Safeguarding Policy

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1. INTRODUCTION

1.1 Jigsaw4u is committed to safeguarding and promoting the welfare of children, young people, and vulnerable adults. We expect all staff, volunteers and Trustees to share this commitment.

1.2 The following Policy and Procedures have been adopted by the Board of Trustees of Jigsaw4u who are determined to ensure that Jigsaw4u is a safe organisation. The Policy and Procedures have been set up in accordance with the guidance published by South West London Local Safeguarding Children Boards (LSCBs), the guidance from South West London Community/Voluntary Services and the London Child Protection Procedures.

1.3 These Procedures are informed by the Children Act (2004); Children's Wellbeing and Schools Act (2026); Working Together to Safeguard Children (2026); Keeping Children Safe in Education (2026); Mental Capacity Act (2005); Care Act (2014) including its statutory guidance on Safeguarding in Chapter 14; and, the Prevent Duty DoE (2023).

1.4 Also see 'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers' issued by HM Government (2015).

1.5 Jigsaw4u recognises that safeguarding is everyone's responsibility and is committed to maintaining a culture where the welfare of children, young people and vulnerable adults is central to all decision-making.
We will:

- Promote a child-centred approach in all our work.
- Ensure that concerns are taken seriously and acted upon promptly.
- Encourage professional curiosity where there are concerns about a child or young person's welfare.
- Create an environment where children, young people, staff and volunteers feel able to speak up and raise concerns.
- Support effective multi-agency working and information sharing to protect children from harm.

Jigsaw4u recognises that safeguarding is not solely about responding to abuse but also about identifying vulnerabilities, providing early help and creating safe environments where harm is less likely to occur.

2. DEFINITION AND TYPES OF ABUSE

2.1 **Child Protection** involves the measures and structures to prevent and respond to abuse, neglect, exploitation, and violence affecting children and young people.

2.2 **Abuse** is a form of maltreatment of a child. This can include neglecting or inflicting harm on a child or failing to prevent harm. This can be caused by an adult or another child.

2.3 **Children in Need** are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services and includes disabled children (Children Act; 2004).

2.4 **Neglect** is not meeting a child's basic physical and psychological needs (DfE; 2018 and DoH; 2017). The 4 main types of neglect are physical neglect, educational neglect, emotional neglect, medical neglect (NSPCC).

2.5 **Physical Abuse** is defined as deliberately hurting a child and causing physical harm (DoH; 2017). It includes injuries such as bruises, broken bones, burns, cuts. This can also manifest when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. This is known as Fabricated or Induced Illness (DfE; 2018 and DoH; 2017).

2.6 **Emotional/Psychological Abuse** is the ongoing emotional maltreatment of a child, which can have severe and persistent negative effects on the child's emotional health and development (DfE, 2020 and DoH 2017).

2.7 **Sexual Abuse** is when a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline (DfE; 2018 and DoH; 2017).

2.8 Jigsaw4u does not condone practices or circumstances that are harmful to children/young people. These include:

- Forced Marriages
- Underage Marriages
- Female Genital Mutilation
- Child Abuse linked to a belief in Spirit Possession or Witchcraft, or in other ways related to spiritual or religious belief.
- Sexual or other forms of exploitation of children or adults
- Trafficking children or adults
- Modern Day Slavery
- Abuse through or affected by Gang membership
- Extremist Ideology
- 'County Lines' drug trade forms of criminal exploitation

2.9 Jigsaw4u recognises that children and young people may experience significant harm arising from prejudice, discrimination and hate incidents. This may include:

- Racism
- Faith-based prejudice
- Antisemitism
- Islamophobia
- Homophobia
- Biphobia
- Transphobia
- Disability discrimination
- Misogyny
- Other forms of identity-based discrimination

Whilst not all incidents will meet the threshold for statutory safeguarding intervention, persistent or serious prejudice-based incidents may constitute emotional abuse, contribute to exploitation, increase vulnerability and adversely affect wellbeing. Staff and volunteers should consider safeguarding implications whenever prejudice-based behaviour is identified.

2.10 Refer to London Child Protection Procedures for further advice, guidance, and information on the above: https://www.londonsafeguardingchildrenprocedures.co.uk/

3. RECOGNITION

3.1 The first indication of concern about a child or young person's welfare is not necessarily the presence of an injury.

3.2 Concerns may be aroused by:

- Minor bruises or marks on a child's body
- Remarks made by the child, another child, a parent or another adult
- Observations of the child's behaviour or reactions
- Unexplained changes in the child's behaviour or personality
- Evidence of disturbance or explicit detail in a child's play, drawing or writing
- Neglect - where lack of due care for a child is creating significant risk to their health & well-being

3.3 Staff and volunteers should be particularly mindful of children and young people who may be at increased risk of harm, including:

- Young carers.
- Children with disabilities or additional needs.
- Children experiencing mental health difficulties.
- Children subject to domestic abuse.
- Kinship cared-for children.
- Children who frequently go missing.
- Children experiencing social isolation.
- Children exposed to online exploitation.

The presence of one or more vulnerability factors does not mean a child is suffering harm but should prompt heightened professional curiosity and appropriate support.

3.4 Remember: isolated minor concerns are unlikely to represent harm to a child, but your observations may form part of a bigger picture about the child when seen alongside other information held by colleagues or other agencies.

4. CONTACT WITH THE FAMILY

5.1 Before speaking to the child/young person's family, you should talk to your Line Manager who will agree any action with Jigsaw4u's Designated Safeguarding Lead (DSL), who may consult agencies outside Jigsaw4u. It is best practice to inform the parents of any action that Jigsaw4u will be taking. However, there may be occasions when this would compromise the child's safety or evidence

5.2 Where the worker is school-based, the school's Head Teacher/DSL must be consulted. If school staff undertake to refer the child to children's social care, the worker must report this to their Line Manager. If the referral is not made or delayed their Line Manager should liaise with the DSL regarding whether to make a direct referral.

5.3 In cases where a physical injury causes concern, having sought advice from the DSL it may be appropriate to discuss this with the parent or carer. If the explanation suggests the injury was non-accidental (or a failure to protect the child/young person from harm), the parent or carer should be informed that the matter will be referred to Children's Social Care.

5.4 In cases of possible neglect or emotional abuse, the concern is likely to have built up over a period of time. There may have been discussion with the family about sources of help (e.g. Children's Social Care, NSPCC), but if concerns persist, there must be an immediate referral to Children's Social Care.

5.5 Where there are suspicions of sexual abuse, a referral must be made immediately to Children's Social Care. Guidance and agreement will also be sought on our involvement in any discussions to be had with the family or child/young person.

5. ROLES AND RESPONSIBILITIES

5.1 Designated Safeguarding Lead

Sharon McCann is the Designated Safeguarding Lead (DSL) with responsibility for safeguarding and child protection and can be contacted on 020 8687 1384

Josh Dearden-Howell and Mona Ahmed are Deputy Designated Safeguarding Leads (DDSL), supporting Sharon and deputising for her when she is unavailable and can be contacted as above.

All Service Managers are DSL trained and can provide Safeguarding Support where required.

Responsibilities:

- Liaise with the local authority Children's Social Care in which the child resides (this may be through the Multi-Agency Safeguarding Hub (MASH) where these are in place)
- Liaise with the Police should the matter relate to a crime or where a response is required to safe 'life and limb'
- Liaise with the relevant LADO's (Local Authority Designated Officer) where the circumstances relate to allegations against a member of staff, volunteer, or trustee
- Be responsible for co-ordinating action within Jigsaw4u on child protection issues and ensure that action is taken to safeguard children and young people
- Annual review of this Policy with safeguarding trustee
- Ensure that all staff and volunteers are familiar with this policy
- Raise awareness about child protection and arrange training for staff, volunteers, trustees and service users

5.2 Trustees

If a child protection or safeguarding incident occurs, Trustees should make sure the charity responds appropriately.

Responsibilities:

- Ensuring safeguarding and child protection Policy and procedures are fit for purpose and up-to-date

- Ensuring everyone in the organisation is aware of their safeguarding responsibilities and knows how to respond to concerns
- Challenging any decisions which adversely affect anyone's wellbeing
- Managing allegations of abuse against someone in the organisation
- Reporting serious incidents as necessary
- Having a lead Trustee for safeguarding and child protection

Safeguarding Trustee

Jigsaw4u's Trustee with responsibility for safeguarding and child protection is Charlene Williams.

5.3 **Staff and volunteers**

Responsibilities

- To be alert to the possibility of abuse in all circumstances
- Contact their line manager initially if they have a concern about a child or young person, to discuss the matter and agree a plan of action
- Staff can also report directly to the DSL or their deputies, especially where concerns relate to their line manager

5.4 Jigsaw4u offers a range of services which cater to varied mental health, wellbeing and social and emotional difficulties for different demographic groups. Each service has a bespoke approach to risk assessment, based on the beneficiaries the service is designed for. This approach is described in each service specification and forms part of the induction and supervision of all staff and volunteers.

6. CONFIDENTIALITY AND INFORMATION SHARING

6.1 The children and young people served by the charity have the right to expect that all staff and volunteers will respond and act in a manner that is sensitive and sympathetic. It is important that information remains confidential and only shared on a 'need to know' basis.

6.2 Confidential information is shared only in accordance with agreed protocols, which comply with current legislation and guidance. Jigsaw4u follows advice provided by the DofE 'Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents, and carers' (2018), along with complying with the European Union (EU) General Data Protection Regulation (GDPR) regulations and Data Protection Act 2018 (DPA; 2018).

6.3 Whilst we aim to provide a confidential service, there are certain circumstances under which confidentiality will be breached, including:

- Where an individual is at risk of or suspected of being at risk of harm
- When a team member is required to give evidence in legal proceedings
- If the individual discloses information about criminal offences e.g. being in possession of an offensive weapon, or potentially pending criminal activity
- Where information may be related to an act of terrorism, Prevent protocols will be followed

6.4 All team members must adhere to Jigsaw4u's Data Protection and Confidentiality Policies.

6.5 The need to share information between agencies to ensure the safety of children, will always take precedence over confidentiality agreements between services and service users. Possible fears a member of staff may have about sharing information, cannot be allowed to hinder or delay the need to safeguard the welfare of a child at risk or abuse or neglect. Amendments to the Data Protection Act (2018), clarifies that it permits the "processing of sensitive personal data, which is necessary to safeguard children from physical, emotional, sexual and neglect-based abuse".

6.6 Jigsaw4u recognises the importance of maintaining confidentiality and ensuring that all safeguarding records are securely monitored, managed and maintained in line with data protection requirements. However, we also acknowledge that effective safeguarding relies on appropriate information sharing between relevant agencies and professionals. In line with lessons learned from Serious Case Reviews, including the case of Baby P, Jigsaw4u is committed to ensuring that the need to protect individuals from harm takes precedence over confidentiality where there are safeguarding concerns, and that information is shared appropriately and responsibly to promote the safety and wellbeing of all.

6.7 Jigsaw4u recognises that concerns about confidentiality or data protection should never prevent the appropriate sharing of information where a child, young person or vulnerable adult may be at risk of harm.

Information sharing should be:

- Necessary
- Proportionate
- Relevant
- Accurate
- Timely
- Secure

Staff should seek advice where required but should not delay sharing information if doing so would place a person at increased risk. Decisions regarding information sharing should always be recorded, including the rationale for the decision.

7. SAFER RECRUITMENT PROCEDURES

7.1 All staff and volunteers must complete an application form, detailing past work history and references. Individuals are then interviewed and references and DBS requested. Only on receipt of satisfactory verbal and paper references and DBS (see below) will a formal offer of employment or placement be made. References will be followed up verbally by the relevant recruiting officer in Jigsaw4u.

7.2 All staff and volunteers working directly with children (under 18-years) and any vulnerable adults, are required to have an enhanced check through the Disclosure & Barring Service (DBS) before commencement of work or placement. Jigsaw4u is registered with relevant local services for DBS access for these purposes.

7.3 Staff members and volunteers are required to fill out a DBS form and produce evidence as to their identity, in accordance with the DBS guidelines. This information is then witnessed by the Designated Person responsible for child protection and signed as an acknowledgement of information produced

7.4 Copies of all returned DBS checks and documentation pertaining to any child protection issues will be kept confidentially and securely locked within Jigsaw4u's administration office.

7.5 Staff can undergo training and induction whilst waiting for the checks to clear but cannot undertake any unsupervised face-to-face work until satisfactory checks have been received.

7.6 All staff will be subject to the Jigsaw4u probationary period procedure.

7.7 The Jigsaw4u Operations Officer will be responsible for ensuring that a record of each paid staff or volunteer's recruitment process including DBS and references are held securely.

7.8 The DSL is accredited in Safer Recruitment training and will update this training every 2-years.

7.9 For further details, refer to the Jigsaw4u Safer Recruitment Policy.

8. STAFF AND VOLUNTEER INDUCTION, SUPERVISION AND TRAINING

8.1 Staff and Volunteer Induction will include an introduction to the Jigsaw4u Child Protection and Safeguarding Policy and Procedures. Their signature will be required to demonstrate and record that this procedure has been followed.

8.2 All staff and volunteers will be cognisant of those with child protection responsibilities.

8.3 A training 'needs analysis' for safeguarding will be undertaken for all staff and volunteers within 1 week of commencing their role with Jigsaw4u. A training plan will be developed and a copy provided to the staff member or volunteer and the DSL. The plan will be regularly reviewed and updated.

8.4 All new staff and volunteers will have a Job Description, Code of Conduct, and copies of Disciplinary, Complaints and Whistle Blowing Policies.

8.5 All staff and volunteers will be supervised regularly in line with the Jigsaw4u Supervision Policy. They will have access to advice and guidance regarding child protection and safeguarding issues from experienced and qualified managers.

8.6 All staff and volunteers must update their child protection training every 2-years.

9. TRUSTEES

9.1 Trustees will be subject to the Jigsaw4u Safer Recruitment Policy. It is the responsibility of the Chair of Trustees to ensure that all new trustees understand their role and responsibility in relation to Safeguarding and that they receive appropriate training. This may be delegated to the Designated Trustee with responsibility for Safeguarding.

9.2 Trustees should update their Safeguarding training every 2-years

9.3 Trustees must ensure that safeguarding procedures are reviewed annually and updated to reflect learning from any relevant serious incidents.

10. CONCERN ABOUT A MEMBER OF STAFF OR VOLUNTEER

10.1 Allegations or concerns about a member of staff or volunteer must immediately be brought to the attention of the DSL. The relevant Local Authority Designated Person (LADO) should be contacted for immediate advice and the agency should work closely with Children's Social Care as well as the police, if involved. All allegations, actions and reviews must be recorded. See Appendix 2.

10.2 In the case of the allegation being against the DSL then the Chair of Trustees must be informed.

10.3 Following an external investigation an internal review should be undertaken to ensure any changes needed are put in place.

10.4 For further details, please refer to the Jigsaw4u Whistle Blowing Policy (see Appendix 4).

11. SPECIFIC CIRCUMSTANCES

11.1 Unborn Children

All team members have a duty to assess whether an unborn baby is likely to be at risk of harm and make appropriate referrals. The following considerations should be made:

- Have other children been removed from the family because they have either suffered, or been at risk of suffering harm?
- Is there an individual within the family or household who has been convicted of an offence against a child, or is believed by statutory agencies to have caused harm to a child?
- Are there serious concerns around parental capacity, particularly where the parent(s) have substance misuse problems or severe mental health problems?
- Is the pregnant mother using illicit drugs, including prescription drugs not prescribed for her, or drinking alcohol problematically?
- Is the baby believed to be at risk of harm due to domestic violence?

Team members should discuss any concerns with the DSL.

11.2 Children of Substance Misusing Parents

It is the responsibility of all team members to ensure that they consider the impact of parental behaviours on their children. Where parents within services present with problematic substance use, information must be gathered around the health, safety, and well-being of any children within their care or at home and concerns should be discussed with the line-manager or DSL.

11.3 Children Living with Domestic Abuse/Violence

If there is a concern that a service user/parent/carer is experiencing or perpetrating domestic abuse/violence and it is known that there are children living at the home, there should be a discussion with the DSL and a referral should be made to children's social services.

Domestic abuse may include physical abuse, emotional abuse, coercive control, economic abuse, stalking, harassment and technology-facilitated abuse. Children may be harmed through directly experiencing abuse or through seeing, hearing or living with its effects. Particular consideration should be given to violence against women and girls, adolescent relationship abuse and harmful gender-based attitudes.

11.4 Young People's Services and Sexual Activity

- Whilst sexual activity under the age of 16 is illegal, significant numbers of young people are sexually active before this time, without significant risk of harm. Where a young person is known to be or suspected to be sexually active this should be considered as part of risk assessment procedures and consider age and competency.
- Where a staff member or volunteer is aware that a young person under the age of 13 is sexually active, they should raise this immediately with the DSL in order to make a referral to the relevant statutory authority. Under the Sexual Offences Act (2003), children under the age of 13 are considered of insufficient age to give consent to sexual activity. For this reason, there is a presumption that all cases of children under the age of 13 who are believed to be or have been engaged in penetrative sexual activity will be referred to Children and Young People's Services and or the Police as a potential case of rape.
- When a staff member or volunteer suspects that a young person or child may be engaging in harmful sexual behaviour (NICE; 2016) such as using sexually explicit words and phrases, inappropriate touching, using sexual violence or threats or having full penetrative sex with other children and adults that is inappropriate for their age or stage of development this should be discussed with the DSL and referrals made as appropriate to statutory agencies.

11.5 Violence Against Women and Girls (VAWG)

Jigsaw4u recognises that violence against women and girls includes a range of behaviours that may affect children and young people, including:

- Sexual harassment.
- Sexual violence.
- Coercive and controlling behaviour.
- Misogynistic attitudes and behaviours.
- Harmful gender stereotypes.
- Image-based sexual abuse.
- Stalking and harassment.

Such behaviours can occur both online and offline. Staff and volunteers must challenge inappropriate behaviour and consider safeguarding implications where such concerns arise.

11.5a Female Genital Mutilation (FGM)

- Female Genital Mutilation is a form of child abuse and violence against women
- FGM is illegal in England and Wales under the FGM Act (2003)
- FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons
- Section 5B of the FGM Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to

report to the Police 'known' cases of FGM in under 18's which they identify in the course of their professional work. 'Known' cases are those where either a girl informs the person that an act of FGM has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical procedure

- All team members who are concerned that an individual has (or may have) been subject to FGM should discuss their concerns with the DSL and make appropriate reports to police

11.6 Young Carers

A young carer is a child or young person who provides care, assistance or emotional support to a family member affected by illness, disability, mental ill health or substance misuse.

Jigsaw4u recognises that young carers may experience:

- Social isolation.
- Poor attendance or engagement.
- Emotional wellbeing difficulties.
- Increased caring responsibilities.
- Reduced opportunities for play, learning and development.

Where staff identify that a child may have caring responsibilities, consideration should be given to additional support, early help and referral to appropriate services where required.

11.7 Technology and Abuse

Jigsaw4u recognises that safeguarding concerns increasingly arise through the use of technology and online platforms.

Abuse may occur through:

- Cyberbullying.
- Sexual harassment.
- Sexual exploitation.
- Grooming.
- Coercive or controlling behaviour.
- Sharing of indecent images.
- Sextortion.
- Image-based abuse.
- Exposure to harmful online content.
- Misinformation and disinformation.
- Online radicalisation.
- Use of artificial intelligence to facilitate abuse.

Staff and volunteers should be alert to the potential use of generative artificial intelligence and deepfake technology to create manipulated images, videos, voice recordings or other content that may be used to exploit, coerce, humiliate or harm children and young people. Concerns involving online activity, AI-generated content or technology-facilitated abuse should be treated with the same seriousness as concerns arising offline and discussed immediately with the DSL.

11.8 PREVENT

Radicalisation is recognised by Jigsaw4u as a safeguarding concern. Staff, volunteers, subcontractors and trustees should read this policy alongside Jigsaw4u's Prevent Policy, which provides further guidance on recognising, reporting and responding to concerns relating to radicalisation, extremism and terrorism.

11.9 Fabricated or Induced Illness (FII)

Fabricated or Induced Illness (FII) (previously known as Munchausen's syndrome by proxy) is a rare form of child abuse which occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in the child.

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical attention) to induced illness.

Behaviours include a parent or carer who:

- Persuades healthcare professionals that their child is ill when they are perfectly healthy
- Exaggerates or lies about their child's symptoms
- Manipulates test results to suggest the presence of illness
- Deliberately induces symptoms of illness

FII can involve children of any age, but the most severe cases are usually associated with children under the age of five. Concerns about FII should be discussed with the DSL.

11.10 Co-sleeping and Sudden Infant Death Syndrome (SIDS)

Co-sleeping is known to be associated with Sudden Infant Death Syndrome (SIDS). Service users who are expectant or new parents should be given the following advice in relation to co-sleeping:

- Babies should sleep in the same room as their primary carer(s) for at least the first 6 months of their lives
- Sleeping on a sofa or a chair with a baby is very dangerous and should always be avoided
- Families should not share a bed with their baby when they have taken any substances (illicit or prescribed) that make them feel sleepy or impacts on their awareness. This includes if have recently consumed any alcohol
- There is an increased risk of SIDS if either they or their partner smoke, if their baby was born prematurely or weighed under 2.5kg (or 5.5lbs) when they were born
- Service users who require more information on alternatives to co-sleeping should be advised to speak to their midwife or Health Visitor

11.11 Service Users Attending Sessions Independently

All children and young people under the age of 16 attending Jigsaw4u HQ or other bases for support must be assessed as Gillick competent. Those who are not deemed Gillick competent must be accompanied by a parent, carer or responsible adult.

Gillick competence refers to a child's ability to make decisions about their own welfare, care or treatment without parental involvement. Assessment of Gillick competence is decision-specific and should be proportionate to the significance and complexity of the decision and should be clearly recorded. A child who is Gillick competent may be able to consent to, or in some circumstances refuse, certain interventions or information sharing, unless there are overriding safeguarding, legal or public protection considerations.

A practitioner assessing Gillick competence should explore whether the child can:

- Understand the nature and purpose of the decision.
- Understand the potential benefits.
- Understand the possible risks or disadvantages.
- Understand any alternative options.
- Understand what may happen if no action is taken.
- Retain the relevant information long enough to make a decision.
- Weigh up the information to reach a reasoned choice.
- Communicate their decision clearly.

In addition, practitioners should consider:

- The child's age and developmental stage.
- Their emotional maturity and ability to manage pressure from others.
- Whether they are freely expressing their own views.
- Whether there are safeguarding concerns affecting decision-making.
- Whether the decision has immediate, significant or long-term consequences.
- Whether the child understands confidentiality and any limits to it.

Adults lacking capacity must be supported in line with the Mental Capacity Act 2005.

12. ONLINE WORKING

12.1 The Covid-19 pandemic resulted in Jigsaw4u offering online support for a period of time and following lockdowns, some service users requested ongoing online sessions. While Jigsaw4u are a face-to-face service, certain service users have continued to receive online support in extreme situations, such as enforced shielding due to a parent/carers ill health. If staff are working virtually as an appropriate intervention, safeguarding and child protection policies will need to reflect the changes to the therapy delivered. Being present within a family home will incur additional challenges concerning safeguarding.

12.2 It is of extreme importance that staff working with children either by telephone or video call have a cyber safeguarding strategy in place with their line manager. Staff will need to consider how to respond if the child makes a disclosure during a virtual session. This is especially pertinent should a potential perpetrator be present in the family home. Staff should identify a form of support for themselves, as well as the child; together with the necessary contact details of social care available in advance of any therapeutic work commencing.

12.3 If a concern arises, staff and volunteers should follow the guidelines laid out in Section 4 of this Policy. Additional concerns specific to online working could include: background of video calls, privacy of families or other people in the house, friends being present, reduction in ability to read body language or sudden ending of calls.

12.4 At present, there is a lack of evidence-base for the efficacy of non-directive therapy delivered virtually, and it is good practice that this and the highlighted risks associated with this method of delivery is discussed with parents/carers prior to any interventions commencing.

13. MENTAL HEALTH AND EMOTIONAL WELLBEING

13.1 Jigsaw4u recognises the importance of promoting positive mental health and emotional wellbeing for children and young people.

13.2 The organisation also recognises that:

- Mental health concerns may be an indicator that a child has experienced abuse, neglect, exploitation or trauma.
- Mental health difficulties do not automatically indicate abuse.
- Safeguarding concerns and mental health concerns often interact and should be considered together.

13.3 Where a child presents with concerning changes in mood, behaviour, self-harm, suicidal ideation, anxiety, depression or emotional distress, staff should consider whether safeguarding needs are present and discuss concerns with the DSL.
Appropriate referrals should be made where safeguarding concerns or significant mental health concerns are identified.

14. MENTAL CAPACITY ACT (2005)

14.1 The Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

14.2 It covers decisions about day-to-day things or serious life-changing decisions.

14.3 The MCA says to assume a person has capacity to make a decision themselves, unless it is proved otherwise and wherever possible, help people to make their own decisions.

14.4 For more information on the mental capacity act (2005) see https://www.legislation.gov.uk/ukpga/2005/9/contents

This policy has been approved and authorised by:

Signed: Emanuele Bormida **Date:** 03/11/2026

Name: Emanuele Bormida **Role:** Chair, Board of Trustees

Signed:  **Date:** 03/11/2026

Name: Josh Dearden-Howell **Role:** Acting Chief Executive Officer

Policy prepared by: Josh Dearden-Howell
Approved by board on: 03/11/2026
Policy operational from: 03/11/2026
Next review date: 30/11/2027

Appendix 1

Jigsaw4u Safeguarding and Child Protection Code of Conduct

All children and young people must be treated with:

- **equality**
- **dignity**
- **respect**

It is expected that any staff member, group or organisation working with children and young people must carry out the following practices as a matter of high importance, both in centre based & off-site activities.

Organisational Responsibilities:

1. All staff and volunteers are to be given a copy of these guidelines. Staff and volunteers must also follow the Jigsaw4u Recruitment Procedures and agree to have a DBS check carried out and 2 references provided.

2. There should always be at least two adults supervising group activities. At least one must be DBS checked. One worker may be undergoing checks. Where possible the gender of the adults, in a working or supervisory position, should reflect that of the group worked with or interview to be carried out.

3. No person under the age of 16 years of age should be left in charge of any children of any age and furthermore, no child or group of children or young people (under 18) should be left unattended at any time.

4. A register and record of attendance of children or young people attending activities should be kept for each session. Also written consent should be sought for any on or off-site activities.

5. Confidentiality must be respected. Children/young people and parents have the right to expect that staff and volunteers will deal sensitively and sympathetically with their situation. It is important that information is only available to those who 'need to know' it.

6. It is important to keep a check on visitors and guests whether their visit is by invitation or not. This will ensure the welfare of children to be safeguarded at all times.

7. **A First Aid Kit & staff trained in first aid** should be available at all times, with clear information as to how to access it and where to get help in case of emergency. An **Accident Book** should be kept and any accidents should be recorded immediately in the book. Parents/Guardians are to be made aware of any accident verbally at the end of a session and a record kept of this contact. Written permission from the parents/guardians is to be given to administer medication and the name of the medicine and the dosage is to be clearly written in a **Medication Book**. The person administering the medicine is to sign the Medication Book after each time medication is given.

8. All Health & Safety issues should be considered in the room(s) used. This includes all equipment and substances used and a separate risk assessment should be carried out for

all activities and reviewed on a regular basis (see separate Off Site Activities & Risk Assessment Guidelines).

9. Photography & videoing events or activities, can only be carried out with the full consent of parents/guardians. If publishing images on a web site or newsletter, any names must be kept anonymous.

Staff Responsibilities:

10. Staff should promote activities that are fun, enjoyable and educational, ensuring fair play, challenging bullying behaviour or language that is likely to cause distress.

11. Any allegations or disclosure by a child/young person must be treated seriously and dealt with in line with the Jigsaw4u Safeguarding Policy.

12. An adult should escort all children under the age of 8 years to the toilet. The adult is to wait outside the toilet with the outer door held open. Members of staff should as part of their supervision of activity areas, check the toilet areas from time to time.

13. At no time should staff members or volunteers who has not yet been DBS cleared, be left alone with or in charge of any children or young people for any significant period and under **no circumstances drive a child home alone.**

14. Staff and volunteers must not involve themselves in rough physical games or games that might be deemed sexually provocative. They must avoid inappropriate or intrusive touching of any kind, and are to control and discipline without physical punishment.

15. Staff and volunteers must not use any foul or abusive language and avoid making sexually suggestive comments (verbally or written) to a child or young person, even in fun.

16. The child/young person should always be told why his/her behaviour is not acceptable and the reasons for applying a particular sanction. You must ensure that parents are fully informed and support whatever sanction is applied.

17. Parents/Carers should always be immediately informed if staff or volunteers have had to do things of a personal nature for a child such as changing clothing.

18. The leader in charge must be fully aware of fire safety and evacuation procedures in the event of an emergency and practice them at least once every six months (see fire safety procedures in community centre & individual halls).

19. Children with special needs should always be considered when running events and activities, this includes the adapting of equipment and activities appropriate to their individual needs.

20. Under no circumstances should any child or young person with prior arrangements for being collected by a parent/guardian, be left alone (at home or elsewhere) at the end of any session.

21. Staff and volunteers must challenge discriminatory, racist, misogynistic, homophobic, transphobic or otherwise prejudicial language and behaviour.

22. Staff and volunteers should model respectful and inclusive behaviour at all times.

23. Staff and volunteers should remain alert to online harms, AI-generated content, deepfakes and technology-facilitated abuse.

24. Staff and volunteers must maintain professional curiosity and seek advice where safeguarding concerns are unclear or evolving.

Additional Code of Conduct for Off Site Activities:

25. Planning for any off site activities should follow guidelines set out in the Jigsaw4u Off Site & Risk Assessment Policy.

26. Where children/young people are to be taken on excursions, written permission should be obtained from the parents/guardian with parental responsibility. This permission may be obtained for a given time e.g. a term.

27. Parents should always be informed if their children/young people are to be transported in a car or other vehicle. Persons transporting children/young people on this basis need to be aware of insurance & license implications and make sure the correct level of cover is available for the vehicle being used. Drivers should also make sure that seat belts are used at all times.

28. There should always be a copy of all consent forms with information about next of kin of all children/ young people, staff and volunteers left with an identified emergency contact person from the organisation.

29. An information sheet detailing what to do in the event of an emergency should be provided for parents & young people, for any significant off-site activity.

30. When an adult is on the excursion with his/her children and wishes another parent to look after his/her children, written permission must be given to that parent in charge of that child or children.

31. For any overseas trips, Jigsaw4u follow best safeguarding practice by ensuring all participants have appropriate medical insurance, and that the handling of passports, visas and other travel documentation is managed securely and responsibly by designated staff.

Appendix 2

Jigsaw4u Staff or Volunteer Allegation Incident Form

NB The following fields are mandatory. If information is not known please put 'N/K'

Date reported to LADO	
Date allegation known (This refers to the date your organisation became aware of the allegation)	

Name of School/Organisation making this notification		
Name of person completing this notification		
Contact Details	Tel:	Email:

Details of Member of Staff/Volunteer whom the allegation is against					
Full Name				DoB	
Gender	Choose an item.	Ethnicity	Choose an item.	Disability?	Choose an item.
Post Held (Please also provide a brief description of their role)				Employment Status	Choose an item.
Employed by		Commencement date of employment			
Home Address					
Previous concerns (Please provide details if any)					

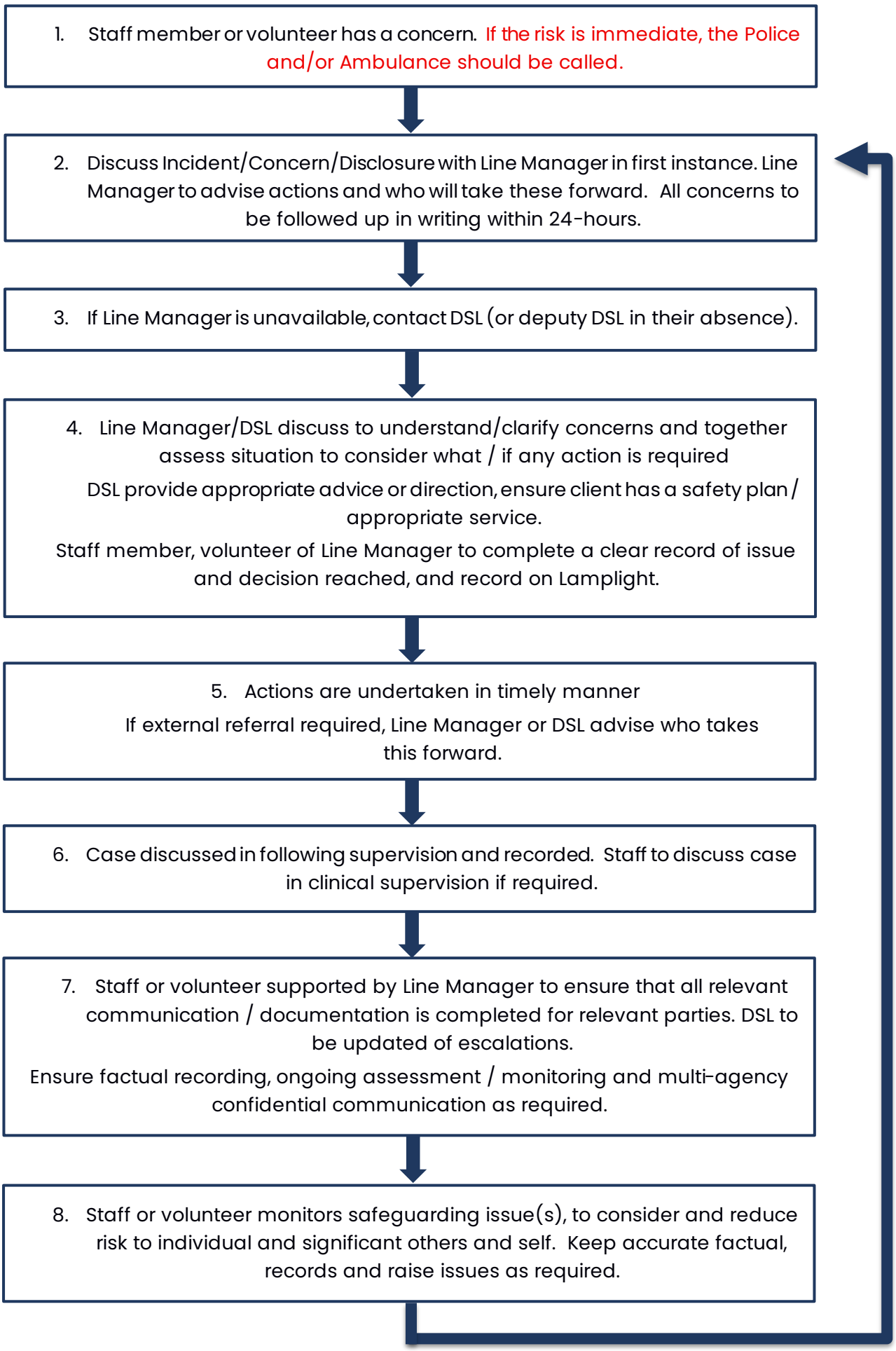
Details of Child(ren) involved					
Full Name				DoB	
Gender	Choose an item.	Ethnicity	Choose an item.	Disability?	Choose an item.
Home Address					
Parent's Name					
CLA? (Child Looked After)	Choose an item.	If Yes, who is the responsible authority?			
If Yes, who is the Social Worker?	Name:				
	Tel:		Email:		

Details of Alleged Incident	
Date and Time of incident	
Place of Incident	
Circumstances of incident – to include the context, evidence of harm etc.	

Names of Potential Witnesses
Any other information

Nature of Allegation			
Category:	Choose an item.	If a restraint was used:	Choose an item.
If physical, are there any observable marks or injuries?			
Was Technology involved?	Choose an item.	If yes what type?:	

Appendix 3 – Jigsaw4u Safeguarding Flow Chart



Appendix 4 - NICE GUIDELINES – WHAT TO DO

'When to Suspect Child Maltreatment', produced by the National Institute for Health and Care Excellence (NICE) in 2017, outlines the following process as good practice where child maltreatment is suspected:

1. **Listen and Observe**

   Identifying or excluding child maltreatment involves piecing together information from many sources so that the whole picture of the child or young person is considered. This information may come from different sources and agencies and includes:

   - Any history that is given
   - Report of maltreatment, or disclosure from a child or young person or third party
   - Child's appearance
   - Child's behaviour or demeanour
   - Symptom
   - Physical sign
   - Result of an investigation
   - Interaction between the parent or carer and child or young person

2. **Seek an Explanation**

   Seek an explanation for any injury or presentation from both the parent or carer and the child or young person in an open and non-judgemental manner.

   Disability - Alerting features of maltreatment in children with disabilities may also be features of the disability, making identification of maltreatment more difficult. Appropriate expertise may need to be sought if there are concerns about a child or young person with a disability.

3. **Record**

   Make a record of what is observed and heard from whom and when and state why this is of concern.

   At this point a decision may be taken to consider, suspect or exclude child maltreatment from the differential diagnosis.

4. **Consider, suspect, or exclude maltreatment**

   <u>Consider</u>

   At any stage during the process of considering maltreatment the level of concern may change and lead to exclude or suspect maltreatment.

   When hearing about or observing an alerting feature:

   - Look for other alerting features of maltreatment in the child or young person's history, presentation, or parent (or carer) interaction with the child or young person now or in the past.
   - Then do one or more of the following:
     - Discuss your concerns with the Local Safeguarding Lead

- Gather collateral information from other agencies and health disciplines, having used professional judgement about whether to explain the need to gather this information for an overall assessment of the child
- Ensure review of the child or young person at a date appropriate to the concern, looking out for repeated presentations of this or any other alerting features

Suspect

If child maltreatment is suspected due to an alerting feature, a referral should be made to Children and Young People's Services, following local Safeguarding Partnership procedures which can be found in appendix 1.

This may trigger a child protection investigation; supportive services may be offered to the family following an assessment or alternative explanations may be identified.

Exclude

Exclude maltreatment when a suitable explanation is found for alerting features. This may be the decision following discussion of the case with the Local Safeguarding Lead and Children's Services and after gathering collateral information as part of considering child maltreatment