, should a child or young person confide to an MCT staff member that they are self-harming:

Step	Your Response	Support
1.	Show them you understand	Whatever your relationship to the child or young person, discovering that they are self-harming could affect you emotionally. However, it is very important to stay calm and let them know that you are there to help and support them .
2.	Talk it over	If they are finding it hard to talk face to face you could suggest they write it down or email how they feel instead, or that there may be another appropriate adult they can talk to. If you are talking to a child, they can alternatively call ChildLine on 0800 1111 ; or for a young person they may prefer to call the Samaritans on 116 123 .
3.	Explore the triggers	Tell the child or young person that you understand that self-harm helps them to cope, but that it is only a temporary relief . Tell them that you want to help them find other ways to cope .
4.	Advise them who you need to share this with	Tell them you will need to share with their parents/ guardian etc. if applicable. Reassure them you will only share with people that really need to know .
5.	Possible ways to help them cope	<ul style="list-style-type: none"> ▪ Paint, draw or scribble in red ink ▪ Hold an ice cube in their hands until it melts ▪ To write down their negative feelings on a piece of paper then rip it up ▪ Listen to music ▪ Take part in a form of exercise ▪ Take a bath or shower ▪ Watch their favourite funny film ▪ Talk to someone, maybe a friend or member of family.

Further help and guidance (for parents and carers, children and young people, as well those supporting people who are self-harming) can be obtained from Self Harm UK by visiting the website below:

[Click Here to Get Help with Self-Harming](#)

Please do not keep a concern or disclosure of self-harming to yourself. Always share this with MCT's DSO - who will ensure that you are appropriately supported (as well as helping you sign-post the child or young person to appropriate qualified and professional support) in addition to you also receiving any support you may require as a consequence of the incident.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Self-Harm** and best good practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

62. Child Abuse: Sexting

Sexting

Sexting can happen anywhere, as all that is needed is access to a mobile phone, tablet, smartphone or laptop i.e. any device that allows a child to share media and messages.

Defining sexting

Sexting is where someone shares indecent images or videos of themselves - either naked or semi-naked - with another child or adult. Sexting also includes the sending of sexually explicit messages (even if those messages are sent in the form of a code). **Sexting may also be referred to as:**

- Trading nudes
- Dirties
- Pic for Pic.

Understanding why children are sexting

There are many reasons why children are sexting - which include the following:

Reasons

- They think everyone else is doing it
- Because it boosts their self-esteem
- As part of flirting
- Exploring their sexual identity and sexual feelings
- To connect with and make new friends on social media
- Because they may be finding it hard to say no to someone who is asking for explicit images - especially if the person asking is being persistent.

Risks associated with sexting

Sexting may seem harmless, but once an image or message has been sent the sender has no control over what happens to that image or message - and whether it will become public. This means they can be saved or copied by others (even if shared privately) and can leave the sender vulnerable to the following:

Risks

- **Blackmail:** People may threaten to share images with others, unless the sender gives more images, or pays money
- **Bullying:** Images or messages may be shared with the sender's peers - which could result in them being bullied
- **Unwanted attention:** Sex offenders know where to search for images and may then collect or modify them for inappropriate and/or illegal use
- **Emotional distress:** Knowing that an image or message has been shared may make the sender feel embarrassed and humiliated, which in turn could lead to such things as the sender self-harming or feeling suicidal.

The law on sexting

It is a criminal offence (that could lead to arrest, a fine, being added to the Sex Offenders Register and/or imprisonment) to create or share explicit images of a child (any person under 18 years old) - even if the person doing so is a child themselves. Therefore, a child is automatically breaking the law if they:

1. Take an explicit image or video of themselves or a friend.
2. Share an explicit image or video of a child - even if it's shared between children of the same age - and even if the images being shared is of themselves.
3. Possess, download or store an explicit image or video of a child, even if permission has been given for it to be created in the first place.

Child Abuse: Sexting continued...

Crime outcome 21

If a child is found creating or sharing images, the police can choose - under **Crime Outcome 21** - to record that a crime has been committed, but that the taking of formal action isn't in the public interest.

Crimes recorded this way are unlikely to appear on future DBS records or checks, unless the child has been involved in other similar activities, which may indicate that they are a risk.

What to do if a child makes a disclosure about sexting

The **National Police Chief's Council (NPCC)** recommends that safeguarding should be the main concern of any investigation into a sexting incident.

Therefore, if a child discloses concerns relating to sexting, then the MCT staff member should attempt to identify the following information, as discreetly as possible:

- Whether they are referring to an image, video or message?
- How is the child feeling?
- Whether they know how widely the image has been shared and with whom?
- Whether there are any adults involved?
- Whether the image, video or message is on an MCT device, or their own personal device?

The NPCC further recommends that every effort should be made to avoid unnecessarily criminalising a child. Therefore, if after investigating, the images were not intended to cause harm - and the child or children involved had given consent - the decision may be made to handle the incident within the framework of MCT's safeguarding policies and procedures.

If further investigation into a sexting disclosure is required - under MCT's safeguarding policies and procedures - the following steps should be adhered to:

1. Inform MCT's **DSO** immediately as they will be ultimately accountable for the investigation.
2. Avoid looking at the image, video or message.
3. If the image, video or message is on an MCT device this will need to be isolated - which may affect all network users. In such circumstances, MCT's **SSM** and/or **DSO** will take the necessary action.
4. MCT's **DSO** will be the person responsible for accurately recording (in writing) the details of the incident, along with the actions taken.

MCT's DSO will be required to contact the police and children's social care in the following circumstances:

- a. Somebody involved in the incident is over the age of 18 or under the age of 13.
- b. There are any concerns about the ability for any child involved to have given consent.
- c. The images are extreme or show violence.
- d. The incident appears to have been intended to cause physical or emotional harm.
- e. There is any reason to believe that the child has been blackmailed, coerced or groomed.

Should an MCT staff member feel that a child is in immediate danger, then the police should be called without delay on 999.

Child Abuse: Sexting continued...

Advice to help have explicit images removed

The DSO can support the child to take the following action:

- Report the image to the site that is hosting it
- Inform the **Child Exploitation and Online Protection Centre (CEOP)** of the **National Crime Agency (NCA)** if it is believed that the child is at risk of abuse...

[Click Here to Contact the CEOP](#)

- Contact the **Internet Watch Foundation (IWF)** and **Childline (0800 1111)** who will work together to get an image removed...

[Click Here to Contact the IWF](#)

Ongoing support

MCT will ensure that those affected by a sexting incident receive ongoing support from the organisation's **DSO** - with the involvement of parents and carers - unless such involvement has been identified as a risk. MCT's **DSO** will make a referral to the appropriate counselling service, if this is requested, or it is felt necessary and/or appropriate.

The damage inflicted by sexting can frequently be underestimated, as it is still deemed harmless by most. Sexting can cause considerable distress to children - to the extent that it affects their health, development - and in the extreme - can cause them significant harm, including self-harm or suicide. For this reason, MCT will rigorously enforce its approach to sexting.

Reviewed & Updated: April 2024

MCT will review this **Child Abuse: Sexting** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

63. Anti-Bullying Policy

Definition of bullying

Bullying is behaviour that hurts someone else - such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

Purpose of policy

The purpose of MCT's anti-bullying policy is to prevent bullying from happening within the organisation, as much as possible. When bullying does happen, MCT will make sure it is stopped as soon as possible and that those involved receive the support they need. In addition, MCT will provide information to all staff, children and their families about what needs to be done to prevent and deal with bullying. Bullying causes real distress. It can affect a person's health and development and, at the extreme, can cause significant harm. People are often targeted by bullies because they appear different from others. MCT acknowledges that everyone has a role to play in preventing bullying and putting a stop to bullying.

Preventing bullying

MCT will seek to prevent bullying by:

1. Developing a code of behaviour that sets out the **dos and don'ts** in terms of how everyone involved in MCT is expected to behave, both in face-to-face contact and online. This **Code of Behaviour** can be found in this **Safeguarding Handbook**.
2. Developing a new members' **Welcome Policy** that will help MCT to attract members from diverse groups.
3. Developing a plan that describes how we welcome new members and help them to settle in.
4. Holding regular discussions with MCT's staff members, volunteers, children and families who use MCT, to ensure that they understand MCT's **Anti-Bullying Policy**. **These discussions will focus on:**
 - a. Group members' responsibilities to look after one another and uphold the behaviour codes.
 - b. Practising skills such as listening to each other.
 - c. Respecting the fact that we are all different.
 - d. Making sure that no one is without friends.
 - e. Dealing with problems in a positive way.
 - f. Checking that the anti-bullying measures are working well.
5. Developing a **Complaints Policy and Procedure**. This policy and procedures can be found in MCT's **Complaints Policy, Complaints Procedure** and **Complaints Procedure Flowchart** in the **Part 2** section of this **Safeguarding Handbook**.
6. Making sure that MCT staff, children, as well as parents and carers have clear information about our **Anti-Bullying Policy, Complaints Procedure, Code of Behaviour** and **Anti-Bullying Procedure**.

Responding to bullying

When bullying occurs MCT will respond to it by:

1. Having a clear **Anti-Bullying Procedure** in place.
2. Providing support and training for all MCT staff on dealing with all forms of bullying, including racial, sexist, homophobic and sexual bullying.
3. Addressing the issue from the point of view of the person being bullied, the bully, any bystanders and MCT as a whole.
4. Reviewing the plan developed to address the bullying, in order to ensure that the problem has been resolved.
5. Avoiding any punishments that make the individuals concerned seem small, or look or feel foolish in front of others.

Reviewed & Updated: April 2024

MCT will review this **Anti-Bullying Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.**

64. Anti-Bullying Procedure

Definition of bullying

Bullying is behaviour that hurts someone else - such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

Purpose & aim of procedure

This procedure is supported by the MCT Anti-Bullying Policy. Its aim is to:

- Provide detailed guidance to MCT staff members, as well as to children who may experience bullying, so that they will know what to do if an incident of bullying occurs between children
- To ensure that MCT responds fairly and consistently to incidents of bullying, recognising that those who bully often have needs too.

Who this procedure applies to

This procedure applies to all children who attend MCT and who may be bullied; behave in a bullying way towards others; or observe someone being bullied. It also applies to all MCT staff members who observe bullying between children within MCT and who may have incidents of bullying reported to them - or who may be concerned that a child at MCT is showing signs of being bullied.

If a child is bullying another child - to the extent that it may cause significant harm - then this must be dealt with using MCT's Child on Child Abuse Policy and Procedures.

If an adult is bullying a child - or a child is bullying an adult at risk - this should be reported under the relevant child or adult at risk procedures detailed in the Safeguarding Handbook.

This anti-bullying procedures do not cover incidents of bullying among MCT staff members and/or volunteers. In these circumstances, MCT staff members should use the Grievance Procedure found in the Employee Handbook and MCT volunteers should use the Complaints Procedure for Volunteers found in the Volunteers Handbook.

Forms bullying might take

MCT recognises that bullying can happen anywhere - at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

Bullying includes the following:

Bullying

- **Verbal abuse** - such as name calling and gossiping
- **Non-verbal abuse** - such as hand signs or text messages
- **Emotional abuse** - such as threatening, intimidating or humiliating someone
- **Exclusion** - such as ignoring or isolating someone
- **Undermining** - by constant criticism or spreading rumours
- **Controlling or manipulating** someone
- **Physical assaults** - such as hitting and pushing
- **Making silent, hoax or abusive calls**
- **Online or cyberbullying** - further details are provided below.

Defining online or cyberbullying

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images or videos.

Anti-Bullying Procedure continued...

Children may know who's bullying them online - as it may just be an extension of offline peer bullying that they are already experiencing - or they may be targeted by someone using a fake or anonymous account. It's easy to be anonymous online and this may increase the likelihood of an individual engaging in bullying behaviour. Because cyberbullying can happen at any time or anywhere - a child can be bullied when they are alone in their bedroom - it can feel like there is no escape.

Cyberbullying includes the following:

Cyberbullying

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images or videos
- Trolling - which is the sending of menacing/upsetting messages on social networks, chat rooms or online games
- Excluding children from online games, activities or friendship groups
- Setting up hate sites or groups about a particular child
- Encouraging young people to self-harm
- Voting for or against someone in an abusive poll
- Creating fake accounts, hijacking or stealing online identities - with the aim to embarrass a young person or cause trouble using their name
- Sending explicit messages - also known as sexting
- Pressuring children into sending sexual images or engaging in sexual conversations.

Bullying (in whatever forms) can also be motivated by a discrimination towards the person being bullied. Further details of these types of bullying are provided below:

Racial bullying

- Identified by the motivation of the bully, the language used, and/or by the fact that victims are singled out because of the colour of their skin, the way they talk, their ethnic grouping or by their religious or cultural practices

Special educational needs (SEN) & disability bullying

- This is where children are singled out because of a disability and which deaf children can be bullied more than other children with **SEN's** or disabilities

Sexual bullying

- Behaviour, which whether physical or non-physical, is based on a person's sexuality or gender; and is when sexuality or gender is used as a weapon by boys or girls towards other boys or girls. Sexual bullying is more prevalent towards girls than boys

Homophobic/Bi-phobic bullying

- Irrational dislike, hatred or fear of individuals that are, or are perceived to be lesbian, gay or bisexual

Transphobic bullying

- Transphobic is an umbrella term to describe people whose gender is not the same as - or does not sit comfortably with - the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, cross dresser, non-binary, gender queer.

Anti-Bullying Procedure continued...

Changes in behaviour which can indicate a child is being bullied or cyberbullied

It can be hard for adults, including parents, to know whether or not a child is being bullied. A child might not tell anyone because they're scared the bullying will get worse. They might think that they deserve to be bullied, or that it's their fault.

The following changes in behaviour should be looked out for by MCT staff members and volunteers:

Changes

- Belongings getting "lost" or damaged
- Physical injuries - such as unexplained bruises
- Being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- Not doing as well at school
- Asking for, or stealing, money - to give to a bully
- Being nervous, losing confidence, or becoming distressed and withdrawn
- Problems with eating or sleeping
- Bullying others.

Some of the above behaviour signs might also indicate abuse at the hands of adults - or other negative experiences - so they should be treated with caution.

What to do if you are being bullied

If you are being bullied you should never keep it to yourself. Tell someone you trust. This could be a staff member at MCT, a teacher, or someone else. It could also be your parent or carer. You may prefer to tell another child first and ask that person to help you tell an adult. If the bullying is happening at MCT - we will sort it out here. If it's happening somewhere else - maybe at school or near your home - MCT will get other people involved to stop it happening there.

Procedure to follow if an MCT staff member observes a child being bullied - or if someone discloses that they are being bullied:

- **If you are a child** and someone tells you that they are being bullied, don't try to deal with it yourself. Talk to the person about getting help from an adult. Try to persuade them to go with you to explain the situation to an MCT staff member or perhaps a teacher. If they won't do this, the best way to help is to explain that you will have to tell an adult yourself - and then go ahead and tell someone.
- **If you are an adult** and a child tells you that they are being bullied, take the child seriously. Do not tell them to stop being silly or to keep out of the way of the bullies. This will not help and will make the child feel let down and less inclined to tell anyone else. Listen to the child's full account of what is going on and complete the bullying reporting form with the child as soon as possible.

If you observe the bullying directly, act assertively to put a stop to it. Explain to all concerned that the incident will be reported properly to stop it happening again. Report the incident to MCT's DSO.

Unless the incident is minor and can be dealt with informally, the child's parent or carer should be informed by MCT's DSO within one working day. If possible, there should be a three-way meeting between the child, the MCT's DSO and the parent.

If the bullying is taking place in another environment **e.g.** school, the MCT staff member should ask what support the parent and child would like, in order to engage with whoever the responsible agencies might be. The MCT staff member should aim to work in partnership with both parent and child and any other people who may be involved.

If the bullying is taking place within MCT, the parent and child should be reassured that it will be dealt with as a priority and they should be asked for their views on what would be helpful to deal with the situation.

Anti-Bullying Procedure continued...

The MCT staff member, having spoken to the child who has been bullied and the child's parent/carer, should also speak to the bully (or bullies) and obtain their account of what has happened or is happening. This should be noted in writing and the parents/carers of the bully (or bullies) should be informed. The bully and his or her parents/carers should be asked for their views on what should be done to put a stop to any further bullying and to repair the damage that has been done.

Apart from very minor incidents that have been directly observed by a staff member and dealt with at the time, all bullying that takes place at MCT should be discussed within the staff group within five working days.

At the meeting, the bullying incident should be discussed and the details of a draft plan drawn up to address the situation, taking into account any suggestions made by the children involved and their parents/carers. **The following areas should be covered:**

- a. Details of any apology that has been or should be offered by the bully (or bullies).
- b. Details of any support for the person who has been bullied **e.g.** use of buddy scheme, extra input from the key worker and/or referral to another service.
- c. Details of any consequences for the bully, in addition to making an apology, with reference to the behaviour code.
- d. Details of any support for the bully, with reference to the behaviour code.
- e. Details of any further discussions or work to be done with others in the group, including children who may have observed or encouraged the bullying.
- f. Details of any changes in how the staff group may handle issues of bullying in future.

The plan should be shared with the children concerned and their parents - and should be reviewed regularly.

Keeping a record of the bullying

Use the **Bullying Report Form** (available from MCT's **DSO**) to make clear notes of any discussions or meetings that take place following the bullying incident. The plan for dealing with the aftermath of the incident should be copied to the child who has been bullied and their parent/carer and to the bullies and their parents/carers. It should also be placed on the file of all the children directly involved.

Reviewed & Updated: April 2024

MCT will review this [Anti-Bullying Procedure](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

65. Responding to Signs or Suspicions of Abuse Procedure

The following procedure applies to any MCT member of staff who may be concerned about the safety and protection of a child. The different types of abuse have been detailed on the previous pages of this Handbook. MCT staff should refer back to these sections when reading this procedure.

Where there is concern relating to a child being vulnerable to radicalisation, extremism, or that they are being drawn into extremism, please refer to section in this Safeguarding Handbook which provides detailed guidance under MCT's Prevent Duty.

Purpose & aim of this procedure

MCT aims to ensure that those children who attend and/or participate in activities or events organised by MCT - as well as any other children who may come to the attention of MCT - receive the protection and support they need if they are at risk of abuse or radicalisation. This procedure provides clear direction to MCT staff if they have concerns that a child who is in need of protection.

How abuse might be disclosed

There are numerous ways that an MCT member of staff may be made aware of abuse or the risk of abuse. These include:

- A child might make a direct disclosure about themselves
- A child might make a direct disclosure about another child
- A child might offer information that is worrying, but not a direct disclosure
- A member of MCT staff might be concerned about a child's appearance or behaviour, or about the behaviour of a parent or carer towards a child
- A parent or carer might make a disclosure about abuse that a child is suffering, or is at risk of suffering
- A parent might offer information about a child that is worrying, but not a direct disclosure.

MCT staff should always be alert to the fact that a child may not feel ready - or even know how - to tell someone that they are being/have been abused, exploited or neglected and/or they may not recognise their experience as harmful - e.g. the child may feel embarrassed, humiliated or threatened. This situation could be as a result of the child's vulnerability, disability and/or sexual orientation or language barriers. Accordingly, MCT staff should always adopt a professional curiosity and never delay speaking to the Designated Safeguarding Lead whenever there are any concerns about a child. This is also another reason for MCT staff to work at building trusted relationships with all children and young people, so as to facilitate communication.

When talking to a child - who has told you that they are/or another child is being abused - please take account of the following guidance:

1. Reassure the child that telling someone about it was the right thing to do.
2. Tell them that you now have to do what you can to keep them (or the child who is the subject of the allegation) safe.
3. Let the child know what you are going to do next and who else needs to know about it.
4. Let the child tell their whole story - don't try to investigate or quiz the child - but make sure that you are clear as to what they are saying.
5. Ask the child what they would like to happen as a result of what they have said, but don't make or infer promises you can't keep.
6. Give the child the **ChildLine** phone number which is **0800 1111**.

How to help a child in immediate danger or in need of emergency medical attention:

- If the child is in immediate danger and is with you, remain with them and call the **Police** on **999**
- If the child is elsewhere, contact the **Police** on **999** and explain the situation to them
- If the child needs emergency medical attention, call an **ambulance** by dialling **999** and while you are waiting for it to arrive, get help from MCT's first aider
- If a first aider is not available, use any first aid knowledge that you may have yourself to help the child
- You must also make contact with MCT's **DSO** to let them know what is happening.

Responding to Signs or Suspicions of Abuse Procedure continued...

Informing the family & the LADO

A decision will need to be made about who should inform the child's family and the **Local Authority Children's Social Care Department** - and when they should be informed. If the **Police** are now involved, then the **Police** and/or the health services should be part of this decision.

Consider the welfare of the child in the decision making as the highest priority.

Issues that will need to be taken into account as part of the decision making process are:

- The child's wishes and feelings
- The parent's right to know - unless this would place the child or someone else in danger, or would interfere with a criminal investigation
- The impact of telling, or not telling the parent
- The current assessment of the risk to the child, as well as the source of that risk
- Any risk management plans that currently exist for this child.

Once any immediate danger - or emergency medical need - has been dealt with, follow the steps set out in the Flow Chart to Follow when Responding to Signs of Abuse in this Safeguarding Handbook.

Keeping a record of your concerns

Use the **Locker App** for reporting concerns about a child. The relevant sections of the form should be completed and signed at each stage of the procedure. It can be used to forward information to the statutory child protection authorities if a referral to them is needed. The form should be signed and dated by all those involved in its completion and kept confidentially on the child's file and in line with MCT's **Data Protection Policy**. The name of the person making the notes should be written alongside each entry.

Reporting child protection concerns

If a child is in need of emergency medical attention or in immediate danger, follow the procedure set out in the earlier section above on **How to help a child in immediate danger or in need of emergency medical attention**.

How MCT will support staff

MCT recognises that staff working for the organisation - and who have become involved in supporting/working with an individual who has suffered harm (or appears to be likely to suffer harm) may find the situation stressful and upsetting.

It is MCT's paramount concern that in these circumstances staff receive all necessary support & will adhere to the Staff Support Policy detailed in the Safer Recruitment section of this Safeguarding Handbook.

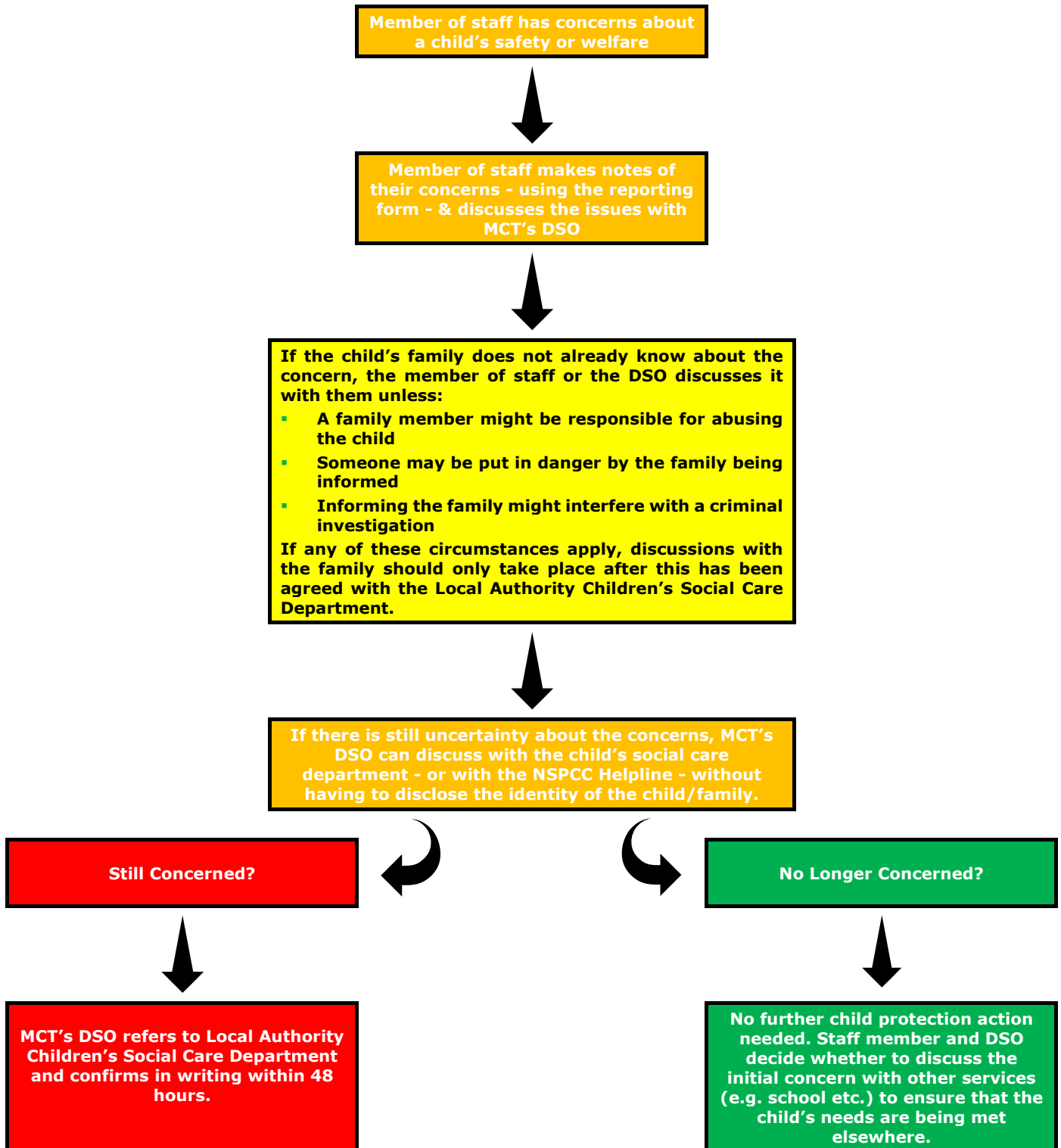
Any member of staff - who is struggling with any issues or concerns as a consequence of their safeguarding responsibilities - are encouraged to speak with the MCT's DSO who will be able to provide, or access, the appropriate support.

MCT staff should now take the steps set out in the Responding to Signs of Abuse Flowchart on the following page to ensure the concern is dealt with.

Reviewed & Updated: April 2024

MCT will review this Responding to Signs or Suspicions of Abuse Procedure and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

66. Responding to Signs or Suspicions of Abuse Flowchart



Reviewed & Updated: April 2024

MCT will review this **Responding to Signs or Suspicions of Abuse Flowchart** and good practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

67. Behaviour Code for Children

Purpose and aim of this procedure

MCT aims to ensure that all children are treated fairly by staff working with them - and wants to communicate the standards of behaviour that is expected of them. Therefore, this Behaviour Code for Children has been developed in order to provide children with advice on the behaviour that is expected of them when they are attending and using the facilities and services of MCT.

MCT's behaviour code has been shaped by the views of children and is intended to:

- Identify acceptable behaviour for children
- Promote self-respect and self-control
- Raise a child's self-esteem and self confidence
- Encourage children to recognise and respect the rights of others
- Encourage individual responsibility for behaviour and outline the consequences of poor behaviour.
- Anticipate and resolve any conflict that may arise
- Encourage cooperation at all times& in all situations
- Promote the values of honesty, fairness and respect
- Ensure that children are aware of when sanctions will be put into place

Principles

This **Behaviour Code for Children** is a general framework to encourage and support appropriate behaviour and help MCT to provide safe activities and services. This behaviour code should be read in conjunction with the general **Code of Conduct for Children** - which is detailed in the introduction section of this **Safeguarding Handbook**.

MCT believes that all children have the right to:	
Rights	<ul style="list-style-type: none"> ▪ Be safe and happy in their chosen activity ▪ Be listened to ▪ Be respected and treated fairly ▪ Privacy ▪ Enjoy your chosen activity in a protective environment ▪ Be referred to professional help if they need it ▪ Be protected from abuse by other participants, staff or from outside sources ▪ Participate in their chosen activity on an equal basis as appropriate to their ability ▪ Experience competition and the desire to win as is appropriate ▪ Be believed ▪ Ask for help ▪ Have any concerns taken seriously and acted upon.

The following is a list of **Do's** and **Don'ts** that outline the expected standards of behaviour from children engaging with MCT:

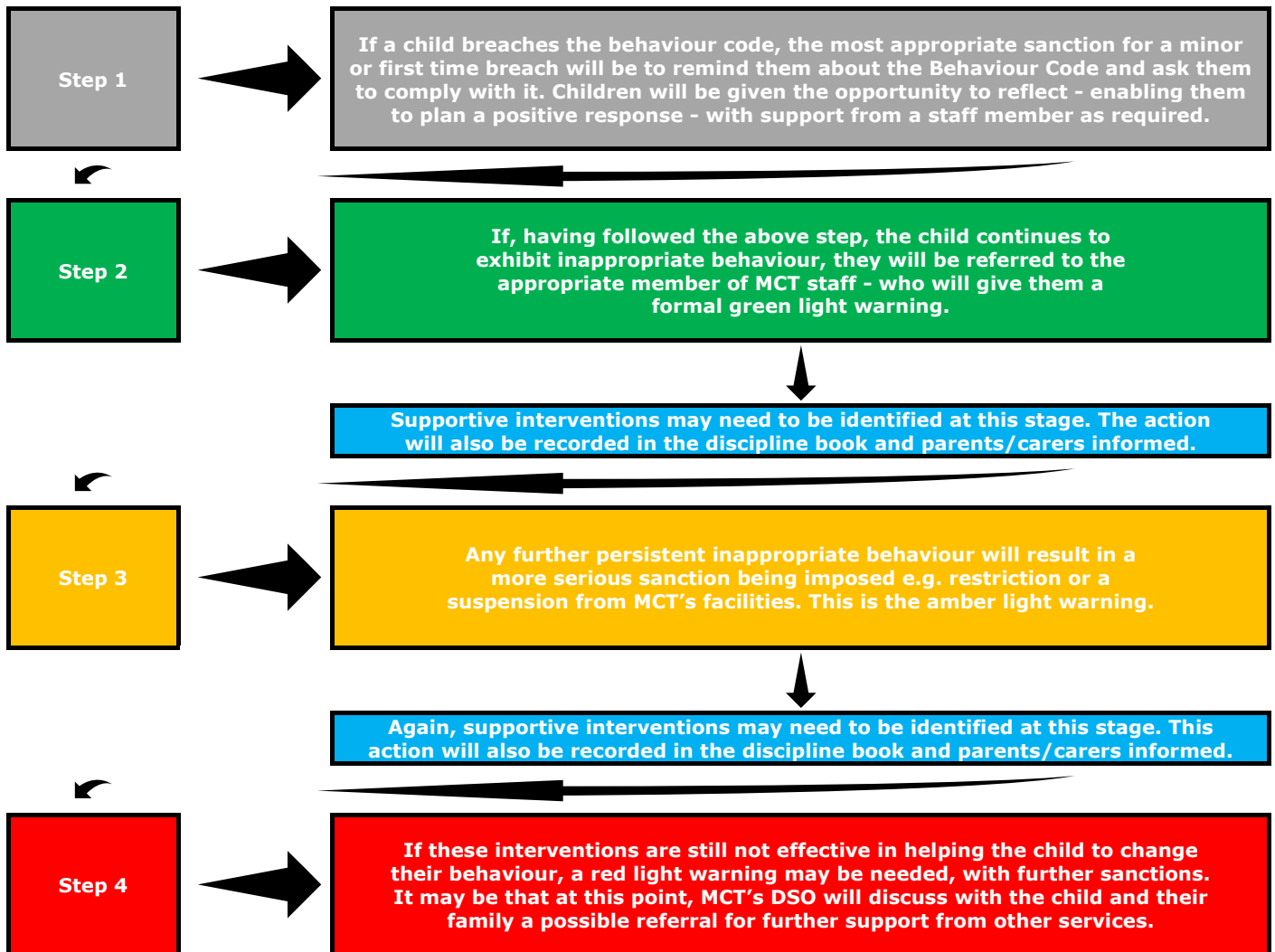
Do	Don't
▪ Co-operate with each other	▪ Pick on or make fun of each other
▪ Be friendly	▪ Bully each other
▪ Listen to each other	▪ Stare at others
▪ Be helpful	▪ Yell or shout at others
▪ Follow this code of behaviour and other rules	▪ Be abusive
▪ Stick to the e-safety agreement	▪ Use MCT equipment to be abusive or to cyberbully someone else e.g. by using mobile phones to send nasty messages, taking and sharing photos without permission, sending nasty emails, or trolling i.e. leaving unkind comments on a webpage or social network profile.
▪ Have good manners	
▪ Join in	
▪ Respect each other's differences	
▪ Treat all MCT staff with respect	
▪ Report any worries or concerns to the DSO	

Behaviour Code for Children continued...

Breach of this Behaviour Code

This **Behaviour Code for Children** is only useful if it forms part of a process for guiding children to receive the appropriate support. Therefore, it is the responsibility of MCT's **DSO** to ensure that all children attending activities and events are informed of this behaviour code - and to confirm with them that they have seen, understood and agreed to follow it. MCT will always ensure that all children are made aware of the consequences if they should breach the code.

MCT's Behaviour Code for Children uses the following traffic light system:



Use of safeguarding procedures

If MCT staff become concerned that a child's behaviour suggests that either the child may be at risk of significant harm - or that they may present a risk of significant harm to other children - MCT will follow relevant safeguarding policies, procedures and processes and the **DSO** may make a referral to the **Local Authority Children's Social Care Department**. However, any such referral will be discussed with the child and their family at the earliest possible opportunity - except in situations where this could possibly endanger a child's safety, or interfere with a **Police** investigation.

Reviewed & Updated: April 2024

MCT will review this **Behaviour Code for Children** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

68. Dealing with Allegations of Abuse made against Staff Policy

Policy statement

MCT has developed clear policies and procedures for dealing with allegations against MCT staff who work with children. Examples of allegations that would be covered by this policy, although not intended to be exhaustive, include:

- Concern or allegations relating to poor practice
- Behaviour that has, or may have, harmed a child
- Criminal acts against - or related to - a child
- Behaviour towards a child or children in a way that indicates they may pose a risk of harm to children.

Principles

Please note: At no point must a staff member be spoken to about an allegation that has been made against them PRIOR to the DSO having spoken to the LADO for guidance and advice.

Only the CEO, SSM or DSO has the authority to discuss the matter with the staff member concerned.

In the first instance, any such allegation against an MCT member of staff must be reported immediately to MCT's **DSO**. MCT's **DSO** must immediately make MCT's **CEO** aware of the allegation and the **CEO** will then be responsible for notifying the **SSM**.

The Board Safeguarding Lead is responsible for informing the Board within 24 hours of the allegation.

Reporting time limits

MCT's **DSO** is accountable for contacting the **LADO** and informing them of all allegations that have come to their attention **within 24 hours of the allegations being made**, or as soon as is reasonably practicable.

MCT's DSO will be responsible for notify the EFL Trust's DSO and the FA Case Management Team, where an allegation at MCT results in a safeguarding referral being made to any of the following:

- The Police
- The LADO
- Any other statutory agency, social care or Children's Services Directorate.

MCT's DSO is accountable for contacting the EFL Trust's DSO and the FA Case Management Team as soon as possible after the allegations have been made - but in any event within 72 hours of the allegations being made.

DBS Referral

Where any MCT staff member - who is working in regulated activity - is suspended from their duties as a consequence of concerns, allegations and/or internal investigations related to their work with children, then MCT's **DSO** will notify **EFL Trust's DSO** and the **FA Case Management Team** as soon as possible after the suspension takes place - but in any event **within 72 hours of the suspension happening**.

As a provider of regulated activity, MCT has a legal duty to make a referral to DBS in certain circumstances. MCT's DSO - supported by MCT's SSM - will seek support from the EFL Trust's CPA, when a DBS referral needs to be made.

Information relating to a DBS referral is available via the EFL Club Portal System, as well as further advice relating to making a DBS referral being available here:

[Click Here to Get DBS Referral Advice](#)

Reviewed & Updated: April 2024

MCT will review this **Dealing with Allegations of Abuse made against Staff Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

69. Dealing with Allegations of Abuse made against Staff Procedure

Purpose of procedure

This procedure outlines what should happen if a safeguarding allegation is made against any adult working for, or involved with, MCT. The procedure provides clear direction to those MCT staff who are called upon to deal with such allegations - and how to manage the investigations that may result from them.

**Please note: At no point must a staff member be spoken to about an allegation that has been made against them PRIOR to the DSO having spoken to the LADO for guidance and advice.
Only the CEO, SSM or DSO has the authority to discuss the matter with the staff member concerned.**

The aims of this procedure are:

Aims

- To ensure that children who access the services and facilities provided by MCT - and any other children who may come to its attention - are protected and supported following an allegation that they may have been abused by an adult from within MCT
- To ensure that there is a fair, consistent and robust response to any allegations made, so that the risk posed to other children by an abusive individual is managed effectively
- To facilitate an appropriate level of investigation into allegations - whether they are said to have taken place recently; at any time the person in question has been employed by/volunteered with MCT; or prior to the person's involvement with MCT
- To ensure that MCT continues to fulfil its responsibilities towards members of staff who may be subject to such investigations
- To ensure that individuals are able to continue in their role if they have been at the centre of allegations that are unfounded or deemed to be malicious in origin.

Who this procedure applies to

- Any MCT staff member to whom an allegation of abuse has been made and which involves another MCT staff member
- Any member of MCT's executive team, senior managers - including MCT's **DSO** and wider safeguarding team - as well as MCT line managers and supervisors, who may be required to deal with such allegations and manage investigations that result from them.

How an allegation of possible abuse may be disclosed

Allegations might be made against an adult working for, or who is involved with MCT in the following manner:

Disclosure

- By a child or parent/carer making a direct allegation against an MCT staff member
- By a child or parent/carer expressing discomfort with the behaviour of an MCT staff member that falls short of a specific allegation
- By another MCT staff member directly observing behaviour that is a cause for concern
- By MCT being informed by the **Police** - or another statutory authority - that an MCT staff member is the subject of an investigation
- By information emerging from the renewal of a DBS check that suggests that an MCT staff member may have committed an offence - or may have been involved in an activity - that could compromise the safety of the children they work with at MCT
- By an MCT staff member telling someone at MCT that they have been the subject of allegations; have actually harmed a child; or have committed an offence against (or related to) a child.

Dealing with Allegations of Abuse made against Staff Procedure continued...

Procedure Overview Flowchart for Staff

Please note: At no point must a staff member be spoken to about an allegation that has been made against them **PRIOR** to the DSO having spoken to the LADO for guidance and advice.

Only the CEO, SSM or DSO has the authority to discuss the matter with the staff member concerned.

Unless you are a **named member** of MCT's **Safeguarding Team**, you will never be accountable for managing the procedure that deals with allegations that are made against a staff member. However, as an MCT staff member, you may be the person that someone **raises a concern to**, or you **may have your own concerns**.

You have a concern - or a concern has been raised directly to you - relating to a member of staff or a volunteer.

Issue 1

Call **999** if the child is in **immediate danger** or in need of **emergency medical treatment**. Stay with the child and get help from MCT's first aider. Use any first aid knowledge you may have to help the child. Contact the DSO to alert them to the situation.

Issue 2

If the staff member is **currently working with children** then - and only once Issue 1 has been dealt with - **immediately inform** the **CEO, SSM** and/or **DSO** who will then be responsible for sensitively removing them from direct contact with children.

Please Remember: You MUST NOT speak to the staff member about who this allegation relates to!

You have now taken all the steps required of an MCT staff member. Thank you!

If you have been affected by anything you have heard or seen - as a consequence of dealing with this safeguarding matter - please speak to the DSO who will be able to offer you the appropriate support.

MCT's DSO - with support from the named members of the Safeguarding Team - will now be responsible for completing all of the remaining steps of the **Dealing with Allegations of Abuse made against Staff Procedure** which are broken down on the following pages...

Dealing with Allegations of Abuse made against Staff Procedure continued...

Part 1 The Procedure	
There are potentially two issues that need to be dealt with as a matter of urgency...	
Issue 1	<p>Is a child in immediate danger, or do they need emergency medical attention?</p> <ul style="list-style-type: none"> ▪ If the child is in immediate danger and is with you, remain with them and call the Police on 999 ▪ If the child is elsewhere, contact the Police on 999 and explain the situation to them ▪ If the child needs emergency medical attention, call an ambulance by dialling 999 and while you are waiting for it to arrive, get help from MCT's first aider ▪ If a first aider is not available, use any first aid knowledge you may have yourself to help the child ▪ You must also make contact with MCT's DSO to let them know what is happening.
	<p>The MCT staff member or MCT's DSO should also inform the child's family if the child is in need of emergency medical attention - and arrange to meet them at the hospital or medical centre. The parents/carers should be informed that:</p> <ul style="list-style-type: none"> ▪ An incident has occurred ▪ That the child has been injured ▪ That immediate steps have been taken to get help.
	<p>Is the person at the centre of the allegation working with children now?</p> <p>If this is the case, the concern needs to be discussed immediately with MCT's CEO, the SSM and the DSO. Either the CEO, SSM or DSO should then, in a sensitive manner, remove the staff member involved in the allegation from direct contact with children.</p> <p>Either the CEO, SSM or DSO will then explain to the person, in private, that there has been a complaint made against them, although the details of the complaint should not be given at this stage. The person should be informed that further information will be provided as soon as possible but that, until consultation has taken place with the relevant agencies and within the organisation, they should not be working with children. It may be best, under the circumstances, for the person to return home on the understanding that either MCT's CEO, SSM or DSO will telephone them later in the day.</p> <p>The information provided to them at this stage will need to be very limited. This is because discussions need to take place first with other agencies who may need to be involved, such as the LADO, the Local Authority's Children's Social Care Department, the Police, as well as the FA and EFL Trust.</p> <p>If the person is a member of a Trade Union or other professional organisation, they should be advised to make contact with that Body. Arrangements should also be made for the MCT staff member to receive ongoing support - in line with the responsibilities the organisation has towards their welfare.</p>
Part 2 Conducting an Investigation	
Once the above issues have been addressed, attention can now turn to dealing with the implications of the allegations. There are up to three possible lines of enquiry when an allegation is made:	
1	A Police investigation of a possible criminal offence.
2	Enquiries and an assessment by the Local Authority Children's Social Care Department about whether a child is in need of protection.
3	Investigation by MCT - and possible disciplinary action being taken against the person in question. This will include implementing a plan to manage any risk posed by the individual to children connected with MCT until the outcome of the other investigations and enquiries are known.
Part 3 Reporting an Allegation or Concern	
4	If the allegation is made by a child or family member to an MCT staff member - or if an MCT staff member observes concerning behaviour by a colleague at first hand - this should be reported immediately to the staff member's line manager and MCT's DSO - who will be MCT's lead in relation to handling the allegation.
5	If a staff member has received an allegation or observed something of concern about their own manager, the staff member should report the allegation or concern to the person more senior to their own manager.
6	If the person who is the subject of the concern is the DSO , the matter should be reported to MCT's CEO and SSM of MCT.

Dealing with Allegations of Abuse made against Staff Procedure continued...

Part 4 | When to Involve the LADO

The DSO must report the allegation to the LADO within 24 hours (or as soon as is reasonably practicable) if the alleged behaviour suggests that the person in question:

A	May have behaved in a way that has harmed or may have harmed a child.
B	Has possibly committed a criminal offence against, or related to a child.
C	Has behaved towards a child in a way that suggests that they may be unsuitable to work with children.
This should also happen even if the individual has volunteered the information themselves.	
7	The LADO may be told of the allegation from another source. If this is the case, then the first information received by MCT may be when the LADO makes contact with MCT's DSO in order to explain the situation.
8	Whoever initiates the contact, there will be discussion between the LADO and MCT's DSO to share information about the nature and circumstances of the allegation, and to consider whether there is any evidence to suggest that it may be false or unfounded.
9	If there is any reason to suspect that a child has suffered (or be likely to suffer) significant harm and there are no obvious indications that the allegation is false, the LADO , in cooperation with MCT, will make an immediate referral to the Local Authority Children's Social Care Department to ask for a strategy discussion.
10	The LADO and MCT's DSO will take part in the strategy discussion. MCT's DSO - and any other representative from MCT - will co-operate fully with this - and any subsequent discussion with the Children's Social Care Department .
11	MCT will ask from the outset that the Children's Social Care Department shares any information obtained during the course of their enquiries with MCT's DSO where it has any relevance to the person's employment or volunteering with the organisation.

Part 5 | Dealing with a Criminal Offence

12	If there is reason to suspect that a criminal offence may have been committed (whether or not the threshold of significant harm is reached), the LADO will contact the Police and involve them in a similar strategy discussion, which will include MCT's DSO .
13	The LADO - and any other representative from MCT - will cooperate fully with any discussion involving the Police and will ask for similar cooperation from the Police in terms of the sharing of information relevant to the person's employment or volunteering with the organisation.
14	Discussions with the Police will also explore whether there are matters that can be acted on in a disciplinary process while the criminal investigation takes place - or whether disciplinary action must wait until the criminal process is completed.

Part 6 | Talking to the Parents about the Allegation or Concern

15	If the child's parents/carers do not already know about the allegation, MCT's DSO and the LADO will discuss how they should be informed and by whom.
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Part 7 | Talking to the Person who is the Subject of the Allegation

Please remember that whilst the person at the centre of the allegation will be informed as soon as possible, this will only take place AFTER the DSO has had the initial consultation with the LADO.

Only the CEO, SSM or DSO has the authority to discuss the matter with the staff member concerned.

16	If a strategy discussion with the Local Authority Children's Social Care Department or the Police is needed, this might have to take place before the person concerned can be spoken to in full . The reason for this is that the Police and Local Authority Children's Social Care Department may have views on what information can be disclosed to the person.
17	Only limited information will be given to the person in question , unless the investigating authorities have indicated that they are happy for all information to be disclosed - or unless there is no need for involvement from these statutory agencies.
18	MCT's DSO will keep in close communication with the LADO and the other agencies involved, in order to manage the disclosure of information appropriately.

Dealing with Allegations of Abuse made against Staff Procedure continued...

Part 8 Taking Disciplinary Action	
19	If the initial allegation does not involve a possible criminal offence, MCT's DSO and the line manager of the person at the centre of the allegation will consider whether formal disciplinary action is needed.
20	If the Local Authority Children's Social Care Department has undertaken any enquiries to determine whether a child or children are in need of protection, MCT's DSO will take account of any relevant information from these enquiries when considering whether disciplinary action should be brought against the person at the centre of the allegations.
The following timings should be kept to wherever possible, depending on the nature of the investigation:	
21	If formal disciplinary action is not needed, other appropriate action should be taken within three working days .
22	If disciplinary action is required - and can be progressed without further investigation - this should take place within 15 days .
23	If MCT decides that further investigation is needed in order to make a decision about formal disciplinary action, MCT's DSO will discuss with the LADO the possibility of this investigation being done by an independent person to ensure that the process is objective. Whether or not the investigation is handled internally or independently, the report should be presented to MCT's DSO within 10 working days .
24	Having received the report of the disciplinary investigation, MCT's DSO should decide within two working days whether a disciplinary hearing is needed.
25	If a disciplinary hearing is needed, it should be held within 15 working days .
26	MCT's DSO will continue to liaise with the LADO during the course of any investigation or disciplinary proceedings - and will continue to use the LADO as a source of advice and support.
If a criminal investigation is required, it may not be possible to make decisions about initiating disciplinary proceedings - or about the person's future work arrangements - until this is concluded. The Police are required to complete their work as soon as reasonably possible and to set review dates, therefore MCT's DSO will either liaise with the Police directly or via the LADO to check on the progress of the investigation and criminal process.	
27	The Police are required to inform MCT immediately if the person is either convicted of an offence or acquitted or, alternatively, if a decision is made not to charge them with an offence, or to administer a caution. In any eventuality, once the outcome is known, MCT's DSO will contact the LADO to discuss the issue of disciplinary proceedings.
If the allegation is substantiated and if, once the case is concluded, MCT dismisses the person or ceases to use their services, or the person ceases to provide their services, MCT's DSO will consult with the LADO about referral of the incident to the DBS. This should take place within a month.	
Part 9 Supporting the Person at the Centre of the Allegation	
28	The first priority of MCT must always be the safety and welfare of children. However, as an MCT staff member, the person who is the subject of the allegation has a right to be treated in a fair, sensitive and non-judgemental manner - and to have their privacy respected - as far as this ensures the safety of the child and other children.
29	Information about the allegation must only be shared on a need to know basis with those directly responsible for supervising and managing the staff member. Any other information e.g. explanations to other staff members as to why the person is not at work or working to different arrangements, should be agreed and negotiated with the individual concerned.
30	If the person is a member of a Trade Union or a professional organisation, they should be advised to make contact with that body as soon as possible after being informed that they are the subject of an allegation. Arrangements should also be made for them to receive ongoing support and information about the progress of the investigation.

Dealing with Allegations of Abuse made against Staff Procedure continued...

Part 10 Managing Risks	
31	The possible risk of harm to children presented by the person who is the subject of an allegation needs to be carefully managed both during and after any conclusion to the investigation processes following the allegation. This means that MCT may need to consider suspending the person if there is cause to suspect that a child may be at risk of significant harm, or if the allegation is serious enough to warrant investigation by the Police - or if it is so serious that it could lead to dismissal.
A decision to suspend should not be taken automatically, as there may be other ways of managing any risk presented by the person.	
32	The situation should be discussed fully between MCT's DSO , the individual's line manager and the LADO - who will seek the views of the Police and the Children's Social Care Department on the question of possible suspension. The conclusions of the discussion should also be carefully documented. Grounds for suspension should be clearly set out if this is the conclusion. If suspension is not the conclusion, then a clear plan should be made as to how any possible risk posed by the individual is to be managed. This could involve, for example, changes to the person's duties so that they do not have direct contact with children, and/or increased levels of supervision whilst at work.
Part 11 Following an Investigation the Employee Returns to Work	
33	If it is decided, once the case has been concluded, that a person who has been suspended - or who has taken sick leave due to the stress induced by the allegation - is able to return to work, MCT's DSO and the line manager of the person who has been the subject of the allegations should consider how best to support the individual in this process.
34	A plan to facilitate a return will be drawn up in consultation with the individual themselves and should take into account the need to manage any remaining child protection risks; as well as supporting the person concerned, after what will have been and will remain a very difficult experience.
35	If the allegation is found to be without substance or fabricated, MCT will consider referring the child in question to the Children's Social Care Department for them to assess whether they are in need of services or whether they may have been abused by someone else. If it is felt that there has been malicious intent behind the allegation, MCT will discuss with the Police whether there are grounds to pursue any action against the person responsible.
Part 12 Following an Investigation the Employee is Dismissed	
36	If the decision is that the person cannot return to work and has to be dismissed or chooses to resign, then MCT's DSO and the LADO will discuss the need for the matter to be referred to the DBS and/or to any professional body to which the person may belong.
MCT does not enter into compromise agreements with individuals who resign following the conclusion of investigations into allegations made against them, and will always comply with its statutory obligations to share information about the individual in the interests of protecting children.	
Conclusion Keeping a Record of the Investigation	
37	All those involved in dealing with the allegation should keep clear notes of the following: <ul style="list-style-type: none"> ▪ The allegations made ▪ How they were followed up ▪ Any actions and decisions taken including the reasons for why.
38	These notes should be compiled gradually as the situation unfolds, with each entry being made as soon as possible after the event it describes. The notes should be signed and dated by the person making them, and the person's name should be printed alongside.
39	The notes should be kept confidentially on the file of the person who is the subject of the allegation. Discussion should take place with the LADO to determine whether any aspects of the notes may not be shared with the person concerned. If there are no reasons not to do so, a copy of the records should be given to the individual.
Notes must be held on file for a 10 year period, whether or not the person remains with MCT for this period.	

Reviewed & Updated: April 2024

MCT will review this **Dealing with Allegations of Abuse made against Staff Procedure** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

70. Dealing with Allegations of Child on Child Abuse Policy

Policy statement

MCT has a zero-tolerance approach to child on child abuse. Child on child abuse can take place both inside and outside of the organisation and can be associated with factors outside of the MCT setting and its immediate control - including within the young person's intimate personal relationships, as well as within their immediate family settings - e.g. siblings. To this end, MCT has developed clear policies and procedures for dealing with allegations of child on child abuse for MCT staff who work with children - and for children to report abuse.

Examples of allegations that would be covered by this Policy, although not intended to be exhaustive, include:

- Behaviour that has, or may have, harmed a child
- Behaviour towards a child in a way that indicates they may pose a risk of harm to other children
- Sexual assault, sexual abuse, sexual harassment, harmful sexual behaviour **and/or** sexual exploitation **etc.**
- Bullying, cyber bullying, sexting **and/or** sexting **etc.**
- Prejudiced behaviour.

Regardless of whether child on child abuse occurs between different sex or same sex children; and regardless of whether it takes place inside or outside of the organisation, MCT will always respond equally robustly and appropriately. In addition, MCT will be alert to understanding any potential intra-familial harms - and will therefore seek/refer support for siblings following incidents.

MCT understand the risks of child on child abuse and will work proactively to minimise the chances of it happening, as well as recognising and responding promptly to the signs if it does occur. MCT will always aim to provide children or young people (who are alleged to be perpetrators of child on child abuse) with the appropriate education and safeguarding support - notwithstanding that there may also need to be appropriate disciplinary sanctions where such allegations are upheld. MCT will ensure that staff understand the importance of explaining to children, that the law is in place to protect them, rather than criminalise them.

MCT accepts the real risk posed by child on child abuse - and staff should maintain an attitude of "it could happen here". Accordingly, all MCT staff must be alert to incidences (and risks) of child on child abuse and always take the appropriate steps - as outlined within the Dealing with Allegations of Child on Child Abuse within this Safeguarding Handbook - if any such incidences do arise.

Principles

MCT will always take seriously any disclosure (or MCT concern) related to child on child abuse and will take all steps necessary to support and keep safe a child or young person experiencing such abuse. MCT staff will never give the impression that a report of any type of child on child abuse is creating a problem, or that the child or young person should be ashamed of reporting what has occurred.

Staff should recognise that an initial disclosure of child on child abuse may only be the first incident being reported, rather than representative of a singular incident. Furthermore - because trauma can impact upon memory - staff should always remain aware that a child or young person may not be able to recall all details or the timeline of abuse.

MCT and staff will always keep in mind that certain children and young people may face additional barriers to making a disclosure - because of their vulnerability, disability, sex, ethnicity and/or sexual orientation.

Reporting allegations or concerns

In the first instance, any such allegation (or unreported concern) of child on child abuse must be reported immediately to MCT's **DSO**. MCT's **DSO** must immediately make MCT's **CEO** aware of the allegation and the **CEO** will then be responsible for notifying the named Board Safeguarding Lead (**SSM**).

The Board Safeguarding Lead is responsible for informing the Board within 24 hours of the allegation.

Dealing with Allegations of Child on Child Abuse Policy continued...

MCT staff should be alert to the fact that a child may not find it easy to tell someone about their abuse verbally - and may in fact either show signs or act in ways that they hope that adults will notice and react to. Therefore, whilst all allegations should be dealt with as above - and in accordance with the **Dealing with Allegations of Child on Child Abuse Procedure** outlined in this **Safeguarding Handbook** - they should always act upon any concerns (rather than wait to be told) by raising them to MCT's **DSO**.

Reporting time limits

MCT's DSO is accountable for contacting the LADO and informing them of all allegations that have come to their attention within 24 hours of the allegations being made.

MCT's DSO will be responsible for notify the EFL Trust's DSO and the FA Case Management Team, where an allegation at MCT results in a safeguarding referral being made to any of the following:

- The **Police**
- The **LADO**
- Any other statutory agency, social care or **Children's Services Directorate**.

MCT's **DSO** is accountable for contacting the **EFL Trust's DSO** and the **FA Case Management Team** as soon as possible after the allegations have been made - but in any event **within 72 hours of the allegations being made**.

Reviewed & Updated: April 2024

MCT will review this Dealing with Allegations of Child on Child Abuse Policy and good practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

71. Dealing with Allegations of Child on Child Abuse Procedure

The different types of abuse that one child can do to another child have been detailed previously in this Safeguarding Handbook. Please refer back to these sections when reading this procedure.

Purpose of procedure

This procedure outlines what should happen if an allegation of child on child abuse is made. The procedure provides clear direction to those MCT staff who are called upon to deal with such allegations - and how to manage investigations and care plans which may result from them. The aims of this procedure are:

Aims	<ul style="list-style-type: none"> ▪ To ensure that children who attend MCT - and any other children who may come to the attention of MCT - are protected and supported following an allegation that they may have been abused by another child involved with MCT ▪ To ensure that there is a fair, consistent and robust response to any allegations of this nature so that any risk posed to other children by the child in question is managed effectively ▪ To facilitate an appropriate level of investigation into allegations, whether they relate to recent alleged activity, said to have taken place during the time that the child in question has been involved with MCT, or whether they relate to abuse which allegedly took place prior to the child's involvement with MCT ▪ To ensure that MCT continues to fulfil its responsibilities towards children who may be subject to such investigations and are in need of support ▪ To ensure that there is an appropriate response in situations where allegations are unfounded or deemed to be malicious in origin.
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Who this procedure applies to

- Any MCT staff member to whom an allegation of abuse has been made and which involves a child attending MCT
- Any member of MCT's executive team, senior managers - including MCT's **DSO** and wider safeguarding team - as well as MCT line managers and supervisors, who may be required to deal with such allegations and manage investigations that result from them.

How an allegation of possible abuse against another child may be disclosed

Allegations might be made against a child involved with MCT in the following manner:

- A **child or parent/carer might make a direct allegation** against another child
- A **child or parent/carer might express discomfort** with the behaviour of another child that falls short of a specific allegation
- **Another child or an MCT staff member may directly observe behaviour** from one child towards another that gives cause for concern
- MCT may be **informed by a parent/carer, or by the Police - or another statutory authority** - that a child is the subject of an investigation
- A **child may volunteer information** to MCT that they have harmed another child - or is at risk of doing so - or has committed an offence against (or related to) a child.

How to Respond to a Child Disclosing that they (or another Child) are being Abused by a Child

a.	Reassure the child that they have done the right thing by telling someone about it.
b.	Tell them that you now have to do what you can to keep them (or the child who is the subject of the allegation) safe.
c.	Let the child know what you are going to do next and who else needs to know about it.
d.	Let the child tell their whole story - don't try to investigate or quiz the child, but make sure that you are clear as to what they are saying.
e.	If possible, explain to the child's parent/carer what has happened. Do this first without the child there, and then summarise it again in front of the child so that it is an open subject between parent/carer and child. This may enable them to talk about it together more easily.
f.	Check out what the child would like to happen as a result of what they have said, but don't make or infer promises you can't keep.
g.	Give the child the ChildLine phone number - which is 0800 1111
h.	Make sure that the parent/carer has support too.

Dealing with Allegations of Child on Child Abuse Procedure continued...

How to Respond to a Child who says that they have Abused another Child	
a.	Reassure the child that they have done the right thing by telling someone about it.
b.	Tell them that you now have to do what you can to keep them and the child who has been abused safe.
c.	Let the child know what you are going to do next and who else needs to know about it.
d.	Let the child tell their whole story - don't try to investigate or quiz the child - but make sure that you are clear as to what they are saying.
e.	In conjunction with advice from MCT's DSO , if there is no risk to the child from the child's parent/carer, then explain to the parent/carer what has happened. Do this firstly without the child there, and then summarise it again in front of the child so that it is an open subject between parent/carer and child. This may enable them to talk about it together more easily.
f.	Check out what the child expects to happen as a result of what they have said - offer reassurance where appropriate, but don't make or infer promises you can't keep.
g.	Reassure the child that, with help, the problem can be sorted out and that what has happened does not make them an abuser for life.
h.	Give the child the ChildLine phone number - which is 0800 1111
i.	Remember that the child who has behaved in this way is a child in need of support.
j.	Make sure that the parent/carer has support too.

Recording the Concerns	
Use the Locker App for reporting concerns about a child and to record the concern and for the clear steps on how you should deal with it. The full step by step procedures are detailed within this Child on Child Abuse Policy .	
The relevant sections of the form should be completed and signed at each stage of the procedure. It can be used to forward information to the statutory child protection authorities if a referral to them is needed.	

Is this a Child Safeguarding Issue or is it Bullying?	
1	When faced with a situation of one child behaving inappropriately towards another, a decision needs to be made about whether the problem behaviour constitutes bullying or a child safeguarding concern. This is a decision that needs to be reached by MCT's DSO , in consultation with the staff member responsible for the child; the staff member's line manager; and, if necessary, the Local Authority Children's Social Care Department .
A	If the conclusion is that the behaviour is an example of bullying, and if both children attend MCT, it needs to be dealt with under the Anti-bullying Policy & Procedure detailed in this Safeguarding Handbook .
B	If, however, it is behaviour that could be described as child abuse and has led to the victim possibly suffering significant harm, then it must be dealt with under the Dealing with Allegations of Child on Child Abuse Procedure . This should include all incidents of sexual assault and all but the most minor incidents of physical assault.

Use the checklist on the following page to help identify what may be **Bullying Behaviour** and what may be **Child on Child Abuse**.

Dealing with Allegations of Child on Child Abuse Procedure continued...

The Following Checklist can be used to Help Inform the Decision

Is it Bullying?	Is it Child on Child Abuse?
The difference of power between the bully and the person being bullied is relatively small.	The difference of power between the child who is abusing and the person being abused is significant e.g. there is an age difference of more than two years.
When considering the above examples give due consideration to whether there is a significant difference in terms of size or level of ability - and whether the abuser holds a position of power (such as being a helper, volunteer or informal leader) as well as if the victim is significantly more vulnerable than the other child.	
The bullying behaviour is from a number of children acting in a group, rather than from just one child.	The behaviour involves sexual assault or physical assault - other than the most minor physical assault.
It may also, but not necessarily, be directed towards a group of other children rather than an individual child.	The child who is the victim of the behaviour may have suffered significant harm.
The behaviour has not previously been a concern and the bully/bullies may have been responding to group pressure.	The behaviour is not a one-off incident and is part of a pattern of concerning behaviour on the part of the child who is abusing.
The behaviour is perceived as bullying by the victim.	The behaviour, if sexual, is not part of normal experimentation that takes place between children.
The behaviour involves teasing or making fun of someone, excluding a child from games and conversations, pressurising other children not to be friends with someone, spreading hurtful rumours, cyberbullying, shouting at or verbally abusing someone.	The behaviour may not necessarily be perceived by the victim as abusive, particularly if it is sexual in nature. The behaviour includes the circulating of inappropriate photographs, and images, drawings and or messages.
The behaviour might also include stealing someone's possessions, making threats, or harassment on the basis of race, gender, sexuality or disability. In addition, the legislation relating to sexting and the sexting guidance provided in the Safeguarding Handbook should be taken into account when reaching a decision.	
Physical or sexual assault, or forcing someone to do something embarrassing, harmful or dangerous is also included in the list of bullying behaviours, but are the most likely to constitute child on child abuse if the victim suffers significant harm as a result of the behaviour.	

Is this Sexual abuse or Normal Experimentation?

All children develop an interest in their own sexuality from a young age and seek to learn about sex from their peers. It is important not to label normal, healthy behaviour as deviant or abusive. It is equally important not to allow sexually abusive behaviour perpetrated by one child towards another to go unchecked - as this is harmful both for the victim and the perpetrator. There are ways of assessing whether sexual behaviour between children is abusive or not.

Indicators of Sexually Abusive Behaviour

- **There is a significant difference in age, dominance or understanding between the children**
- **The behaviour was accompanied by the use of threats or bribes**
- **The behaviour was carried out in secret.**

For the purposes of this **Child on Child Abuse Procedure**, it is enough to say that if there is any question that the behaviour could be abusive, the matter should be discussed - by MCT's **DSO** - with the **Local Authority Children's Social Care Department**, or with the **NSPCC Helpline** which is **0808 800 5000**. This can initially take place without the names of the children being disclosed, although such information will have to be provided if the view of the **Children's Social Care Department** or the **NSPCC** is that the behaviour may constitute significant harm and that an investigation is needed.

Dealing with Allegations of Child on Child Abuse Procedure continued...

What to do if there are Concerns of Child on Child Abuse	
Issue 1	<p>If you believe that the child who has been allegedly abused, or the child who has allegedly perpetrated the abuse, is in immediate danger, or they need emergency medical attention, you must take the following action:</p> <ul style="list-style-type: none"> ▪ If the child is in immediate danger and is with you, remain with them and call the Police on 999 ▪ If the child is elsewhere, contact the Police on 999 and explain the situation to them ▪ If the child needs emergency medical attention, call an ambulance by dialling 999 and while you are waiting for it to arrive, get help from MCT's first aider ▪ If a first aider is not available, use any first aid knowledge that you may have yourself to help the child ▪ You must also make contact with MCT's DSO to let them know what is happening.
Issue 2	<p>A decision will need to be made about when and who should inform the families of both the child who has been abused and the child who has allegedly perpetrated the abuse, as well as the Local Authority Children's Social Care Department.</p> <p>If the child who is the alleged victim is not known to MCT, it is not the MCT's staff members role to inform the child's family. Even if the child who is the alleged victim is known, the Police and/or the Health Services, should be part of the decision making process if they have been contacted. The paramount consideration should always be the welfare of the children involved.</p> <p style="text-align: center;">Issues that will need to be taken into account are:</p> <ul style="list-style-type: none"> ▪ The children's wishes and feelings ▪ The parents' right to know (unless this would place the child who has allegedly perpetrated the abuse in danger, or would interfere with a criminal investigation) ▪ The impact of telling, or not telling, the parents ▪ The current assessment of the risk to the child who has been abused and the source of that risk ▪ The current assessment of any risk to the child who has allegedly perpetrated the abuse and the source of that risk ▪ Any risk management plans that currently exist for either child.
Child on Child Abuse Procedure	
1	The member of staff who has been informed of the allegation - or who has the concern - should make notes of what they have been told (or their direct concerns) using the Reporting Form (available from MCT's DSO) and this should be discussed with MCT's DSO within 24 hours , or as soon as is reasonably practicable.
2	<p>If both children are known to MCT (and if their families do not already know about the allegation or concern) the MCT's DSO should discuss it with them unless:</p> <ul style="list-style-type: none"> ▪ The view is that someone (for example the child who has allegedly perpetrated the abuse) may be put in danger by the family being informed ▪ Informing the family might interfere with a criminal investigation.
If either of these circumstances applies, discussions with the families should only take place after this course of action has been agreed with the Local Authority Children's Social Care Department.	
3	If only the child who is alleged to have harmed another child is known to MCT then, subject to the considerations set out above, discussions with only this child's family should take place.
4	The child who is the subject of the allegation should also be informed of what has been said about them. However, if the view is that Children's Social Care Department or the Police should be involved, the child should only be informed after discussion and agreement with these agencies. These agencies may have views about what information should be disclosed to the child at this stage.

Dealing with Allegations of Child on Child Abuse Procedure continued...

Child on Child Abuse Procedure	
5	If there is still uncertainty about whether the allegation or concern constitutes child on child abuse, MCT's DSO should discuss it with Children's Social Care Department - or with the NSPCC Helpline - without disclosing the identity of either child/family.
6	If, having discussed the situation fully and taken advice as necessary, MCT's DSO concludes that the alleged behaviour does not constitute child on child abuse, then consideration should be given to whether MCT's Anti-bullying Policy and Procedures should be used (if both children are known to the organisation) and whether either or both children should be referred for other services.
7	If the view is that the behaviour does indeed amount to child on child abuse, then MCT's DSO should refer both children to the Local Authority Children's Social Care Department and confirm the referral in writing within 24 hours , or as soon as is reasonably practicable.
8	Pending the outcome of the referral to the Children's Social Care Department - and the possible investigation or assessment that may follow from this - any risk that may be posed to other children (by the child who has allegedly harmed another child) will need to be carefully managed. This should be done on an inter-agency basis in accordance with procedures developed by the Safeguarding Partners - for children who display harmful behaviour towards others.
9	MCT's DSO should enquire of the Children's Social Care Department whether these procedures are being used and, if so, should ask to be involved in - or at least kept informed of - inter-agency decisions made in accordance with these procedures.
10	If the procedures are not being used, but MCT remains concerned that the child could pose a risk to other children, then MCT's DSO should consider whether the child can continue to be involved with MCT and if so, on what basis. This is a situation that needs to be kept under regular review as the investigation and assessment conducted by the statutory agencies is carried out and reaches a conclusion. It may also need to be reviewed regularly following the conclusion of the assessment process, as the child may be receiving support that should - with time - reduce the level of risk they present.

If the allegation is found to be without substance or fabricated, MCT will consider referring the child who was said to have been harmed to the Children's Social Care Department for them to assess whether they are in need of services e.g. the child may have been abused by someone else.

If it is felt that there has been malicious intent behind the allegation, MCT will discuss with the Police whether there are grounds to pursue any action against the person responsible.

Recording the Concerns
Use the Locker App for reporting concerns about a child and to record the concern and for the clear steps on how you should deal with it. The full step by step procedures are detailed within this Child on Child Abuse Policy .
The relevant sections of the form should be completed and signed at each stage of the procedure. It can be used to forward information to the statutory child protection authorities if a referral to them is needed.

Reviewed & Updated: April 2024

MCT will review this **Dealing with Allegations of Child on Child Abuse Procedure** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

72. NCS Pharos Response Policy

Policy statement

MCT accepts that it is the organisation's responsibility to report an incident where MCT is supporting a young person on the NCS programme. Accordingly, where MCT deliver NCS programmes, MCT's NCS DSO will ensure that any incident occurring on its NCS provision will be managed and reported in line with the **NCS Crisis & Incident Reporting Guide**.

All MCT staff members are responsible for ensuring the safety and well-being of all young people and other staff members on an NCS programme.

Purpose of policy

This policy outlines what should happen in the event of an incident relating to MCT's NCS programme. This procedure provides clear direction to MCT staff who are delivering and working on MCT's NCS programme. All MCT NCS staff are required to read, understand - and refer to as required - the **NCS Crisis & Incident Reporting Guide**, which will be provided to NCS staff during their induction.

Further copies of this guidance - as well as support and advice - is available for MCT's NCS DSO.

Pharos response

Pharos Response is a specialist incident management consultancy who co-manage NCS incident reports. **Pharos Response** provide support 24 hours per day, all year round - and have an emergency response service for all Level 1 (high impact) and Level 2 (high-medium impact) incidents.

If a Level 1 or Level 2 incident occurs MCT's NCS DSO will always need to call the incident response team on 0203 637 0520. NCS will then be responsible for advising the cabinet on all level 1 and 2 instances.

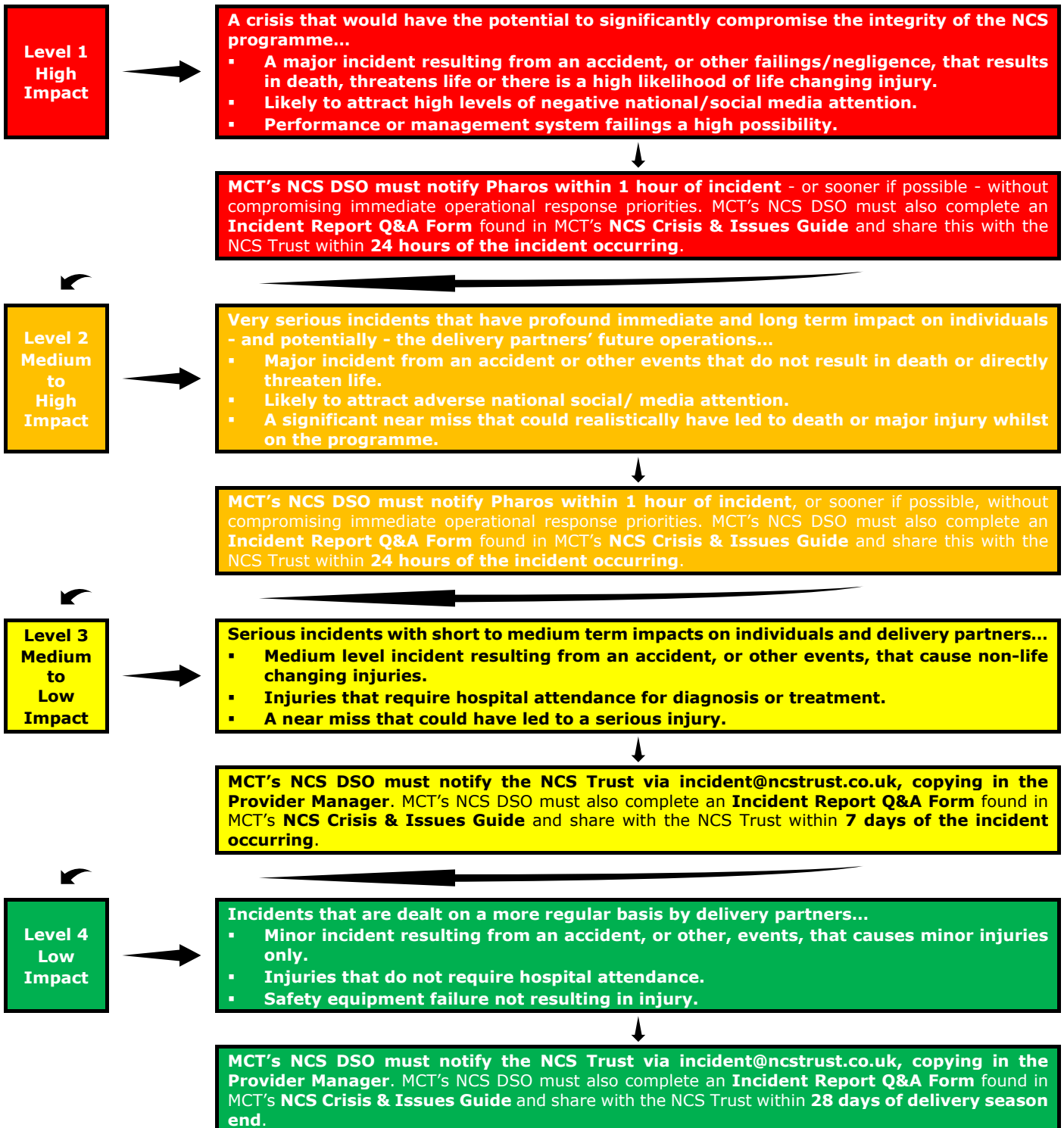
While the full procedure that must be followed is detailed in the **NCS Crisis & Incident Reporting Guide**, the following page provides a brief outline of that process through an NCS Pharos Response Flowchart.

Reviewed & Updated: April 2024

MCT will review this **NCS Pharos Response Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

73. NCS Pharos Response Flowchart

*** For a Full List of Incident Examples Please Refer to MCT's NCS Crisis & Issues Guide ***



Reviewed & Updated: April 2024

MCT will review this **NCS Pharos Response Flowchart** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

Part 4B:
Adults at Risk
Policies & Procedures

Part 4B: Adults at Risk Safeguarding Policies & Procedures Contents

The following **Adult at Risk Safeguarding Policies & Procedures** underpin the importance MCT place on protecting every adult that may be vulnerable and in need of help or support. Detailed in this **Part 4B** section is our Adult at Risk Safeguarding Policy Statement, as well as clear guidance to support staff to recognise and respond to safeguarding concerns. Finally, MCT have detailed the Procedures for dealing with, recording and reporting allegations of abuse.

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74. Adult at Risk Safeguarding Policy Statement

Policy statement

Safeguarding - and the protection of all adults at risk - is everyone's responsibility. Abuse is a violation of an individual's human and civil rights. Abuse can take many forms; and all MCT staff are committed to work in such a way which promotes the welfare of adults at risk and safeguards them from harm. MCT staff accept and recognise their responsibilities to develop awareness of the issues that cause adults at risk harm - and to establish and maintain a safe environment for them.

MCT will not tolerate any form of abuse, wherever it occurs or whoever is responsible.

MCT recognises and is committed to the following principles to underpin effective safeguarding practice:

Principles

- That some adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, their communication needs and/or other issues surrounding disabilities
- That working in partnership across the organisation (including with MCT's parent football club) - and with adults, their parents, carers and advocates, as well as other external agencies and statutory bodies - is essential to effectively promote an adults at risk welfare and safety
- That all adults at risk - regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity - have the right to equal protection from all types of harm, abuse and/or exploitation; and to this end MCT will ensure that its services are provided in a way that promotes equality and diversity, eliminates discrimination in all of its forms (ensuring that no one is excluded) and which respects the needs of each and every individual.

Purpose & aims of this policy

MCT strives to ensure that no adults at risk ever experiences abuse of any kind.

To this end, MCT are committed to promoting an atmosphere of inclusion, transparency and openness - and are open to feedback from the people who engage with the organisation's services (including adult participants and their parents, carers and/or advocates, as well as all MCT staff) - with a view to how it may continuously improve services and activities.

MCT has developed robust **Adult at Risk Safeguarding Policies & Procedures** - contained within this **Safeguarding Handbook** - to establish the boundaries, guidelines and best practice for acceptable behaviour in relation to how the organisation and its staff will ensure the safety and welfare of all adults at risk - whether they be participants and/or beneficiaries.

Scope of this policy

MCT's **Adult at Risk Safeguarding Policies and Procedures** (as well as all other supplementary safeguarding resources) are designed to provide protection for the adults who either receive and/or are the beneficiaries of the organisation's services.

To this end, MCT will provide all line managers and staff with the appropriate guidance on the safeguarding procedures and best practice they should adopt in the event that they suspect an adult may be experiencing, or be at risk of, harm.

Who this policy applies to

This policy applies to everyone that comes into contact with MCT - including as applicable - the Trustees, the CEO and Executive Team, Senior Managers, the Management Team, Employees, Sessional Workers, Agency Staff, Contractors, Suppliers, Volunteers, Students on work experience, as well as anyone working on behalf of the organisation.

Safeguarding is everyone's responsibility!

Adult at Risk Safeguarding Policy Statement continued...

MCT commits to the effective safeguarding of all adults at risk (that are participants, beneficiaries and/or are connected to MCT) through the following:	
1.	Adhering to the organisations Adults at Risk Safeguarding Policies & Procedures.
2.	Carefully following the procedures laid down for the recruitment and selection of staff.
3.	Providing effective management for staff through supervision, support and training.
4.	Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving adults, parents, carers and/or advocates appropriately.
5.	Ensuring general safety and risk management procedures are adhered to at all times.
6.	Promoting full participation and having clear procedures for dealing with concerns and complaints.
7.	Managing personal information, confidentiality and information sharing appropriately and in line with legislations and best practice.
8.	Safeguarding adults at risk by implementing appropriate Codes of Behaviour for everyone involved with MCT - including visitors.

Reviewed & Updated: April 2024

MCT will review this **Adult at Risk Safeguarding Policy Statement** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.



Sean Daly | CEO

Jason Vincent | SSM & Trustee

75. Code of Good Safeguarding Practice when Working with Adults at Risk

Policy statement

MCT believes that its **Code of Good Safeguarding Practice when Working with Adults at Risk** will minimise the opportunity for adults at risk to suffer harm. It will also help to protect MCT staff by ensuring they are clear about the behaviour that is expected of them and the boundaries within which they should operate. As part of the process of encouraging ownership, MCT involves its staff members, adults at risk - as well as family, carers and advocates - in drafting and reviewing the **Code of Behaviour for Working with Adults at Risk** for the organisation.

The following six positive statements underpin MCT's Code of Behaviour:	
1.	MCT will protect the rights and promote the interests of adults at risk and their families, carers and advocates.
2.	MCT will strive to establish and maintain the trust and confidence of adults at risk and their families, carers and advocates.
3.	MCT will promote the independence of adults at risk - while protecting them as far as possible from danger or harm.
4.	MCT will respect the rights of adults at risk while seeking to ensure that their behaviour does not harm themselves or other people.
5.	MCT will uphold public trust and confidence in the work that it undertakes with adults at risk.
6.	MCT will be accountable for the quality of the organisations staff members work and take responsibility for maintaining and improving their knowledge and skills.

Behaviours to be avoided

This part of the code identifies behaviours that MCT staff members may slip into through lack of experience or training. Although the behaviours listed below are not intentionally harmful, such behaviour can be misconstrued and could ultimately lead to allegations of abuse being made. Examples of behaviours to be avoided include MCT staff members not:

- Spending excessive amounts of time alone with adults at risk away from others
- Taking an adult at risk to their own home
- Taking an adult at risk alone on car journey, unless this forms part of MCT's core activities.

If any of the above behaviours are unavoidable or necessary, then they should only occur with the full knowledge and consent of a senior manager; and at all times an appropriate record must be maintained.

Behaviours that will always be unacceptable

Unacceptable behaviours are those that must always be avoided in the interests of the safety of adults at risk, MCT staff members. Examples of behaviours to be avoided and which MCT staff members must never do include:

Never	<ul style="list-style-type: none"> ▪ Abuse, neglect, harm or place at risk of harm adults at risks - whether by omission or commission ▪ Engage in rough physical games with adults at risks, including horseplay ▪ Engage in sexually provocative games with adults at risks e.g. spin the bottle and strip poker ▪ Make sexually suggestive comments to an adults at risk ▪ Form inappropriate relationships with adults at risks ▪ Gossip about personal details of adults at risks and their families ▪ Make and/or accept loans or gifts of money from adults at risks.
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Code of Good Safeguarding Practice when Working with Adults at Risk continued...

Where MCT staff members are required to have physical contact and/or intimate care of a adults at risk, they must ensure that:

- Physical contact is person-centred and appropriate to the task required
- Training has been received to understand and implement the adult at risk's care plan, where required
- When providing intimate care, it is done sensitively and with respect for the individual's dignity and privacy
- If ever concerned about anything during intimate care, that it is reported without delay to MCT's Nominated Manager.

Use of physical intervention and restraint of adults at risks

MCT's staff members should only use forms of restraint for which they have received training and which follow current best practice.

However, regardless of the training received, MCT's staff members should:

Always

- Seek to defuse a situation and thereby avoid the need to use any form of restraint
- Only use restraint where it is absolutely necessary to protect the adult at risk or others from harm
- Ensure that any restraint used is proportionate to the risk of harm
- Record and report any use of restraint
- Review any situation that led to the need for restraint with MCT's Nominated Manager with a view to avoiding the need for restraint in the future.

Behaviour guidelines relating to diversity and the additional care & support needs of adults at risks

MCT staff members should always:

Always

- Be open to, and aware of, diversity in the beliefs and practices of adults at risks and their families
- Ask how an adult at risk's care should be delivered - having due regard to the cultural needs of others
- Be aware of the difficulties posed by language barriers, as well as other communication difficulties
- Ensure never to discriminate against adults at risks and their families, who have different cultural backgrounds and beliefs from their own
- Use the procedures outlined in this **Safeguarding Handbook** to report any discrimination against an adult at risk - and their families by other staff members.

Behaviour guidelines relating to the handling of adults at risks' money

MCT staff members should always:

Always

- Maintain records of an adult at risks' personal allowances, receipts and expenditure in line with MCT's related policies
- Ensure never to deny an adult at risk access to their money
- Ensure never to gain in any way when using the adult at risk's money on their behalf, or when guiding them in the use of their own money
- Ensure never to borrow money from, or lend money to, an adult at risk
- Report any suspicions of financial abuse.

Code of Good Safeguarding Practice when Working with Adults at Risk continued...

Behaviour guidelines relating to the use of technology, including photography

MCT is conscious that new technologies - such as social networking websites and mobile phones - can be misused by those who are intent on harming or exploiting adults at risk. To this end, MCT staff members should always ensure that they:

- Never photograph and/or video an adult at risk - even by mobile phone - without the adult at risk's valid consent
- Ensure that any photographs and/or videos taken of an adults at risk are appropriate
- Report any inappropriate use of images of an adult at risk
- Report any inappropriate or dangerous behaviour on the internet that involves an adult at risk.

MCT believes it is important that adults at risk are made aware of the dangers associated with new technology - such as social networking sites and the internet - and know how to tell someone if they encounter anything that makes them feel unsafe or threatened.

Sanctions for MCT staff members who breach this code of behaviour

All MCT staff members should understand the following:

- If ever unsure of the correct actions to take - or if it is felt that a breach of this code has occurred - then the matter should be brought to the immediate attention of MCT's Nominated Manager for advice
- Breaches of this code of behaviour are a serious issue that will be investigated.

Breaches of this code of behaviour may result in disciplinary action, a consequence of which could result in staff members being summarily dismissed for gross misconduct; or a volunteer's agreement being terminated.

Where a breach of this code of behaviour constitutes harm - and/or risk of harm - then referral will be made to the police, the DBS and other appropriate regulatory bodies.

Behaviour guidelines

Every person that is involved with MCT - whether a manager, staff member, volunteer, adult at risk, visitor, participant or user of its activities and services should relate to each other in a mutually respectful way. The following ground rules should be adhered to by everyone:

1. Have respect for each other.

2. Avoid the use of offensive language.

3. Do not use alcohol.

Any breaches of this code of behaviour by individuals using MCT services and facilities could lead to their exclusion. Where the behaviour constitutes abuse - e.g. of a peer, then referral will be made to the police for further investigation and action.

Reviewed & Updated: April 2024

MCT will review this **Code of Good Safeguarding Practice when Working with Adults at Risk** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

76. Introduction to Adults at Risk Safeguarding

This section of MCT's Safeguarding Handbook covers all the relevant unique policies, procedures and processes relating to the safeguarding of adults at risk.

In developing the adults at risk section of this Safeguarding Handbook, MCT has framed its approach by following the most up to date and best practice in regard to supporting adults who might be at risk. To this end, MCT referred to latest legislation contained within The Care Act 2014, as well as following the eight minimum standards of best practice and guidance developed by Volunteer Now - in consultation with a safeguarding adults at risk's advisory expert group - which was drawn from key organisations who work with adults at risks in the voluntary, community and independent sectors.

The eight minimum standards are drawn from the **Keeping Adults Safe: A Shared Responsibility Guidance** and MCT has used this as the foundation of its own **Adults at Risk Safeguarding Policies and Procedures**, because it is applicable to the work undertaken by the organisation with different adults at risk groups and the different areas of vulnerability experienced.

Therefore, this Safeguarding Handbook addresses the following eight core standards of best practice:

1.	MCT has a safeguarding adults at risk policy supported by robust procedures.
2.	MCT consistently applies a thorough and clearly defined method of recruiting staff in line with legislative requirements and best practice.
3.	MCT has procedures in place for the effective management, support, supervision and training of staff.
4.	MCT has clearly defined procedures for raising awareness of, responding to, recording and reporting concerns about actual or suspected incidents or abuse.
5.	MCT operates an effective procedure for assessing and managing risks with regard to safeguarding adults at risk.
6.	MCT has clear procedures for receiving comments and suggestions - and for dealing with concerns and complaints about the organisation.
7.	MCT has a clear policy on the management of records, confidentiality, and sharing of information.
8.	MCT has a written code that outlines the behaviour expected of all involved with the organisation - including visitors.

Understanding what is meant by safeguarding

Generally, **safeguarding** is a term used to describe how MCT protects adults from abuse or neglect. It is an important shared priority of many public services, and a key responsibility of local authorities. It is also MCT's responsibility to safeguard adults at risk who use MCT's services. Adult at risk safeguarding is about protecting certain people (aged 18 years and over) who may be in vulnerable circumstances.

These people may be at risk of abuse or neglect due to the actions - or lack of action - of another person. MCT will always work in partnership with the relevant Safeguarding Adults Boards (SAB's) to identify adults at risk - and put steps in place to help prevent abuse or neglect.

MCT uses the term adult at risk to replace the previously used vulnerable adults. This is because the term vulnerable adults can sometimes wrongly imply that some of the fault for the abuse lies with the victim of abuse.

MCT, through these policies, is committed to the following principles in all aspects of its safeguarding work with adults at risks:

- **Empowerment:** Which means putting people first and helping those who lack mental capacity to feel involved and informed

Introduction to Adults at Risk Safeguarding continued...

- **Protection:** This is about supporting victims of abuse so they can take action
- **Prevention:** Achieved by MCT responding quickly to suspected cases of abuse
- **Proportionality:** Making sure that what MCT does is appropriate to the situation and for the individual
- **Partnership:** Through sharing the right information in the right way
- **Accountability:** Which is about making sure that all staff understand their role and responsibilities for safeguarding adults at risks.

This policy applies to all persons over the age of 18 years old. Specific issues relating to the safeguarding of children (or young people aged up to 21 in some circumstances) will be dealt with by reference to MCT's Child Safeguarding Policies & Procedures and the organisations DSO.

MCT will raise concerns and allegations about people who are not covered by these adult at risk policies to the police, local authorities and the SAB and/or children's services.

Reviewed & Updated: April 2024

MCT will review this **Introduction Adults at Risk Safeguarding** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

77. Nominated Managers for Dealing with Actual or Suspected Abuse

Policy statement

Due to the nature of the work undertaken by MCT through working with adults at risks, the organisation has appointed two Nominated Managers who will be accountable and responsible for acting as a source of information and support to all MCT staff - and for dealing with allegations or suspicions of abuse that arise. As part of every new recruits' induction, MCT will ensure that the names of the Nominated Managers are made clear - including an overview of what their role entails and how they can be contacted.

The contact details of the Nominated Manager can be found below, as well as in the Introduction section of MCT's Safeguarding Handbook.

Nominated Managers for Adults at Risk

Due to the importance of this role MCT have selected and trained two senior managers who have good knowledge of the organisation, can communicate well internally with all MCT staff - and where appropriate and necessary - externally with the appropriate authorities. Both of the nominated managers are also responsible for safeguarding throughout the organisation.

The below MCT managers have been nominated due to their knowledge and awareness about adults at risk safeguarding issues and they will undertake any additional training as may be considered necessary to ensure that they keep up to date with developments in safeguarding.

Designated Safeguarding Officer & Nominated Manager for Adults

Name	Katie Whitmore
Job Title	Designated Safeguarding Officer
Telephone Contact	07809 554848
Email	kwhitmore@millwallplc.com

Deputy Designated Safeguarding Officer & Nominated Manager for Adults

Name	Joubin Sarrami
Job Title	Community Manager
Telephone Contact	07958 026990
Email	jsarrami@millwallcommunity.org.uk

Deputy Designated Safeguarding Officer & Nominated Manager for Adults

Name	Sean Daly
Job Title	CEO
Telephone Contact	07973 324987
Email	sdaly@millwallcommunity.org.uk

Deputy Designated Safeguarding Officer & Nominated Manager for Adults

Name	John Scarborough
Job Title	AP Manager
Telephone Contact	0207 740 0503
Email	jscarborough@millwallcommunity.org.uk

Nominated Managers for Dealing with Actual or Suspected Abuse continued...

The role of the Nominated Manager for adults at risk

The role of MCT's Nominated Managers is to undertake the following:	
1.	Establish contact with the relevant person or persons in the SAB's applicable to the geographical areas covered by the work of MCT.
2.	Establish contact with the relevant person or persons in the local police service who acts as the Police Liaison Officer for Adult Safeguarding in the geographical areas covered by the work of MCT.
3.	Provide information and advice on safeguarding adults at risks within MCT.
4.	Ensure that MCT's adults at risk safeguarding policies and procedures are followed.
5.	To inform MCT's Board Safeguarding Lead (SSM) - as well as the relevant person within the SAB and/or the Police Liaison Officer - of safeguarding concerns about individual adults.
6.	Ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing - under confidential cover - using the appropriate MCT documentation.
7.	Liaise with the SAB , the Police Liaison Officer , as well as any other agencies as appropriate and required.
8.	Keep relevant people within MCT - particularly MCT's Board Safeguarding Lead (SSM) - informed about any action taken and any further action required.
9.	Ensure that an individual case record is maintained of concerns about abuse and the action taken by MCT, the liaison with other agencies and the outcome.
10.	Advise MCT of safeguarding adults at risk training needs.

Reviewed & Updated: April 2024

MCT will review this **Nominated Managers for Dealing with Actual or Suspected Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

78. Recognising the Signs or Suspicions of Abuse of Adults at Risk

Purpose and aim of procedure

MCT aims to ensure that adults who may be at risk and who attend and/or participate in activities or events organised by MCT - as well as any other adults at risks who may come to the attention of MCT - receive the protection and support they need if they are at risk of abuse or radicalisation. MCT believes that every person is entitled to have their civil and human rights upheld and to live a life free from abuse and neglect. Being able to respond appropriately to signs or suspicions of abuse of adults at risks requires an understanding of what vulnerability and abuse is.

Understanding what can contribute to vulnerability in adulthood

An adult may be vulnerable to abuse because they have a mental health problem, a disability, a sensory impairment, is old or frail, has some form of illness, or because of their living circumstances e.g. they are living alone, or in isolation, or in a residential care home, nursing home or other institutional setting. MCT staff need to be aware of the circumstances that may leave an adult vulnerable to abuse and be able to recognise the possible signs of abuse. They should be alert to the demeanour and behaviour of adults at risk - as well as those around them - and changes that may indicate that something is wrong.

Understanding the definition of abuse in relation to adults at risk

Abuse is a violation of an individual's human and civil rights by any other person or persons. Many incidences of abuse are criminal acts. Abuse is defined as:

"The physical, psychological, emotional, financial or sexual maltreatment or neglect of an adult at risk by another person. The abuse may be a single act, or repeated over a period of time. It may take one form, or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members, or others. It can also occur outside such a relationship."

Abuse can be either deliberate or the result of ignorance, or lack of training, knowledge or understanding. Often, if a person is being abused in one way, they are also being abused in other ways.

Despite the types of abuse and indicators listed above, MCT staff should also remember that any adult with care and support needs - such as older people or people with disabilities - are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes, people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Abuse of adults can take many forms and these are listed in further detail in the pages that follow. However, evidence of any one of the adult at risk abuse indicators should not be taken on its own as proof that abuse is occurring. However, it should alert MCT staff to make further enquiries and to consider other associated factors. The lists of possible indicators - and the examples of behaviour provided - are not exhaustive and individuals may be subject to a number of abuse types at the same time.

Understanding where might abuse occur

Abuse can happen anywhere and it is important to realise that it's not specific to any one type of place or setting. It can happen:

- In someone's own home
- In educational settings
- In public places.
- Nursing care settings
- At work or
- In rented accommodation
- Within day care settings
- Institutional settings
- At a carer's home
- In commercial premises
- Residential care settings.

Recognising the Signs or Suspicions of Abuse of Adults at Risk continued...

Understanding who can be an abuser

An abuser can be anyone who has contact with an adult that is vulnerable and at risk in some way. This means that abusers can be a partner, spouse, child, relative, friend, informal carer, a healthcare, social care or other worker, a peer or - but less commonly - a stranger.

The following provides further detail about each of the different types of abusers:

Abusers	<ul style="list-style-type: none">▪ Domestic/familial abuse: This is where the abuse of an adult at risk comes from a family member such as a partner, son, daughter and/or sibling.▪ Professional abuse: This is defined as the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems.▪ Peer abuse: This would occur when there is abuse of one adult at risk by another adult at risk within a care setting. It can occur in group or communal settings, such as day care centres, clubs, residential care homes, nursing homes or other institutional settings.▪ Stranger abuse: An adult at risk may be abused by someone who they do not know, such as a stranger, a member of the public - or even a person who deliberately targets vulnerable people.
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The following pages provide more detailed information and guidance relating to the different types of abuse experienced by adults at risk.

Reviewed & Updated: April 2024

MCT will review this **Recognising the Signs or Suspicions of Abuse of Adults at Risk** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

79. Adults at Risk Abuse: Bullying Behaviour

Bullying behaviour

Bullying is behaviour against an adult is meant to hurt and/or intimidates them. It can be carried out by another adult - or even a child against an adult.

Examples of bullying behaviour against adults includes:

- **Lying and spreading malicious rumours**
- **Regularly undermining someone - i.e.** shouting at them and/or calling them names
- **Hurtful verbal & non-verbal communication - i.e.** negative facial or physical gestures, or mimicking unkindly
- **Repeated hurtful & hostile actions - i.e.** playing nasty jokes on someone to embarrass and/or humiliate them
- **Cyber bullying - i.e.** sending abusive texts, posting images or videos on social media.

Bullying against adults can happen either face-to-face, by letter, email, phone and via the use of social media.

Dealing with bullying behaviour

The following are some useful steps that can be utilised when an MCT staff member is supporting an adult that is experiencing bully from another adult.

First and foremost...

Keep safe | Always remember that you must prioritise your own safety - so remove yourself from the situation should you not feel comfortable and confident. However, if you feel that another person is in **immediate danger always call 999 without delay.**

If you are certain that you are safe - and you feel confident to do so - consider the following six steps to help manage an adult bully:

1. **Keep your distance & options open** | Ensure that you maintain distance from the individual and **avoid any physical engagement** unless you absolutely have no alternative.

The DSO will be able to advise you of steps to take should you have to engage in such circumstances.

2. **Stay calm & try to keep emotions neutral** | There is a lot of truth in the saying that a **bully wins when you are upset by what they say and do.**

Whilst it can be difficult to do so, the less reactive you are to provocations, then the better your judgement will be when dealing with the situation.

3. **Know your rights & recognise when they are being violated** | Every person has the following fundamental rights:

- To be treated with respect
- To express their feelings, opinions and wants
- To set their own priorities
- To be able to say no without feeling guilty
- To get what they have paid for
- To have opinions that are different to others
- To take care of - and protect themselves from - being threatened physically, mentally or emotionally
- To create their own happy and healthy life.

Whilst we know that not everyone respects the above rights of other people, always remember that a bully is trying to deprive their "victim" of their rights and is attempting to exert control over them and take advantage of them. Every person has the moral authority to declare what is right for them. Therefore, focusing on these rights can help when standing up to a bully.

Adults at Risk Abuse: Bully Behaviour continued...

4. **Use assertive & effective communication** | Whilst you are of course avoiding any physical interaction with the bully, you will need to utilise **assertive and effective communication skills**.

If you need help with developing your assertive communication skills please speak to MCT's DSO.

5. **Proactively deal with the problem** | If you find yourself having to deal with an adult bully on a regular basis, you need to ensure that you are attempting to stop the behaviour as quickly as possible - so that they **do not become serious and potentially damaging patterns** of longer term behaviour. And if you identify that there are other "victims" of the bully, consider a **joint and formalised approach to the behaviour**.

An effective way to do this is to formalise daily communication by either putting things in writing and/or having a third party present as a witness. By keeping a paper trail of the facts - the issues, agreements, disagreements and timelines etc. - it will help you build a strong case of factual evidence against the bully.

6. **Set consequences to compel respect** | If an adult bully insists on violating your boundaries - and despite using the above strategies the bullying is continuing - it is important to deploy **consequences** of them perpetrating the continued unacceptable behaviour.

Identifying and asserting consequences is one of the most important steps in dealing with a bully. If these consequences are strong and reasonable - as well as being effectively articulated - you will often find that they cause an adult bully to consider and change their unacceptable behaviour.

And above all...

Encourage communication | Encourage the person being bullied to talk about their experience. Adults that experience bullying often remain quite about what they are experiencing because of such things as:

▪ Fear	▪ Shame	▪ Embarrassment
▪ Denial	▪ Helplessness	▪ Powerlessness
▪ In addition to the above reasons for staying silent, there can also be gender, cultural, social and/or institutional conditioning that contributes to not seeking help.		

Staying silent about bullying is not only is it damaging to mental health - it can also encourage the bully to repeat and intensify their aggressive behaviour. Sharing the experience will not only allow others to provide help and support in dealing with it, but it will also strengthen the person's ability to handle the challenge.

Dealing with bullying behaviour

Whilst bullying behaviour is not specifically a defined area of abuse covered by the **Care Act 2014**, the examples provided above do fall into other areas of adults at risk abuse covered in this **Safeguarding Handbook**. As such, behaviour that may be described as bullying behaviour against an adult at risk, would still be a breach of their rights.

Therefore, MCT will also deal with any such behaviour by implementing the **Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse**.

If a child is bullying an adult at risk - and the child is participating in MCT activities - then this should be reported and dealt with under the relevant child policies, procedures and processes detailed in the Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Bully Behaviour** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

80. Adults at Risk Abuse: Discriminatory Abuse

Discriminatory abuse

Discriminatory abuse includes some forms of harassment, slurs or similar unfair (or less favourable) treatment relating to race, gender and gender identity, age, disability, sexual orientation, religion appearance or cultural background.

Defining discriminatory abuse

Discriminatory abuse is when someone **picks on** or treats someone **unfairly** because they think there is something **different** about them. It can result from situations that **exploit** a **vulnerability** by treating that person in a way that **excludes** them from opportunities they should have as equal citizens **e.g.** in relation to **education, health, justice**, as well as **access to services** and **protection**.

Examples of discriminatory abuse may include:

Examples of discriminatory abuse include:	
Examples	<ul style="list-style-type: none">▪ Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation These are known as protected characteristics under the Equality Act 2010.▪ Verbal abuse derogatory remarks or inappropriate use of language related to a protected characteristic▪ Denying access to communication aids not allowing access to an interpreter, signer or lip-reader▪ Harassment or deliberate exclusion on the grounds of a protected characteristic▪ Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic▪ Substandard service provision relating to a protected characteristic▪ Anti-social behaviour hate incidents and hate crime.

A **hate crime** is any behaviour that someone thinks was caused by **hostility, prejudice or hatred of gender identity (includes people who are transgender, transsexual or transvestite), race, skin colour, nationality, ethnicity or heritage, religion, faith or belief (including people without a religious belief), sexual orientation (people who are lesbian, gay, bisexual or heterosexual) and/or disability (including physical impairments, mental health problems, learning disabilities, hearing and visual impairment).**

Possible indicators of discriminatory abuse may include:

Examples of discriminatory abuse include:	
Indicators	<ul style="list-style-type: none">▪ The support on offer does not take account of the person's individual needs in terms of a protected characteristic▪ Expressing anger, frustration, fear or anxiety▪ The person appears withdrawn and isolated▪ A person may reject their own cultural background, racial origin or other personal beliefs, sexual practices and/or lifestyle choices▪ Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status▪ Lack of respect shown to an individual▪ Signs of a sub-standard service offered to an individual▪ A person making complaints about the service not meeting their needs.

Adults at Risk: Discriminatory Abuse continued...

Supporting adults who have experienced discriminatory abuse

Victims Support is an independent charity which supports people who have been affected by crime and/or traumatic events:

[**Click Here to Visit the Victim Support Website**](#)

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Discriminatory Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

81. Adults at Risk Abuse: Domestic Abuse

Domestic abuse

This is typically an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member - regardless of gender or sexuality. Domestic abuse also includes psychological, physical, sexual, financial, & emotional abuse.

Female Genital Mutilation (FGM), forced marriage, as well as so called honour based violence are all classed as domestic abuse.

Definition of domestic abuse

Domestic abuse is defined as any incident or pattern of **controlling, coercive and/or threatening behaviour, violence or abuse** between those **aged 16 or over** who are (or have been) **intimate partners or family members** - and applies regardless of gender or sexuality.

Controlling behaviour is also a form of domestic abuse. This is where the perpetrator of the domestic abuse uses a range of acts designed to make a person subordinate to **and/or** dependent on the abuser. **The purpose of controlling behaviour includes:**

- **Isolating the victim from sources of support**
- **Exploiting the victim's resources and capability for personal gain**
- **Depriving the victim of their means needed for their own independence.**

Coercive behaviour is another form of domestic abuse. This is where there is an act - or a pattern of acts - of **assault, threats, humiliation and/or intimidation or physical abuse** to **harm, punish and/or frighten** their victim.

Examples of domestic abuse

Domestic abuse can include - but is not limited to - the following examples:		
▪ Physical	▪ Sexual	▪ Financial
▪ Verbal	▪ Religious/Spiritual	▪ Honour-based violence
▪ Forced marriage	▪ Female Genital Mutilation	▪ Stalking/Harassment
▪ Emotional	▪ Psychological	▪ Mental.

Possible indicators of domestic abuse:

Possible physical indicators of domestic abuse may include:	
Indicators	<ul style="list-style-type: none"> ▪ Bruising generally, bruises on or around the eyes - as well as red or purple marks around the neck ▪ Cuts, sprained/broken bones and/or muscle tension ▪ Chronic fatigue, shortness of breath and/or involuntary shaking ▪ Changes in eating and/or sleeping patterns ▪ Sexual dysfunction and - in female victims - menstrual cycle or fertility issues ▪ Verbal abuse and humiliation in front of others ▪ Isolation - not seeing friends and family ▪ Damage to home or property ▪ Limited access to money.

Adults at Risk Abuse: Domestic Abuse continued...

Possible mental indicators of domestic abuse may include:

Indicators

- Post-Traumatic Stress Disorder (**PTSD**) - including flashbacks, nightmares, severe anxiety and uncontrollable thoughts
- Depression - including prolonged sadness
- Anxiety generally
- Low self-esteem and questioning of self-worth
- Suicidal thoughts **and/or** attempts at suicide
- Alcohol **and/or** drug abuse
- Feeling that the abuse is their fault - when it isn't
- Fear of outside intervention.

The age range for domestic abuse has been extended down to 16 - and if domestic abuse were a concern in an individual - then MCT's Child Safeguarding Policies and Procedures (detailed in this Safeguarding Handbook) would be followed.

Important note about FGM in adult woman

There is no requirement for automatic referral of adult women with FGM to adult social services or the police.

Therefore, referral to the police **must not** be introduced as an automatic response when identifying adult women with **FGM**, and each case must be individually assessed. Adult women with **FGM** can be helped and advised by offering referral to community groups who can provide support, and clinical intervention - or other services as appropriate **e.g.** through an **NHS FGM clinic**.

The wishes of the woman must be respected at all times.

However, if the woman is pregnant, the welfare of the unborn child - or others in her extended family - must be considered at this point, as these children are potentially at risk and safeguarding action must be taken accordingly.

Supporting adults who have experienced domestic abuse

National Domestic Abuse Helpline 0808 2000 247	Click Here for Support
Respect Men's Advice Line 0808 801 0327	Click Here for Support
The Mix 0808 808 4994 - Free information & support for under 25's	Click Here for Support
Galop 0800 999 5428 - National LGBT+ Domestic Abuse Helpline	Click Here for Support
Samaritans 116 123 - 24/7 service	Click Here for Support

Please refer to the **Child Abuse: Female Genital Mutilation Guidance** in MCT's **Child Safeguarding Policies and Procedures** (detailed in this **Safeguarding Handbook**).

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Domestic Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

82. Adults at Risk Abuse: Emotional &/or Psychological Abuse

Emotional & psychological abuse

This includes someone emotionally abusing an individual or threatening to hurt or abandon them, stopping them from seeing people and/or humiliating, blaming, controlling, intimidating or harassing them. It also includes verbal abuse and aggressive shouting that causes fear of violence, as well as cyberbullying and isolation - or an unreasonable and unjustified withdrawal of services or support networks.

Definition of emotional & psychological abuse

Emotional abuse is also known as **psychological abuse** or as **chronic verbal aggression**. People who suffer from emotional abuse tend to have **very low self-esteem**, show **personality changes** (such as **becoming withdrawn**) and may even become **depressed, anxious** or **suicidal**.

The aim of a perpetrator of emotional abuse is to **reduce confidence and esteem** - in order to make their victim increasingly reliant on them. They may use tactics such as **intimidation, bullying, constant criticism**, as well as keeping the victim **isolated from their family and friends** in order to exert control. Emotional abuse in relationships is often a means of controlling the victim, by having a strong mental hold over them.

Examples of emotional & psychological abuse

Emotional & psychological abuse can include - but is not limited to - the following examples:	
Examples	<ul style="list-style-type: none">▪ Enforced social isolation - preventing the victim from accessing services, educational and social opportunities and/or seeing friends▪ Removing mobility, communication aids and/or intentionally leaving someone unattended when they need assistance▪ Preventing someone from meeting their religious and/or cultural needs▪ Preventing the expression of choice and opinion▪ Failure to respect privacy▪ Preventing stimulation, meaningful occupation or activities▪ Intimidation, harassment, use of threats, humiliation, bullying, swearing or verbal abuse▪ Addressing a person in a patronising or infantilising way▪ Verbal abuse▪ Cyberbullying and/or isolation.

Possible indicators of emotional & psychological abuse may include:

Possible indicators of emotional & psychological abuse may include:	
Indicators	<ul style="list-style-type: none">▪ Deprivation of liberty through false imprisonment▪ Unexpected and/or unexplained changes in behaviour▪ Loss of sleep, depression, fear and/or confusion▪ An air of silence when a certain person is present▪ Withdrawal or a change in the psychological state of the person▪ Low self-esteem▪ Uncooperative and aggressive behaviour▪ A change of appetite resulting in a weight loss/weight gain▪ Signs of distress e.g. tearfulness, anger etc.

If aggressive shouting (which causes fear) is carried out in a public place it may be an offence against Public Order Act 1986, or harassment under the Protection from Harassment Act 1997.

Adults at Risk Abuse: Emotional &/or Psychological Abuse continued...

Possible short-term effects of emotional & psychological abuse

The emotional toll of this type of abuse can also result in the following behavioural and physical side effects:

- Confusion
- Fear
- Hopelessness
- Moodiness
- Shame
- Difficulty with concentrating
- Muscle tension
- Racing heartbeat
- Nightmares
- Various aches & pains.

Possible long-term effects of emotional & psychological abuse

Studies show that severe emotional abuse can be as powerful as physical abuse. Over time, both can contribute to low self-esteem and depression. Victims of emotional & psychological abuse can also suffer from the following:

▪ Anxiety	▪ Chronic pain	▪ Guilt
▪ Insomnia	▪ Social withdrawal	▪ Loneliness.

Supporting adults who have experienced emotional & psychological abuse

LWA - Living without Abuse | 0808 80 200 28

[Click Here for Support](#)

Relate - The Relationship People | What is emotional abuse

[Click Here for Support](#)

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Physical &/or Emotional Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

83. Adults at Risk Abuse: Financial & Material Abuse

Financial & material abuse

Financial abuse is a common method of abuse and is a type of coercive control, used to exert control in a relationship aimed at reducing the adult's freedom, current actions and plans for the future. This could be by:

- Someone **stealing money** or other **valuables** from an individual
- Someone - who is appointed to look after a person's money on their behalf - but who is **using the money inappropriately**
- Someone **coercing a victim** into **spending their money in a way they are not happy with.**

Internet scams and doorstep crime are also common forms of financial abuse.

Definition of financial & material abuse

Financial and material abuse is where someone **takes control of a victim's money** - to either control the victim or to use it for themselves. **They may:**

- **Apply pressure over wills/inheritance**
- **Take out credit in the victim's name**
- **Limit access to money or other resources**
- **Force all financial responsibility onto the victim**
- **Limit their own ability to contribute financially.**

Examples of financial & material abuse

Financial and material abuse can include - but is not limited to - the following examples:

Examples

- Stealing money or possessions
- Fraud or scamming
- Rogue trading **e.g.** unnecessary or overpriced property repairs
- Preventing a person from accessing their own money, benefits **and/or** assets
- Making threats **and/or** pressuring someone in connection with wills, property **and/or** financial transactions
- Victims being forced to give up work
- Telling the victim what they can spend their money on
- Misuse of a victim's benefits or other direct payments
- Making false representation **e.g.** a perpetrator using a victim's bank card or documents
- Forcing a victim to depend on the perpetrator financially.

Although it will not always be the case, everyone should be aware to the possibility that - even though financial abuse can occur in isolation - research has shown that where there are other forms of abuse taking place, there is likely to be financial abuse occurring also.

Adults at Risk Abuse: Financial & Material Abuse continued...

Possible indicators of financial & material abuse may include:

Possible indicators of financial & material abuse may include:	
Indicators	<ul style="list-style-type: none">▪ Reluctance on the part of the person with responsibility for the funds to provide basic food & clothes▪ Unexplained withdrawals from the bank and/or unusual activity in the bank accounts▪ Unexplained shortage of money, unpaid bills and/or rent arrears or eviction notices▪ Fraud and/or theft▪ Missing personal possessions▪ Recent changes in deeds or title to property▪ Unexplained loss/misplacement of financial documents.

Guidance on challenging financial abuse

Citizens Advice Addressing Financial Abuse Leaflet	Click Here for Support
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Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Financial & Material Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

84. Adults at Risk Abuse: Institutional Abuse, Neglect &/or Poor Practice

Institutional abuse, neglect &/or poor practice

This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum - through to pervasive ill treatment or gross misconduct.

Definition of institutional/organisational abuse, neglect &/or poor practice

Institutional abuse is where **neglect** and **poor care** happens **within an institution** - e.g. a **residential home** or a **hospital**, although it can also **happen in a person's own home**. Whilst institutional abuse may be a one-off incident, it can also be ongoing mistreatment.

Institutional abuse can take many forms, including - but not limited - to the following:

- Inappropriate use of power **and/or** control
- Inappropriate confinement, restraint **and/or** restriction
- Lack of choice **e.g.** in food, in decoration, in lighting and heating, as well as in other environmental aspects
- Lack of personal clothing **and/or** possessions
- Financial, physical **and/or** verbal abuse.

Organisational abuse is where there may be **an imbalance of power, poor policies, processes and/or practices within an organisation**. Whilst organisational abuse does not have to involve **physical violence**, it can often just be the type of behaviour that has **become taken for granted**. The important point to be aware of, is that when the **right to choose is taken away** from someone it can count as abuse.

Organisational abuse can take many forms, including - but not limited - to the following:

- Neglect **and/or** poor professional practices – caused by structure, policies, processes **and/or** practices
- Lack of leadership, supervision, authoritarian management **and/or** rigid regime
- Not taking account of individuals' cultural **and/or** religious needs.

Possible indicators of institutional abuse, neglect &/or poor practice may include:

Possible indicators of institutional abuse, neglect &/or poor practice may include:	
Indicators	<ul style="list-style-type: none">▪ Failure to whistleblow on issues when internal procedures to highlight issues are exhausted▪ People being hungry or dehydrated▪ Public discussion of personal matters▪ Lack of management overview and support▪ Lack of personal clothing, possessions and/or communal use of personal items▪ Lack of flexibility and choice for people using the service▪ Unnecessary exposure during bathing or when using the toilet▪ Lack of adequate procedures.

Adults at Risk Abuse: Institutional Abuse, Neglect &/or Poor Practice continued...

Possible indicators of institutional abuse, neglect &/or poor practice may include:

Indicators

- Inadequate staffing levels
- Poor record-keeping and missing documents
- Few social, recreational & educational activities
- Poor standards of care
- Absence of individual care plans
- Absence of visitors.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Institutional Abuse, Neglect &/or Poor Practice** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

85. Adults at Risk Abuse: Modern Slavery

Modern slavery

Modern Slavery is an international crime, it can include victims that have been brought from overseas, as well as other vulnerable people in the UK. Slave Masters and Traffickers will deceive, coerce and force adults into a life of abuse, callous treatment and slavery.

Definition of modern slavery

Modern slavery is the **exploitation of people** who have been **forced, deceived, or coerced** into a life of **labour and servitude**. Modern Slavery is linked to **Human Trafficking**, but not all victims of modern slavery will have necessarily been trafficked.

The **Modern Slavery and Human Trafficking** network is often made up of the following structure:

1. Recruiters.
2. Transporters/Traffickers.
3. Exploiters.

The people that are most at risk of Modern Slavery & Human Trafficking are those with mental health, alcohol and/or drug related issues as well as the homeless and people with disabilities.

Examples of enslavement

Although not intended to be an exhaustive list, examples of enslavement can include the following:

- **Forced Labour** | This is the most common form of slavery and is where a person **is forced to work against their will** or to **provide a service whilst under a threat of punishment**.

An example of some of the types of workplaces that this may be found in are domestic work, sex trade, nail bars, car washes, construction, restaurants, bogus or legal charity collections, drug supply (cannabis factories) & clothing manufacturers (sweatshops).

- **Domestic Servitude** | This is a form of **forced labour relating to domestic workers** such as **servants, maids, housekeepers and/or nannies**.

Victims are often not allowed to leave the home, but when they are then their movements are controlled or restricted.

- **Bonded Labour - also known as Peonage or Debt Bondage** | This is where the person is **tricked/trapped or working for little or no pay** and/or their **labour is being demanded** as means of **repayment for a loan**.

- **Forced Criminality** | This is where the victim is forced into various **criminal enterprises - e.g.** working in cannabis factories.

Victims of forced criminality may also have been provided with false identities and documents, which only serves to make what life they do have even more difficult - as not having legal documents only further raise the suspicions of the authorities.

- **Sexual Exploitation** | This is where (**usually females**) victims are recruited and brought to the UK by potential 'boyfriends' or 'befrienders' with the aim to **force them into prostitution, escort work and/or pornography**.

Often victims that are being sexually exploited also find themselves in a 'debt bondage' situation - as they have been forced into the sex trade to pay back their travel and living costs.

- **Cyber Slavery** | This is where the perpetrators will **entrap their victims using social media**. The perpetrator will form a 'friendship' with the victim **via webcam, email, text, WhatsApp or chat sites**.

The victims are then groomed with the promise of work or a 'better life' and deceived into providing sexual images of themselves - that will then be used to blackmail or exploit them for sex.

Adults at Risk Abuse: Modern Slavery continued...

- **Descent Based Slavery** | This is where the victim is **born into a group** referred to as a 'slave class' - and therefore the status of 'slave' has been passed from mother to child.

Whilst it is very unlikely that you would come across this form of modern slavery in the UK, it is possible that you encounter people - who have come to the UK from a country where this is more prevalent - and who have been a victim or a perpetrator.

- **Slavery in Supply Chains** | The use of forced labour **within the supply chain for everyday products**.

This type of slavery can be found at various stages of the supply chain - e.g. production, distribution, marketing and retail.

Possible indicators of modern slavery may include:

Possible indicators of modern slavery may include:	
Indicators	<ul style="list-style-type: none">▪ Living in dirty, cramped or overcrowded accommodation; and/or living and working at the same address▪ Isolation from the community and/or seeming under the control or influence of others▪ Fear of law enforcers▪ Always wearing the same clothes▪ Lack of personal items and/or identification documents▪ Avoidance of eye contact, appearing frightened or hesitant to talk to strangers▪ Signs of physical or emotional abuse▪ Appearing to be malnourished, unkempt or withdrawn.

Supporting for victims of modern slavery

A leaflet outlining the support available for victims of modern slavery - available in 11 foreign languages - is available from the following link:

[Click Here for Support with Modern Slavery](#)

If you think someone is in **immediate danger** call **999**. If there is no immediate threat you can call the **Modern Slavery Helpline** on **0800 0121 700**.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Modern Slavery** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

86. Adults at Risk Abuse: Neglect & Acts of Omission

Neglect & acts of omission

Neglect is also a form of abuse. Neglect includes not being provided with enough food, or the right kind of food - or not being taken proper care of. Leaving an individual without help to wash or change dirty or wet clothes, not getting them to a doctor when they need one, or not making sure the person has the right medicines all are defines as acts of neglect.

Definition of neglect & acts of omission

Neglect and acts of omission is where the person - who has responsibility for the **care or custody** of an adult at risk - **fails to provide the amount and type of care** that a reasonable person would be expected to provide. This type of neglect can be **intentional** or **unintentional**. **Neglect and acts of omission can take many forms, including - but not limited - to the following:**

- Ignoring the persons medical, emotional **and/or** physical care needs
- Failing to provide the person access to appropriate health, care, support **and/or** educational services
- Withholding the persons necessities of life **e.g.** medication, adequate nutrition **and/or** heating.

Possible indicators of neglect & acts of omission may include:

Possible indicators of neglect & acts of omission may include:	
Indicators	<ul style="list-style-type: none">▪ Untreated medical problems and/or failure to administer medication properly▪ Malnutrition▪ Over-sedation▪ Bed sores▪ Confusion▪ Deprivation of meals - which can be wilful neglect▪ Poor environmental conditions▪ Inadequate heating and/or lighting▪ Clothing is ill-fitting, unclean and/or in poor condition▪ Failure to provide appropriate privacy and/or dignity▪ Isolation e.g. denying access to any callers and/or visitors.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Neglect & Acts of Omission** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

87. Adults at Risk Abuse: Physical Abuse

Physical abuse

This can include being assaulted, hit, slapped, pushed, restrained, being denied food or water, or not being helped to go to the bathroom when the person needs to go. It can also include misuse of an individual's medication.

Definition of physical abuse

Physical abuse is any **intentional act** causing **injury** or **trauma** to another person. Whilst in most cases it is children that are the victims of physical abuse, adults can also be victims **e.g.** via **domestic violence** or **workplace aggression**.

The alternative terms that are sometimes used include **physical assault** or **physical violence** - and may also include **sexual abuse**.

Physical abuse can involve **more than one abuser**, and **more than one victim**.

Examples of physical abuse

While not strictly physical, many behavioural patterns of a victim can also be signs that are experiencing physical abuse. These signs may include:

- Name-calling, put-downs, overt anger, threats and/or attempts to intimidate by the abuser
- Restricting the victim's movements **e.g.** preventing them from attending work or school, controlling what they do or say
- Restricting the victim's access to money
- Jealousy or possessiveness over the victim
- Delayed time between the injury and seeking of medical treatment - this may be because the victim is unable to leave the house for treatment, or due to the shame felt over the abuse
- Victim's non-compliance with a treatment regimen **e.g.** missed medical appointments or an inability to take medication due to lack of access to money
- Victim's fear of disagreeing with their abuser
- Abuser harming other people or animals in the victim's life.

Indicators of physical abuse

Whilst signs of physical abuse may seem obvious, most victims will try to cover them up to hide the abuse - due to fear of the abuser, or shame about the abuse. Many victims even feel that the abuse is their own fault. Although not intended to be an exhaustive list, indicators of the physical abuse include the following:

Possible indicators of physical abuse may include:	
Indicators	<ul style="list-style-type: none">▪ Assault - which can be intentional or reckless▪ Multiple bruising▪ Unexplained weight loss▪ Fractures▪ Depression▪ Cuts▪ Burns▪ Restraint or grip marks▪ Bed sores▪ Fear.

Adults at Risk: Physical Abuse continued...

Less obvious signs of physical abuse

Whilst the above possible indicators of physical abuse are quite visible, other signs of physical abuse may be more subtle. The less obvious signs may include:

- Vague medical complaints e.g. chronic headaches, fatigue or stomach pain
- Social isolation or withdrawal
- Unwanted pregnancy, lack of prenatal care
- Sexual problems
- Fearfulness
- Anxiety, including panic attacks and **Post-Traumatic Stress Disorder (PTSD)**
- Pelvic pain, vaginal and/or urinary tract infections
- Abuse of alcohol or other drugs
- Depression.

Please note: It is important to remember that while these signs may indicate physical abuse, they may also indicate other problems in the victim's life. Therefore, it is important that you do not jump to conclusions.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Physical Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

88. Adults at Risk Abuse: Self-Harm

Self-harm

This is where an adult hurts (or tries to hurt) themselves physically. It can also be referred to as self-injury.

Defining self-harm

The term self-harm is used to describe a wide range of behaviours, but it is generally understood to be a **physical response** to an **emotional pain** of some kind. **The more commonly known forms of self-harm include such things as:**

- **Cutting**
- **Burning**
- **Pinching.**

However, there are many ways in which someone can hurt themselves, including but not limited to:

- **Abusing drugs**
- **Abusing alcohol**
- **Having an eating disorder.**

Understanding why a person may self-harm

The need to self-harm usually comes from emotions that have become difficult to manage - although sometimes it may be a sign of an underlying mental health issue. There are many reasons underlying why someone may want to self-harm, but often, once they start, it becomes a compulsion which they cannot stop. This compulsion is because once someone starts self-harming, chemicals which are released in the brain can make the self-harming become addictive very quickly. It can be a way of that adult punishing themselves for something they have done or may have been accused of doing.

Often, a person who is self-harming, is being bullied, feeling lonely, sad and/or angry, under too much pressure to do well at college/university or work, have low self-esteem and/or low confidence, being emotionally abused, suffering from grief, feel like they have a lack of control over their own lives, or having relationship problems with family, friends or colleagues.

Accordingly, self-harm will often happen during times of anger, distress, fear, worry, depression or low self-esteem and happens in order for the individual to be able to manage or control negative feelings. Self-harm can also be used as a form of self-punishment for something someone has done, thinks they have done, are told by someone else that they have done, or that they have allowed to be done to themselves.

Self-harm is ultimately a personal response from the individual, but a response which doesn't resolve any difficult emotions - in either the short term, or long term. When someone self-harms they often find that the immediate relief that the self-harming seems to bring is usually quickly replaced by an even greater sense of distress.

Self-harm isn't usually a suicide attempt or a cry for attention, but it is often a way for the person to release overwhelming emotions - and it is their way of coping. There are often links between depression and self-harm.

Possible Physical Signs of Self-Harm	Possible Emotional Signs of Self Harm
<ul style="list-style-type: none">▪ Evidence of cuts, bruises or burns, most commonly on the head, wrists, arms, thighs & chest	<ul style="list-style-type: none">▪ Appearance of being depressed, tearful, having low motivation and/or being withdrawn and isolated
<ul style="list-style-type: none">▪ Bald patches on head from hair pulling	<ul style="list-style-type: none">▪ Sudden weight loss or gain
<ul style="list-style-type: none">▪ Taking an overdose	<ul style="list-style-type: none">▪ Could have low-esteem and appear to self-blame and/or could be drinking or taking drugs

A person that is self-harming is likely to hide the physical signs by wearing long sleeved clothes to cover themselves up - even when it is hot.

Adults at Risk Abuse: Self-Harm continued...

Helping an adult who is self-harming

It is not easy to work out why someone is self-harming - and they may not even know exactly why they are doing it either. Sometimes, it's more important (and often much more helpful for the individual) to focus on how they are feeling rather, than what they are doing to themselves. It is only through talking about and understanding the emotions involved, that the need to self-harm can be reduced and eventually taken away.

MCT recognises that its staff are not trained in counselling and neither do they possess professional qualifications in psychology. Accordingly, MCT always expects its staff to sign-post any adult - who is self-harming - to a suitable professional e.g. their GP.

Notwithstanding the importance of always sign-posting to a qualified professional, the following steps may assist as a short-term measure, should an adult confide to an MCT staff member that they are self-harming:

Step	Your Response	Support
1.	Show them you understand	Whatever your relationship to the adult, discovering that they are self-harming could affect you emotionally. However, it is very important to stay calm and let them know that you are there to help and support them .
2.	Talk it over	If they are finding it hard to talk face to face you could suggest they write it down or email how they feel instead, or that there may be another appropriate adult they can talk to. If you are talking to an adult, they can alternatively call the Samaritans on 116 123 .
3.	Explore the triggers	Tell the adult that you understand that self-harm helps them to cope, but that it is only a temporary relief . Tell them that you want to help them find other ways to cope .
4.	Advise them who you need to share this with	Tell them you will need to share with MCT's DSO to identify the correct steps to take to provide the appropriate support as is applicable. Reassure them you will only share with people that really need to know .
5.	Possible ways to help them cope	<ul style="list-style-type: none"> ▪ Paint, draw or scribble in red ink ▪ Hold an ice cube in their hands until it melts ▪ To write down their negative feelings on a piece of paper then rip it up ▪ Listen to music ▪ Take part in a form of exercise ▪ Take a bath or shower ▪ Watch their favourite funny film ▪ Talk to someone, maybe a friend or member of family.

Further help and guidance for adults that are self-harming can be obtained from the Samaritans by telephoning 116 123 and/or visiting the website below:

[Click Here to Get Help with Self-Harming](#)

Please do not keep a concern or disclosure of self-harming to yourself. Always share this with MCT's DSO - who will ensure that you are appropriately supported (as well as helping you sign-post the adult to appropriate qualified and professional support) in addition to you also receiving any support you may require as a consequence of the incident.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Self-Harm** and best good practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

89. Adults at Risk Abuse: Self Neglect

Self-Neglect

This particular area has now been recognised within **The Care Act 2014** as part of the safeguarding framework and includes various behaviours such as a disregarding of personal hygiene, as well as health or surroundings which results in a risk of impacting on the individual's wellbeing. Self-neglect also include such behaviours as hoarding.

Definition of self-neglect

Self-neglect is a **behavioural condition** in which an **individual** neglects to attend to their **basic needs** - e.g. **personal hygiene, appropriate clothing, feeding** - as well as failing to **tend appropriately to any medical conditions** they have.

Self-neglect can be sub-divided as follows:

Intentional or Active Self-Neglect	Non-Intentional or Passive Self-Neglect
This is when a person makes a conscious choice to engage in self-neglect e.g. by actively refusing to visit a doctor when they are feeling unwell.	This is when health-related conditions contribute to a risk of developing self-neglect e.g. when a person with a learning disability may have lapses in concentration that may make them forget to attend to their personal hygiene.

Types of self-neglect

- Lack of self-care - to an extent that it threatens personal health and safety
- Neglecting to care for personal hygiene, health **and/or** surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability **and/or** unwillingness to manage personal affairs.

Possible indicators of self-neglect may include:	
Indicators	<ul style="list-style-type: none"> ▪ Inability or unwillingness to take medication or treat illness or injury ▪ Collecting a large number of animals in inappropriate conditions ▪ Non-compliance with health or care services ▪ Living in squalid or unsanitary conditions ▪ Lack of essential food, clothing or shelter ▪ Malnutrition and/or dehydration ▪ Neglecting household maintenance ▪ Very poor personal hygiene ▪ Unkempt appearance ▪ Hoarding.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Self Neglect** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

90. Adults at Risk Abuse: Sexual Abuse

Sexual abuse

This includes indecent exposure, sexual harassment, inappropriate looking or touching, as well as rape. Sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, as well as sexual acts that an individual did not agree to, or were pressured into consenting to all count as sexual abuse. Sexual abuse can also take place via the internet.

Definition of sexual abuse

Sexual abuse is the **direct** or **indirect** involvement in sexual activity without consent. However, **denial of a sexual life to consenting adults** is also considered as abusive practice.

Indicators of sexual abuse

Whilst not intended to be an exhaustive list sexual abuse of adults can occur in the following seven specific areas:

Possible indicators of sexual abuse may include:	
Indicators	1. Health indicators can include: <ul style="list-style-type: none">▪ Urinary tract infections/vaginal infections/sexually transmitted diseases▪ Pregnancy.
	2. Identity indicators can include: <ul style="list-style-type: none">▪ Low self-image/low self-esteem▪ Self-harming▪ Unusually subdued, withdrawn and/or a lack of concentration.
	3. Relationship indicators can include: <ul style="list-style-type: none">▪ Hostility in relationships with staff and family members▪ Physical aggression.
	4. Social presentation indicators can include: <ul style="list-style-type: none">▪ Change in appearance.
	5. Family & environmental factor indicators can include: <ul style="list-style-type: none">▪ History in physical, sexual and/or emotional abuse, neglect, domestic violence and/or parental difficulties.
	6. Housing indicators can include: <ul style="list-style-type: none">▪ Pattern of street homelessness.
	7. Income indicators can include: <ul style="list-style-type: none">▪ Possession of large sums of money with no plausible explanation.▪ Expensive clothes, mobile phones or other possessions with no plausible explanation.
	Other common key indicators can include: <ul style="list-style-type: none">▪ Other unexpected or unexplained changes in behaviour not covering in the above examples▪ Torn, stained or bloody underwear▪ Loss of sleep▪ Bruising▪ A preoccupation with anything sexual▪ Soreness around the genitals▪ Indecent assault▪ Rape.

Adults at Risk Abuse: Sexual Abuse continued...

Sexual abuse via the Internet

Sexual abuse can also occur via the Internet - and may also include **cyber-bullying** more generally. Cyber-bullying is when a person is **tormented, threatened, harassed, exploited, humiliated, embarrassed** and/or **otherwise targeted** by others using the **Internet** or via **mobile phones e.g.** through using **text, photos** and **videos**. The Internet can be accessed on **mobile phones, laptops, computers, tablets, webcams, cameras** and **games consoles**.

Definition of sexual abuse occurring via the Internet

Internet sexual abuse relates to three main areas of sexual abuse:

1. **Abusive images** - although these are not confined to just the Internet.
2. An adult **being groomed** - in this case for the purpose of sexual abuse.
3. **Exposure** to pornographic or other offensive material via the Internet.

Indicators of Internet sexual abuse

Whilst not intended to be an exhaustive list, indicators of the Internet sexual abuse of adults include:

Possible indicators of Internet sexual abuse may include:	
Indicators	<ul style="list-style-type: none">▪ Spending extended amounts of time online▪ Secrecy over mobile phone and computer use▪ Withdrawal from social contact▪ Depression▪ Mood swings▪ Unexplained gifts▪ Sleep disturbances▪ Self-harming.

Supporting adults who have experienced sexual abuse

Lifecentre: Support for survivors of sexual abuse - including anyone supporting them - can be obtained from the Lifecentre by telephoning 0808 802 0808, by texting 07717 989 022 and/or visiting the website below:

[Click Here to Visit the Lifecentre Website](#)

The Survivors Trust: Support for survivors of sexual violence - including Advocates and Independent Sexual Violence Advisors (ISVA's) - can be obtained from the Survivors Trust by telephoning 0808 801 0818 and/or visiting the website below:

[Click Here to Visit the Survivors Trust Website](#)

Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' e.g. accommodation, alcohol, affection, money - as a result of them performing, or others performing on them, sexual activities.

Reviewed & Updated: April 2024

MCT will review this **Adults at Risk Abuse: Sexual Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

91. Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse

Policy statement

When there are concerns or a disclosure and/or allegations are made in relation to adult abuse, people will often feel anxious about passing on the information to anyone else. It is not unusual for a concerned individual to ask themselves **What if I'm wrong?**

This thought can hold back the person from taking action. Therefore, it is important for MCT staff to know that they are not responsible for deciding whether or not abuse has occurred. Neither are staff responsible for conducting an investigation - as this is the role of the appropriate authorities. However, staff do need to pass on any concerns they have through MCT's reporting procedures. Most importantly, this responding, recording and reporting procedure is in place to ensure that MCT's staff do not attempt to deal with the situation alone.

Methods that adults at risk may use to alert another to signs of abuse or neglect

There are a variety of ways that MCT staff could be alerted to the fact that an adult at risk is suffering harm. Some of these ways are listed below:

- An adult at risk may self-disclose
- Someone else may raise their concerns, or something may happen that causes concern
- An adult at risk may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation
- An adult at risk's demeanour and/or behaviour may lead to suspicions of abuse or neglect
- The behaviour of a person close to the adult at risk may make others feel uncomfortable - which can include another staff member, peer or family member
- Through general good neighbourliness and social guardianship.

Being alert to potential abuse plays a major role in ensuring that adults at risk are safeguarded - and it is important that all concerns about possible abuse are reported.

Steps to take if an adult at risk discloses abuse

In cases where an adult at risk discloses abuse to an MCT staff member, it is important that they know how to react appropriately - and in accordance with the guidelines provided in this Safeguarding Handbook. **Important things that you should do include:**

Do	stay calm.
Do	listen and hear.
Do	express concern and sympathy about what has happened.
Do	reassure the person by telling them that they have done the right thing in speaking up.
Do	seek urgent medical and/or police help if required by calling the emergency services on 999.
Do	ensure the safety of the person.
Do	be aware that medical and forensic evidence might be needed.
Do	let the person know that they will be kept involved at every stage.
Do	act without delay.
Do	let the person know that the information will be taken seriously and give them information about what will happen next.
Do	record in writing using MCT's Vulnerable Adult Abuse Report Form , ensuring that it is dated and signed where indicated and report directly - and without any delay - to MCT's DSO who is MCT's Nominated Manager in matters of adult safeguarding.

Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse continued...

In cases where an adult at risk discloses abuse to an MCT staff member, it is important that they know how to react appropriately - and in accordance with the guidelines provided in this Safeguarding Handbook. **Important things that you should not do include:**

Do Not	stop someone disclosing.
Do Not	promise to keep secret.
Do Not	press the person for more details or make them repeat the story.
Do Not	contact the alleged abuser.
Do Not	attempt to investigate yourself.
Do Not	leave details of your concerns on a voicemail or by email.
Do Not	Delay.
Do Not	gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know.

The Prompt Action Required to be taken when Concerns about an Adult at Risk is Raised

1.	That the adult at risk is in no immediate danger and that any medical or police assistance required has been sought.
2.	Due consideration is given to whether the concern is a safeguarding issue or not - which may involve some checking out of information - whilst taking every concern to not stray into the realm of investigation . Further information on the differences is provided below...

Understanding the Difference between Checking Out Concerns and Investigating

Staff should be aware that there may need to be some initial checking out with the adult at risk - who has disclosed information to them - in order to ensure the adult at risk's safety **e.g.** if a staff member notices a bruise on an adult at risk's arm, it would be appropriate to ask, **I see you have a bruise on your arm. How did that happen?**

However, staff should be careful not to start investigating - as there is a clear distinction between **checking out** and **an investigation**. For the avoidance of doubt, MCT's staff **must not** begin to investigate alleged or suspected abuse by asking questions that relate to the detail - or the circumstances of the alleged abuse - beyond initial listening, expressing concern and checking out.

If, as a consequence of appropriate checking out, it is then decided that a referral is not required at this stage, then MCT's Nominated Manager will record the decision not to refer and the reasons for not making a referral. In this example, the situation should be monitored so that a referral can be made if the situation deteriorates. Everything in this example - including the outcome of monitoring and any further concerns coming to light - should be recorded.

Action to be Taken in the Event of a Non-Safeguarding Issue being Raised

If MCT's Nominated Manager considers that the matter is not a safeguarding issue - and as such no referral to a statutory authority is required - then the following action must be taken:

- A written record must be made of the concern
- Details must be kept on file
- Details of any action taken must be noted
- Details of the reasons for not referring must be noted
- The situation must continue to be monitored on an ongoing basis.

Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse continued...

An example of a non-safeguarding occurrence could be an individual who, whilst normally very particular about their appearance and clothes, turns up unkempt with items of clothing on inside out for two days in a row. It would be important to record the details of the concern about the person's appearance and any action taken and the outcome of that action. In this example, the action taken may include speaking to the individual and to their carer (if appropriate) and recording the responses. The carer's response may indicate that they had also noticed the uncharacteristic change in appearance and is equally concerned.

Action to be Taken in the Event of a Safeguarding Issue being Identified

Where it is considered that the concerns represent a safeguarding issue the MCT's Nominated Manager will discuss the case with the relevant authorities who will help determine whether a crime may have been committed. MCT's Nominated Manager - as well as any other MCT staff who were involved in the raising of the concerns - are to remain available as required to assist with any resulting investigation.

Reporting & Recording a Disclosure

Whilst MCT accepts that there will be emergency situations where it will be appropriate for the staff member to contact the police and/or emergency services immediately, in general - whatever the circumstances of the concern, disclosure, allegation or suspicion - it is vital that the staff member records the details and reports to MCT's Nominated Manager without delay.

Whenever there are concerns, disclosures, allegations and/or suspicions a record must always be made using the **Locker App**. In circumstances where a staff member reports concerns to their Line Manager, then this Line Manager will be accountable for reporting to MCT's Nominated Manager immediately.

Using the **Locker App** for reporting concerns about Adults at Risk Abuse, an accurate record should be made of the date and time that the member of staff became aware of the concerns, the parties who were involved, and any action taken **e.g.** if first aid was administered.

Any questions that staff asked in checking out the concerns must be recorded using exactly the words that were used.

Above all, the record made should be clear and factual as this information will be invaluable to professionals investigating the incident - and may at some time in the future be used as evidence in court.

Once this form has been completed MCT's Nominated Manager will ensure that the information (whether electronic or paper-based) is kept securely and that it will only be shared with those who need to know about the concerns, disclosures, allegations or suspicions of abuse and in accordance with MCT's **Recording, Storing and Sharing Information Policies & Procedures** contained in this **Safeguarding Handbook**.

Staff are asked to make a personal record of the fact that they made a report, with the date and to whom the report was made.

Action to be Taken in the event of a Safeguarding Referral is Required

If a referral is made, then as a minimum the following information will be required:

- The name and address of the adult at risk and their current location
- The nature of the harm
- The need for medical attention if required
- The reasons for suspicions of abuse
- Any action already taken
- Any other information that may be useful to an investigation **e.g.** information related to the alleged perpetrator and their location - and whether or not the adult at risk is aware of/and has agreed to the referral.

All disclosures must be made without delay to MCT's Nominated Manager. However, the first priority must always be to ensure the immediate safety and protection of the adult at risk. In life threatening situations - such as severe physical abuse - then the member of staff must contact the relevant emergency services immediately.

Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse continued...

Maintaining Confidentiality

MCT will ensure that all information relating to an adult at risk (or any concerns about an adult at risk) will always be kept confidential and shared only on a **need to know** basis. MCT's staff must never discuss information relating to a concern, disclosure or allegation or suspicion - either inside or outside the organisation - other than with those that need to know such as their Line Manager or MCT's Nominated Manager. MCT's **Recording, Storing and Sharing Information Policies & Procedures** will underpin the maintenance of all records, which includes records of abuse or suspected abuse in relation to adults at risks.

Reviewed & Updated: April 2024

MCT will review this **Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

92. Procedure for Dealing with Allegations made against Staff

Policy statement

MCT accepts that where an allegation against a member of staff is made, this can prove a very difficult situation to deal with, particularly if the staff member who first hears of the allegation finds that the subject of the allegation is a close colleague or friend. Nevertheless, MCT want to ensure that any allegations of abuse will be dealt with consistently - regardless of any relationships or loyalties.

MCT acknowledges that when responding to an allegation made against a member of staff, the organisation has a dual responsibility:

- | | |
|-----------|---|
| 1. | Firstly (and most importantly) MCT has a responsibility to the adult at risk. |
| 2. | Secondly, MCT has a responsibility to the member of staff. |

The following procedure will run in conjunction with MCT's Procedure for Responding to, Recording & Reporting Actual or Suspected Adult Abuse:

Allegation Procedure

Where an allegation is made against an MCT staff member, it will be MCT's Nominated Manager who will be responsible for recording the details of the incident in full and passing it on to MCT's CEO/SSM. MCT's CEO/SSM will then follow the procedure outlined below:

- | | |
|-----------|--|
| 1. | Through MCT's Nominated Manager, consultation will take place with the relevant authorities to ensure that any subsequent action taken in relation to the allegations does not prejudice any external investigation. |
| 2. | Following step 1 being completed, MCT's CEO will inform the staff member or volunteer that an allegation has been made against them and provide the individual with an opportunity to respond to the allegation with the response to the allegation being recorded in full. |
| 3. | Through MCT's Nominated Manager, further consultation will take place with the relevant authorities to agree the most appropriate way forward. |
| 4. | In all cases where allegations have been made against an MCT staff member or volunteer, protective measures will be taken - which may include either suspending the individual or moving them to alternative duties. |

Where suspension takes place it will always be a neutral act to allow the investigation to proceed and to remove the MCT staff member or volunteer from the possibility of any further allegation. Suspension will always be for the shortest possible time and will be dealt sensitively. At all times MCT's disciplinary procedure will be followed and MCT will have due regard to any guidance provided by the relevant authorities.

Supporting MCT Staff who have had an Allegation made Against Them

To ensure that all MCT staff members understand the procedure to be followed - in the event of concerns or allegations being made against them - MCT will ensure that induction training thoroughly covers adult safeguarding during the probationary period as well as through on-going and refresher training.

MCT fully appreciates that when allegations against its staff members are made, this can be traumatic and unsettling time for the organisation as a whole. For this reason, MCT's staff should be reassured that any allegations made against them will be dealt with as outlined in this procedure and will always be consistently implemented with due regard to MCT's disciplinary procedures outlined in the **Employee Handbook** and the **Volunteer's handbook**.

MCT will always endeavour to handle any investigation into an allegation made against its staff members sensitively from initiation to conclusion - whilst managing any anxieties expressed or demonstrated by any adults at risk, carers, family members, advocates, or any other MCT staff member.

Procedure for Dealing with Allegations made against Staff continued...

Possible Outcomes of an Investigation	
As a result of the investigation, the allegation may or may not be substantiated. MCT's considers that there are four possible outcomes to an investigation as outlined below:	
a.	<p>Allegation substantiated - resulting in an individual being excluded from regulated activity:</p> <p>On the basis that the investigation finds that the allegation is substantiated and that either harm, or risk of harm to an adult at risk has occurred, then the individual will be removed from regulated activity. In these circumstances MCT will then be under a statutory duty to refer the incident to the DBS. This referral to DBS will be triggered as soon as the investigation determines either harm or risk of harm has occurred - which could be at this at any stage during the disciplinary process and not necessarily when the process concludes.</p>
If in the event of an allegation having been made against an MCT staff member the individual under investigation subsequently resigns or retires prior to the investigation process being complete, MCT will always complete the investigation. Should the investigation conclude that harm, or risk of harm to a adults at risk has occurred, a DBS referral will still be made.	
b.	<p>Allegation substantiated - resulting in an individual being reinstated to regulated activity:</p> <p>In a situation where an investigation concludes that the allegation is substantiated, but the circumstances of the case are such that the individual can be reinstated to their role - subject to appropriate disciplinary sanctions - then appropriate training/retraining will be undertaken, as well as the appropriate support and supervision arrangements being put in place. If a MCT staff member is permitted to return to their post in the above circumstances, then a referral to the DBS will not be required.</p>
c.	<p>Allegation unsubstantiated - however, ongoing concerns remain:</p> <p>Where the investigation finds that the allegation is unsubstantiated and that the individual has not harmed, or placed at risk of harm, an adult at risk - but ongoing concerns about the conduct of MCT's staff member - then MCT may conclude that the individual can be reinstated with additional support, supervision and training/retraining.</p>
d.	<p>Allegation unsubstantiated - no ongoing concerns remain:</p> <p>Should the investigation conclude that the allegation is unsubstantiated and therefore no individual has harmed, or placed at risk of harm, an adult at risk - then the staff member will be reinstated and provided with appropriate support, training and supervision, as necessary.</p>

Should any staff member feel that a safeguarding issue is/has not been taken seriously - having followed the procedure outlined here - then they should invoke MCT's Whistleblowing Procedure which is detailed in Part 2 of this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Procedure for Dealing with Allegations made against Staff** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

93. Procedure for Assessing & Managing Risks in the Safeguarding of Adults Risk

Policy statement

Assessing and managing the risks to adults - who may be vulnerable - is integral to MCT's risk management strategy. Risks may relate to the working of the organisation; its provision of services; its delivery of individual activities; or its social guardianship responsibilities.

Understanding what is meant by risk assessment

Assessment of risk is the process of examining what could possibly cause harm to adults at risks, staff members, volunteers or others - in the context of the activities and services MCT provides; in the interactions with and between adults at risks; and with the wider community.

Risk of harm can be posed by actions and inactions in many different situations such as:

- Intimidation and other threatening behaviours
- Behaviours resulting in injury, neglect, abuse, and exploitation by self or others
- The use of medication
- The misuse of drugs or alcohol
- Aggression and violence
- Suicide or self-harm
- A person's impairment or disability
- Accidents **e.g.** whilst out in the community or participating in a social event or activity.

Individual risk

For the individual, the level of risk (which means the likelihood of an event occurring and the impact it might have) depends on numerous factors - which includes the nature of the person concerned, their relationships with others, the choices open to them and the circumstances in which they find themselves.

Organisational risk

For MCT, the level of risk will depend on the balance achieved between the right of an adult at risk to be safeguarded; the duty of care owed to the adults at risk served by MCT; the duty of care owed by MCT to its staff members; the legal duties of statutory bodies and service providers; and the right of adults at risk to make informed lifestyle choices and take part in activities.

No endeavour or activity, or indeed interaction, is entirely risk free and even with good planning, it may be impossible to completely eliminate risks from any activity, service or interaction.

However, MCT believes that having in place good risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual really wants, values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action.

Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered.

The purpose of assessing and managing risk

When MCT assesses and manages risks, the aim is to minimise either the likelihood of risk or its potential impacts. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring - and to minimise the impacts of abuse by responding effectively when it does occur. MCT prioritises the time required to identify, evaluate and put in place risk-reducing measures.

Procedure for Assessing & Managing Risks in the Safeguarding of Adults Risk continued...

Principles of working with risk

When MCT undertakes risk assessments and risk management - in relation to adults at risks - it takes into account the following principles:	
Principles	<ul style="list-style-type: none"> ▪ The assessment and management of risk should promote the independence, real choices and social inclusion of adults at risks ▪ Risks change as circumstances change ▪ Risks can be minimised, but not eliminated ▪ Information relating to adults at risk, activities, relationships and circumstances will sometimes be incomplete and possibly inaccurate ▪ Identification of risk then carries a duty to do something about it i.e. risk management ▪ Involvement of adults at risk, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making ▪ Only decisions that have been based on clear reasoning will be defensible ▪ Risk-taking can involve everybody working together to achieve positive outcomes ▪ Whilst confidentiality is a right, it is not an absolute right in that it may need to be breached in exceptional circumstances e.g. when people are deemed to be at serious risk of harm, or it is in the public interest ▪ MCT will ensure that staff members understand the standards of practice expected of them to provide them with the confidence to support decisions to take risk ▪ Sensitivity will be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

The risk assessment process

In assessing and managing any risk associated with the safeguarding of adults at risk, MCT will follow the risk assessment methodology outlined below. MCT's risk assessment process involves:	
1.	Identification of the risk, or risks
2.	Determining the level of risk or risks - by evaluating its potential impact and the likelihood of it happening.

1. Identification of the risk, or risks

This involves identifying in advance what risks may be associated with all of the activities undertaken by MCT and the services that are provided.

Risks will always vary dependant on the individual concerned and the nature and extent of their vulnerability. When MCT identifies risk it would always take a balanced approach, which will involve looking at what is and what is not an acceptable risk. When identifying risks, MCT will specifically focus on safeguarding risks **e.g.** by identifying the circumstances where abuse or exploitation are more likely to occur.

MCT acknowledges that risk to adults at risk is known to be greater when:

- Drugs or alcohol are being misused
- Relationships are placed under stress
- The adult at risk is emotionally, or socially isolated
- A pattern of violence exists/has existed in the past.

When care services are provided, MCT accepts that abuse is more likely to occur if staff members are:

- Inadequately trained
- Poorly supervised
- Lacking support or working in isolation.

Procedure for Assessing & Managing Risks in the Safeguarding of Adults Risk continued...

In addition, to the known risk factors, a range of other factors may increase the likelihood of abuse:

Increased Risks

- Where an illness causes unpredictable behaviour
- Where the person is experiencing communication difficulties
- Where the person concerned demands more than the carer can offer
- Where the family dynamics undergoes change in circumstances **e.g.** the sudden death of partner, unemployment, divorce **etc.**
- Where a carer has been forced to change their lifestyle as a result of becoming a carer
- Where a carer experiences disturbed nights on a regular basis
- Where a carer becomes isolated and is offered no relief from a demanding role
- Where other relationships are unstable or placed under pressure whilst caring
- Where persistent financial problems exist
- Where a partner abuses drugs (especially alcohol), is unemployed or underemployed, is poorly educated or has been in a previous (perhaps turbulent) relationship with the victim
- Where a victim seeks to disclose abuse, get support and/or to leave an abusive relationship.

The circumstances and factors listed above are neither exhaustive nor placed in order of priority.

2. Determining the level of risk or risks

MCT will determine the level of risk - high, medium or low - associated with the risks identified for **Step 1** above. The purpose of determining the level of risk is to establish which risks warrant most attention. MCT, as well as its staff members, whilst being mindful of all risk, will be able to prioritise and give the greatest and most urgent attention to those risks that have been determined as high.

The level of risk will always be a combination of likelihood and resulting impact. For each risk identified, the risk will be rated according to the likelihood of it happening e.g. from unlikely to likely; and the seriousness of the impact e.g. from minor to major - if it were to happen.

An example of this approach could be that if MCT was providing services to adults with epilepsy, it would be fair to assess the level of risk associated with an adult with severe epilepsy having a seizure as high - on the grounds that a seizure is **likely to occur** and will have a **major impact** if it does. Therefore, as a risk reducing measure, MCT would want to ensure that it had sufficient numbers of staff available and trained in responding appropriately to seizures.

As another example, the abuse of a adults at risk would in all cases be considered as having a major impact on the adult involved. To reduce the likelihood of the risk of abuse occurring, MCT would need to put in place a range of safeguarding measures - with the aim of reducing the likelihood of abuse.

The matrix below is an illustration of what this approach to risk assessment looks like pictorially and maps likelihood against impact and results in an overall risk level of high, medium or low.

LIKELIHOOD of the identified risk	Determining the levels of risk		
	Likely	Medium	Medium
Possible	Low	Medium	High
Unlikely	Low	Medium	High
	Minor	Moderate	Major
	IMPACT of the identified risk		

Procedure for Assessing & Managing Risks in the Safeguarding of Adults Risk **continued...**

What should be noted is that the level of risk - assessed as high, medium or low - is a combination of the likelihood of an identified risk occurring; and the impact it would have if it did occur. So where a risk is:

Likely to occur and of major impact	=	the level of risk is high
Possible and of moderate impact	=	the level of risk is medium
Unlikely and of minor impact	=	the level of risk is low.

The management of risk

Having carried out the risk assessment - using **Step 1** and **Step 2** outlined above - the next step is to look at what can be done to reduce the likelihood of the risk occurring and - in the event of the risk event occurring - what steps could be taken to lessen the impact of those identified risks.

Risks can be managed in a number of ways and it is the responsibility of MCT - **the risk owner** - to ensure that each identified risk is properly managed. Risk ownership is an ongoing process for the lifetime of the identified risk. The risk owner in MCT will ultimately be the organisation, but this will become the responsibility of a senior MCT manager who will be named in MCT's Risk Log.

MCT works to establish a culture, which is mindful of and has a zero tolerance of abuse - wherever it occurs and whoever causes it. For MCT, the primary aim of the organisations safeguarding policies, procedures and processes is to manage the risk of abuse to adults at risk - by establishing an organisational culture in which the rights of adults at risk are fully respected; and by putting in place the range of policies, procedures and processes that are contained within this Safeguarding Handbook.

Therefore, MCT's Safeguarding Handbook has been designed to reduce both the likelihood and impact of abuse by:

- Preventing unsuitable people from joining MCT - through the use of safer recruitment and selection practice
- Making MCT's staff members aware of the indicators of vulnerability and risk and the possible signs of abuse, as well as equipping them to respond quickly to concerns about actual, alleged or suspected abuse
- Ensuring that MCT's staff members are properly inducted, trained, supported and supervised in their work with adults at risks
- Ensuring that MCT's staff members know what constitutes acceptable behaviours and good practice - and that they are supported when they challenge poor practice
- Promoting a culture of inclusion, transparency and openness throughout MCT and its services and activities
- Making MCT staff members aware of how information about adults at risk should be handled
- Having in place good overall organisational management and practice - supported by a range of MCT policies, procedures and processes.

Risk management options

MCT will manage identified risks in one of five ways...	
1.	By avoiding the risk.
2.	Through controlling the risk.
3.	By financing the risk.
4.	By transferring the risk.
5.	Or by accepting the risk as described below.

Procedure for Assessing & Managing Risks in the Safeguarding of Adults Risk continued...

1. Avoiding the risk

If MCT feels that the level of risk cannot be satisfactorily reduced through other means, then it will make the decision not to engage in a particular activity, or provide a particular service.

e.g. Due to widespread travel disruption there is a high risk of an insufficient number of MCT staff members being present to safely supervise an activity for adults at risk with physical disabilities and who require assistance to participate. As the risk of injury is considered too great in this example, the activity would be cancelled.

2. Controlling the risk

Controlling risk would involve MCT implementing measures to both reduce the likelihood of a harmful event occurring; and to minimise the impact of such an occurrence. This would be achieved by identifying the good practice policies that need to be adhered to and the MCT staff members undergoing the necessary training that would be required to reduce risk and harm.

e.g. If MCT were providing an activity for an adult with severe epilepsy, then the organisation would ensure that there were suitably trained MCT staff members present at all times to deal with the situation - should the adult at risk have a seizure. While the likelihood of a seizure happening may be high, the impact would be reduced by having in place sufficient numbers of MCT staff members who had been trained to deal with seizures.

3. Financing the risk

MCT will provide sufficient resources to meet the liabilities caused by identified risks.

e.g. MCT could risk losing its volunteers if some of them were out of pocket through their volunteering had to give up volunteering. By MCT allocating a budget to cover volunteer expenses, the high impact of losing volunteers would have been mitigated by reducing the likelihood of it happening - as a consequence of financing the risk.

4. Transferring the risk

At times, when perhaps the only option appears to avoid a risk, MCT may decide to have a qualified third party carry out a particular activity so that the risk is transferred to that third party.

e.g. If MCT did not have adequately qualified MCT staff members to take a group of physically disabled adults canoeing, it could choose to commission qualified instructors to do the activity instead. Risk of financial loss can be mitigated through insurance, indemnity or exemption from liability.

However, MCT will always be required to take reasonable steps to prevent and manage risk, because if there is a failure to do so, then MCT may still be liable - even where insurance, indemnity or exemption from liability is in place.

5. Accepting the risk

This approach would be used when despite the risk - perhaps because no reasonable action can be taken to mitigate it, or the likelihood of the risk occurring and its impact are at an acceptable level - then MCT would tolerate the risk.

MCT would only ever accept risks which had been assessed to be at a very low level - otherwise some other form of risk-reducing measure would have to be put into place before it could be accepted. The reason for this approach would be to have due regard to the positive outcomes for the adults at risk that may accrue from positive risk taking.

Risk log

MCT operates a risk log to manage the organisations risk assessment responsibilities. By using a risk log MCT can demonstrate that it specifically deals with safeguarding risks as part of its risk management.

Procedure for Assessing & Managing Risks in the Safeguarding of Adults Risk continued...

MCT keeps under regular review all risks and risk-reducing measures by reviewing them no less than once every 12 months. Situations that would result in MCT carrying out reviews more frequently would be in circumstances that there is any organisational process of change e.g. where MCT merged with another organisation - with different cultures or experience; or where MCT took on a new activity or service.

Positive risk taking

MCT does not want a culture which is totally risk averse as these can stifle and constrain opportunity and can lead to inappropriate restrictions being placed upon an individual's rights. Life is never risk free and an appropriate amount of risk is an essential part of fostering independence.

e.g. where an activity or set of circumstances is identified as potentially risky to an adult at risk, or group of adults at risks, this risk will always be offset in the risk management process against the benefits which the individual or group might draw from taking part in that activity.

MCT will pursue risk taking in a context of promoting opportunities and safety - not poor practice. Therefore, MCT will foster a culture of positive risk-taking and seek to involve everyone affected in the assessment of risk taking, such as adults at risk and carers, advocates, MCT staff members and - where they are involved - health and social care staff.

Reviewed & Updated: April 2024

MCT will review this Procedure for Assessing & Managing Risks in the Safeguarding of Adults at Risk and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

Part 5:
Safer
Activities
Policies & Procedures

Part 5: Safer Activities Policies & Procedures Contents

The following **Safer Activities Policies & Procedures** have been developed to support staff in delivering all MCT activities in a manner that is safe - whilst at the same time taking a balanced and proportionate approach to accident prevention. The aim always is to ensure that MCT staff can work safely and effectively while at the same time enabling children, young people and adults at risk with the opportunities to be adventurous - all the time learning to understand and deal with the risks that surround them. Please ensure that you are familiar with all of the policies, procedures and processes detailed in this **Part 5** section.

No:	Part 5: Safer Activities Policies & Procedures	Page No:
94.	Welcome Policy	1
95.	Principles of Avoiding Accidents & Running Safe Activities	2
96.	Accident Prevention Policy	3
97.	Accident Prevention Plan	4
98.	Critical Incident Management Policy	5
99.	Procedure for Reporting, Recording & Reviewing Accidents, Incidents & Near Misses	8
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94. Welcome Policy

Policy statement

MCT will ensure that all children and adults at risk - as well as their families and carers - are welcomed to the organisation when they first commence engagement with MCT. The aim of this policy is to reinforce the principles of:

- The shared responsibilities for everyone to look after one another
- Upholding MCT behaviour codes
- The importance MCT places on listening to each other
- The requirement of respecting the fact that we are all different
- Dealing with any problems in a positive way.

Purpose of policy

The purpose of this welcome policy is to ensure that all MCT staff members understand their role in helping children and adults at risk - as well as their families and carers - feel welcome; and so that everyone can quickly feel comfortable and safe in whatever activities they participate in. In addition, MCT's welcome policy supports our safeguarding ethos and allows the organisation to communicate the following information related safeguarding:

- Our safeguarding expectations
- Our safeguarding responsibilities
- Our safeguarding practice
- Details of our safeguarding team - and how they can be contacted
- Other relevant information related to the activities being undertaken.

Through this Welcome Policy MCT will seek to address any issues of under-representation by specific cultures, faiths or ideas within the groups the organisation works with.

Responsibilities of MCT staff for implementation of the welcome policy

All MCT's staff members have a responsibility to maintain the highest standards of care towards everyone they meet through their work with and for the organisation. These responsibilities include:

- Supporting and welcome new children and adults at risk by enjoying, celebrating and learning about different cultures, faiths and ideas
- Implementing MCT's monitoring system to ensure sessions are more accessible to children and adults at risk, as well as any other identified under-represented groups
- Linking all new children and adults at risk to another suitable child or adult to act as their buddy
- Introducing all new children and adults at risk to an MCT staff member who can deal with any worries or concerns they may have
- Issuing MCT's **Welcome Letter**, **Safeguarding Policy Statement** and relevant **Codes of Conduct** to all new children and adults at risk.

MCT's Safeguarding Policy Statement makes clear who has responsibility for safeguarding - including contact details for the DSO and DDSO - and how any comments, suggestions, concerns and complaints can be raised.

Reviewed & Updated: April 2024

MCT will review this Welcome Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

95. Principles of Avoiding Accidents & Running Safe Activities

Policy statement

MCT aims to ensure that all activities it undertakes are safe; and that the risk of accidents are minimised. All activities will be risk assessed and if an accident does happen MCT will have processes in place to review and learn the necessary lessons to continually avoid accidents and improve the safety of all activities the organisation runs.

MCT will adhere to the following principles to assist its goal of avoiding accidents and running safe activities:	
1.	MCT has in place an accident prevention policy and plan in place - that allows for a risk/benefit analysis of all activity that is undertaken.
2.	MCT will ensure that there are up-to-date risk/benefit assessments of all venues used to deliver activities. Risk assessments will be undertaken prior to activities/outings/events - and these assessments will evidence any actions that are required to be taken to manage the identified risks.
3.	MCT will undertake regular checks on all equipment used by children, adults at risk and staff - in accordance with health & safety guidance relevant to the equipment.
4.	MCT has a clear policy relating to parental consent that is required for activities involving children - and where appropriate, the consent of children.
5.	MCT will ensure that it collects relevant information relating to each child and adult at risk's medical and dietary needs, allergies and any other specific developmental requirements.
6.	MCT will ensure that staff have the appropriate access to each child and adult at risk's emergency contacts i.e. parents/family/carers - whenever they are participating in an activity, or on a group trip out.
7.	MCT will ensure that there is access to a phone during every activity or meeting attended by a child or adult at risk.
8.	MCT will ensure that there are first-aid boxes available, regularly checked and properly maintained when working with children and adults at risk.
9.	MCT has in place a procedure for reporting accidents and near misses which includes the use of an accident book and will ensure that all staff are trained to use them correctly.
10.	MCT will ensure that staff have the appropriate access to the contact details of local doctors and health facilities whenever children and adults at risk are participating in an activity, or on a group trip out.
11.	MCT will ensure adequate insurance for all circumstances and activities that it undertakes and this will be prominently and clearly displayed.
12.	MCT will train staff on the safe use of equipment - and ensure supervision is provided whenever children or adults at risk make use of that equipment, as necessary.
13.	MCT will induct and train (and refresh that training regularly) all staff in accident prevention and health & safety.
14.	MCT will ensure the full compliance with regulations covering fire precautions, first-aid arrangements, food hygiene, use of hazardous substances, reporting injuries and diseases, adult to child ratios and transport.

Reviewed & Updated: April 2024

MCT will review this **Principles of Avoiding Accidents & Running Safe Activities** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

96. Accident Prevention Policy

Policy statement

MCT will - as far as is possible - remove hazards in the working environment (as well as other hazardous practices) that could cause serious injury to children, adults at risk and MCT staff. Where such hazards cannot be removed, MCT will put into place procedures and processes that protect children and adults at risk, as well as MCT staff, from potential harm caused by hazards. MCT will always seek to take a balanced and proportionate approach to accident prevention, so that staff can do their work effectively, while enabling children and adults at risk to be adventurous - all the time learning to understand and deal with the risks that surround them.

MCT's Accident Prevention Policy is informed by the following principles and beliefs:	
Principles	<ul style="list-style-type: none"> ▪ MCT recognise that the welfare of the children and adults at risk who use our services and facilities is paramount and this guides the approach to accident prevention ▪ All children and adults at risk - regardless of age, disability, racial heritage or religious belief, sexual orientation or identity - have the right to equal protection from serious injury ▪ Risk assessments at MCT will always take account of children's needs as they grow and develop - and will always be mindful of needs resulting from disability (and other factors) that may make some children and adults at risk more vulnerable than others ▪ MCT will work in partnership with children, adults at risk, as well as their parents, families and carers - as well as other agencies - in helping them to be responsible in their approach to accident prevention ▪ MCT cannot and will not strive to create a totally risk free environment, as this would prevent staff from being able to carry out meaningful work with children and adults at risk - and would not be in a child or adult at risk's best interests either. MCT's focus will therefore be on preventing serious or avoidable accidents, while managing risk appropriately.

MCT will seek to prevent serious and avoidable accidents by taking the following approach:	
Prevent & Avoid	<ul style="list-style-type: none"> ▪ MCT will ensure that it fulfils its responsibilities under health safety and fire regulations ▪ MCT will appoint a Health & Safety Officer who is responsible for attending to MCT's legal responsibilities in this area, and for accident prevention measures ▪ MCT will use its accident prevention plan to assist in the process of assessing, monitoring and reviewing risks - both on and off MCT premises - and for taking the appropriate action to eliminate, or manage risks, in a timely and organised way ▪ MCT will involve staff, children, adults at risk - as well as parents, families and carers - in developing and implementing its accident prevention measures ▪ MCT will inform MCT staff, children and adults at risk - as well as parents, families and carers - of their responsibilities in keeping themselves safe, while making sure that they understand these and all other relevant accident prevention procedures ▪ MCT will make sure that all equipment used is safe and stored appropriately ▪ MCT will ensure that staff - and where appropriate - children and adults at risk are trained in the correct and safe use of all equipment ▪ MCT will ensure - as far as is possible - that staff have a child and adults at risk's information relating to any allergies, health or developmental issues that could increase the vulnerability of that individual ▪ MCT will - where it is applicable to its operations - ensure that food is prepared, served and stored in a way that avoids dangers of food poisoning, burns, scolds, choking and/or accidents caused by such things as shards of glass, or small components from kitchen equipment being mixed up with food ▪ MCT will providing effective management for MCT staff on accident prevention issues through the process of supervision, support and training.

Reviewed & Updated: April 2024

MCT will review this **Accident Prevention Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

97. Accident Prevention Plan

In the furtherance of MCT's Accident Prevention Policy, the following steps form the basis of the organisations Accident Prevention Plan:	
1.	MCT will undertake a risk assessment check on all MCT premises and MCT activities at least every 6 months - and will ensure that points identified for action from the previous check have been followed up and acted upon.
2.	MCT will keep records of risk assessments and reviews.
3.	MCT will use a timetable for ensuring that equipment is regularly checked in accordance with legislation - and/or best practice.
4.	MCT will check and have updated a child and adult at risk's medical records, needs and allergies etc. at least annually.
5.	MCT will check its records of contact details for parents, families and carers, as well as the emergency health facilities at least annually.
6.	MCT will check every 6 months that First Aid Boxes are in working order and are adequately stocked.
7.	MCT's Health & Safety Officer will provide an annual report to MCT's Board detailing MCT's health & safety responsibilities and compliance with them.
8.	MCT will have regular fire alarm checks and fire drills in accordance with the organisations fire management plan.
9.	MCT will review the accident book no less than once every 6 months and report any serious accidents to the Board - as well as taking action to prevent similar accidents in the future, as far as this is possible.

Reviewed & Updated: April 2024

MCT will review this **Accident Prevention Plan** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

98. Critical Incident Management Policy

Policy statement

MCT is committed to ensuring that all participants are safe whilst in the organisations care and attending activities that MCT have responsibility for. Despite the very best staff, effective induction & training and robust policies, procedures and processes, as well as regular risk assessment - there can still be times when non-usual situations, unforeseen occurrences and other emergency events require a different approach. This **Critical Incident Management Policy** seeks to outline the approach MCT will take to such situations, occurrences and events.

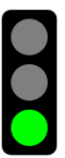

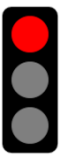
Examples of situations, occurrences and events that might be covered by this policy include:		
Examples	<ul style="list-style-type: none"> ▪ A serious safeguarding incident ▪ Fire, explosion and/or bomb threats ▪ Road traffic accident ▪ Major health risk, pandemic and/or infection ▪ Severe weather occurrences ▪ Loss of power, heat and/or lighting 	<ul style="list-style-type: none"> ▪ Loss of life ▪ Terrorist attack (including threats) ▪ Serious injury to an individual ▪ Large scale theft, fraud and/or a robbery ▪ Serious data breaches or losses ▪ Leaks of gas, chemical and/or water.

Purpose of policy

Although critical incidences are rare, by MCT having a procedure (and through staff knowing how to respond and what they should do) it will be possible to reduce both the impact and effect of such an event - and it can even save lives. Furthermore, this policy will instil confidence in MCT as a safe place for all children, young people and adults at risk, as well as for our staff and visitors.

Definition of a critical incident

MCT defines a critical incident as an unplanned event which takes place within the organisations working environment (and for which it is responsible) that affects that working environment and/or MCT staff, participants - as well as anyone MCT has responsibility for at the time of the critical incident. MCT would consider such an event as being likely to overwhelm normal responses and standard procedures and/or would cause most people significant distress - and which could have serious emotional and MCT consequences.

MCT grades an incident - falling within the scope of this Critical Incident Management Policy - by using the following traffic light system:		
	Incident	MCT considers an incident as something that falls outside of the routine and expected day to day situations that are anticipated and more likely (as indicated and noted on risk assessments), but which pose no obvious or immediate threat to life. However, an incident will none the less be significant enough to result in some form of disruption to day to day activities. Some additional support/guidance from outside of the organisation may be required.
	Emergency	MCT considers an emergency to be something more serious than an incident - and which is likely to have been identified as a more serious possible risk within a given risk assessment. MCT expects this classification of an emergency to present a real threat of (or actual) injury and/or death; and/or will cause significant disruption to how the organisation is able to function. MCT expects an event classified as an emergency to require urgent and significant support from (and reporting) outside of the organisation.
	Major Incident	MCT considers a major incident as something that is likely to happen outside of the organisation, but which impacts not only on the organisation, but also on the more immediate and wider community in which MCT works. It is also considered unlikely that the decision to declare a major incident will be the decision of MCT, but one taken by the emergency services etc. As such, MCT believes that this will involve a multi-agency response and not be one that MCT will specifically be responsible for.

Critical Incident Management Policy continued...

Risk assessment

MCT believes that effective risk assessments are the initial stage of planning for - and ultimately helping to prevent - critical incidents from occurring in the first place. All MCT activities are risk assessed and there is a **Risk Assessment Policy** in place. Risk assessment identifies the likelihood of the identified risk occurring, against the impact if the risk did occur.

A grading system is used to score the identified risk - and then based upon that score, consideration is given to anything that can be done to mitigate the risk, as well as the actions that would be taken to manage the risk should the risk manifest itself. Only by the process of effective risk assessment can informed decisions be taken as to what activities can proceed.

Further information related to the process of MCT's risk assessments can be found in this Safeguarding Handbook in the section Procedure for Assessing & Managing Risks in the Safeguarding of Adults at Risk and also in the Health & Safety Handbook within the Risk Assessments Policy.

Staff training

All MCT staff will receive induction training (as well as regular refreshed training) to enable them to effectively work in a way that follows the best practice identified by the risk assessment and ensures that they are aware of the organisations **Critical Incident Management Policy**. Health and safety training - including training relating to first aid and fire safety **etc.** - all form part of the proactive measures taken by MCT to pre-empt, but ultimately prepare MCT staff to respond confidently and appropriately to a critical incident.

Critical Incident Management Team

MCT will identify a management team (as well as training them appropriately) to respond to any critical incident in a structured and organised way. The team will be made up of sufficient staff to ensure that there are deputies in place; and therefore sufficient members of the team are always available to manage MCT's critical incident response.

MCT's **Critical Incident Management Team** (along with MCT's Board of Trustees) will be responsible for the development of the organisations **Critical Incident Management Procedures** - and for them being both fit for purpose and for being updated as required.

Critical Incident Management Procedures

MCT's Critical Incident Management Team will develop MCT's procedures for managing and responding to a critical incident that falls within the scope of this policy. As a minimum, the procedures will include:

Procedures

- The roles and responsibilities of the members of MCT's Critical Incident Management Team
- The procedures that will be followed to activate critical incident management
- Procedures appropriate to critical incidents occurring on or near MCT premises, as well as when off site and abroad
- Internal escalation contact details of key people who should be contacted in the event of activation
- External contact details of people/organisations who will provide support when external support is required and/or reporting is a statutory requirement
- A training schedule to ensure familiarity and confidence with the procedures
- A schedule of practice drills to ensure familiarity and confidence with the procedures
- Media management processes
- Incident logs and other associated reporting/recording procedures
- Any recovery strategies appropriate to specific incidents.

Critical Incident Management Policy continued...

Handling media interest

MCT has developed a robust **Public Statements Policy** and an in-depth **Social Media Policy** (both of which are detailed within MCT's **Employee, Sessional, NCS, Volunteers & Contractors Handbooks** as appropriate) and which all very specifically prohibits any public statements, interviews or remarks being made to any member of the media - or being otherwise broadcast and/or published.

These two policies form part of an individual's conditions of service, volunteering and/or contracting with MCT. In all cases, MCT's CEO is responsible for ensuring the correct adherence to the agreed handling of media interest procedures.

MCT's Public Statement Policy will form the basis of the procedures detailing the handling of any media interest in the event of a critical incident situation. Considerations that will be taken into account within the Critical Incident Management Procedures (relating to handling media interest) include the following:

Considerations

- Media agencies will not be permitted onto MCT premises
- Media agencies will not be permitted access to any MCT participant whilst under the responsibility of MCT staff - unless there is a specific reason to do so **and** the required permissions and consents are in place first
- Where possible (likely in the event of emergencies and major incidents) it is expected that the police will take the lead in dealing with the media
- MCT will adhere to its agreed procedures detailed in the **Critical Incident Management Procedures** when handling any media interest
- MCT will give appropriate consideration and priority to wider pro-active communications (with parents, carers, advocates, partners and stakeholders **etc.**) that take account of the speed at which information and/or rumour can be spread via social media and other channels.

Recovery from a critical incident

MCT appreciates the importance of returning to **business as normal** as quickly as possible after a critical incident - and therefore due consideration will be given to ensuring there is a plan to support this process.

Key considerations will include the following elements as are appropriate:

- Health, safety & well-being requirements of MCT staff and participants
- Safeguarding requirements of children, young people **and/or** adults at risk
- Building and environment requirements
- Finances and economic recovery of MCT
- On-going communication requirements
- Lessons learnt and how these will be taken forward and actioned.

This Critical Incident Management Policy should be read in conjunction with all of the policies and procedures detailed within the Safer Activities section of this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Critical Incident Management Policy** every time a change in personnel and/or good practice dictates, but always at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

99. Procedure for Reporting, Recording & Reviewing Accidents, Incidents & Near Misses

Policy statement

MCT believes that there are lessons to be learned from accidents, incidents or near misses - which may occur despite the most robust risk assessment and risk management process being in place. As a consequence of MCT having this policy, there is a defined procedure in place for reporting and recording any accidents, incidents and/or near misses that may occur. All MCT staff members will be made aware of this procedure during induction and through regular refresher training after that.

Opportunity to learn

MCT knows that accidents, incidents and near misses - particularly those which are recurring - can be indicators of organisational risk (including a risk to safeguarding) which needs to be managed. Therefore, MCT's risk assessment documentation and process makes reference to reported accidents, incidents and near misses.

MCT will ensure that the learnings that come from reporting, recording and reviewing accidents, incidents and near misses are:

- | | |
|-----------|---|
| a. | Identified and disseminated to MCT staff members during staff meeting. |
| b. | Used to inform changes in MCT practice, policy, procedures and processes. |

Where an accident, incident or near miss is in some way connected to a safeguarding matter, it will immediately be drawn to the attention of MCT's Board Safeguarding Lead (SSM) and DSO for appropriate action.

Staff must complete the Accident/Incident/Near Miss Report Form (is available from MCT's DSO) whenever there is an incident.

Further information relating to the Procedure for Reporting, Recording & Reviewing Accidents, Incidents & Near Misses can be found in MCT's Health & Safety Handbook.

Reviewed & Updated: April 2024

MCT will review this Procedure for Reporting, Recording & Reviewing Accidents, Incidents & Near Misses and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

100. Minimum Delivery Ratios for Safer Activities & Effective Supervision Policy

Policy statement

MCT will always ensure that there are sufficient staff to provide the appropriate levels of supervision when working with children, young people and adults at risk. These staffing ratios will be dependent on the age group and specific needs of the participants - as well as the activity being undertaken; and therefore will be subject to the relevant risk assessment to ensure that any unique needs of the activity are factored in. MCT will also ensure that the staff responsible for the delivery and supervision are suitable to undertake the various tasks demanded by the activity.

Whilst it may not always be possible to adhere to the recommended ratios detailed in this policy, MCT will, none-the-less, ensure that the best levels of supervision are maintained at all times appropriate to the circumstances.

Deciding on supervision ratios

Considerations that will be taken into account when deciding on the appropriate supervision levels will include the following:

- The nature and duration of the activities being undertaken
- The competence and experience of the MCT staff involved
- The requirements of the activity location, accommodation and/or organisation
- Consideration of any emotional, behavioural and/or special needs of the intended participants
- Whether there are any special medical needs of the intended participants
- Whether there is any specialist equipment needed.

Once the above elements have been properly considered (and risk assessed) appropriate consideration will be given to the number of staff and their required skills and experience by reference to the following:

1. Early years participants (participants up to five years old)

Where this age group is applicable to MCT's delivery and activities, the organisation will adhere to the guidance provided by the **Department for Education (DfE)** in relation to the statutory requirements about adult to child ratios. These requirements will vary dependant on the setting and the age of the children. **Key considerations for all early year's settings will include:**

- Staffing arrangements will meet the needs of all children and ensure their safety
- Children must **usually** be within both sight and hearing of staff - and **always** within at least either sight or hearing
- Only staff 17 years of age or over will be included in the supervision ratios
- Any staff member under 17 years of age will be supervised at all times by other MCT staff members
- Students on long term placements with MCT - and any MCT staff working as apprentices - will only be included in MCT's supervision ratios where they are at least 17 years of age and have been judged (by MCT's **DSO**) as being both competent and responsible.

The above section relating to early years will only apply and be relevant where MCT participants are aged five years and under - and that delivery falls under the statutory requirements.

2. Before/after school care and holiday provision

Where this age group is applicable to MCT's delivery and activities - and the children attending the provision normally attend a Reception class (or older) during the school day - there must be sufficient staff as for a class of 30 children. MCT (in conjunction with any delivery partner) will be responsible for determining how many staff are needed to ensure the safety and welfare of the children, bearing in mind the types of activities, as well as the age and needs of the children.

Minimum Delivery Ratios for Safer Activities & Effective Supervision Policy continued...

3. All other delivery and activities for under 18's and over 18's

Whilst there are no specific statutory requirements (or guidance) relating to the recommended staffing ratios for organisations that are not in either the education or early years sectors, MCT will inform its decisions on staff ratios for children and young people by reference to best practice guidance issued by the **CPSU** and the **NSPCC**; and in the case of adults - by reference to the guidance provided within the **Care Act 2014**. The aim always will be for MCT to provide supervision ratios that ensure safe activities.

4. Delivery and activities for adults at risk

Whilst there are no specific statutory requirements relating to the recommended staffing ratios for adults at risk, there is clear guidance that requires there to be "**sufficient numbers of suitably qualified, competent, skilled and experienced staff available...**".

Accordingly, MCT will undertake the appropriate risk assessments to determine the number of staff and range of skills - including the leadership skills - required in order to meet the needs of any adults at risk participating in an activity. MCT's aim will always be to provide supervision ratios that ensure safe activities for adults at risk.

MCT will keep under continuous review the required staffing levels and skill mix required to respond to the changing needs and circumstances of the adults at risk that engage with the organisation.

Recommended minimum delivery and supervision ratios

MCT have identified the following recommend delivery and supervision ratios to ensure children, young people - and any adults at risk - are kept safe:

Age Group	Minimum Delivery & Supervision Ratios
0 to 2 years	▪ One adult to three children
2 to 3 years	▪ One adult to four children
4 to 8 years	▪ One adult to six children
9 to 12 years	▪ One adult to eight children
13 to 18 years	▪ One adult to 10 children
18 years +	▪ One adult to 10 adults at risk - dependant always on the needs of the individuals

Regardless of the above recommended minimum delivery and supervision ratios, MCT recognises that best practice is always to have at least two adults present whenever staff are working with or supervising children, young people and adults at risk - even when the group is smaller than that identified in the above table. Where this is not possible - i.e. where the staff member is undertaking authorised 1:1 work etc. MCT will always have regard to its Lone Working Policy within this Safeguarding Handbook.

Staff aged under 18 years of age

Whilst MCT does not prohibit younger staff members from assisting with the supervision of younger children or adults at risk (with appropriate supervision themselves) it is the policy of MCT that only staff 18 years of age or older will be included as adults when calculating staff to participant ratios.

Toilet ratios

Where the group has both younger boys and younger girls participating (who might need toilet supervision) MCT will endeavour to have at least one male and one female staff member included in the supervision ratios.

Minimum Delivery Ratios for Safer Activities & Effective Supervision Policy continued...

In larger groups of children and young people (and where the age of the participants does not necessitate toilet supervision) staff will encourage groups to take a comfort break together with one staff member while the remaining adult/s supervises the remaining group and keeps a head count.

First aid ratios

MCT requires as a minimum that at least one staff member is trained in first aid. In practice, all MCT staff members are required to be first aid qualified and carry a stocked first aid kit.

Medical risk assessments are an MCT requirement for all one off events, tournaments and trips and will inform what additional first aid and medical services may be required to cope with the demands of the event, tournament and trip - over and above the minimum first aid ratios.

Travelling ratios

When travelling with children, young people and adults at risk, the MCT recommended supervision ratios will vary depending on the following:

Ratios

- The size of the group
- The age of the children, young people and adults at risk and/or their behaviours and needs
- The size of the vehicle that is being used.
- Where the vehicle being used is a car, then MCT recommend that there is one staff member driving and another staff member supervising the passengers.
- With larger groups and larger vehicles - such as when using a minibus or hiring a larger coach - then a greater number of staff will be required for adequate and safe supervision. In these circumstances there should be one MCT staff member driving and then supervision ratios appropriate to the age groups identified in the table above.

MCT will not permit any staff member to have unsupervised responsibility for any child, young person or adult at risk if they do not yet have the required DBS check confirmed.

This Minimum Delivery Ratios for Safer Activities & Effective Supervision Policy should be read in conjunction with the Lost or Missing Child Policy & Procedure; the Transport Policy; the Trips, Tours, Tournaments & Accommodation Policy and the Health & Safety Policy detailed in this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this Minimum Delivery Ratios for Safer Activities & Effective Supervision Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

101. Lost or Missing Child Policy

Policy statement

MCT take the safety of all children very seriously and will take every precaution necessary to ensure that the children in the organisations care do not leave a session unaccompanied, or without the correct authority to leave on their own. MCT will train all staff to be aware of their responsibility for the security and safety of children attending a session - and to follow defined procedures relating to the taking of registers and for allowing a child to leave a session. MCT implements this policy as an integral part of its approach to the safeguarding and protection of all children.

Purpose of this policy

The purpose of this **Lost or Missing Child Policy** is to make it clear the steps that should be followed by MCT staff members in the unlikely event that a child was to be unaccounted for, lost or go missing. In the unlikely event that a child is noted to be missing whether from MCT facilities or another off-site location - MCT staff will implement the following procedures.

Responsibilities of parents & carers

Parents, and carers must inform the MCT staff member with responsible for the session or activity, if their child will be absent for any given session or activity that they were expected to attend. This communication can be delivered via a handwritten note, via email, in person to a member of MCT staff, or via a telephone message.

Responsibilities of MCT staff

MCT staff members who are leading a session or activity are responsible for taking registration at the beginning and end of all sessions and activities - whether they take place on or off-site.

- If child is missing at the time of first register being taken, the staff member will check whether the absence has already been reported by the parent or carer. If no notification has been received contact with the parent or carer will be attempted.
- Where a child has been noted as being present during first registration at the start of the session or activity, but is then either noticed, or reported, as missing during the session - or at final register MCT staff will use the **Procedures for Raising Concerns about a Lost or Missing Child** on the following page.

Reviewed & Updated: April 2024

MCT will review this **Lost or Missing Child Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

102. Lost or Missing Child Procedure

Procedure for Raising Concerns about a Lost or Missing Child	
Stage 1	a. Staff member to immediately check toilets, changing rooms, shared areas, other rooms, grounds and/or location where the session or activity is taking place to ensure child is not hiding or locked in anywhere.
	b. Staff member to speak to other children in the group to see if they know of the child's whereabouts.
	c. Staff member to immediately check to see whether the child has been signed out for an internal or external appointment.
	d. Staff member to call child's mobile telephone number - if they have this information either on record or from one of the other children.
	e. Staff member to gather group together and call the register again to confirm that the one named child is still missing.
	f. Staff member will ensure that the rest of the group are kept safe and closely supervised throughout incident.
Stage 2	a. After stage one has been completed and if there is no resolution (no more than 15 minutes), staff member will contact the parents/carers with parental responsibility.
	b. If the parents are aware of the whereabouts of their child - staff member to make a record.
	c. If the parents are unaware of their child's whereabouts - staff member will advise parents that MCT will need to report the child missing to the police.
	d. Staff member to inform MCT's SSM & DSO that the police need to be contacted and what investigations have taken place so far.
	e. If any other groups/sessions are taking place, then all registers will need to be taken again to ensure all children that MCT have onsite or off-site are accounted for.
	f. This will now be a police matter - so all staff will need to support the police in their investigations.
	g. A communication from MCT's SSM will need to be given to all parents to advising them of the circumstances of the incident.
Stage 3	a. Staff member to ensure that MCT's DSO is informed and given a written record of the incident.
	b. MCT will now conduct an internal investigation to establish how the situation occurred, how effective was the response and what action could be taken to ensure it does not happen.
	c. MCT's DSO to ensure all relevant members of MCT staff are informed and updated.

Reviewed & Updated: April 2024

MCT will review this **Lost or Missing Child Procedure** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

103. Parental & Child Consent Policy

Policy statement

MCT believe that children's needs are best met when they are involved in making decisions that affect them and when the organisation works in partnership with their parents and carers. This policy describes how MCT seeks to play its part in this partnership. This policy brings together MCT's responsibilities to consult with and obtain the consent of children; and to consult with and obtain the consent of parents and carers in relation to the organisations activities and events.

MCT recognises that children have rights as listed in the United Nations Convention on the Rights of the Child (the Convention), ratified in the UK in 1991. This includes:

Rights

- The right for children to have their views respected and their opinions taken into account
- The right to freedom of expression
- The right for children to access information about themselves.

In accordance with the Convention, MCT believes that helping children to understand their rights does not mean pushing them into making choices about matters that they do not understand; or with consequences that they lack the maturity to deal with.

Principles

- Parents and carers are required to help their child **make choices in a manner consistent with the evolving capacities of the child.**

This is a principle to which MCT subscribes to. Furthermore - as parents and carers are the primary source of nurture and support to their child - MCT believes that they should be fully supported in fulfilling this role.

MCT acknowledges that in a small minority of cases, parents and carers are not able to provide for their child's needs; or to care for them safely without statutory intervention. If MCT encounter a situation where it is feared that this might be the case, MCT will have a duty to refer the matter to an investigating authority.

MCT will take the following steps to obtain consent - from both parents and children - for children's participation in activities and trips/outings:

Steps

- MCT will seek parental consent and support for a child's participation in activities and trips, regardless of the age of the child
- For all children aged 12 and above, MCT will also seek their consent - unless our assessment is that the child is not able to give informed consent **e.g.** because of their level of learning ability, or for some other reason
- In all cases, consent offered by a child will involve signing up to MCT's behaviour codes, as well as the safety rules for the activity or trip.

Managing withheld consent

If a child is keen to take part in an activity that would be in their best interests to do so, but their parent or carer is not willing to consent, MCT's DSO will seek to address the matter with the parent or carer - and to understand the reason/s for the objection.

- If, having spoken to the parent or carer, MCT's **DSO** was to feel that the objection is reasonable, MCT will support the parent or carer in conveying this decision to the child.
- However, where it is felt that the parent or carer's objection is not reasonable, MCT's **DSO** will attempt to remove the barriers preventing the parent or carer from giving consent.

Parental & Child Consent Policy continued...

Consent of young people aged 16 to 18

If a young person aged 16 to 18 years of age - with sufficient maturity to make their own decisions; who lives separately from their parents/carers; and has little contact with them - MCT may consider allowing them to participate in an activity without the parent or carer's consent.

This decision will always depend on the capacity of the child; MCT's understanding of the reasons why the parents or carers would not be consulted; as well as an assessment of any risks involved. In such circumstances, MCT's DSO will seek specialist advice prior to a decision being made.

Reviewed & Updated: April 2024

MCT will review this Parental & Child Consent Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

104. Remote Working Policy

Policy statement

MCT accepts that there may be situations that require people to stay at home - e.g. as a consequence of a lockdown or high-level restrictions caused by a pandemic, or for some other public safety reasons. In such circumstances, it may be difficult (or prohibited) for MCT to continue with face to face contact and offer some or all of our normal provision of in-person sessions, activities and learning - which would otherwise have taken place at MCT facilities.

This **Remote Working Policy** seeks to outline the approach MCT will take to such situations and which is intended to underpin all **Operational Policies** that are developed in relation to remote working - as well as to all addendums and/or annexes to the policies and procedures outlined in the **Safeguarding Handbook**.

Purpose of policy

Whilst it would be hoped that the need for remote working will be limited in scope and infrequent, when such ways of working are both required and appropriate, MCT will always look to offer remote working - and other appropriate remote learning/engagement opportunities - that will maintain the very highest standards of safeguarding best practice, all the while underpinning MCT's commitment to protect all children and adults at risk from harm.

Principles of remote working

Whilst the way that MCT's staff work will be different - when supporting children and adults at risk remotely - the key principles of MCT's safeguarding policies & procedures, as well as the steps that are taken to protect children and adults at risk, will always ensure the following:

Key Principles of Remote Working

- 1. Welfare** | Whenever remote working is being undertaken the welfare of all children and adults at risk will always be the **primary focus**.
- 2. Risk Assessments** | MCT will ensure that new ways of remote working are **appropriately risk assessed** before they are undertaken.
- 3. Codes of Conduct** | When necessary and relevant to the remote work being undertaken - and the opportunities being offered - MCT will develop addendums or an annexe to its **Codes of Conduct**.
- 4. Safer Recruitment** | MCT will adhere to its **Safer Recruitment Procedures** to ensure that all staff and volunteers - that are supporting children and adults at risk remotely - are suitable and safe to do so.
- 5. Safeguarding Training** | Prior to remote working being undertaken MCT's **DSO** will ensure that all staff and volunteers undergo appropriate **safeguarding refresher training** that **reinforces child and adults at risk protection procedures**.
- 6. Acting without Delay** | During remote working, any person having a concern about a child or adult at risk will be required to **act without delay** and follow MCT's safeguarding policies and procedures in relation to raising concerns and reporting allegations.
- 7. Safeguarding Team** | Safeguarding contacts will be updated during periods of remote working to ensure that MCT's **DSO will be available** to deal with any safeguarding issues, concerns and/or complaints - and in the absence of the **DSO** there will be **at least two other nominated people available instead**.
- 8. Multi-Agency Partnership Working** | MCT will take the necessary guidance and advice from the **LADO** and other support agencies to ensure that it can **contribute to Multi-Agency Partnership Meetings and Plans**.
- 9. Providing Additional Support** | When remote working is the main method of working MCT's safeguarding team will seek to **identify children and adults at risk that may be at greater risk** and/or **in need of more support** - as well as **how this can be effectively provided**.

Remote Working Policy continued...

Principles of remote working continued...

Whilst the way that MCT's staff work will be different - when supporting children and adults at risk remotely - the key principles of MCT's safeguarding policies & procedures, as well as the steps that are taken to protect children and adults at risk, will always ensure the following:

Key Principles of Remote Working

- 10. Struggling to Cope** | MCT staff and volunteers who are providing remote support will be trained to recognise when the children and adults at risk (and their families) might be **struggling to cope** - and how they should respond if they have any concerns.
- 11. Non-Attendance** | When a child or adult at risk **does not attend** - or is **unavailable** - for a remote session, MCT staff and volunteers will have the confidence to **follow up in accordance with MCT's procedures**.
- 12. On-Line Safety** | Due to the increased nature of online interaction - that is a requirement of effective remote working - MCT will ensure that staff and volunteers adhere to MCT policies relating to **remote working via video calls and live streaming** and which in turn will help imbue the highest standards of online safety and awareness with children and adults at risk.
- 13. Domestic Abuse** | Because situations that call for remote working will mean that families are having to spend more time with each other, MCT will ensure that staff are more **aware of the risk of domestic abuse** and how to respond to it if they have concerns.
- 14. Mental Health Support** | MCT staff will be conscious to the fact that the restrictions on movements - as well as reduced contact with a child or adult at risk's peer groups - can have a **negative impact upon mental health**. Accordingly, MCT staff will identify those children and adults at risk who are already receiving mental health support and will seek to provide them with the **appropriate support** - whilst understanding how to **raise any concerns** that they may have.

Raising concerns

MCT's DSO will ensure that all staff have access to the most up to date contact information for raising safeguarding concerns that they become aware of during periods of remote working. For the avoidance of any doubt - and particularly during periods of remote working - all MCT staff and volunteers should raise any matters relating to the following:

- Concerns about a child or adult at risk
- Concerns about another person's behaviour toward a child or adult at risk
- Concerns about a staff member or volunteer's behaviour towards a child or adult at risk.

If you are worried or concerned about a child or adult at risk - but they are not in immediate danger - you must still share your concerns without delay to MCT's DSO.

If you ever think that a child or adult at risk is in immediate danger, contact the Police without delay by calling 999.

This Remote Working Policy should be read in conjunction with the Remote Teaching Policy detailed within this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this Remote Working Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

105. Remote Teaching Policy

Policy statement

As outlined in the **Remote Working Policy**, MCT has acknowledged that there may be situations that require people to stay at home - e.g. as a consequence of a lockdown or high-level restrictions caused by a pandemic, or for some other public safety reasons. In such circumstances, it may be difficult (or prohibited) for MCT to continue with face-to-face learning that would otherwise be taking place at MCT facilities.

This Remote Teaching Policy seeks to outline the approach MCT will take to such situations and which is intended to underpin all Operational Policies that are developed in relation to remote teaching - as well as to all addendums and/or annexes to the policies and procedures outlined in the Safeguarding Handbook.

Purpose of policy

In exactly the same way as face-to-face teaching, safeguarding and child and adult at risk protection is vital when MCT undertake remote teaching. Whilst it would be hoped that the need for remote teaching will be limited in scope and infrequent, when such ways of delivering learning are both required and appropriate, MCT will always endeavour to offer remote learning opportunities having regard to ensuring the very highest standards of safeguarding best practice, all the while underpinning MCT's commitment to protect all children and adults at risk from harm.

Considerations for remote teaching

Whenever remote teaching is being planned for, MCT will always ensure that the following are fully considered and taken into account:

1. Safer recruitment procedures

- MCT has developed safer recruitment procedures that are in place to ensure that all staff and volunteers are suitable to work with children and adults at risk.
- MCT will adhere fully to its safer recruitment procedures in relation to all staff and volunteers that will undertake remote teaching.

2. Staff training

MCT understands that being able to teach face-to-face does not automatically mean that a person is also suitable for online teaching.

- Accordingly, MCT will ensure that staff undertaking online teaching have the confidence, skills and attributes to be able to plan and deliver online lessons effectively and safely.

3. Teaching methods

- MCT will give careful consideration to the appropriate remote teaching methods to be used, to ensure that they adequately take into account the needs of the children and adults at risk that staff and volunteers are working with **e.g.** technology to be used, necessary software, livestream versus recorded sessions that are watched later and which offer greater flexibility.

4. Technology & software

- MCT will always ensure that the technology and software used for online teaching is appropriate and suitable to the child or adult at risk's age group, stage of development and/or ability.
- Privacy settings will be carefully set up - and checked regularly - to maintain privacy and the safeguarding protection of all children and adults at risk.
- MCT will set up MCT accounts for all online learning - and the use of MCT staff and volunteers personal accounts **will not** be permitted.

Remote Teaching Policy continued...

Considerations for remote teaching continued...

5. Consent for online lessons

- MCT will ensure that whenever online teaching is planned parents, carers, children and adults at risk will understand the benefits and risks.
- Written consent from the appropriate person will be obtained prior to online lessons taking place.

6. Recording & livestreaming

- Prior to making a decision to record or livestream any remote learning, MCT will first undertake appropriate risk assessments - as well as implementing any actions that arise from it - to minimise risk of harm. **Considerations include:**
 - A) Recorded sessions** can provide greater flexibility for families when they are learning at home.
 - B) Livestreaming** can help teachers engage with learners, help them learn and monitor progress.
- Additional considerations will focus on if, when and how webcams will be used.

Where webcams have been risk assessed for use in a remote lesson, no one will be required to turn on their webcam if they would prefer not - i.e. because they are too shy to be seen or answering questions on camera, or parents/carers are uncomfortable with others seeing into their home. However, MCT are aware that some may want to hide something going on at home - such as abuse or neglect - and therefore staff will seek to understand why an available camera is not being used, as well as raising any concerns they may have to the DSO to follow up on as appropriate.

- **When livestreaming has been risk assessed for a remote lesson, all learners will be reminded:**
 - A)** Not to share private information.
 - B)** Not to respond to contact requests from people that they do not know.
 - C)** Who they should tell if they see or hear anything upsetting or inappropriate.

7. Adult to learner ratios

- MCT acknowledges best practice for both online and offline training is to have a **minimum of two adults present**.
- Accordingly, risk assessments for remote teaching will always take into account the appropriate adult to learner ratios - having regard to the type of activities being undertaken, the child or adult at risk's age group, stage of development and/or ability.
- Where online learning makes use of virtual "breakout rooms", consideration will be given to their supervision.

8. 1:1 learning

- **Prior to any 1:1 learning taking place, MCT will undertake the following:**
 - A)** 1:1 learning sessions will always be risk assessed prior to them taking place.
 - B)** Appropriate safeguarding protocols will be put in place for all 1:1 learning sessions.
 - C)** 1:1 learning will only occur during normal teaching hours as agreed and approved by MCT.
 - D)** MCT staff will know what they should do if they have concerns about a person's welfare.

Remote Teaching Policy continued...

Considerations for remote teaching continued...

9. Contacting children & adults at risk

- MCT staff may be required to contact children and adults at risk individually **e.g.** to provide feedback on work, or perhaps within a wider safeguarding capacity to check on their wellbeing and help ensure they are safe and supported. **Where home contact takes place MCT will ensure the following:**

A) Unless it poses a safeguarding risk, staff will only contact a child or adult at risk using a parent's or carer's email address and/or telephone number.

B) Staff will only use an MCT email account, or MCT registered online platform account to make contact.

Please note: Staff are not permitted to use a personal account to contact a child or adult at risk.

C) MCT will require staff to make telephone calls to a child or adult at risk from a blocked number - to ensure their personal details are not visible.

D) Where MCT staff are accessing a family's contact details they will be required to ensure that they comply with the requirements of **GDPR** and the **Data Protection Act**.

10. Online safety

- Because of the additional time that children and adults at risk will spend online, MCT will ensure that staff regularly talk to remote learners about the benefits and risk of the online world.
- Remote learners will be given time and space to ask questions and raise anything that may be worrying them - specifically related to their online safety.

11. Extra support

- MCT will identify children, adults at risk - as well as their families and carers - that may be in need of any additional support during periods the remote teaching is necessary. **Additional support may be required because:**

A) The learner has additional needs or special educational needs and disabilities.

B) The child or adult at risk's family needs extra support.

C) There are mental health issues.

D) The learner is at risk of abuse and/or neglect.

MCT will give consideration to how staff can keep in regular contact with children adults at risk - as well as their families and carers - to help support their learning and monitor wellbeing.

12. Raising concerns

- MCT's **DSO** will ensure that all staff have access to the most up to date contact information for raising safeguarding concerns that they become aware of during periods of remote teaching.
- **Particularly during periods of remote teaching - all MCT staff and volunteers should raise any matters relating to the following:**
 - A)** Concerns about a child or adult at risk.
 - B)** Concerns about another person's behaviour toward a child or adult at risk
 - C)** Concerns about a staff member or volunteer's behaviour towards a child or adult at risk.

Remote Teaching Policy continued...

Considerations for remote teaching continued...

MCT staff members who are worried or concerned about a child or adult at risk - but they are not in immediate danger - must share their concerns without delay to MCT's DSO.

If you ever think that a child or adult at risk is in immediate danger, contact the Police without delay by calling 999.

This **Remote Teaching Policy** should be read in conjunction with the **Remote Working Policy** detailed within this **Safeguarding Handbook**.

Reviewed & Updated: April 2024

MCT will review this **Remote Teaching Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

106. Health & Safety Policy

Policy statement

MCT is committed to ensuring the health, safety and welfare of its staff, volunteers, children, adults at risk, as well as parents and carers who use its services and facilities. So far as is reasonably practicable, MCT will establish procedures and systems necessary to implement this commitment and to comply with its statutory obligations on health & safety. It is the responsibility of each person involved with the organisation to familiarise themselves and comply with the MCT's procedures and systems relating to health & safety.

While MCT will take all reasonable steps to ensure the health & safety of everyone that it has responsibility for, health & safety is everyone's responsibility too. It is the duty of every staff member, volunteer, child, adult at risk, parent and carer to take reasonable care of their own and other people's health, safety and welfare and to report to MCT any situation which may pose a serious or imminent threat to the well-being of themselves or of any other person.

MCT will provide and maintain a healthy and safe working environment with the objective of minimising the number of instances of accidents and illnesses. MCT will pay particular attention to:

H&S

- Maintaining all areas it is responsible for in a safe condition
- Providing a safe means of access to and egress from its facilities
- The provision and maintenance of equipment and systems that are safe
- Arrangements for ensuring safety to health in connection with the use, handling, storage and transport of articles and substances
- The provision of such information, instructions, training and supervision as is necessary to ensure the health & safety of its employees, volunteers and all other persons.

MCT also recognises its duty to protect the health & safety of all visitors to MCT, including any members of the public who might be affected by the organisation's work operations.

Organisation

The **CEO** of MCT has overall responsibility for health & safety in the organisation. MCT has appointed a named person responsible for health & safety and who has the day to day responsibility for overseeing, implementing and monitoring health & safety procedures for the organisation - and for reporting back to the **CEO** on health & safety matters. MCT's person responsible for health & safety also conducts regular inspections of the workplace and facilities, maintains safety records, as well as investigates and reports on accidents.

Training

Safety training is an integral part of an effective health & safety programme. All MCT staff are inducted and trained to perform their job safely and in safe working practices and procedures. Training also includes instruction on the safe use of any equipment provided and required to be used.

Persons at special risk

MCT recognises that people may from time to time be at increased risk of injury or ill-health resulting from activities. MCT therefore requires that everyone notifies the relevant person at MCT if they become aware of any change in their personal circumstances which could result in their being at increased risk. This could include medical conditions, permanent or temporary disability, taking medications and/or pregnancy.

First aid and reporting of accidents and/or near misses

First aid boxes are located at strategic points around MCT facilities and there are appointed persons and designated first aid personnel responsible for managing first aid incidents. Information relating to first aid arrangements are also displayed on notice boards around MCT facilities.

Health & Safety Policy continued...

All injuries, however small, sustained by any person on MCT facilities must be reported to either a line manager or MCT's **DSO** and recorded in MCT's accident book. Accident records are crucial to the effective monitoring of health & safety procedures and must therefore be accurate and comprehensive. MCT's person with responsibility for health & safety will inspect the accident book on a regular basis. All accidents will be investigated and a report prepared - with any necessary action being taken to prevent a recurrence of the problem.

Further detailed information relating MCT's Health & Safety Arrangements can be found in MCT's Health & Safety Handbook.

Reviewed & Updated: April 2024

MCT will review this Health & Safety Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

107. Mental Health Policy

Mental health

This relates to someone's emotional health or well-being. Depending on the culture you grew up in, you might be more familiar with terms 'poor emotional health' or 'poor emotional wellbeing'. Approximately 1 in 4 people in the UK will experience a mental health problem each year. In England, 1 in 6 people report experiencing a common mental health problem - such as anxiety and depression - in any given week.

Defining mental health

The term **Mental Health** is referring to our **cognitive, behavioural, and emotional wellbeing** - e.g. it's about how we **think, feel, and behave**. **Poor mental health** can **affect daily life, relationships** - and even **physical health**.

The term **Mental Health** can also be used to mean an **absence of a mental disorder**.

Causes of poor mental health

Mental health problems can have a wide range of causes and - in many cases - no one is certain precisely what causes it. Ultimately, for many people, it is likely there is a combination of contributory factors.

The following factors could potentially trigger a period of poor mental health:

Possible Causes

- Childhood abuse, trauma, or neglect
- Social isolation or loneliness
- Experiencing discrimination and stigma
- Bereavement
- Severe or long-term stress
- Unemployment or losing their job
- Social disadvantage, poverty or debt
- A long-term physical health condition
- Drug and alcohol misuse
- Domestic violence or other abuse
- Significant trauma as an adult e.g. military combat, being involved in a serious accident or being the victim of a violent crime
- Genetic factors.

Researchers are investigating whether there might be a genetic cause of various mental health problems - although there is no clear proof that this is the case as of yet.

Understanding the different types of mental health illnesses

The more commonly known mental health illnesses include such thing as:

- **Anxiety Disorder** | This is constant strong feelings of unease, worry and/or fear.

Some specific anxiety disorders are **Generalised Anxiety Disorder (GAD), Panic Disorder, Obsessive-Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD)**.

- **Depression** | This is a feeling of low mood that lasts for a long time and affects everyday life.

There are also some common specific forms of depression such as **Post Natal Depression (PND) and Seasonal Affective Disorder (SAD)**.

- **Phobias** | This an extreme form of fear or anxiety triggered by a situation - i.e. going outside or of an object such as spiders - even when there is no danger.

Mental Health Policy continued...

- **Obsessive-Compulsive Disorder (OCD)** | This is a type of anxiety disorder and has two main parts:
 1. **Obsessions** - which has intrusive thoughts, ideas or urges that repeatedly appear in their mind.
 2. **Compulsions** - which are repetitive activities that the person feels they must do.
- **Eating problems** | The most common eating disorders are:
 1. **Anorexia** - which is when a person does not allow themselves to eat enough food to get the energy and nutrition to stay physically healthy.
 2. **Bulimia** - which is when a person eats large amounts of food all in one go - often because they are feeling upset or worried (this is called **bingeing**) - but then feeling deeply guilty or ashamed, and taking steps to get rid of the food they have eaten (this is called **purging**).
 3. **Binge Eating disorder** - feeling they can't stop themselves from eating - even when they want to.
- **Panic disorder** | Common symptoms are an **exaggeration** of your body's **normal response to fear, stress or excitement** - i.e. a **pounding heartbeat, chest pains, sweating and nausea, feeling faint and unable to breathe, shaky limbs or feeling like their legs are turning to jelly**.

Symptoms usually last between 5 to 20 minutes before people start to feel better and in control.
- **Post-traumatic stress disorder (PTSD)** | This is a type of **anxiety disorder** which may develop after being **involved in, or witnessing a traumatic event**.

Common symptoms include reliving aspects of what happened, alertness or feeling on edge and avoiding feelings or memories.

Whilst the above are some of the more common mental health conditions further information about these - as well as a much more extensive list - are available from the MIND website:

[Click Here for Further Information about Mental Health Disorders](#)

Supporting Someone who is Suffering from Poor Mental Health

Managing conversations about mental health

- When talking with someone about their mental health, ensure you have the time
- If someone approaches you - and it is not possible for you to give them the time they need immediately - reassure them that they have taken a positive step by speaking to you
- Explain why you cannot talk now, but ensure that you arrange a better time and location to have the conversation with them before the day ends.

Useful conversation techniques

- Ensure you are **actively listening** - and leave any questions or comments you may have until the person has finished
- Use **open questions** - i.e. "Tell me how you are feeling?", "What support do you have in place?"
- **Reflect** back words they have used - this can encourage them to open up more
- Use **empathetic statements** - i.e. "I appreciate this must be difficult for you"
- **Avoid clichés** - i.e. 'pull yourself together' or 'you're just having a bad day'
- **Remind them** that mental health problems are more common than people think - and can affect anyone at any time

Mental Health Policy continued...

- **Avoid asking too many questions** - especially closed questions
- **Reassure** them that it is positive that they want to talk about their experience and what's happening with them
- If relevant, **check** that they are looking for support
- It can also be helpful to ask, "**What would you like to happen in this situation?**" As this approach will help to **empower** them and **encourage** them to take the course of action that seems right to them. However, always be clear about what you can do, as well as what you can't.

The important thing is to listen - rather than give advice - as the individual needs to be able to act for themselves. Remember that you ideally need to be able to signpost the individual to sources of support - rather than telling them what you think is best.

Supporting a child with mental health

Whilst the conversations you would have with a child about their mental health would differ from the conversations conducted with an adult the following can be useful conversation starters:

- "You don't seem your usual self today - would you like to talk about anything?"
- "You look sad/worried today - do you want to have a chat about it - is there anything I can do to help?"

Please note that when protecting and supporting children and young people there will always be limits to confidentiality - please refer to the Confidentiality Policy in this Safeguarding Handbook for further information. Therefore, always speak with the Designated Safeguarding Officer (DSO) if you are concerned and always follow the appropriate Safeguarding Policies & Procedures. Make sure the child knows you may need to seek advice or guidance from other professionals.

Child & Adolescent Mental Health Services (CAMHS)

For children and young people there is **CAMHS** who are services that support young people - sometimes up to the age of 18 - with their mental health needs. **CAMHS** is a term used for all services that work with a child or young person who is experiencing difficulties with their emotional or behavioural wellbeing.

Whilst getting help from a specialist **CAMHS** service is different depending on where the person lives, most **CAMHS** services have their own website - which will have information about access, referrals and more - including the appropriate advice phone numbers. **The following link from YoungMinds provides a useful summary of how CAMHS support works:**

[Click Here for a Guide to CAMHS](#)

Useful support links for children

YoungMinds: Mental health support for children and young people can be obtained from **YoungMinds** by visiting the website below:

[Click Here to Visit YoungMinds Website](#)

The Children's Society: Specialist support - that empowers young people to make positive changes and rediscover their hope - can be obtained from **The Children's Society** by visiting the website below:

[Click Here to The Children's Society Website](#)

Mental Health Policy continued...

Supporting an adult with mental health

As was mentioned in the section about supporting a child, there may be limits to the confidentiality that can be offered, so please refer to the [Confidentiality Policy](#) in this **Safeguarding Handbook** for further information. Accordingly, always speak with the **Nominated Manager** if you are concerned - and always follow the appropriate **Safeguarding Policies & Procedures**.

Make sure the person knows you may need to seek advice or guidance from other professionals.

If after having spoken to an adult - as outlined in the earlier section entitled **Supporting Someone who is Suffering from Poor Mental Health** you realise that they need **URGENT** help, always signpost them to support offer by mind.org.uk. There they can click the yellow button at the top of the home page which says, **Get Help Now** - and they will then be directed to a series of options. You can also encourage them to call the **Samaritans** on **116 123** - lines are **open 24 hours a day, 365 days a year**.

Useful support links for adults

Depression Alliance: Mental health support for people living with depression as well as details about a wide range of support groups can be obtained from the **Depression Alliance** by visiting the website below:

[Click Here to Visit the Depression Alliance Website](#)

Hearing Voices Network: Support for people who hear voices, see visions or have other unusual perceptions can be obtained from the **Hearing Voices Network** by visiting the website below:

[Click Here to Visit the Hearing Voices Network Website](#)

Mind Out: A mental health service run by and for lesbians, gay, bisexual, trans, and queer people. Support can be obtained from **Mind Out** by visiting the website below:

[Click Here to Visit the Mind Out Website](#)

No Panic: Help and support for people living with panic attacks, phobias, obsessive compulsive disorders and other anxiety disorders - as well as support for carers of people who suffer from anxiety disorders - can be obtained from **No Panic** by visiting the website below:

[Click Here to Visit the No Panic Website](#)

Supporting MCT staff & volunteers with mental health

Even if an employer offers independent support - to help manage staff and volunteer's wellbeing - sometimes referred to as an **Employee Assistance Programme**, it is still good practice that there are staff and volunteer's supervision meetings or catch ups.

MCT adheres to supervision good practice - as outlined in the [Supervision Policy](#) within the [Safer Recruitment](#) section of this Safeguarding Handbook.

As for **Supporting an Adult with Mental Health** - if you realise that the staff member or volunteer requires **URGENT** help, always signpost them to support offered at mind.org.uk. There they can click the yellow button at the top of the home page which says, **Get Help Now** - and they will then be directed to a series of options. You can also encourage them to call the **Samaritans** on **116 123** - lines are **open 24 hours a day, 365 days a year**.

As was previously outlined in this policy, there may be limits to the confidentiality that can be offered, so please refer to the [Confidentiality Policy](#) in this **Safeguarding Handbook** for further information. Accordingly, always speak with the **Nominated Manager** if you are concerned - and always follow the appropriate **Safeguarding Policies & Procedures**. Make sure the staff member/volunteer knows you may need to seek advice or guidance from other professionals.

Mental Health Policy continued...

Taking care of yourself

MCT always encourages its staff and volunteers to ensure that they look after their own wellbeing - not least because supporting someone else with their mental health can sometimes be very stressful. By taking care of yourself it means that you will have the energy, time and distance required to help others with their mental health - if you are called upon to do so.

Always try and set boundaries - and don't take too much on. If you become unwell yourself, you won't be able to offer as much support.

Please refer to MCT's [Staff Support Policy](#) for further support - which is detailed in the [Safer Recruitment](#) section of this Safeguarding Handbook.

Useful support links for staff & volunteers

Well at Work: You can find some useful tips for staying well at work from [Mind](#) by visiting the website below:

[Click Here for Staying Well at Work Top Tips](#)

Mental Health at Work: A gateway to documents, guides, tips, videos, courses, podcasts, templates and information from organisations across the UK - all aimed at helping employers, staff and volunteers get to grips with workplace mental health can be accessed from [MIND](#) by visiting the website below:

[Click Here to Visit the Mental Health at Work Website](#)

Reviewed & Updated: April 2024

MCT will review this [Mental Health Policy](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

108. Lone Working Policy

Policy statement

MCT discourages lone working and will avoid the need for staff to work alone where reasonably practicable. Where lone working is necessary - whether that be on a regular or occasional basis - MCT will take all reasonable steps to ensure the health, safety and welfare of staff members when working alone.

MCT will always undertake a formal health & safety risk assessment to identify the hazards and risks of lone working and use this assessment to devise and implement safe working arrangements - so that the risks are eliminated or adequately controlled, thus enabling lone workers to carry out their work in a safe environment.

Procedure when lone working is undertaken

Lone working can be safe provided staff take the following basic precautionary measures:

Procedure

- Always ensure that another MCT staff member (preferably the line manager or MCT's **DSO**) is aware that lone working is being undertaken; the location; the work being undertaken and the expected finish times
- There must always be available an effective means of communication with another person in the event of an emergency. This should preferably be a mobile phone or a two-way radio
- Always ensure there is access to a fully stocked first aid kit
- When working inside a building, always be familiar with the nearest emergency exits and the local emergency evacuation procedures
- When working inside a building always ensure that intruders cannot access the premises by checking that windows and external doors are locked
- Comply fully with any arrangements - or follow any specific guidance - that has been provided by either the line manager or MCT's **DSO** in relation to the lone working
- Always take personal responsibility and all reasonable steps to ensure personal safety
- Inform the line manager and/or MCT's **DSO** immediately if there are any incidents, or safety concerns connected with the lone working.

Line managers responsibility

MCT line managers should ensure that:

Ensure

- Lone working is avoided as far as is reasonably practicable
- Arrangements are always in place so that someone is aware of a lone worker's whereabouts at all times
- A check must always be carried out at the end of the lone working period to ensure there have been no problems
- Emergency procedures are in place so that lone workers can obtain immediate assistance if required
- Lone workers are provided with adequate information and training to understand the risks; and the safe working procedures associated with working alone are followed
- A particular MCT staff member is capable of undertaking the work by working alone
- The job in question can be carried out safely by one person.

MCT's DSO will regularly review decisions in which MCT staff undertake lone working.

Further information relating to MCT's approach to Lone Working can be found in MCT's Health & Safety Handbook.

Reviewed & Updated: April 2024

MCT will review this **Lone Working Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

109. Fire Safety Policy

Policy statement

MCT will take all necessary steps to prevent the outbreak of fire on its premises - so far as reasonably practicable - and will put in place measures to protect all staff, volunteers and visitors in the unlikely event of a fire. MCT's Health & Safety Officer has overall responsibility for putting this Policy into effect, although MCT's CEO and all staff, volunteers, children, adults at risk, as well as parents and carers who use its services and facilities have responsibilities for assisting in these aims too.

The furtherance of effective fire safety will be achieved by MCT:	
1.	Arranging for a competent fire safety risk assessor to conduct a risk assessment of the premises and review that assessment periodically.
2.	Implementing the recommended fire safety measures arising from the assessment.
3.	Ensuring that all exits and emergency routes are kept clear at all times. These routes will be properly signed, adequately lit and fitted with the relevant standard of fire doors.
4.	Ensuring that the premises have appropriate fire-fighting equipment, detectors, alarms and emergency lighting.
5.	Writing and circulating fire safety arrangements incorporating responsibilities for fire safety matters.
6.	Instigating a mechanism for the reporting of defects concerning fire equipment or electrical equipment and ensuring that, where necessary, equipment is taken out of use and alternative arrangements are made as appropriate.
7.	Arranging for the testing and maintenance of fire safety, electrical and gas installations and equipment.
8.	Ensuring that building alterations and other contract works are properly managed to minimise the fire risk and avoid damage to structural fire protection.
9.	Ensuring that all MCT staff are provided with appropriate information and instruction regarding the fire prevention measures and the emergency procedures, including any instruction required in order for them to carry out their particular role.
10.	Keeping staff informed of any changes that are made to MCT fire safety procedures and fire safety risk assessment.
11.	Ensuring that all children, adults at risk, as well as parents/carers and visitors to MCT premises are briefed on the evacuation procedures.
12.	Undertaking ongoing monitoring of the fire safety arrangements.

Further information relating to MCT's Fire Safety Arrangements can be found in MCT's Health & Safety Handbook.

Reviewed & Updated: April 2024

MCT will review this **Fire Safety Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

110. Online Safety Policy

MCT's Online Safety Policy has been drafted on the basis of legislation, policy and guidance - relating to Online Abuse, Bullying, Child Protection and Adults at Risk Protection - that seeks to protect children, young people and adults at risk within England and Wales.

Policy Statement

MCT believes that all children, young people and adults at risk should never experience abuse of any kind; and that whilst they should all be able to use the internet for education and personal development, safeguards need to be in place to ensure that they are kept safe at all times. Accordingly, MCT will take all appropriate steps to keep children, young people and adults at risk (as well as our staff and volunteers) safe when they are online.

Purpose of this policy

The purpose of MCT's Online Safety Policy is to:

- Ensure the safety and wellbeing of children, young people and adults at risk - whenever they are making use of the internet, social media or mobile devices
- Provide MCT staff and volunteers with the overarching principles that guide the organisation's approach to online safety
- Ensure that MCT always operates within the law - and in line with our values - in relation to how we use online devices.

MCT's Online Safety Policy applies to all staff, volunteers, children, young people and adults at risk - as well as to anyone else who is involved in MCT's activities.

Principles of this policy

Principles	MCT recognises that:
	<ul style="list-style-type: none">▪ Although the online world provides everyone with many opportunities, it can also present risks and challenges▪ MCT have a duty to ensure that all children, young people and adults at risk - and anyone else who is involved in the work of our organisation (including MCT staff and volunteers) - are protected from potential harm online▪ MCT have a responsibility to help keep children, young people and adults at risk safe online - whether or not they are using MCT's network and/or devices▪ Only by working in partnership with children, young people, adults at risk - as well as their parents, carers and other agencies - will it be possible to promote their welfare and help them to be responsible in their approach to online safety▪ All children, young people and adults at risk - regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation - have the right to equal protection from all types of harm or abuse.

In developing this Online Safety Policy, MCT also understands and acknowledges that the use of information technology is:

- An essential part of everyone's lives
- How MCT gathers and stores information
- How we all communicate with each other
- An intrinsic part of the experience of the children, young people and adults at risk who use MCT's services
- Greatly beneficial to all.

Online Safety Policy continued...

How MCT will seek to ensure online safety

<p>Notwithstanding the above positives benefits of using information technology, MCT also understands that it can present challenges in terms of how it is used responsibly and - if misused either by a child, young person or adult at risk, or for that matter by any other person - can actually (or potentially) be harmful to them. Therefore, MCT will seek to ensure online safety by undertaking the following:</p>	
a.	Appointing an Online Safety Coordinator .
b.	Providing clear and specific directions - to MCT staff and volunteers - on how to behave online through our Code of Conduct for Staff, Code of Conduct for Adult Participants, Parents, Families, Carers & Spectators, Code of Good Safeguarding Practice when Working with Children and Code of Good Safeguarding Practice when Working with Adults at Risk .
c.	Supporting and encouraging all children, young people and adults at risk - who are using MCT's services - to use the internet, social media and mobile phones etc. in a way that keeps them safe and shows respect for others.
d.	Supporting and encouraging parents and carers to do what they can to keep children, young people and adults at risk safe when they are online.
e.	Developing an Online Safety Agreement for use with children, young people and adults at risk - as well as with their parents and/or carers.
f.	Developing clear and robust procedures to enable us to respond appropriately to any incidents of inappropriate online behaviour - whether by an adult or a child, young person or adult at risk.
g.	Reviewing and updating the security of our information systems regularly.
h.	Ensuring that user names, logins, email accounts and passwords are all used effectively.
i.	Ensuring personal information about children, young people and adults at risk - who are involved in our organisation - is held securely and shared only as appropriate.
j.	Ensuring that images of children, young people, adults at risk - and their families - are used only after their written permission has been obtained, and only for the purpose for which consent has been given.
k.	Providing supervision, support and training for MCT staff and volunteers about online safety.
l.	Examining and risk assessing any social media platforms and new technologies before they are used within MCT.

Risks assessing online platforms

Each online platform has its own set of benefits, and risks. The **Online Safety Act** places **legal duties and responsibilities on the online service providers themselves** - to keep children, young people and adults at risk safe, when they are online and using their platforms.

However, MCT also has a duty to ensure that the organisation has **properly risk assessed** any online platform that children, young people and adults at risk will have access to. When the organisation carries out its online platform risk assessments, MCT will always keep in mind the specific needs and vulnerabilities of the children, young people and adults at risk that access the organisation's activities.

Further information relating to how MCT provides support - as well as how it will respond to issues - can be found within the section titled Child Abuse: Online Abuse, within this Safeguarding Handbook.

Filtering & Monitoring

The aim of **Filtering & Monitoring systems** within MCT is to block harmful and inappropriate content, whilst not unreasonably impacting teaching and learning. To this end, the **DSO** - with support from the **Senior Leadership Team** - has lead responsibility for understanding the filtering and monitoring systems and processes that are in place within MCT.

Online Safety Policy continued...

Responsibilities

The DSO - who has lead responsibility for safeguarding and online safety - will also be responsible for overseeing and acting upon:

- Procuring the appropriate Filtering & Monitoring systems
- Documenting decisions on what is blocked - or allowed - and why
- Checks to the Filtering & Monitoring systems
- Overseeing Filtering & Monitoring Reports
- Safeguarding concerns arising from such reports
- Reviewing the effectiveness of MCT's provision.

The DSO's additional responsibilities - in relation to Filtering & Monitoring - includes ensuring that all MCT staff:

- Understand their role - as well as the systems that are in place for online safety
- Are appropriately trained to manage those systems effectively
- Follow policies, processes and procedures
- Are knowledgeable on how to escalate any concerns when they may arise - and that they always act on reports and concerns.

Where appropriate, MCT will work closely with any IT service providers (whether internal or external) to ensure that Filtering & Monitoring is effective - and appropriate - for MCT's needs. Any such IT service provider will have technical responsibility for:

- Maintaining the Filtering & Monitoring systems
- Providing Filtering & Monitoring reports
- Completing actions following concerns or checks to systems.

MCT will use communications with parents and carers to reinforce the importance of children being safe online and outlining the systems being used by MCT to Filter & Monitor online use. MCT will also explain what children are being asked to do online - including the sites they will be asked to access - as well as who from MCT (if anyone) their child will be interacting with online.

MCT's Online Safety Coordinator's contact details

Online Safety Coordinator	
Name	Katie Whitmore
Job Title	Designated Safeguarding Officer
Telephone Contact	07809 554848
Email	kwhitmore@millwallplc.com

MCT's Online Safety Agreement for Use with Young People and Adults is available from MCT's DSO.

Reviewed & Updated: April 2024

MCT will review this **Online Safety Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

Part 6:
Recording, Storing and
Sharing Information
Policies & Procedures

Part 6: Recording, Storing and Sharing Information Policies & Procedures Contents

The following Policies & Procedures relate to safe **Information Management** when dealing with the **Recording, Storing and Sharing of any Information** relating to a child, young person and adult at risk. It is essential that all information is managed in strict accordance with GDPR and the Data Protection Act - whilst always upholding the rights of the data subjects. All MCT staff responsible for recruitment must strictly adhere to all elements detailed in this **Part 6** section.

No:	Part 6: Recording, Storing and Sharing Information Policies & Procedures	Page No:
111.	Principles of Recording & Storing Information	1
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111. Principles of Recording & Storing Information

Policy statement

MCT understands the importance of recording and storing information that meets the requirements of the [Data Protections 2018](#). To this end, MCT will ensure that all records relating to its work with children adhere to the following principles:

Recording & Storing Information

- While MCT is required to have a record kept of each contact with a child or adult at risk, that record will always be **proportionate** to the type of activity/service the individual is accessing
- MCT will ensure that records clearly **distinguish between fact and opinion**
- MCT will ensure that personal information outside of the individual's name will always be **kept separate** from information about relating to other people
- MCT will ensure that staff **sign and date** any records that they make
- MCT sets **time limits** in which records must be completed (as soon as possible after contact) and trains staff to follow those time limits
- Through the wide communication its **Safeguarding Policies, Procedures and Processes**, MCT make children, adults at risk, as well as their parents and carers aware that it keeps records - and the purpose and use of those records
- Through the implementation of its **Data Protection Policy**, MCT permits access - by children, adults at risk, as well as their parents and carers - to records made and kept by the organisation, unless such access would be contrary to an individual's best interests
- MCT will ensure that all hard copies of records and any portable electronic equipment that holds or provides access to personal information will be **stored securely** in a locked cabinet at the offices of MCT. Where an MCT staff member does not have an office base, then MCT's **DSO** will ensure that any such records are stored at home in equally secure conditions
- MCT will ensure that **unauthorised access** to electronically stored personal and sensitive information is **prevented** by the use of **appropriate security measures** - including the use of **usernames, passwords** and appropriate **encryption** of files
- MCT will ensure that during any activities, MCT staff will have ready access to the **emergency contact details** for a child and adult at risk
- MCT will **induct and train** staff to record and place on file any concerns that a child or adult at risk may be in need, or at risk of abuse. Details of how the concerns have been dealt with will also be recorded
- MCT will ensure that where a referral is made to a statutory agency relating to concerns for a child or an adult at risk (as covered by the relevant policies, procedures and processes in this **Safeguarding Handbook**) this will be confirmed in writing within 48 hours and a copy placed on the individual's file
- MCT has a clear policy relating to the **retaining and destruction of records**
- All MCT staff are **inducted, trained** and **re-trained** to ensure they are able to implement and follow the organisation's policies and procedures relating to the recording and storage of information. Support is provided by MCT's **DSO** to assist staff to meet these expectations

Reviewed & Updated: April 2024

MCT will review this [Principles of Recording & Storing Information](#) and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

112. Confidentiality Policy

Policy statement

MCT believe that the safety, wellbeing and protection of all children and adults at risk - who use our services and facilities - is of the utmost importance in all decisions relating to confidentiality of information. Therefore, the appropriate sharing of information between MCT staff is essential for ensuring child and adults at risk safety, wellbeing and protection. Trust is an essential element of safeguarding at MCT, as it enables everyone (staff, children, adults at risk, as well as their parents and carers) to seek advice and support - both inside and outside of the organisation.

Purpose of policy

MCT's **Confidentiality Policy** is designed to establish the boundaries of confidentiality to enable everyone to feel safe and comfortable in discussing personal issues and concerns. This policy aims to be easily understood by everyone and to establish trust in the boundaries of confidentiality that MCT will adhere to.

Aims of MCT's Confidentiality Policy

What must be acknowledged and understood is that MCT cannot offer absolute confidentiality in certain prescribed circumstances. Therefore, this **Confidentiality Policy** aims to make clear the situations when information will need to be shared, so that everyone can make informed decisions about who the most appropriate person to speak to - about a particular issue - is.

Policy development

This **Confidentiality Policy** has been developed - and will continue to be so - through consultation with MCT staff and partner agencies as appropriate. All staff, children, adults at risk, as well as their parents and carers, are informed of this policy through the wide circulation of MCT's **Safeguarding Policy Statement** and forms the basis of every new starters induction.

Definition of confidentiality

...that state of keeping secret or private, something which is spoken or provided in some other form privately.

Definition

- **Example 1**
In practice this could be a child asking for their conversation with an MCT staff member to be kept private. If an MCT staff member was to offer absolute confidentiality to a child, they would in effect be offering to keep the content of the conversation completely secret and that they would discuss it with no-one.
- **Example 2**
In practice this could be an adult at risk asking for their conversation with an MCT staff member to be kept private. If an MCT staff member was to offer absolute confidentiality to an adult at risk, they would in effect be offering to keep the content of the conversation completely secret and that they would discuss it with no-one.

As may be obvious from the above examples, there are actually very few situations where MCT should ever be offering absolute confidentiality. The challenge is always to strike a balance between ensuring the safety, wellbeing and protection of all children and adults at risk; furthering MCT's ethos of trust; and at the same time ensuring that essential personal information is shared to further safeguarding good practice.

Limited confidentiality

The reality is, that in most cases, what MCT can actually offer is **limited confidentiality**. This means that the content of a conversation might well be discussed with other professionals, but in general this would not identify the person who had made the disclosure. Therefore, MCT staff should always make it clear at the outset of a conversation that there are limits to confidentiality. It should be reinforced that these limits are in place to ensure a person's safety and wellbeing. MCT will always ensure that an individual will be informed when a confidence has to be broken for this reason and they will be involved in the information sharing.

Confidentiality Policy continued...

MCT staff members must not promise confidentiality e.g. children do not have the right to expect they will not be reported to their parents or carers and may not, in the absence of an explicit promise, assume that information disclosed outside of that context will therefore be private and confidential. No MCT staff member should ever give such a promise.

As already stated, the safety, wellbeing and protection of children and adults at risk is the paramount consideration in all decisions that MCT staff make about confidentiality. However, MCT staff are **not** obliged to break confidentiality, other than in circumstances where child or adult at risk protection is, or may be, an issue.

Notwithstanding this, MCT firmly believes that it is vitally important that all MCT staff able to share their concerns relating to a child's or adult at risk's safety and wellbeing.

Safeguarding training of staff & volunteers

All MCT staff undergo full safeguarding training and regular refresher safeguarding training and as such are expected to be able to use their professional judgement when considering and advising a child or adult at risk about making a disclosure in confidence - and whether such a confidence could then be maintained having heard the information. When an MCT staff member is exercising their professional judgement, they must always consider the best interests of the individual - including the need to both ensure trust to provide safeguards for children and adults - and the wider safeguarding and protection issues.

Paramount in all cases of disclosure, is that MCT staff must at all times follow the organisation's Safeguarding Policies, Procedures and Processes detailed throughout this Safeguarding Handbook.

All staff, children, adults at risk, as well as their parents and carers - including any other concerned individual - can at all times speak with MCT's DSO. Any conversation with MCT's DSO will be confidential, other than as defined within this Safeguarding Handbook.

Sharing information with statutory agencies

MCT is committed to sharing information relating to a child or adult at risk in the interests of safeguarding - and as outlined in the relevant policies, procedures and processes detailed in this **Safeguarding Handbook**. Whenever there arises doubt as to whether information should be shared, MCT will seek guidance and advice from the **LADO/Multi-Agency Partnership** and/or the **SAB** before sharing any confidential information.

Sharing information relating to an adult at risk

Before sharing any confidential information relating to an adult at risk, MCT will give due consideration - as outlined in the [Mental Capacity Act](#) and the [Care Act](#) - to gaining the individual's consent to the sharing of their information.

This will entail MCT adhering to the following five principles:

- | | |
|-----------|--|
| 1. | MCT will always assume an adult at risk has capacity unless it is proved otherwise. |
| 2. | MCT will take all practicable steps to enable adults at risk to make their own decisions. |
| 3. | MCT will not assume incapacity simply because someone makes an unwise decision. |
| 4. | MCT will always act, or decide, for an adult at risk without capacity in their best interests. |
| 5. | MCT will carefully consider actions to ensure the least restrictive option is taken. |

In furtherance of the above principles, MCT will use the following two stage step to test for capacity:

Stage 1:	Does the adult at risk have an impairment of the mind or brain - whether temporary or permanent?
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Confidentiality Policy continued...

Stage 2:	If the answer is yes to Stage 1 , is the adult at risk able to:
A.	Understand the decision they need to make and why they need to make it?
B.	Understand, retain, use and weigh information relevant to the decision?
C.	Understand the consequences of making, or not making, this decision?
D.	Communicate their decision by any means i.e. speech, sign language?

Failure on one of the above points will determine lack of capacity.

MCT appreciates, that some adults at risk will not have the capacity to consent to disclosure of personal information that relates to them. However, MCT's **DSO** will always explore approaches to help the adult at risk to understand and give their informed consent where this is possible. Where - after making attempts to gain the adult at risks consent - it has not been possible to do so, then MCT's **SSM** and **DSO** will give careful consideration to the conditions set out in the **Data Protection Act**.

A decision will then be made as to whether it is in the individual's best interest to have the confidential information shared.

Acting in the adult's best interests

When considering acting in an adult's best interest, MCT will:

Consider

- Not make assumptions about capacity based on age, appearance or medical condition
- Encourage the person to participate as fully as possible
- Consider whether the person will in the future have capacity in relation to the matter in question
- Will consider the person's past and present beliefs, values, wishes and feelings
- Will take into account the views of others **i.e.** carers, relatives, friends and advocates
- Will consider the least restrictive options.

Staff requiring support - as a result of dealing with personal issues disclosed by someone they have been supporting - should follow the Staff Support Policy in this Safeguarding Handbook.

MCT's Confidentiality Policy should be read in conjunction MCT's Data Protection Policy and MCT's Management of Records Policy relating to the retention and destruction of safeguarding records.

Reviewed & Updated: April 2024

MCT will review this **Confidentiality Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

113. Data Protection Policy

Policy statement

MCT expects the utmost confidentiality of all records relating to its safeguarding work with children and adults at risk. MCT's staff members will come into contact with personal and sensitive details about the lives of the children and adults at risk with whom they will work. None of this information - or information about a child's parents/carers, or adult's family etc. - should ever be the subject of gossip, or be passed on to anyone else without good cause or reason.

Great care should be taken to ensure that when cases do have to be discussed with colleagues, that the details cannot be overheard by anyone else. For the avoidance of doubt, information of a confidential nature should only be communicated on a need-to-know basis and - in most circumstances - with the consent of the child or adult at risk and/or their parents and carers.

However, not-with-standing the above, MCT staff should always be clear that in circumstances where there are concerns about an individual's safety and welfare - or the safety of others - they will always be required to pass on information that may have been received in confidence. In these circumstances, any information should be passed by MCT's DSO.

MCT's Data Protection Policy

The under-pinning principles of MCT's responsibility in relation to the gathering, storage, usage and sharing of personal information is in line with the requirements of the [Data Protection Act 2018](#).

Introduction

In the course of a staff members work with MCT, they will come into contact with, or use, confidential information relating to children and adults at risk. **The Data Protection Act 2018 (the Act)** contains principles affecting their information and personal records. Information protected by the Act includes not only personal data held on computer, but also certain manual records containing personal data e.g. children or adults at risk's information files that form part of a structured filing system. The purpose of these rules is to ensure that no MCT staff member breaches the Act.

If a staff member is in any doubt about what can or cannot be disclosed and to whom, then the default position is not to disclose any personal information until advice has been provided by MCT's DPM/DCO.

Under the Act, all MCT staff members are personally accountable for their actions and can be held criminally liable if they knowingly, or recklessly, breach it. Any serious breach of data protection legislation will also be regarded as misconduct and will be dealt with under the Company's disciplinary procedures. Any access of a child or adults at risk's records - without authority - constitutes a gross misconduct offence and could lead to summary dismissal or termination of a volunteering agreement.

The data protection principles

There are 8 data protection principles that are central to the Act. MCT and all its staff members must comply with these principles at all times in its information-handling practices. In brief, the principles say that personal data must be:

1. Processed fairly and lawfully and must not be processed unless certain conditions are met in relation to personal data - and additional conditions are met in relation to sensitive personal data.

The conditions are either that the individual has given consent to the processing, or the processing is necessary for the various purposes set out in the Act.

2. Obtained only for one or more specified and lawful purposes, and not processed in a manner incompatible with those purposes.

3. Adequate, relevant and not excessive.

Data Protection Policy continued...

MCT will only collect essential personal details of children for whom it provides services or activities to. Essential joining information will include:

- The name, address and contact number of all children and adults at risk - and where appropriate their parent, families, carers, advocates or next of kin
- Any medical and health issues or particular requirements
- Contact with other professionals or agencies, if any.

MCT will also keep records which reflect the child or adult at risk's ongoing engagement with the organisation. This will include records on attendance, activities participated in and any incidents, accidents and/or near misses that occur.

4. Accurate and kept up-to-date.

Where personal information relating to a child or adult at risk changes, MCT will need to be informed promptly by so that appropriate records can be updated. MCT cannot be held responsible for any errors unless they organisation has been notified of the relevant change.

5. Not kept for longer than is necessary.

MCT will dispose of children or adult at risk's information within the timescales that are in keeping with the requirements of the Data Protection Act.

6. Processed in accordance with the rights of children and adults at risk under the Act.

The uses that MCT anticipates that collected personal data will be used for can include such things as:

- To better manage, plan and improve the services and/or activities provided
- To help train and teach MCT staff members
- To help with research, but only with the child or adult at risk's agreement
- To provide statistics about MCT services and activities delivered by the organisation - whilst ensuring that personal information will not be disclosed or used in this way and will never be shared with anyone, other than in the circumstances set out below.

7. Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

All written records will be stored in a secure location and accessed by authorised personnel only. Electronic records held on computers will also be appropriately secured by way of password protection and restricted access.

8. Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

Not transferred to a country or territory outside the European Economic Area unless that country ensures an adequate level of protection for the processing of personal data.

MCT's staff member's obligations in relation to personal information

Any staff member - who as part of their job duties and responsibilities - are required to collect personal information about children or adults at risk, must comply with this policy. This includes ensuring the information is:

- Processed in accordance with the Act
- Only processed for the purposes for which it is held
- Kept secure
- Not kept for longer than necessary.

Data Protection Policy continued...

Data protection guidelines for MCT staff

MCT staff must comply with the following data protection guidelines at all times:

Data Protection Guidelines

- Never disclose confidential personal information to anyone except the data subject or to a person authorised by the data subject. **In particular, unless the data subject has given their explicit prior written consent, personal information should not be:**
 - a) Given to someone from the same family.
 - b) Passed to any other unauthorised third party.
 - c) Placed on the Company's website.
 - d) Posted on the Internet in any form.
- Be aware that those seeking information sometimes use deception in order to gain access to it. Always verify the identity of the data subject and the legitimacy of the request, particularly before releasing personal information by telephone
- Where MCT provides staff members with code words or passwords to be used before releasing personal information **e.g.** by telephone, always strictly follow the Company's requirements in this regard
- Only transmit personal information between locations by fax or e-mail if a secure network is in place **e.g.** a confidential fax machine or encryption is used for e-mail
- Forward all requests for personal information about a child or adult at risk to MCT's named person responsible for data protection without delay
- Keep all personal data securely, either in a locked filing cabinet or, if computerised, by it being password protected so that it is protected from unintended destruction or change and is not seen by unauthorised persons
- Not access any child or adult at risk's records without authority as this will be treated as gross misconduct and it is a criminal offence
- Never write down (in electronic or hard copy form) opinions or facts concerning a data subject which it would be inappropriate to share with that data subject
- Never remove personal information from the workplace with the intention of processing it elsewhere, unless this is necessary to enable you to carry out your job duties and has been prior authorised by an MCT line manager
- Ensure that, when working on personal information as part of designated job duties when away from MCT's workplace – (and only with the prior authorisation of a line manager) the terms of this policy and the Act continue to be observed at all times, particularly in matters of data security
- Ensure that hard copy personal information is disposed of securely **e.g.** by cross-shredding.
- Remember that compliance with the Act is each individual's personal responsibility. If staff members ever have any questions or concerns about the interpretation of these rules, they should immediately contact MCT's named person responsible for data protection.

Reviewed & Updated: April 2024

MCT will review this **Data Protection Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

114. Sharing of Information Policy

Policy statement

When reaching a decision about the sharing of personal information the following three core ethical principles will be upheld:	
1.	All individuals have a fundamental right to the confidentiality and privacy of information related to their health and social care.
2.	All individuals have a right to control access to and the disclosure of their own health and social care information by giving, withholding or withdrawing consent.
3.	For any disclosure of confidential information, those involved should always have regard to its necessity, proportionality and any risks attached to it.

MCT's 7 golden rules of information sharing

MCT's policy relating to the sharing of information and working with other organisations will be underpinned by the following seven golden rules of information sharing:	
1.	The Data Protection Act 2018 is not a barrier to sharing information, but provides a framework to ensure that personal information about living persons is shared appropriately.
2.	MCT will always be open and honest with the child or adult at risk - and/or their parents, family and carers where appropriate - from the outset about why, what, how and with whom information will (or could be shared) and seek their agreement to share, unless doing so would be either unsafe and/or inappropriate.
3.	MCT will seek advice from appropriate sources if there is ever any doubt about sharing information - and will do so without disclosing the identity of the person, where possible.
4.	MCT's objective is to always share with consent where appropriate and, whenever possible, respect the wishes of those who do not consent to share confidential information. Please note: MCT will still share information without consent (and in line with MCT's Confidentiality Policy) when in MCT's DSO's professional judgement, that lack of consent can be overridden in the public interest. Professional judgement will always be based upon the facts of the case and in strict adherence to the Data Protection Act, the Mental Capacity Act and the Care Act.
5.	MCT will always base information sharing decisions on considerations of the safety and well-being of the person concerned and any others who may be affected by that decision.
6.	In line with data protection principles, MCT will only share information that is necessary, proportionate, relevant, accurate, timely and secure. This means that any information shared by MCT is necessary for the purpose for which it is being shared; only shared with those people who need to have it; that shared information is accurate and up-to-date; shared in a timely fashion; and is always shared securely.
7.	When a decision is made about sharing information, MCT will ensure that a record is kept of the decision and the reasons for it - whether the decision was to share information or not. When the decision is to share information the record will detail what has been shared; with whom; and for what purpose.

When sharing confidential information and other appropriate management records, MCT will adhere to the following standards and procedures:

Sharing confidential information within the organisation

Information will be shared within MCT on a need to know basis only.

MCT line managers will have access to information to check that records are being made and maintained appropriately and to enable them to identify patterns of behaviour emerging from incident reporting.

Sharing of Information Policy continued...

Sharing confidential safeguarding information with MCT's parent Football Club

Sharing of confidential information with the **DSO** in MCT's parent Football Club (relating to safeguarding concerns and issues) will only take place where there is either express permission to share it, or it is in the best interests - including for their safety and protection - of the child or adult at risk.

Consent forms an integral element of sharing information, as does the principles of the Data Protection Act. MCT's Confidentiality Policy will also apply to the sharing of any information.

Sharing confidential information with service users & their respective families

All children and adults at risk - as well as their parents, families and carers - will always be told how information will be used before they are asked to provide it and will be given an opportunity to discuss such uses. Explanations of how information will be used will always be communicated in a way which is clearly understood - and alternative means of communication will be used where necessary.

When a child's information needs to be shared - e.g. in the case of an emergency, or of suspected abuse, the child and/or their parents/carers will be told what information was shared as soon as possible, whilst ensuring that this does not expose the child to further risk of harm.

Sharing confidential information with external agencies

While information about children is confidential, it may need to be disclosed to external agencies to ensure the care and safety of an individual, or of others, or where a crime is suspected. Children, in normal circumstances, can expect to see any information held by MCT about them - and MCT will take steps to inform them of this right to access their information.

This right will apply to both paper and electronic records - and will include access to any care records - unless any of the reasons for limiting access set out below apply.

Access will be provided, if requested, to the child and, with their consent to another person acting on their behalf. MCT will, where it is possible and reasonable, require all such requests to access records to be made in writing. Regardless of how a request is received MCT will maintain records of all requests received and their outcomes.

Limited access

Where a request to access of a child or adult at risk's records has to be limited, this decision will always be recorded.

Circumstances in which limited access may be applied could include where any part of a record contains confidential information about other people; or information was provided by another person or agency - such as doctor or other professional - and their permission has not been obtained. There may also be a requirement to limit access to information in circumstances where a care professional thinks access would cause serious harm to the child's, or someone else's physical or mental well-being.

The sharing of an adult at risks confidential information will adhere to the process detailed in the Confidentiality Policy in this section of the Safeguarding Handbook.

Sharing information following allegations of abuse

In the first instance, any such allegation against an MCT staff member will be reported immediately to MCT's DSO. MCT's DSO will immediately make MCT's CEO aware of the allegation; and the CEO will then be responsible for notifying the SSM (if different from the CEO).

Sharing of Information Policy continued...

LADO reporting time limits

- MCT's **DSO** is accountable for contacting the **LADO** and informing them of all allegations that have come to their attention **within 24 hours of the allegations being made**.

EFL & The FA reporting time limits

- MCT's **DSO** is accountable for contacting the **EFL Trust's DSO** and the **FA Case Management Team** as soon as possible after the allegations have been made - but in any event **within 72 hours of the allegations being made**.

DBS Referral reporting time limits

- Where any MCT staff member - working in regulated activity - is suspended from their duties as a consequence of concerns, allegations and/or internal investigations related to their work with children or adults at risk, then MCT's **DSO** will notify the **EFL Trust's DSO** and the **FA Case Management Team** as soon as possible after the suspension takes place - but in any event **within 72 hours of the suspension happening**.

As a provider of regulated activity, MCT has a legal duty to make a referral to the DBS in certain circumstances. MCT's DSO - supported by MCT's SSM - will seek support from the EFL Trust's CPA, when a DBS referral needs to be made.

Reviewed & Updated: April 2024

MCT will review this Sharing of Information Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

115. Management of Records Policy

Policy statement

In the process of developing MCT's safeguarding policies, procedures and processes, the organisation has developed a policy for the management of records - which includes the retention, storage and destruction of records that relate to the welfare of a child or adult at risk, as well as safeguarding records relating to staff.

Creating records

When there are concerns relating to a child or adult at risk's welfare or safety, records will be created using MCT's **Locker App** (as appropriate to the circumstances).

MCT staff are trained to complete the relevant sections of the form and to sign against these at each stage of the procedure. Further information relating to creating these record can be found in this **Safeguarding Handbook** in the sections relating to **Child Safeguarding** and **Adult at Risk Safeguarding**.

As a minimum the following information will be recorded:	
Record	<ul style="list-style-type: none"> ▪ Date and time of incident/disclosure. ▪ Parties who were involved, including any witnesses to an event. ▪ What was said or done and by whom. ▪ Any action taken by the organisation to look into the matter. ▪ Any further action taken. ▪ Where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency. ▪ Any interpretation/inference drawn from what was observed, said or alleged should be clearly recorded as such. ▪ Name of person reporting on the concern, name and designation of the person to whom the concern was reported, date and time and their contact details. ▪ The record must be signed by the person making it.

Retention of records

Once a record has been created it will be retained and stored in line with the **Principles of Recording & Storing Information**, the **Data Protection Policy** and the **Confidentiality Policy** outlined in this **Safeguarding Handbook**.

MCT will always ensure that personal information held will be:	
1.	Adequate, relevant and not excessive for the purposes for which they are held.
2.	Accurate and where necessary kept up to date.
3.	Not kept for longer than is necessary for its purposes.

MCT will use the following good practice guidelines relating to the retention and storage of records:	
a.	Information about concerns, allegations, and referrals will not be kept in one concern log, but will instead ensure that information or items relating to individuals are kept in separate files.
b.	Compile and label files carefully.
c.	Files containing sensitive or confidential data will always be locked away and access to the keys will be strictly controlled.
d.	A key log will be kept so that it is possible to see who has accessed a locked cabinet including when and what files have been accessed.

Management of Records Policy continued...

e.	Access to records will be limited to MCT staff in named safeguarding roles who either need to know about the information in those records and/or who manage the records/files e.g. SSM, DSO .
f.	When files are to be stored long term, arrangements will be made for the keys to be passed from outgoing named safeguarding role holders to their successors.
g.	When records are stored electronically files will be password protected, which only limited MCT safeguarding staff will have access to.
h.	Should any part of MCT cease operating - or otherwise close down - arrangements will be made for the ongoing management of records in compliance with this Management of Records Policy .

Retention periods of records

MCT has developed its retention of records policy by using the guidance contained within the **Data Protection Act 2018: Guidance to Social Services (2000)** which is considered by the **Child Protection in Sport Unit** as best practice. The guidance states that:

"Where no legal requirement to retain information beyond the closure of the record exists, an organisation will need to establish its own retention periods. Normally, personal information should not be held for longer than six years after the subjects last contact with the organisation".

Exceptions to the six year period will occur when records:

1.	Need to be retained because the information in them is relevant to legal action that has been started.
2.	Are required to be kept longer by law.
3.	Are archived for historical purposes e.g. where the organisation was party to legal proceedings or involved in proceedings brought by a local authority. Where there are legal proceedings relating to records, MCT will seek the appropriate legal advice about the retention period of the particular records.
4.	Consist of a sample of records maintained for the purposes of research.
5.	Relate to individuals and providers of services who have, or whose staff, have been judged unsatisfactory.
6.	Are held in order to provide, for the subject, aspects of their personal history e.g. where a child or adult at risk might seek access to the file at a later date and the information would not be available elsewhere.

Where files are kept for longer than the above six year period, MCT will clearly mark the file with the reasons for the extension period. In all other circumstances, MCT will adhere to the retention period guidance provided by the **Child Protection in Sport Unit** as follows:

Type of Record	Child or adult at risk welfare concerns that MCT refers on to the Multi-Agency Partnership, SAB's or the Police e.g. this would include concerns about physical, sexual, emotional or neglect of a child; disclosures from a child about being abused; or information from a third party which might suggest a child is being abused; concerns about a parent or another adult that uses your organisation, or a young person who has been abused by another young person.	Retention Period	The referral should be acknowledged in writing by children's social care and your organisation keeps this on file.
	Child welfare concerns that MCT decide, after consultation, do not necessitate a referral to children's social care or the Police . In such circumstances, MCT will make a record of the concern and the outcome e.g. where a child has been bullied, overly pushy parents or a very distressed child where the distress is unrelated to child abuse.		MCT will destroy the record a year after the child/adult concerned ceases to use the service, unless the child or adult are continuing to use the services of the organisation.

Management of Records Policy continued...

Retention periods of records continued...

Type of Record		Retention Period	
	<p>Concerns about people (paid and unpaid) who work with children i.e. allegations, convictions, disciplinary action and/or any inappropriate behaviour towards children e.g. where an employee has breached the Code of Conduct then a record of the behaviour, the action taken and outcome will be recorded.</p>		<p>HR files and training records - including disciplinary records and working time records - will be retained for 6 years after employment ceases.</p> <p>MCT will keep records for a longer period if any of the following apply:</p> <ul style="list-style-type: none"> ▪ There were concerns about the behaviour of an adult who was working with children where they behaved in a way that has harmed, or may have harmed, a child ▪ The adult possibly committed a criminal offence against, or related to, a child ▪ The adult behaved towards a child in a way that indicates that they are unsuitable to work with children. <p>In these circumstances, records will be retained at least until the adult reaches normal retirement age, or for 10 years if that is longer.</p>
	<p>DBS certificates obtained as part of the vetting process.</p>		<p>DBS certificates have a statutory defined retention period and therefore must be destroyed after six months unless specific permission has been given to retain them longer. However, MCT will keep a record of the date of the check, the reference number and the decision about vetting and the outcome.</p>

Destruction of records

When records are due for destruction (by reference to the above table), MCT will either incinerate or shred them. This will be carried out in the presence of another MCT Safeguarding staff member, or be entrusted to a firm specialising in the destruction of confidential material. This action will be taken at the same time as the electronic record is purged from MCT systems.

If records are not to be shredded immediately, then MCT will ensure that all confidential records will be held in a secured plastic bag; labelled as confidential and locked in a cupboard or other secure place.

Reviewed & Updated: April 2024

MCT will review this Management of Records Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

116. IT Acceptable Usage Policy

Policy statement

MCT's Acceptable Usage Policy covers the security and use of all the organisations information and IT equipment. It also includes the use of email, internet and mobile IT equipment. This policy applies to all users of MCT's IT equipment - referred to as "individual" within this policy from this point onwards. In addition, this policy applies to all information, in whatever form, relating to MCT's business activities - and to all information handled by MCT relating to other organisations and individuals with whom it deals.

An individual's responsibility for computer access control

Access to the MCT's IT systems is controlled by the use of user ID's and passwords. All user ID's and passwords will be uniquely assigned to named individuals and consequently, individuals are accountable for all actions on MCT's IT systems using that user ID and password. Therefore, individuals must not:

Never

- Allow anyone else to use their user ID and password on any IT system
- Leave their user accounts logged in at an unattended and unlocked computer
- Use someone else's user ID and password to access MCT's IT systems
- Leave their password unprotected **e.g.** by writing it down
- Perform any unauthorised changes to MCT's IT systems or information
- Attempt to access data that they are not authorised to use or access
- Exceed the limits of their authorisation or specific business need to interrogate the system or data
- Connect any non-MCT authorised device to the MCT network or IT systems
- Store MCT data on any non-authorised MCT equipment
- Give or transfer MCT data or software to any person or organisation outside of MCT without the authority of MCT.

MCT line managers will ensure that individuals are given clear direction on the extent and limits of their authority with regard to IT systems and data.

Internet & email conditions of use

Whilst use of MCT internet and email is intended for authorised business use only, personal use is permitted where such use does not affect the individual's work performance and which is not detrimental to MCT in any way, nor in breach of any other policy or procedure - and which does not place the individual or MCT in breach of statutory or other legal obligations. All individuals are accountable for their actions on the internet and email systems. **MCT staff must not:**

Never

- Use the internet or email for the purposes of harassment or abuse
- Use profanity, obscenities, or derogatory remarks in communications
- Access, download, send or receive any data (including images), which MCT considers offensive in any way, including sexually explicit, discriminatory, defamatory or libellous material
- Use the internet or email to make personal gains or conduct a personal business
- Use the internet or email to gamble
- Use the email systems in a way that could affect its reliability or effectiveness **e.g.** distributing chain letters or spam
- Place any information on the Internet that relates to MCT, alter any information about it, or express any opinion about MCT, unless they are specifically authorised to do this
- Send unprotected sensitive or confidential information externally
- Forward MCT mail to personal non-MCT email accounts **e.g.** a personal email account
- Make official commitments through the internet or via email on behalf of MCT unless authorised to do so
- Download copyrighted material such as music media (MP3) files, film and video files (not an exhaustive list) without appropriate approval
- In any way infringe any copyright, database rights, trademarks or other intellectual property
- Download any software from the internet without prior approval of the MCT person responsible for IT
- Connect MCT devices to the internet using non-standard connections.

IT Acceptable Usage Policy continued...

Clear screen policy

In order to reduce the risk of unauthorised access or loss of information, MCT enforces a clear screen policy as follows:

- Personal or confidential information must be protected using security features provided **e.g.** secure print on printers
- Computers must be logged off/locked or protected with a screen locking mechanism controlled by a password when unattended
- Care must be taken to not leave confidential material on printers or photocopiers
- All business-related printed matter must be disposed of using confidential waste bins or shredders.

Working off-site

MCT acknowledges that laptops and mobile devices (where authorised) will be taken off-site. The following controls must be applied:

- Working away from the office must be in line with MCT's remote working policy
- Equipment and media taken off-site must not be left unattended in public places and not left in sight in a car
- Laptops must be carried as hand luggage when travelling - unless airport security does not permit this
- Information should be protected against loss or compromise when working remotely **e.g.** at home or in public places. Laptop encryption must be used
- Particular care should be taken with the use of mobile devices such as laptops, mobile phones, smartphones and tablets. They must be protected at least by a password or a PIN and, where available, encryption.

Mobile storage devices

Mobile devices such as memory sticks, CDs, DVDs and removable hard drives must be used only in situations when network connectivity is unavailable or there is no other secure method of transferring data.

Only MCT authorised mobile storage devices with encryption enabled must be used, when transferring sensitive or confidential data.

Software

MCT staff must use only software that is authorised by MCT on MCT computers. Authorised software must be used in accordance with the software supplier's licensing agreements. All software on MCT computers must be approved and installed by the MCT person responsible for IT department.

Individuals must not store personal files such as music, video, photographs or games on MCT IT equipment.

Viruses

MCT has implemented centralised, automated virus detection and virus software updates within MCT. All PC's have antivirus software installed to detect and remove any virus automatically. Individuals must not:

- Remove or disable anti-virus software
- Attempt to remove virus-infected files or clean up an infection, other than by the use of approved MCT anti-virus software and procedures.

Monitoring & filtering

All data that is created and stored on MCT computers is the property of MCT and there is no official provision for individual data privacy, however wherever possible MCT will avoid opening personal emails. IT system logging will take place where appropriate, and investigations will be commenced where reasonable suspicion exists of a breach of this or any other policy.

IT Acceptable Usage Policy continued...

MCT has the right (under certain conditions) to monitor activity on its systems, including internet and email use, in order to ensure systems security and effective operation, and to protect against misuse.

Any monitoring will be carried out in accordance with audited, controlled internal processes, the UK **Data Protection Act 2018**, the **Regulation of Investigatory Powers Act 2000** and the **Telecommunications (Lawful Business Practice Interception of Communications) Regulations 2000**.

This IT Acceptable Use Policy must be read in conjunction with MCT's Data Protection Policy and MCT's Recording, Storing and Sharing Information Policies and Procedures.

It is the responsibility of every MCT staff member to report suspected breaches of this IT Acceptable Use Policy without delay to their line management.

Reviewed & Updated: April 2024

MCT will review this **IT Acceptable Usage Policy** and good practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

117. Prevent Duty Policy

Background

The Prevent Duty requires specified authorities to have due regard to the need to prevent people from being drawn into terrorism. The Prevent Duty is part of the Counter-Terrorism & Security Act 2015 and commenced with effect on 1st July 2015. The Prevent Strategy is seeking to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat that is faced from those who promote these views
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- Work with a wide range of sectors where there are risks of radicalisation which needs to be addressed, including education, criminal justice, faith, charities, the internet and health.

Under the Prevent Duty, all schools and childcare providers are considered specified authorities and therefore must have due regard to the need to prevent people being drawn into terrorism.

N.B: Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. The definition of extremism for the purposes of MCT's interpretation of its responsibilities under the Prevent Duty also includes calls for the death of members of our armed forces, whether in this country or overseas.

Policy statement

MCT is committed to the protection and safeguarding of all children and adults at risk that utilise the services it offers. As such, MCT will have due regard to the Prevent Duty and will take the steps outlined in this Prevent Duty Policy as part of its commitment to child and adult at risk safeguarding. Therefore, this policy demonstrates MCT's intention to:

- Make every effort to identify children and adults at risk that may be vulnerable to radicalisation and take the appropriate actions to protect them.
- Promote fundamental British Values (where our interactions permit) to help build an individual's resilience to radicalisation and enable them to challenge extremist views.

The 4 core themes of prevent

MCT's approach to its responsibilities will focus on the following four key themes:

1: Risk Assessment

1.

- As part of its risk assessment processes, MCT will undertake a risk assessment of the children and adults that attend and utilise its services to identify any risk of individuals being drawn into terrorism - including support for extremist ideas that are part of terrorist ideology.
- Whilst MCT realises that there is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology, as with managing our other safeguarding risks and responsibilities, MCT's staff members will be alert to changes in an individual's behaviour which could indicate that they may be in need of help or protection. MCT accepts that children and adults that are at risk of radicalisation may display different signs or seek to hide their views.
- MCT's staff will use their professional judgement in identifying individuals who might be at risk of radicalisation and bring any concerns they have to MCT's **DSO** - who will ensure that any action taken is proportionate.
- MCT accepts that even very young children may be vulnerable to radicalisation by others - whether in the family or outside - and consequently display concerning behaviour. The **Prevent Duty** does not require MCT's staff members to carry out unnecessary intrusion into family life, but as with any other safeguarding risk, MCT must take action if there is any behaviour that raises concerns.

Possible signs of radicalisation include:

- a. The individual's views become increasingly extreme regarding another section of society or government policy.
- b. The individual becomes increasingly intolerant of more moderate views.

Prevent Duty Policy continued...

- c. The individual expresses a desire/intent to take part in or support extremist activity.
- d. They are observed downloading, viewing or sharing extremist propaganda from the web.
- e. They become withdrawn and focused on one ideology.
- f. The individual may change their appearance, their health may suffer (including mental health) and they may become isolated from family, friends, peers or social groups.

MCT staff should refer to MCT's Safeguarding Handbook relating to the Procedures for Responding to Signs or Suspicions of Abuse if they have any concerns relating to children or adults at risk of radicalisation. Where it is felt that there is a concern with regard to radicalisation, then MCT's DSO will make the referral to the Channel Programme.

The Channel Programme

The Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for organisations to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Further information relating to the Channel Programme is available at the end of this policy.

2: Working in Partnership

2.

- MCT will continue to work with and build upon its existing local partnership arrangements with the **Multi-Agency Partnership's** and **SAB's** who are responsible for co-ordinating what is done by local agencies for the purposes of safeguarding and promoting the welfare of children and adults at risk. MCT already takes in to account the relevant policies and procedures of the **Multi-Agency Partnership's** and **SAB** - which includes following the threshold guidance indicating when a person might be referred for support.
- Where MCT's local authority provides **Home Office** funded dedicated Prevent co-ordinators, the organisation will work in partnership with them. In addition, MCT will work with local **Police** and any other civil society organisations that may be able to provide advice and support to the organisation with regard to implementing the duty.
- Finally, MCT will continue to work closely with parents, carers and families who are in a key position to spot signs of radicalisation. Where concerns are raised, MCT will assist and advise families and point them to the right support mechanisms.

3: Staff Training

3.

- Where MCT's risk assessment identifies that there is a high risk of children or adults at risk who use its services being at risk of radicalisation, it will ensure that the appropriate staff participate in the Home Office's **Workshop to Raise Awareness of Prevent (WRAP)**. As a minimum, MCT's **DSO** will undertake the **WRAP** training to ensure that they are able to provide advice and support to other members of MCT's staff and volunteers on protecting children from the risk of radicalisation.
- However, as part of MCT's commitment to raise awareness generally about the Prevent Duty and the associated responsibilities, all staff will be required to complete the **Home Office Prevent Awareness eLearning** on-line module and print out their **Certificate of Completion**.

The Home Office Prevent Awareness eLearning can be found here:

Access the Home Office Prevent Awareness eLearning Training

The Home Office Prevent Awareness eLearning offers an introduction to the Prevent duty and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism, or becoming terrorists themselves. The Home Office Prevent Awareness eLearning on-line module is a free resource and takes approximately 45 minutes to complete.

Prevent Duty Policy continued...

4: IT Policies

4.

- MCT acknowledges its duty to ensure that children and adults at risk are safe from terrorist and extremist material when using the internet whilst accessing the organisations services. To this end, MCT has in place suitable internet filtering which it will ensure is regularly updated.
- MCT will require every individual who accesses the internet via its computers (and other IT equipment that can access the internet) to sign its **Online Safety Agreement** which is available from MCT's **DSO**.

All of MCT's staff members will need to be aware of the risks posed by the online activity of extremist and terrorist groups and further guidance and advice will be provided by MCT's DSO.

Reviewed & Updated: April 2024

MCT will review this **Prevent Duty Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

118. Building Resilience Against Radicalisation Policy

Promoting British values

MCT acknowledges its responsibilities in helping to build the resilience - of the children and adults at risk who use its services - to radicalisation. This will be achieved through providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making. MCT will use its notice boards and appropriate delivery opportunities to promote fundamental British values.

The British values as far as the Prevent Duty is concerned are:	
1.	Democracy: Respect for democracy and support for participation in the democratic process.
2.	The rule of law: Respect for the basis on which the law is made and applies in England.
3.	Individual liberty: Support and respect for the liberties of all within the law.
4.	Mutual respect and tolerance of different faiths and beliefs: Support for equality of opportunity for all and respect and tolerance of different faiths and religious and other beliefs.

These 4 fundamental British values will be integrated into the work of MCT with the children and adults at risk it works with, as appropriate. This will include - but is not limited to - personal, social and health education to explore sensitive or controversial issues and equipping them with the knowledge and skills to understand and manage difficult situations. MCT will help children and adults at risk to recognise and manage risk, make safer choices, and recognise when pressure from others threatens their personal safety and wellbeing. This approach can help them develop effective ways of resisting pressures, including knowing when, where and how to get help.

MCT will help the children and adults at risk it works with to develop positive character traits such as resilience, determination, self-esteem, and confidence.

In addition - and always where appropriate to the specific interaction - MCT will seek to incorporate opportunities to provide the knowledge, skills and understanding to prepare and help children and adults at risk to play a full and active part in society. Specifically, this will be to explore political and social issues critically, to weigh evidence, to debate, and to make reasoned arguments.

Ultimately, the way that MCT approaches its work with children and adults at risk will always underpin the principles of democracy and give them opportunities to understand how laws are made and upheld.

As a consequence of the diverse backgrounds that the children and adults at risk that access our services come from, MCT has an excellent opportunity to reinforce the diverse national, regional, religious and ethnic identities in the United Kingdom and the need for mutual respect and understanding.

What to do if an MCT staff member has a concern

As detailed in the **Prevent Duty Policy**, if an MCT staff member has a concern that a particular child is at risk of radicalisation, then in the first instance they should refer to MCT's **Safeguarding Handbook**. In particular, this means following the **Procedures for Responding to Signs or Suspicions of Abuse**. However, in all cases, please discuss your concerns with MCT's **DSO**.

Reviewed & Updated: April 2024

MCT will review this **Building Resilience Against Radicalisation Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

119. Guidance on Prevent and the Channel Programme

What is Prevent?

Prevent is the Government's strategy to stop people becoming involved in violent extremism or supporting terrorism, in all its forms. Prevent works within the non-criminal space, using early engagement to encourage individuals and communities to challenge violent extremist ideologies and behaviours.

What is Channel?

Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour. Channel works in a similar way to existing safeguarding partnerships aimed at protecting vulnerable people.

Who does Channel work with?

Channel is designed to work with individuals of any age who are at risk of being exploited by extremist or terrorist ideologues. The process is shaped around the circumstances of each person and can provide support for any form of radicalisation or personal vulnerabilities.

How does Channel work?

Each Channel Panel is chaired by a local authority and brings together a range of multi-agency partners to collectively assess the risk and can decide whether a support package is needed. The group may include statutory and non-statutory partners, as well as lead safeguarding professionals. If the group feels the person would be suitable for Channel, it will look to develop a package of support that is bespoke to the person. The partnership approach ensures those with specific knowledge and expertise around the vulnerabilities of those at risk are able to work together to provide the best support.

What does Channel support look like?

Channel interventions are delivered through local partners and specialist agencies. The support may focus on a person's vulnerabilities around health, education, employment or housing, as well as specialist mentoring or faith guidance and broader diversionary activities such as sport. Each support package is tailored to the person and their particular circumstances.

How will the person be involved in this process?

A person will always be informed first if it's felt that they would benefit from Channel support. The process is voluntary and their consent would be needed before taking part in the process. This process is managed carefully by the Channel Panel.

Who can make a referral?

Anyone can make a referral. Referrals come from a wide range of partners including education, health, youth offending teams, **Police** and social services.

What happens with the referral?

Referrals are first screened for suitability through a preliminary assessment by the Channel Coordinator and the local authority. If suitable, the case is then discussed at a Channel panel of relevant partners to decide if support is necessary.

Raising a concern:

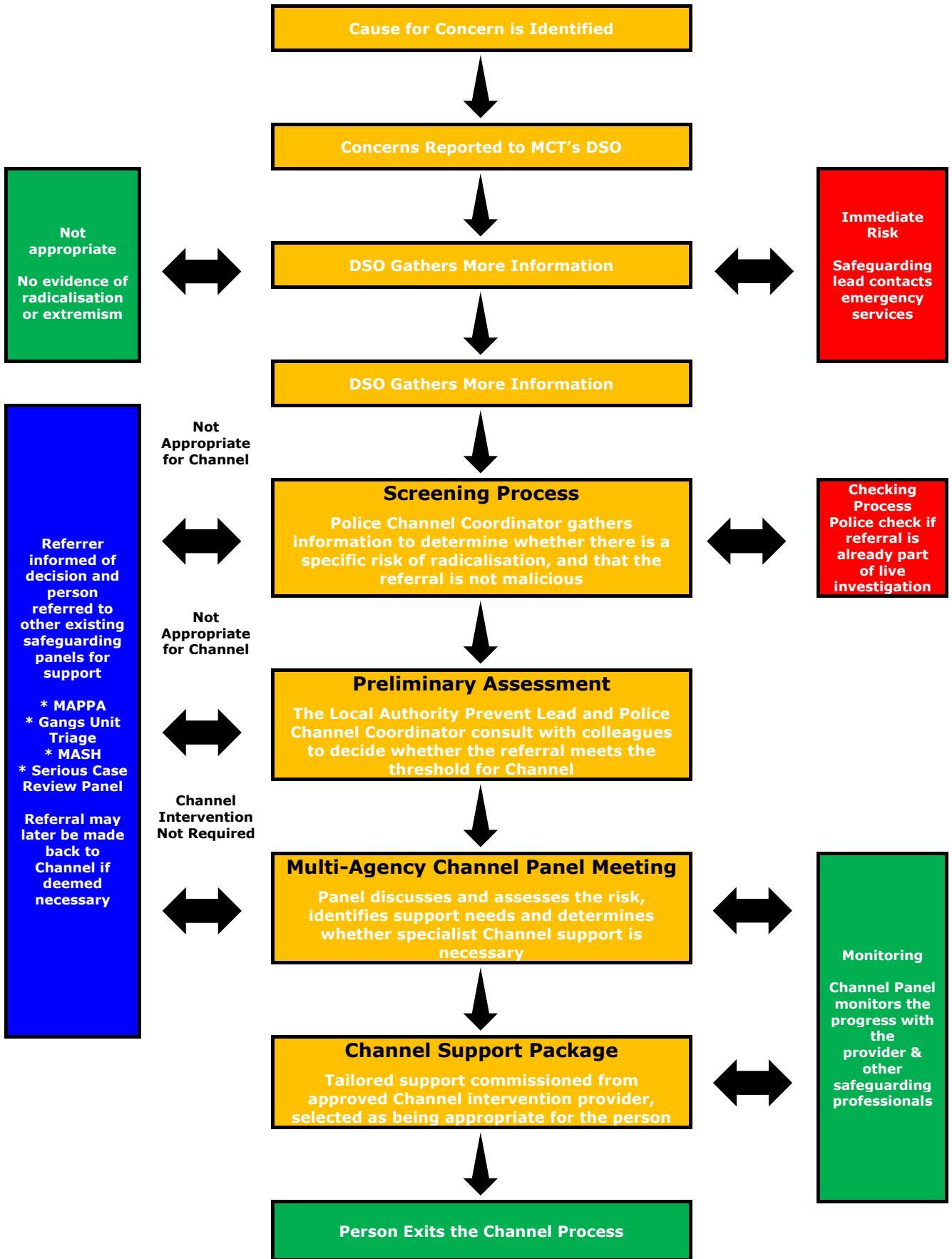
If you believe that someone is vulnerable to being exploited or radicalised, please follow MCT's **Safeguarding Handbook** and raise your concerns in confidence to MCT's **DSO**, who will be responsible for raising concerns to Channel if appropriate.

Please refer to the flowchart on the next page which identifies the Channel Process

Reviewed & Updated: April 2024

MCT will review this **Guidance on Prevent and the Channel Programme** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

120. The Channel Process within MCT



**Part 7:
Additional
Safeguarding
Policies & Procedures**

Part 7: Additional Safeguarding Policies & Procedures Contents

The following **Additional Safeguarding Policies & Procedures** are those remaining safeguarding policies - which whilst serving to support MCT's overall approach to safeguarding - did not logically sit within any of the previously defined sections of the Safeguarding Handbook. Nonetheless, all of the content within this **Part 7** section is just as vitally important as all the other content that has already been detailed. Therefore, all MCT staff are required to be familiar with each of the policies that follow in relation to the activities that they cover.

No:	Part 7: Additional Safeguarding Policies & Procedures	Page No:
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124.	Transport Policy	6
125.	Trips, Tours, Tournaments & Accommodation Policy	10

121. Late Collection Policy

Policy statement

Late collections of children by parents and carers will create difficult situations for MCT staff - and raises safeguarding considerations. Through this policy, MCT intends to outline actions and principles that are designed to minimise the occurrence of late collections and provide clear guidance for staff on how to deal with late collections.

Principles

Principles underpinning MCT's late collection policy:	
Principles	<ul style="list-style-type: none">▪ No activity can take place with a child without MCT having parent/carer contact details. It is MCT's policy that contact forms provide an alternative contact - in addition to the main parent/carer▪ MCT will provide parents and carers with a timetable of activities at the beginning of the initial registration, term or season and will notify parents and carers in writing should a timetable change▪ Parents and carers are informed of the procedure they must follow in the event of emergency or delay. All parents and carers are provided with the contact number of the MCT staff member responsible for an activity - which enables the parent/carer to make contact when there is an emergency or delay that will impact upon the collection of a child▪ Parents and carers are informed that it is not the responsibility of MCT or its staff to transport a child in the event of their delay.

When a child is not collected at the communicated time, MCT staff have been instructed to:	
1.	Attempt to contact the named parent or carer.
2.	Attempt to make contact with the named person on the alternative number.
3.	To wait with the child at the notified collection point - with at least one other MCT staff member or parent - if possible.
4.	Remind the late collecting parent or carer of MCT's policy on late collection.

MCT staff are not permitted to:	
Do Not	<ul style="list-style-type: none">▪ Take the child home or to any other location▪ Ask the child to wait in a vehicle or building where they would be on their own with the child▪ Send the child home with any other person without express parental/carer permission▪ Leave the child on their own. <p>In the event that a child is not picked up; no contact can be made with either the parent/carer or alternative named contact; and 30 minutes have elapsed - the responsible MCT staff member is required to contact MCT's DSO.</p>

This Late Collection Policy should be read in conjunction with the Code of Good Practice: Promoting Good Safeguarding Practice when Working with Children in this Handbook.

Reviewed & Updated: April 2024

MCT will review this **Late Collection Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

122. Photography & Video Policy

Policy statement

MCT is committed to ensure that all children are kept safe and that everyone responsible for children within the organisation takes all necessary steps to prevent inappropriate images from being taken; and that innocent images are not used inappropriately. MCT staff are best placed to implement this policy and are trained to understand the risks and take the appropriate steps to keep children safe.

Parents and carers will not be prevented from taking appropriate pictures or filming their children. MCT believes that this is normal family practice and is incredibly important in marking milestones in a child's life and therefore encourage the taking of appropriate images of their children. However, appropriate photographic and video controls is an essential element of good safeguarding practice.

Understanding the law when in a public space

It is not an offence to take appropriate photographs in a public space, even if asked not to do so. No one is permitted to decide who can and cannot take images on public land. Therefore, should there ever be concerns about safeguarding in relation to images and footage being taken in a public space - and a staff member genuinely and in good faith believe that someone is acting unlawfully or putting a child at risk - then they should call the **Police**.

Concerns relating to images and footage being taken on MCT premises and land should be raised immediately with MCT's DSO.

Understanding the law when on private land

When activities are being undertaken on private land, then it is at the discretion of the land or facility owner whether images and footage can be taken. However, whether permission for images or footage to be taken is granted must be made clear to individuals prior to them being allowed access to the private property.

If someone then fails to comply with the no images or footage instruction they can then be instructed to leave.

Understanding the risks

1.	Images in which children are named can create opportunities for people to groom a child.
2.	Some individuals use activities undertaken in public places as an opportunity to take inappropriate images and footage of children.
3.	Images and footage of children can be used inappropriately and be circulated and copied via websites and email.
4.	Children can be identified and located in circumstances where this would be inappropriate and unsafe for the child and/or parent and carer.

Photography & video use principles

Principles	▪ Parents and carers will be permitted to take appropriate photographs and footage of their children.
	▪ If MCT wishes to take photographs or footage of a child, a Parental & Child Consent Form will always be used - in line with MCT's Parental & Child Consent Policy .
	▪ Where possible and appropriate MCT will also obtain a child's permission to use their image.
	▪ No images will be used by MCT - for any purposes - without consent having been provided for that use.
	▪ MCT will avoid using children's names (first name or surname) in photograph captions.
	▪ If the child is named, then MCT will avoid using the photograph.
	▪ If the photograph is used, then MCT will avoid naming the child.
	▪ Where permission has been granted MCT will only use images of children in a suitable dress to reduce the risk of inappropriate use.

Photography & Video Policy continued...

Photography & video use principles continued...

Principles	<ul style="list-style-type: none">▪ MCT is very aware that certain activities e.g. swimming, gymnastics and athletics presents much greater risk of potential misuse and will therefore risk-assess appropriately in relation to permission to photograph such activities.▪ MCT will take all steps necessary to ensure that a child who is under care proceedings is protected and ensure that their image is not placed in the public domain. This will be achieved through requesting appropriate information on the Parental & Child Consent Form.▪ All images and footage taken will focus on the activity and not the child.▪ Unsupervised access to children - or a child - on a one to one photo shoot will not be permitted.▪ MCT will not use authorised images and/or footage where children are wearing jewellery.▪ Images and footage will represent the diversity of children at MCT.▪ MCT will not permit - and will take all steps necessary to prevent - images or footage being taken in changing rooms, showers or toilets.
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Use of professionals

Where MCT engages with professionals to take images or footage it will be clear at the outset as to the organisations expectations in relation to MCT's Photography & Video Policy. In addition, MCT will:	
Always	<ul style="list-style-type: none">▪ Provide the professional with a clear brief about appropriate content and behaviour.▪ Provide the professional with a copy of MCT's Photography & Video Policy and explain its commitment to safeguarding children.▪ Establish who will hold the images and footage and the intended use.▪ Provide the professional with identification which must be worn at all times.▪ Inform children, parents and carers of the professional being in attendance and explain that no child's safety and safeguarding will be compromised.

Coaching

If MCT should want to utilise images or footage as a coaching aid this will be explained to the child and parents/carers and explicit appropriate consent will be gained prior to the taking of any images or footage. Where consent to utilise images or footage as a coaching aid has been given, MCT will ensure the security of such files in line with its **Recording, Storing and Sharing Information Policies & Procedures**.

Reporting concerns

MCT requires its staff to report any kind of behaviour which breaches this **Photography & Video Policy** or causes them concern. MCT strongly encourages all children, parents and carers to raise any questions or concerns in relation to this **Photography & Video Policy**. Questions and concerns should be directed to MCT's **DSO**.

All elements of MCT's Photography & Video Policy apply to any equipment that is capable of taking photographic images or video footage - and expressly includes the use of mobile phones and tablets.
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Reviewed & Updated: April 2024

MCT will review this **Photography & Video Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

123. Social Media Policy

Policy statement

The purpose of MCT's Social Media Policy is to ensure that staff do not participate in improper on-line behaviour, or are subjected to improper allegations. Of most importance though, is that this policy is designed to protect children and adults at risk. MCT staff are in a position of trust and required to act responsibly in their use of electronic communication.

Social media definition

Social media is an interactive online media that allows users to communicate instantly with each other or to share data in a public forum. It includes social and business networking websites such as **Facebook, Myspace, Reddit, Twitter** and **LinkedIn**. Social media also covers video and image sharing and blogging websites such as **YouTube, Instagram, Google+, Tumblr** and **Flickr**, as well as personal blogs, any posts made on other people's blogs and all online forums and noticeboards.

Social media is a constantly changing area with new websites and apps being launched on a regular basis and therefore the above list is not intended to be exhaustive.

MCT's Social Media Policy applies in relation to any social media that staff may use, regardless of whether it is specifically detailed in the definition above or not.

Principles of this social media policy

Principles of MCT's social media policy:

Principles

- MCT does not approve the use of social networking as the primary communication method between MCT staff, children, adults at risk and their parents/carers
- MCT does not permit staff members to set up personal social media accounts in the name of the organisation
- Where it is considered that the most effective way of communicating with children and adults at risk is via a social media site, then MCT will set up the account in the name of the organisation and it will only be able to be used by named MCT staff members, as well as parents and carers. The use of the account will be solely for the purpose it was set up for
- All children will be informed and advised to speak to a parent, carer, another trusted adult - or MCT's **DSO** - if they have received any communication via social media which makes them feel uncomfortable or unsafe
- MCT will ensure that privacy settings are switched on in the social media site; and are locked so that that the page(s) can only be used explicitly for MCT authorised reasons and can in no way be used as a place to meet, share personal details or have private conversations
- MCT will nominate an MCT staff member to be the authorised person responsible for regularly monitoring the social media pages - and removing access for anyone behaving inappropriately
- MCT will publish and make clear who the responsible person is for monitoring the content of the social networking areas - and their contact details will be available to anyone accessing the pages
- No child will be permitted to access the MCT's social networking pages without written permission being provided by a parent or carer.

Social media good safeguarding practice

MCT staff members must adhere to the following:

- Never contact or communicate with a child through social media sites, or via any other form of social media app or interface.
- Never permit a child to be added to your social media feed/s or social media apps.

Where a child requests to be added to any personal social media feed or social media app, staff must immediately refuse the request and communicate the attempt to connect with them through social media to MCT's DSO.

Social Media Policy continued...

MCT's DSO will then explain to the child that staff members and volunteers are not permitted to have child participants on their social media feeds; and that they should not send such requests again. MCT's DSO will also explain to the child's parent or carer the reason for making this decision.

Issues arising from social media and internet use

- MCT is very conscious that inappropriate use of social media can have negative health effects on users and also provides the opportunity for **on-line abuse**, **cyber-bullying** and **grooming** to occur.
- MCT has addressed these specific issues arising from social media use, in the section relating to **Child Safeguarding** in this **Safeguarding Handbook**. Staff should refer to these specific parts of MCT policies, procedures and processes for guidance.
- MCT's also has an **Online Safety Policy** and an **Online Safety Agreement**, as well as **Codes of Conduct** which supports its safeguarding approach to appropriate and safe social media & internet use.

This Social Media Policy should be read in conjunction with the Code of Good Practice: Promoting Good Safeguarding Practice when Working with Children, Child Abuse: Online Abuse and Online Safety Policy detailed in this Safeguarding Handbook.

Reviewed & Updated: April 2024

MCT will review this **Social Media Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

124. Transport Policy

Policy statement

MCT will ensure that whenever children or adults at risk are transported by staff it will be done so with regard to the organisations duty to keep children and adults at risk safe. This means that by the implementation of MCT's transport policy, safe procedures of transporting children and adults at risk will be followed at all times.

Principles for transporting children and adults at risk

Principles	<ul style="list-style-type: none"> ▪ MCT require every person that drives a child or adult at risk to be in possession of a valid DBS certificate. ▪ MCT will ensure that there is consent in place when children or adults at risk are to be transported. ▪ MCT will inform parents and carers of who will be driving their child; the reasons for the journey; and the length of the journey. ▪ MCT will always ensure that someone other than the MCT nominated driver speaks to a child or adult at risk about transport arrangements - to ensure there are no concerns raised by the child or adult at risk. ▪ MCT will do everything possible to prevent situations where a child or adult at risk is travelling on their own with a staff member working alone. ▪ MCT staff members will possess the parent, family or carer contact details of children and adults at risk being transported and have access to a mobile phone in the case of emergency, or a breakdown. ▪ MCT will ensure that children and adult at risks are aware of their rights and that they know who they can raise concerns to in relation to being transported. ▪ MCT requires that all passengers wear seat belts or appropriate child restraints for their age; and staff are informed that they are responsible for ensuring compliance with this.
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Transport Good Safeguarding Practice

MCT staff members must adhere to the following:	
1.	Never use a mobile phone while driving with a child or adult at risk - whether or not the mobile phone meets handsfree legislation.
2.	No adult is permitted to transport a child or adult at risk if they are in an unregulated job category.
3.	Never transport a child or adult at risk if not in possession of the relevant licence entitlement, or the relevant insurances.
4.	You should not transport a child or adult at risk without another adult being present.

N.B. Best practice advice is always to avoid transporting a child or adult at risk alone. However, MCT recognise that in some circumstances this may be unavoidable. Where such a journey is unavoidable, then the staff member required to transport the child or adult at risk **must** first speak to their line manager - or MCT's **DSO** - and gain the consent of that other person **prior** to making the journey.

The staff member must also ensure that they communicate with the parent or carer of the child to ensure that they are also fully aware that their child is being transported without another adult being present. In all cases where the above procedure is used to transport a child or adult at risk without another adult being present, the staff member must complete a journey log and submit this at the end of each week to MCT's **DSO**.

MCT will monitor journey logs to further reduce situations where a child or adult at risk needs to be transported by a lone adult.

In all cases where a child or adult at risk is transported as a single passenger - without another adult being present - the child or adult at risk should sit in the back seat of the vehicle and be wearing their seat belt.

Transport Policy continued...

Driving licence

MCT will require all staff - that drive as part of their role - to supply their original driving licence for MCT to inspect, copy and keep on record. No staff member will be permitted to undertake driving duties on behalf of MCT until it is satisfied that they are permitted to drive.

Staff members will then be required to supply the original driving licence at least annually - or at such time as requested by MCT - while they continue to be required to drive for MCT.

MCT vehicles

Where MCT utilises its own vehicles (cars and minibuses **etc.**) it will ensure that those vehicles are safe and roadworthy; have road tax and a valid MOT; are correctly insured for their intended purpose and for carrying the number of passengers it is designed for.

MiDAS drivers

Generally, only motorists that passed their car driving test before 1997 are automatically licenced to drive a minibus. To check whether the correct entitlement is present on a driving licence the following groups should be indicated:

- On older-style licences you will need groups A and E
- On newer-style licences you will need group D1 (restriction 1 or 101, not for hire or reward).

In addition to the above entitlement, should staff members be required to drive a minibus as part of their duties, they will also need to hold a current MiDAS certificate which lasts for four years.

For information, motorists that passed their driving test after 1st January 1997 are only permitted to drive a minibus if they meet all of the following conditions:

1.	Aged 21 or over.
2.	Have held a full licence (category B) for 2 years.
3.	Will be driving on a voluntary basis.
4.	The minibus is used for social purposes, which means in practice that MCT will be operating under a Small Bus Permit (Minibus Permit).
5.	The minibus in question has a maximum weight of no more than 3.5 tonnes - or 4.25 tonnes where a minibus has a passenger lift or ramp.
6.	No trailer is being towed.
7.	Aged 21 or over.

Staff vehicles

Where staff are authorised and agree to transport children and adults at risk using their own vehicles for MCT related matters, they must ensure that their policy of insurance specifically covers using the vehicle for business travel. Upon request, staff must produce a copy of their insurance certificate confirming business travel cover.

Roadworthiness & tax

When using their own vehicle for MCT reasons, staff must ensure that:

- It is maintained in good repair and in an efficient roadworthy condition
- It is serviced at the recommended intervals (in line with the vehicle log book and mileage record)
- Regular checks are made of tyre tread and pressure, lights, brakes, fuel, oil, water coolant, screen wash and battery

Transport Policy continued...

- It conforms with current road traffic legislation
- The provisions and conditions of the insurance policy are observed, such that the policy is not rendered void or voidable
- The vehicle has a valid MOT certificate (where this is required) and road tax cover - and upon request, submit a copy of the vehicle's MOT certificate.

The vehicle must not be used for MCT purposes if the staff member knows or suspects it may have a defect - or in any other way is not roadworthy.

The following rules apply to all staff regardless of whether they are driving an MCT vehicle or their own vehicle.

Safe standards of driving

Staff transporting children and adults at risk must drive within the law and abide by all requirements of road traffic law and the Highway Code, including ensuring that:

- They are fit to drive
- Traffic signs and speed limits are observed
- The vehicle is properly parked and not in breach of any road traffic regulations.

While driving on MCT-related business, it is important that staff take regular breaks, because driving when tired can result in accidents.

Driving under the influence of alcohol &/or drugs

Staff are prohibited from driving for MCT purposes whilst under the influence of any intoxicating substances such as alcohol or drugs.

It is illegal to drive if the driver is unfit to do so because they are on drugs - i.e. their driving is impaired due to the influence of drugs, or because they have levels of alcohol or illegal drugs in their blood that exceeds the specified limit for alcohol or the particular drug (even if this has not affected the staff member's driving).

Staff who are taking any prescription drugs or other over the counter medication which may cause drowsiness should inform their line manager prior to driving as this may affect their ability to drive. In particular, it is illegal to drive even with legally prescribed drugs in the blood if it impairs the staff member's driving and causes them to be unfit to drive.

Finally, it is an offence to drive if the driver has levels of some legal prescription drugs in their blood that exceeds the specified limit for the particular drug and they have either not been prescribed them or they have not taken them in accordance with the advice of the healthcare professional who prescribed or supplied them and with manufacturer's instructions. These drugs are **clonazepam, diazepam, flunitrazepam, lorazepam, methadone, morphine, oxazepam** and **temazepam**. Staff members should talk to their doctor about whether they should drive if they have been prescribed any of these drugs.

Driving & mobile phones

Operating a mobile phone whilst driving reduces concentration and increases the likelihood of an accident. It is also a criminal offence in certain circumstances.

Staff are completely prohibited from using a hand-held mobile phone or similar hand-held electronic device whilst driving as part of their job duties, whether this is to make or receive telephone calls, send or read text or image/picture messages, send or receive facsimiles or to access the Internet or e-mail.

If any staff member is discovered contravening this rule, they will face serious action under the Company's disciplinary procedure. If the use of a hand-held mobile phone is essential when driving, then the vehicle must be stopped somewhere safe - with the engine completely turned off - before using the mobile phone.

Transport Policy continued...

The law regards a person as driving if the engine is running, even if the vehicle is stationary. This means a hand-held phone cannot be used while at traffic lights, during traffic jams - or at other times when the engine is still running.

A hands-free phone is one that does not require the user to hold it at any point during the course of its operation. A mobile phone that is attached to fixed speakers and does not require the user to hold it whilst in use (for example, because it is stored in a cradle) would be covered, as would a hands-free mobile phone with voice activation. If the phone needs to be held in the user's hand at some point during its operation, for example to dial the number or to end the call, it is not hands-free.

However, even with hands-free equipment, driving and conducting a telephone conversation are both demanding tasks and therefore MCT does not allow a staff member - who is transporting a child or adult at risk - to use a mobile phone via hands-free equipment while driving.

Should any driving incident occur that results - or could result - in a driving prosecution, a fixed penalty fine and/or points and/or disqualification being given, staff members must immediately notify MCT's DSO to ensure that they are still able to drive as part of their duties.

Reviewed & Updated: April 2024

MCT will review this **Transport Policy** and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

125. Trips, Tours, Tournaments & Accommodation Policy

Policy Statement

Whenever MCT undertakes trip, tours or tournaments it will ensure the safety of children and adults at risk that it is responsible for. The aim, while ensuring safety, is that children and adults at risk will have fun; grow in confidence and self-esteem; and develop useful skills. All trip, tours and tournaments will be carefully planned and preparations will ensure that any parental/carer concerns in connection with their child or adult at risk being away will be addressed. MCT will ensure the safety of undertaking trip, tours and tournaments by following all elements of its **Safeguarding Handbook** in relation to **Safer Recruitment**, adhering to all of its safeguarding policies, procedures and processes - as well as following MCT's **Codes of Conduct for Staff**.

Core principles for all Trips, Tours & Tournaments

The following are the core principles of MCT's Trip, Tours & Tournaments Policy which are to be adhered to at all times:

Core Principles

- No child or adult at risk will be permitted to undertake trip, tours or tournaments organised by MCT unless there is a relevant and valid signed consent form on file
- When undertaking trip, tours and tournaments MCT will ensure that minimum staff ratios are met for the age of the children participating and the needs of any adults at risk
- Where same sex groups are undertaking trip, tours and tournaments MCT will always ensure there is the same sex staff member with that group
- Where there are children and adults undertaking trip, tours and tournaments in the same group MCT will always ensure that children and adults do not share accommodation
- All MCT staff will have a copy of the **Emergency Procedures Guide** relevant to the trip, tours or tournament being undertaken
- Trip, tours and tournaments will always include an MCT staff member who is a qualified first aider and who carries a fully stocked first aid kit
- MCT will ensure clear communication about meeting points **etc.** with children, adults at risk, parents and carers; and this will be confirmed in written schedules and information packs provided to everyone - in a format appropriate to the person receiving them
- MCT will work with children and adults at risk to establish and agree rules for the trip, tours or tournament and communicate the consequence of breaking them.

Insurance for Trips, Tours & Tournaments

MCT will ensure the appropriate insurance is in place and which will cover the following:

- | | |
|----|---------------------------------------|
| 1. | Public and civil liability. |
| 2. | Personal accident. |
| 3. | Vehicle. |
| 4. | Breakdown cover for the transport. |
| 5. | Medical cover abroad (if applicable). |

Meetings prior to Trips, Tours & Tournaments

MCT will commit to meetings with parents and carers to:

Ensure

- Introduce staff who will undertake trip, tours and tournaments with children and adults at risk
- Confirm the roles and responsibilities of those traveling with children and adults at risk - especially the MCT person with responsibility for welfare while away
- Provide appropriate information packs
- Ensure that up to date consent forms are in place for upcoming events - with all pertinent medical information completed and up to date
- That questions or concerns can be raised and addressed
- Confirm an MCT point of contact for parents and carers and who will not be away with the group.

Trips, Tours, Tournaments & Accommodation Policy continued...

Guidance for overnight stays

MCT will ensure that when booking accommodation for overnight stays that:	
Overnight	<ul style="list-style-type: none">▪ The location is suitable and it holds a current fire certificate▪ There is secure parking▪ There is a varied diet can be met▪ There are ensuite facilities - or separate bathroom facilities for children and adults▪ There is sufficient night-time security▪ Valuables can be stored safely▪ There are separate bedrooms for children and adult participants▪ Where it is possible and practical to do so, MCT will organise for a member of staff to visit the accommodation before booking to ensure it is suitable.

Travelling & staying abroad

- If travelling and staying abroad MCT will ensure parents/carers will be advised if any visas and/or vaccinations and/or pre-trip medication **e.g.** such as anti-malaria are required. Parents and carers will also be asked to each child and adults at risk with an up to date **UK Global Health Insurance Card (GHIC)**.

Staffing & staff ratios

- When undertaking an overnight(s) stay/break MCT will ensure that minimum staff ratios are met for the age of the children, or the needs of the adults at risk participating - and ensure that staff bedrooms are spread out **e.g.** if the group is over three floors, there will be at least one adult room on each floor.
- In addition, where same sex children or adult at risk groups are staying overnight in accommodation, MCT will always ensure there is the same sex staff member with that group.

Disability, health & culture needs

- If there are any children or adults at risk that have additional health needs/disability they will ensure they have extra helpers if required. All extra helpers will receive any extra training that is needed **e.g.** asthma medication, diabetes management and MCT will ensure the accommodation is suitable and has suitable access for children or adults at risk with a disability.
- MCT will take into consideration the needs of children and adults at risk from different ethnic groups **e.g.** dietary needs which may include fasting times linked to religious traditions, or activities where within some cultures they may not be permitted with a mixed gender.

Catering whilst away

- If MCT are staying in self-catering accommodation then MCT staff will decide who is cooking, what the menu will be and any dietary requirements before the trip commences.

Rules whilst away

- MCT will work with children to establish and agree rules for the overnight stay and communicate the consequence of breaking them.

Safe Away Card

- Staff will provide all children and adults at risk provided with a **Safe Away Card**.

Trips, Tours, Tournaments & Accommodation Policy continued...

Guidance for overnight stays

Once at the accommodation MCT's staff will:

Safety

- Check that all windows and doors are safe
- Check all children and adults at risk have a non-smoking room
- Check rooms for any damage - and report if necessary
- Ensure there is no access to alcohol in the rooms
- Ensure movie access in the room is either appropriate or, indeed not available in the rooms
- Ensure everyone is aware of the fire exits and emergency procedures
- Ensure that all money, valuables & passports (if applicable) are stored away.

Support during trips, tours, tournaments and when staying away

- During the trip, MCT staff will have daily group and staff meetings to discuss any issues or problems.

MCT will also manage the risks of trip, tours and tournaments by following its Procedure for Assessing & Managing Risks in the Safeguarding of Adults at Risk in the Safeguarding Handbook.

This Trips, Tours, Tournaments & Accommodation Policy should be read in conjunction with the Lost or Missing Child Policy & Procedure in this Safeguarding Handbook - as well as MCT's Health & Safety Handbook.

Reviewed & Updated: April 2024

MCT will review this Trips, Tours, Tournaments & Accommodation Policy and best practice at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

Part 8: Appendices

Part 8: Appendices Contents

This final **Part 8** section **Appendices** includes useful information and links to further safeguarding information - as well as details of further resources to support best safeguarding practice. Please ensure that you familiarise yourself with the contents.

App. No:	Part 8: Appendices	Page No:
1.	Relevant Children's Legislation & Guidance Underpinning the Safeguarding Handbook	1
2.	Relevant Adult's Legislation & Guidance Underpinning the Safeguarding Handbook	2
3.	Useful Safeguarding Links	3
4.	Directory of Safeguarding Resources & Templates	5

Appendix 1: Relevant Children's Legislation & Guidance Underpinning the Safeguarding Handbook

MCT's Children's Safeguarding Policies & Procedures have been produced with particular regard to the following Legislation and Guidance:

Children's Safeguarding Legislation	
<ul style="list-style-type: none"> ▪ UN Convention on the Rights of The Child 	<ul style="list-style-type: none"> ▪ The Equality Act
<ul style="list-style-type: none"> ▪ Female Genital Mutilation Act 	<ul style="list-style-type: none"> ▪ Protection of Freedoms Act
<ul style="list-style-type: none"> ▪ Sexual Offences Act 	<ul style="list-style-type: none"> ▪ Data Protection Act
<ul style="list-style-type: none"> ▪ The Children Act 	<ul style="list-style-type: none"> ▪ Working Together to Safeguard Children
<ul style="list-style-type: none"> ▪ Safeguarding Vulnerable Groups Act 	<ul style="list-style-type: none"> ▪ Keeping Children Safe in Education
<ul style="list-style-type: none"> ▪ Domestic Abuse Act 	<ul style="list-style-type: none"> ▪ Online Safety Act

Children's Safeguarding Guidance
<ul style="list-style-type: none"> ▪ Affiliated Football Safeguarding Policy and Procedures
<ul style="list-style-type: none"> ▪ UNICEF UK's Recognise the role of the International Safeguards for Children in Sport
<ul style="list-style-type: none"> ▪ What to do if you're worried a child is being abused: Advice for Practitioners
<ul style="list-style-type: none"> ▪ Safeguarding Children & Young People: EFL Guidance to Member Clubs & Trusts
<ul style="list-style-type: none"> ▪ NSPCC's Standards for Safeguarding & Protecting Children in Sport: CPSU
<ul style="list-style-type: none"> ▪ NSPCC's Safe Network Standards for the Voluntary & Community Sector
<ul style="list-style-type: none"> ▪ NCVO/Children England's Everyone's Business: Safeguarding for Trustees
<ul style="list-style-type: none"> ▪ NCVO/Children England's Our Decision: A Guide to using DBS
<ul style="list-style-type: none"> ▪ Premier League Safeguarding Standards
<ul style="list-style-type: none"> ▪ MCT's Multi-Agency Safeguarding Partners good safeguarding practice guidance
<ul style="list-style-type: none"> ▪ National Framework statutory guidance

Reviewed & Updated: April 2024

MCT will review this **Relevant Children's Legislation & Guidance Underpinning MCT's Safeguarding Handbook** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

Appendix 2: Relevant Adult's Legislation & Guidance Underpinning this Safeguarding Handbook

MCT's Adults at Risk Safeguarding Policies & Procedures have been produced with particular regard to the following Legislation and Guidance:

Adults at Risk Safeguarding Legislation	
▪ The Mental Capacity Act	▪ The Care Act
▪ The Equality Act	▪ Data Protection Act

Adults at Risk Safeguarding Guidance
▪ Affiliated Football Safeguarding Policy and Procedures
▪ No Secrets: Guidance on protecting vulnerable adults in care from abuse
▪ Volunteer Now's Keeping Adults Safe: A Shared Responsibility
▪ NSPCC's Safe Network Standards for the Voluntary & Community Sector
▪ Premier League Safeguarding Standards
▪ MCT's SAB's good safeguarding practice guidance

Reviewed & Updated: April 2024

MCT will review this **Relevant Adult's Legislation & Guidance Underpinning MCT's Safeguarding Handbook** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

Appendix 3: Useful Safeguarding Links

MCT's Safeguarding Handbook has been produced with particular regard to the following references and resources:

The FA's Safeguarding for All - Raising Awareness
Click Here to Visit this Resource
The above link provides a Best Practice Download Section which hosts many useful safeguarding resources which MCT encourages all staff to use to develop safeguarding knowledge and best practice.
The NSPCC's Child Protection in Sport Unit
Click Here to Visit this Resource
The NSPCC's CPSU Standards for Safeguarding & Protecting Children in Sport
Click Here to Visit this Resource
UNICEF's Safeguarding in Sport & International Safeguards for Children in Sport
Click Here to Visit this Resource
The Department for Education's Working Together to Safeguard Children
Click Here to Visit this Resource
Affiliated Football's Safeguarding Policy & Procedures
Click Here to Visit this Resource
Department for Education's Keeping Children Safe in Education (Part 1)
Click Here to Visit this Resource
NSPCC's Safeguarding Children in the Voluntary & Community Sector
Click Here to Visit this Resource
NCVO/Children England's Everyone's Business: Safeguarding for Trustees
Click Here to Visit this Resource
NCVO/Children England's Our Decision: A Guide to using DBS
Click Here to Visit this Resource
Home Office Prevent Duty Guidance
Click Here to Visit this Resource
Department for Education & Home Office Female Genital Mutilation Legislation
Click Here to Visit this Resource
NSPCC Website
Click Here to Visit this Resource
Charity Commission Website
Click Here to Visit this Resource

Appendix 3: Useful Safeguarding Links continued...

In addition to the above references and resources, MCT will always follow the Local Authority's Safeguarding Partners and SAB guidance, as well as fully taking into account the guidance issued by the FA relating to the Protection of Freedoms Act 2012.

Please note that MCT's **Safeguarding Policies & Procedures** should be read in conjunction with relevant policies and procedures contained in MCT's **Employee Handbook**, **Zero Hours Staff Handbook**, **Health & Safety Handbook**, **Trustees Good Governance Handbook**, **Equality, Diversity & Inclusion Handbook**, **Volunteers Handbook**, **Contractors Handbook** and the **GDPR Data Protection Policies & Procedures** (including relevant **Privacy Notices**).

Reviewed & Updated: April 2024

MCT will review these **Useful Safeguarding Links** at least annually. In addition, more frequent reviews will be undertaken following a change in safeguarding legislation; following the implementation of a new activity or service which involves contact with children and/or adults at risk; following a safeguarding incident within the CCO (or one which directly concerns or affects the CCO); and/or following a significant organisational change.

Appendix 4: Directory of Safeguarding Resources & Templates

Below is a list of all of the **Safeguarding Resources & Templates** - presented in the same colour-coded orders as this Safeguarding Handbook - available from MCT's DSO to help support best safeguarding practice.

Safeguarding Resource Section	Doc. No:	Safeguarding Resource or Template Title
Introduction	01	Safeguarding Policy Statement
General Safeguarding Policies	02	Board Safeguarding Lead Job Description
	03	Senior Safeguarding Manager Job Description
	04	Designated Safeguarding Officer Job Description
	05	Code of Conduct for Staff
	06	Code of Conduct for Children
	07	Code of Conduct for Adults
	08	Complaints Procedure Flowchart
	Safer Recruitment	09
10		Role Profile Template
11		Guidance for Writing a Job Purpose for a Job Description
12		How to Write the Jobs Key Responsibilities
13		Job Description Template
14		Recruitment Application Form
15		Criminal Record Self-Disclosure Form
16		Recruitment of Ex-Offenders Policy
17		Is it Spent Guidance
18		What is Filtered from a DBS Check
19		Documentation Required for DBS Checks
20		Managing Positive Disclosures Flowchart
21		Criminal Record Risk Assessment Form
22		Letter of Assurance
23		Shortlisting & Interview Scoresheets
24		Reference Request Template
25		New Starter Induction Checklist
26		End of Week One Probation Review
27		End of Month One Probation Review
28		End of Month Two Probation Review
29		End of Month Three Probation Review
30		Guidelines for Supervision Good Practice
31		Template for Recording Supervision Sessions
32		Staff and Volunteer Training Record Form

Appendix 4: Directory of Safeguarding Resources & Templates continued...

Safeguarding Resource Section	Doc. No:	Safeguarding Resource or Template Title
Child Safeguarding	33	Responding to Signs or Suspicions of Abuse Flowchart
	34	Dealing with Allegations of Abuse made against Staff Flowchart
	35	Dealing with Allegations of Abuse made against Staff Procedure
	36	Body Map Report Form
	37	Difference Between Fact and Opinion
	38	Reporting Concerns about a Child Form
	39	Bullying Report Form
	40	NCS Pharos Response Flowchart
Adults at Risk Safeguarding	41	AaR Recording and Reporting Concerns
	42	AaR Recording Accidents Incidents and Near Misses
Safer Activities	43	Welcome Letter to New Participants and Families
	44	Parental Consent Form
	45	Young Person Consent Form
	46	Adult Consent Form
	47	Session Register
	48	Emergency Information Sheet
	49	Record of Accidents, Incidents & Near Misses Form
	50	Remote Working Policy
	51	Remote Teaching Policy
	52	Mental Health Policy
	53	Online Safety Agreement for Use with Young People
	54	Online Safety Agreement for Use with Adults
Information Management	55	Child Contact Record Form
	56	Information Sharing Decision Form
	57	Accessing Your Information Guidance for Participants
	58	The Channel Process Flowchart
Additional Safeguarding	59	Photography Consent Form
	60	Transporting of a Child by a Lone Adult Journey Log