

# CLEARSPACE LEARNING LTD

## SAFEGUARDING POLICY

### \*\*Protecting Children and Adults\*\*

<b>**Company Registration**</b>	<b>15950890</b>
<b>**Policy Owner**</b>	Stuart Knox (Director/DSL)
<b>**Version**</b>	2.0 (Streamlined)
<b>**Date**</b>	December 2025
<b>**Review Date**</b>	December 2026
<b>**Approved by**</b>	Stuart Knox, Director

## PURPOSE AND SCOPE

### Why We Have This Policy

Safeguarding is everyone's responsibility. This policy exists to:

- Protect children and adults from harm, abuse, and neglect
- Provide clear procedures for recognizing and responding to concerns
- Ensure legal compliance and best practice
- Create a culture where safeguarding is paramount

### Who This Applies To

- All children and young people (aged 7-18) accessing Clearspace Learning
- Adults at risk who may access our services
- Stuart Knox (Director/Designated Safeguarding Lead)
- All future staff, volunteers, and contractors
- Parents, carers, and partner organizations

## OUR COMMITMENT

### Policy Statement

At Clearspace Learning, safeguarding is our highest priority. We are committed to:

- The child's welfare is always paramount in every decision
- Creating safe spaces where children and adults feel valued, respected, and protected
- Early intervention - addressing concerns promptly prevents escalation
- Working in partnership with families, schools, and safeguarding agencies
- Trauma-informed practice - understanding that behavior is communication
- Professional curiosity - remaining alert, questioning, and vigilant
- Zero tolerance of abuse in any form

### Our Beliefs and Core Principles

#### We believe that:

- All children and adults have the right to be safe and protected
- Neurodivergent children may face additional vulnerabilities
- Relationships built on trust enable safeguarding
- Prevention is better than reaction
- Everyone who works with vulnerable people has a safeguarding duty
- It could happen here - we maintain an attitude of vigilance

#### Our approach reflects:

- - 20+ years of trauma-informed practice
- - Relationship-based education
- - Understanding neurodivergent needs and vulnerabilities
- - Mobile, flexible provision requiring enhanced vigilance
- - Commitment to continuous learning and improvement

## LEGAL FRAMEWORK

This policy is based on:

**Key Legislation:**

- - Children Act 1989 and 2004
- - Care Act 2014 (adults)
- - Keeping Children Safe in Education (KCSIE) 2024
- - Working Together to Safeguard Children 2023
- - Counter-Terrorism and Security Act 2015 (Prevent)
- - Sexual Offences Act 2003
- - Mental Capacity Act 2005
- - Data Protection Act 2018 and UK GDPR

Full legislative framework: See Appendix G - Legal Framework()

## DESIGNATED SAFEGUARDING LEAD (DSL)

### Current DSL

**Stuart Knox**

Role: Director/Designated Safeguarding Lead

Contact: 07765 610348 | [info@clearspacelearning.com](mailto:info@clearspacelearning.com)

**Training:**

- - DSL Level 3: Completed 18 December 2025
- - Refresher due: December 2027
- - Prevent awareness training
- - 20+ years safeguarding experience

**Emergency Contact (if Stuart unavailable):**

Andrea Soole: 07941 717419 (facilitates contact with authorities)

### DSL Responsibilities

The DSL is the lead person responsible for:

- - Being the first point of contact for safeguarding concerns
- - Coordinating safeguarding responses
- - Making referrals to MASH (Multi-Agency Safeguarding Hub)
- - Working with external agencies (police, social care, schools)
- - Maintaining confidential safeguarding records
- - Ensuring this policy is implemented and reviewed
- - Providing safeguarding guidance to staff

## RECOGNIZING ABUSE AND HARM

### The Four Main Types of Abuse

**1. \*\*Physical Abuse\*\***

Hitting, shaking, burning, poisoning, drowning, suffocating, or causing physical harm.

**2. \*\*Emotional Abuse\*\***

Persistent emotional maltreatment causing severe adverse effects on emotional development.

### 3. \*\*Sexual Abuse\*\*

Forcing or enticing a child/adult to take part in sexual activities (contact or non-contact).

### 4. \*\*Neglect\*\*

Persistent failure to meet basic physical and/or psychological needs.

Detailed indicators: See Appendix C - Types of Abuse & Indicators()

## Specific Safeguarding Concerns

We are alert to:

- - Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)
- - County Lines drug trafficking
- - Online abuse and grooming
- - Radicalisation and extremism (Prevent duty)
- - Child-on-child abuse (including sexual violence and harassment)
- - Domestic abuse
- - Mental health concerns
- - Self-harm and suicide risk
- - Female Genital Mutilation (FGM)
- - Forced marriage and honour-based abuse
- - Children Missing Education (CME)

SEND Vulnerabilities: Neurodivergent children may face additional risks due to communication difficulties, social naivety, or dependence on adults.

Full guidance: See Appendix D - Specific Safeguarding Issues()

## WHAT TO DO IF YOU HAVE A CONCERN

### Core Principles

- - Act immediately - never delay
- - It is not your role to investigate - report and let professionals investigate
- - Anyone can make a referral directly to children's social care or adult social care
- - Record everything - factual, dated, signed
- - Maintain confidentiality - share only on need-to-know basis

### Responding to Concerns - Quick Reference

Use these flowcharts:

- - [Appendix A - Safeguarding Children Flowchart](#)
- - [Appendix B - Safeguarding Adults Flowchart](#)

### If a Child/Adult Discloses Abuse

**DO:**

- - Listen carefully and take seriously
- - Stay calm and reassuring
- - Reassure them they did the right thing
- - Explain you must share to keep them safe
- - Record using their exact words
- - Report to DSL immediately

**DON'T:**

- - Promise confidentiality ("I'll keep it secret")
- - Ask leading questions
- - Investigate yourself
- - Discuss with anyone except DSL
- - Show shock or disbelief

## Recording

Use: Appendix E - Safeguarding Concern Recording Form()

All records must be:

- - Factual (what you saw/heard, not interpretation)
- - Accurate (specific details - dates, times, locations)
- - Timely (as soon as possible, ideally immediately)
- - Signed and dated

## MAKING REFERRALS

### When to Refer

The DSL will refer to MASH when there is reasonable cause to suspect a child/adult is suffering, or is likely to suffer, significant harm.

### How We Refer

#### For Children:

- - Contact: MASH (Multi-Agency Safeguarding Hub)
- - Emergency: 999 (if immediate danger)
- - Follow up in writing within 24 hours

#### For Adults at Risk:

- - Contact: Adult Social Care Safeguarding Team
- - Emergency: 999 (if immediate danger)

Contact Directory: See Appendix G - Contact Directory - All 5 Counties()

## Working with Families

We work in partnership with parents/carers and will discuss concerns with them unless:

- - This would place the child/adult at increased risk
- - It would impede a criminal investigation
- - Sexual abuse is suspected
- - The DSL advises otherwise

## SAFER RECRUITMENT

### Pre-Employment Checks

All staff/volunteers undergo:

- - Enhanced DBS check with Barred List
- - DBS Update Service registration
- - Identity verification
- - Qualification verification (QTS where applicable)
- - Professional references (minimum 2)
- - Prohibition from teaching check (teachers)
- - Section 128 check (directors)
- - Professional indemnity insurance
- - First Aid certification
- - Self-declaration of any convictions/cautions

#### Stuart Knox (Current):

- - Enhanced DBS: (renewed every 3 years)
- - DBS Update Service:
- - QTS: 9807598
- - Prohibition Check:
- - Section 128 Check:
- - DSL Level 3: Completed 18 December 2025

## Induction

All new staff receive safeguarding induction including this policy, KCSIE Part 1, and procedures training.

## WORKING SAFELY

### Professional Boundaries

All staff must:

- - Maintain appropriate professional relationships with children/adults
- - Never develop personal or sexual relationships with service users
- - Not use personal social media to contact children/young people
- - Use business contact only: 07765 610348 / info@clearspacelearning.com
- - Follow Staff Code of Conduct

### Working Alone Protocols

Given our mobile, 1:1 provision, we have specific safety protocols:

- - Emergency contact (Andrea Soole) informed of schedule
- - Check-in/check-out system for each session
- - Risk assessment for each location
- - Parents present during home sessions where possible
- - Clear exit strategies planned

Full protocols: See Appendix F - Working Alone Protocols()

### Physical Contact

Physical contact is minimized. Acceptable only when:

- - Necessary for first aid or safety
- - Comforting distressed child (brief, appropriate)
- - Preventing immediate danger
- - Assisting with disability/mobility needs

Never acceptable:

- - Any contact of sexual nature
- - Rough play or horseplay
- - Prolonged or unnecessary contact

### Photography and Video

- - Written parental consent required before any photos/videos
- - Used only for agreed purposes (recording learning, assessment)
- - Stored securely (encrypted devices, password-protected)
- - NOT shared on social media without separate explicit consent
- - Deleted when no longer needed

## ALLEGATIONS AGAINST STAFF

### If an Allegation is Made

If anyone alleges that a staff member has:

- - Harmed a child/adult or put them at risk
- - Committed a criminal offense
- - Behaved inappropriately
- - Is unsuitable to work with vulnerable people

**Immediate action:**

- - Contact LADO (Local Authority Designated Officer) same day
- - Do NOT inform the staff member until LADO advises

- Do NOT investigate internally until LADO advises

## Allegations Against Stuart Knox (Proprietor/DSL)

If allegation is against Stuart Knox:

- Do NOT report to Stuart Knox
- Contact LADO directly (see Appendix G for contacts)
- Or contact: NSPCC Whistleblowing Helpline 0800 028 0285
- Or contact: Commissioning school's DSL

**LADO will manage external, independent investigation.**

## SAFEGUARDING ADULTS

### Adults at Risk

An adult at risk is someone aged 18+ who:

- Has needs for care and support (whether or not receiving)
- Is experiencing, or at risk of, abuse or neglect
- Is unable to protect themselves due to their needs

### Types of Abuse (Adults)

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological/emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organizational abuse
- Neglect and acts of omission
- Self-neglect

### Responding to Adult Safeguarding Concerns

Use: Appendix B - Safeguarding Adults Flowchart()

#### Key principles:

- Consent - involve the adult in decisions (if has capacity)
- Mental Capacity - assume capacity unless evidence otherwise
- Making Safeguarding Personal - person-centered approach
- Prevention - better to prevent than react
- Protection - support and represent those in greatest need
- Partnership - work with other agencies

If adult lacks capacity: Act in their best interests using Mental Capacity Act 2005 principles.

## INFORMATION SHARING AND CONFIDENTIALITY

### Seven Golden Rules

1. **\*\*Data protection is not a barrier\*\* to sharing information for safeguarding**
2. **\*\*Be open and honest\*\* about why sharing (unless unsafe)**
3. **\*\*Seek consent\*\* where appropriate**
4. **\*\*Consider safety and wellbeing\*\* - may need to share without consent**
5. **\*\*Share necessary, proportionate, relevant, adequate, accurate, timely information\*\***
6. **\*\*Keep a record\*\* of information sharing decisions**
7. **\*\*Seek advice\*\* if in doubt**

## When to Share Without Consent

Information can and should be shared without consent when:

- - Child/adult is at risk of significant harm
- - Required by law or court order
- - In the public interest
- - Necessary to protect others

## TRAINING AND SUPERVISION

### All Staff Training

- - Safeguarding induction (this policy + KCSIE Part 1)
- - Annual safeguarding refresher
- - Ongoing updates on emerging concerns
- - Case studies and learning from reviews

### DSL Training

- - DSL Level 3 training (every 2 years)
- - Regular updates from Local Safeguarding Partnerships
- - Multi-agency training and meetings
- - Prevent awareness training

## MONITORING, REVIEW, AND LEARNING

### Policy Review

This policy is reviewed:

- - Annually (minimum)
- - After serious incidents
- - Following legislative changes
- - Based on learning from reviews

### Learning from Experience

We learn from:

- - Safeguarding incidents and outcomes
- - Serious Case Reviews and safeguarding reports
- - Feedback from children, families, and partners
- - Multi-agency learning events
- - National guidance and research

**Lessons learned are incorporated into policy updates and practice improvements.**

## COMPLAINTS AND WHISTLEBLOWING

### Raising Concerns

If you have concerns about safeguarding at Clearspace Learning:

#### Internal:

- - Stuart Knox (DSL): 07765 610348 / [info@clearspacelearning.com](mailto:info@clearspacelearning.com)
- - See our Complaints Policy

#### External:

- - NSPCC Whistleblowing Helpline: 0800 028 0285
- - LADO (see Appendix G for contacts)
- - Ofsted: 0300 123 4666
- - Police: 101 (or 999 emergency)

Whistleblowers are protected from detriment. No one will be penalized for raising genuine concerns.

## KEY CONTACTS - QUICK REFERENCE

### Clearspace Learning

DSL: Stuart Knox - 07765 610348 / [info@clearspacelearning.com](mailto:info@clearspacelearning.com)  
Emergency Contact: Andrea Soole - 07941 717419

### National Helplines

NSPCC: 0808 800 5000  
Childline: 0800 1111  
NSPCC Whistleblowing: 0800 028 0285  
Police Emergency: 999  
Police Non-Emergency: 101

### Local Authorities

**Full contact directory (MASH, LADO, Adult Social Care) for all 5 counties:**  
See Appendix G - Contact Directory()

## RELATED POLICIES

This policy should be read alongside:

- Staff Code of Conduct
- SEND Policy (neurodivergent vulnerabilities)
- Online Safety Policy
- Behaviour Management Policy
- Health & Safety Policy
- Data Protection Policy
- Complaints Policy

## APPENDICES (Hyperlinked)

### [\[Appendix A: Safeguarding Children Flowchart\]\(#\)](#)

Clear visual procedure for responding to concerns about children

### [\[Appendix B: Safeguarding Adults Flowchart\]\(#\)](#)

Clear visual procedure for responding to concerns about adults at risk

### [\[Appendix C: Types of Abuse and Indicators\]\(#\)](#)

Detailed signs and symptoms for physical, emotional, sexual abuse, and neglect

### [\[Appendix D: Specific Safeguarding Issues\]\(#\)](#)

CSE, CCE, County Lines, online abuse, radicalisation, FGM, forced marriage, etc.

### [\[Appendix E: Safeguarding Concern Recording Form\]\(#\)](#)

Template for recording concerns accurately

### [\[Appendix F: Working Alone Protocols\]\(#\)](#)

Safety procedures for mobile, 1:1 provision

### [\[Appendix G: Contact Directory - All 5 Counties\]\(#\)](#)

MASH, LADO, Adult Social Care contacts for Oxfordshire, Warwickshire, Northamptonshire, Gloucestershire, Buckinghamshire

### [\[Appendix H: Legal Framework\]\(#\)](#)

Full list of legislation and statutory guidance

## POLICY APPROVAL

This Safeguarding Policy has been approved by:

**Stuart Knox**

Director and Designated Safeguarding Lead

Clearspace Learning Ltd

Date: December 2025

DSL Level 3 Training: Completed 18 December 2025

Next Review: December 2026

Company Registration: 15950890

Registered Office: 40 The Bourne, Hook Norton, Oxfordshire OX15 5PB

Contact: [info@clearspacelearning.com](mailto:info@clearspacelearning.com) | 07765 610348

Website: [www.clearspacelearning.com](http://www.clearspacelearning.com)

**"Safeguarding is everyone's responsibility."**

## APPENDIX A

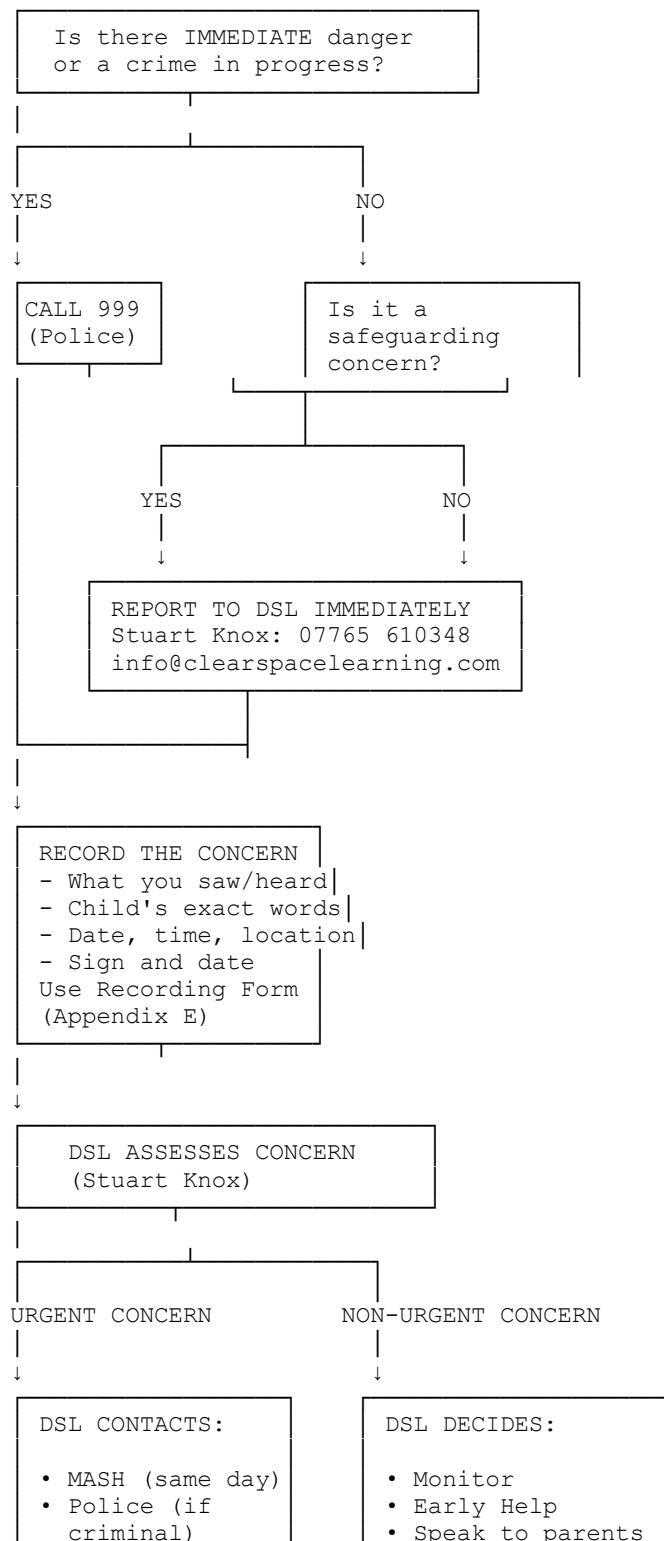
### SAFEGUARDING CHILDREN FLOWCHART

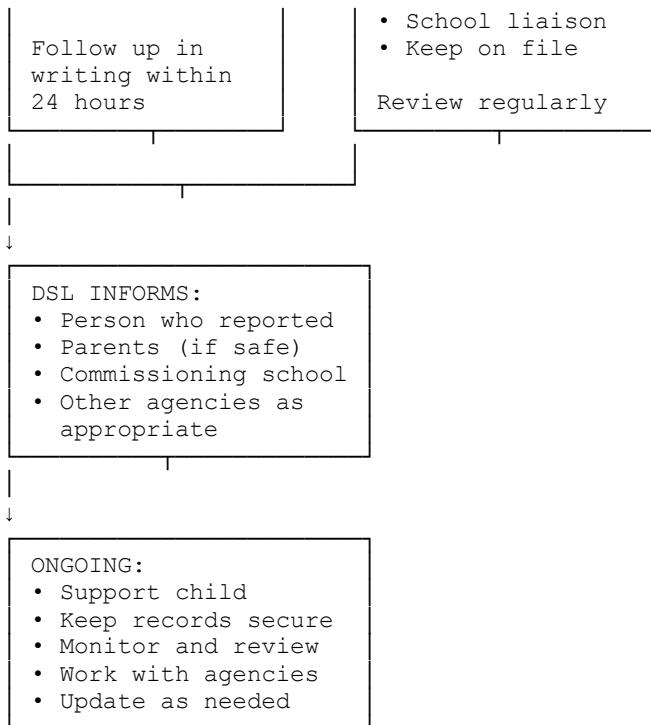
#### \*\*What to Do If You Have a Concern About a Child\*\*

##### Clearspace Learning Ltd - Safeguarding Policy

START: YOU HAVE A CONCERN ABOUT A CHILD

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## KEY DECISION POINTS

### Is there IMMEDIATE danger?

YES if:

- Child is at immediate risk of harm right now
- Crime is in progress (assault, sexual abuse, etc.)
- Child has been seriously injured
- Child is missing and at risk

ACTION: Call 999 immediately, then report to DSL

### Is it a safeguarding concern?

YES if you are concerned that a child:

- Is being abused (physical, emotional, sexual, neglect)
- Is at risk of abuse
- Is being exploited (CSE, CCE, County Lines)
- Is being radicalised
- Is experiencing domestic abuse
- Has disclosed abuse
- Shows signs/indicators of harm
- Is at risk of FGM, forced marriage, honour-based abuse
- Is missing from education
- Has concerning changes in behavior or wellbeing

If UNSURE - still report to DSL. It's better to be safe.

### Urgent vs. Non-Urgent

URGENT (MASH referral same day):

- Reasonable cause to suspect child is suffering or likely to suffer significant harm
- Disclosure of abuse
- Clear indicators of abuse
- Child at immediate or serious risk

- - Statutory assessment needed

#### **NON-URGENT (Monitor/Early Help):**

- - Low-level concerns
- - Family needs support but child not at immediate risk
- - Early signs that could escalate
- - General wellbeing concerns

DSL decides - when in doubt, refer to MASH.

## **REMEMBER**

### **DO:**

- Act immediately - never delay
- Report to DSL (Stuart Knox: 07765 610348)
- Record factually using Appendix E
- Maintain confidentiality
- Listen if child discloses
- Reassure child they did right thing

### **DON'T:**

- Investigate yourself
- Promise confidentiality
- Ask leading questions
- Discuss with anyone except DSL
- Delay reporting
- Confront alleged abuser

## **CONTACTS**

### **Clearspace Learning DSL:**

Stuart Knox: 07765 610348 / [info@clearspacelearning.com](mailto:info@clearspacelearning.com)

### **If Stuart unavailable:**

Emergency Contact: Andrea Soole 07941 717419  
Or contact MASH directly (numbers in Appendix G)

### **Emergency:**

Police: 999  
NSPCC: 0808 800 5000

### **MASH (by county):**

See Appendix G - Contact Directory for all 5 counties

#### **Anyone can make a referral directly to MASH if:**

- - You cannot contact the DSL
- - You believe DSL has not acted appropriately
- - The situation is urgent and DSL is unavailable

**Do not let process barriers prevent you from protecting a child.**

## APPENDIX B

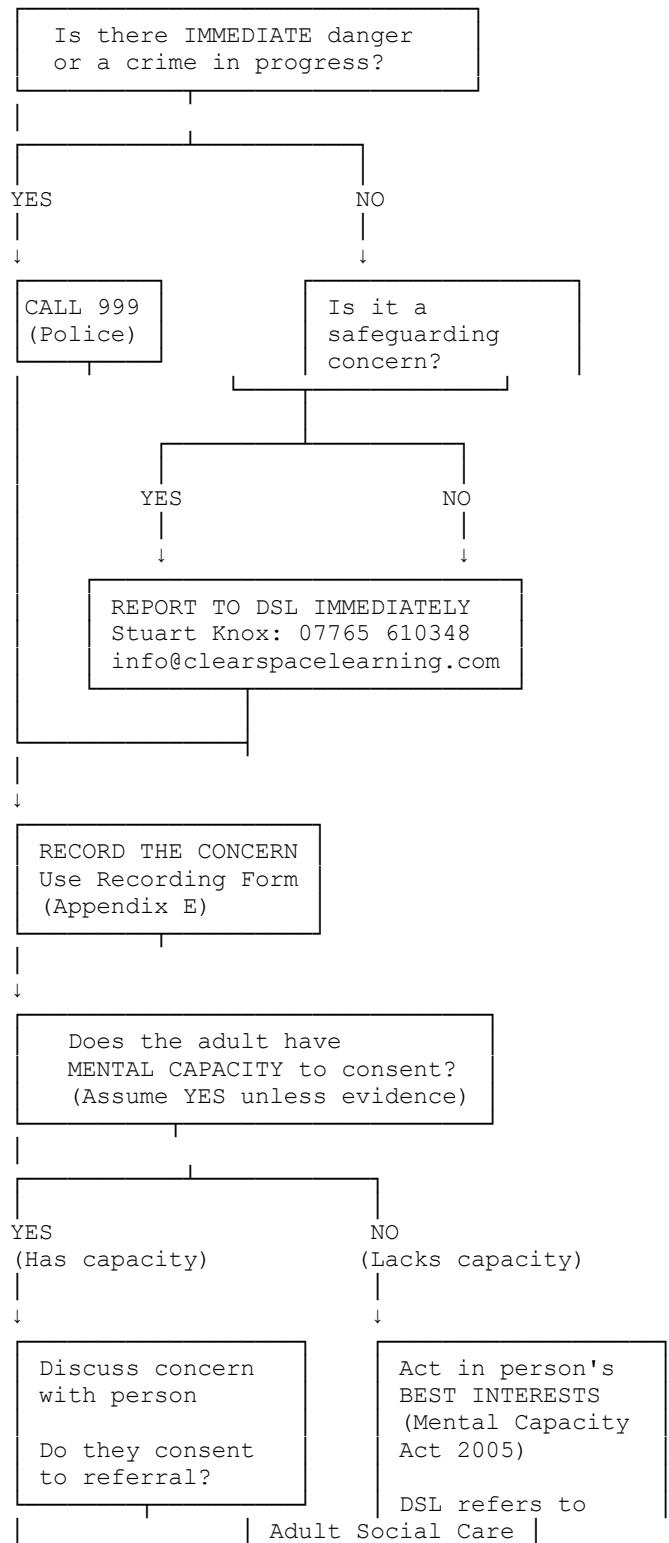
### SAFEGUARDING ADULTS FLOWCHART

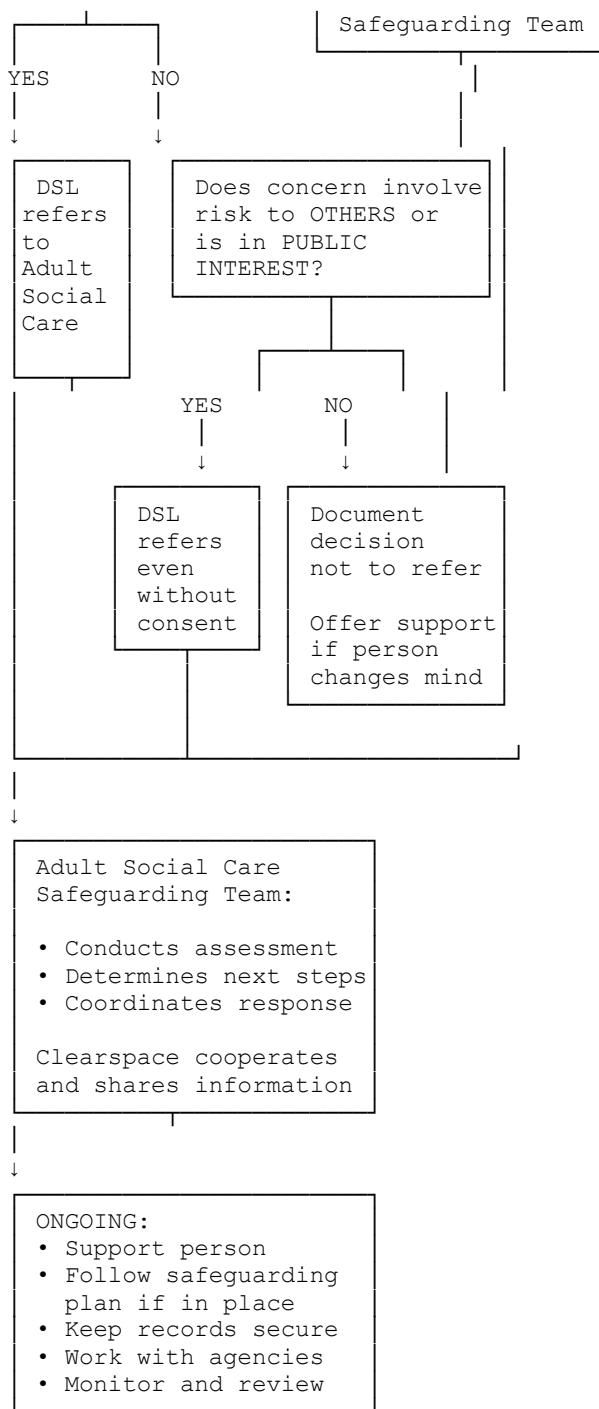
#### \*\*What to Do If You Have a Concern About an Adult at Risk\*\*

##### Clearspace Learning Ltd - Safeguarding Policy

START: YOU HAVE A CONCERN ABOUT AN ADULT AT RISK

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## KEY DECISION POINTS

**Is there IMMEDIATE danger?**

**YES if:**

- - Adult at immediate risk of harm right now
- - Crime in progress (assault, financial abuse, etc.)
- - Adult has been seriously injured
- - Life-threatening situation

**ACTION:** Call 999 immediately, then report to DSL

## Is it a safeguarding concern?

### YES if the adult:

- Has needs for care and support (whether receiving or not)
- Is experiencing or at risk of abuse or neglect
- Is unable to protect themselves because of their needs

### Types of abuse (adults):

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological/emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organizational abuse
- Neglect and acts of omission
- Self-neglect

## Does the adult have MENTAL CAPACITY?

Assume YES unless evidence suggests otherwise

### Ask:

- Can they understand the information?
- Can they retain the information?
- Can they use/weigh the information to make a decision?
- Can they communicate their decision?

If NO to any = may lack capacity for this specific decision

### Mental Capacity Act 2005 Principles:

1. Assume capacity unless proven otherwise
2. Support person to make own decisions
3. Unwise decisions don't mean lack of capacity
4. Best interests decisions if lacks capacity
5. Least restrictive option

## Consent and Public Interest

### Person HAS capacity and CONSENTS:

- Make referral to Adult Social Care with consent

### Person HAS capacity but DOES NOT consent:

- Generally respect their decision
- BUT refer WITHOUT consent if:
  - Other people (children, vulnerable adults) are at risk
  - Serious crime has been committed
  - Public interest outweighs individual's right to confidentiality
  - Required by law

### Person LACKS capacity:

- Act in their best interests
- Refer to Adult Social Care (required under Care Act 2014)
- Involve family/advocates where appropriate

## MAKING SAFEGUARDING PERSONAL

### Key principles when working with adults at risk:

Person-centered - involve them in decisions about their safety

Empowerment - support them to make choices

Prevention - take action before harm occurs

Proportionality - least intrusive response appropriate to risk

Protection - support those in greatest need  
Partnership - work with agencies and family  
Accountability - accountability in safeguarding delivery

## **REMEMBER**

### **DO:**

Act immediately - never delay  
Report to DSL (Stuart Knox: 07765 610348)  
Record factually using Appendix E  
Discuss with person if has capacity  
Respect person's wishes where safe  
Consider mental capacity  
Act in best interests if lacks capacity

### **DON'T:**

Assume person can protect themselves  
Investigate yourself  
Promise confidentiality  
Make decisions for someone with capacity  
Delay reporting  
Confront alleged abuser

## **CONTACTS**

### **Clearspace Learning DSL:**

Stuart Knox: 07765 610348 / [info@clearspacelearning.com](mailto:info@clearspacelearning.com)

### **If Stuart unavailable:**

Emergency Contact: Andrea Soole 07941 717419  
Or contact Adult Social Care directly (numbers in Appendix G)

### **Emergency:**

Police: 999  
Adult helplines: See Appendix G

### **Adult Social Care Safeguarding (by county):**

See Appendix G - Contact Directory for all 5 counties

## **ADDITIONAL CONSIDERATIONS**

### **Domestic Abuse**

If adult is experiencing domestic abuse:

- - Never confront perpetrator
- - Respect person's decision-making (if has capacity)
- - Offer information about specialist services
- - Safety planning
- - Refer to MARAC (Multi-Agency Risk Assessment Conference) if high risk

### **Financial Abuse**

If concerned about financial abuse:

- - Do not alert suspected abuser
- - Gather factual information
- - Consider involving Trading Standards, police, banks
- - Refer to Adult Social Care

## **Self-Neglect**

If adult is self-neglecting:

- - Assess capacity
- - Offer support and services
- - Can only intervene without consent if lacks capacity or public interest
- - Work with housing, health, social care

**Anyone can make a referral directly to Adult Social Care if:**

- - You cannot contact the DSL
- - You believe DSL has not acted appropriately
- - The situation is urgent and DSL is unavailable

**Do not let process barriers prevent you from protecting an adult at risk.**

# APPENDIX C

## TYPES OF ABUSE AND INDICATORS

Clearspace Learning Ltd - Safeguarding Policy

### FOUR MAIN TYPES OF ABUSE

#### 1. PHYSICAL ABUSE

**Definition:**

Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm. May also include fabricated or induced illness.

**Physical Indicators:**

- Unexplained or frequent injuries (bruises, cuts, burns, fractures)
- Injuries in unusual locations (inner arms, thighs, back, buttocks, ears)
- Injuries with explanations that don't match (or change)
- Pattern injuries (handprints, belt marks, bite marks, cigarette burns)
- Injuries at different stages of healing
- Reluctance to remove clothing or participate in physical activities
- Wearing long sleeves in warm weather
- Flinching when approached or touched
- Untreated injuries or medical needs

**Behavioral Indicators:**

- Fear of going home or seeing parents/carers
- Fear of physical contact
- Aggression or withdrawal
- Running away or going missing
- Self-harm
- Explaining injuries as "accidents" frequently

#### 2. EMOTIONAL ABUSE

**Definition:**

Persistent emotional maltreatment causing severe and persistent adverse effects on emotional development. May involve conveying to child they are worthless, unloved, inadequate, or valued only for meeting another's needs.

**Includes:**

- Age or developmentally inappropriate expectations
- Preventing normal social interaction
- Seeing/hearing ill-treatment of another (e.g., domestic abuse)
- Serious bullying (including cyberbullying)
- Making child feel worthless or unloved
- Not giving child opportunities to express their views
- Silencing or "making fun" of what they say

**Behavioral Indicators:**

- Withdrawn, fearful, or anxious
- Unusually emotional or lacking emotion
- Aggressive or disruptive behavior
- Self-harm or destructive behaviors
- Delayed development (emotional, social, cognitive)
- Low self-esteem or lack of confidence
- Inability to play or smile
- Excessively clingy or attention-seeking
- Overly compliant or "too perfect"
- Difficulty with relationships

- Difficulties regulating emotions

Note: Emotional abuse is present in ALL types of abuse.

### 3. SEXUAL ABUSE

#### **Definition:**

Forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. May involve:

- Physical contact: rape, touching, kissing
- Non-contact: looking at/production of sexual images, watching sexual activities, grooming in preparation for abuse

#### **Physical Indicators:**

- Sexually transmitted infections (STIs)
- Pregnancy (especially under 13)
- Unexplained genital or anal injuries, bleeding, or discharge
- Urinary tract infections (recurring)
- Pain or itching in genital area
- Difficulty walking or sitting

#### **Behavioral Indicators:**

- Sexualized behavior or language inappropriate for age
- Sexual knowledge inappropriate for developmental stage
- Engaging in sexually inappropriate behavior with other children
- Drawings/play with sexual content
- Regression (thumb-sucking, bed-wetting in older children)
- Anxiety, depression, or PTSD symptoms
- Self-harm or suicidal thoughts
- Running away or going missing
- Avoiding specific people or places
- Secretiveness, especially around online activity
- Unexplained gifts or money

Remember: Both women and children can perpetrate sexual abuse.

### 4. NEGLECT

#### **Definition:**

Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of health or development.

#### **May include:**

- Failure to provide adequate food, clothing, shelter
- Failure to protect from danger or harm
- Failure to ensure access to medical care or treatment
- Inadequate supervision
- Failure to respond to emotional needs

#### **Physical Indicators:**

- Constant hunger or stealing food
- Poor hygiene (dirty, smelly, unbathed)
- Inadequate or inappropriate clothing for weather
- Untreated medical or dental issues
- Frequent illnesses or infections
- Poor growth or weight loss
- Developmental delays
- Tiredness or lethargy

#### **Behavioral Indicators:**

- Frequent lateness or non-attendance
- Poor concentration
- Low self-esteem

- - Stealing or scavenging for food
- - No close relationships with adults
- - Left unsupervised or with inappropriate carers
- - Taking on adult responsibilities inappropriately
- - Poor peer relationships

#### **Context Matters:**

Consider parental capacity, family circumstances, and whether parent is accessing support.

## **NEURODIVERGENT CHILDREN - ADDITIONAL CONSIDERATIONS**

#### **Why Neurodivergent Children May Be More Vulnerable:**

- - Communication difficulties - may struggle to report abuse or understand what's happening
- - Social naivety - may not recognize grooming or manipulation
- - Behavior as communication - concerning behavior may be attributed to disability rather than abuse
- - Dependence - may depend on caregivers for more aspects of daily life
- - Isolation - may have fewer social connections to disclose to
- - Multiple carers - more adults involved in care increases risk
- - Assumptions - people may assume challenging behavior is "just their disability"

#### **Our Approach:**

Never dismiss concerning behavior as "just their autism/ADHD/etc."

Professional curiosity - always ask "why now?" if behavior changes

Communication barriers - use alternative methods to check wellbeing

Body mapping - more frequent if physical contact needed for care

Heightened vigilance - aware of additional vulnerabilities

## **GENERAL INDICATORS TO WATCH FOR**

#### **Changes in Behavior:**

- - Sudden changes in mood or behavior
- - Becoming withdrawn, anxious, or clingy
- - Regression in behavior or development
- - Changes in eating or sleeping patterns
- - School refusal or fear of going home
- - Loss of previously acquired skills

#### **Relationship with Parents/Carers:**

- - Fear of specific adult(s)
- - Overly anxious to please
- - No close attachment
- - Describes punishment that seems excessive
- - Inappropriate parent/child role reversal

#### **Peer Relationships:**

- - Difficulty making or maintaining friendships
- - Bullying others or being bullied
- - Inappropriate sexual behavior with other children
- - Overly sexualized play or language

## **WHAT TO DO IF YOU NOTICE INDICATORS**

## DO:

Record factually what you observe  
Report to DSL immediately  
Continue to monitor  
Maintain professional curiosity  
Consider context and patterns

## DON'T:

Investigate yourself  
Jump to conclusions  
Dismiss concerns  
Wait for "proof"  
Think "it's probably nothing"

Remember: You are NOT responsible for determining if abuse has occurred. Report concerns to DSL who will assess and refer as appropriate.

**One indicator alone rarely confirms abuse, but multiple indicators or a pattern increases concern.**

**When in doubt, report. It's better to be safe.**

## ADDITIONAL RESOURCES

For more detailed guidance, see:

- - NSPCC Signs of Abuse: [www.nspcc.org.uk/keeping-children-safe/reporting-abuse/](http://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/)
- - Keeping Children Safe in Education 2024 - Part 1, Section on Signs of Abuse

## APPENDIX E

### SAFEGUARDING CONCERN RECORDING FORM

Clearspace Learning Ltd - Safeguarding Policy

### INSTRUCTIONS FOR COMPLETING THIS FORM

**This form must be completed for ALL safeguarding concerns.**

**Remember:**

- - Record FACTS not opinions
- - Use the person's EXACT WORDS (in quotation marks)
- - Be SPECIFIC (dates, times, locations, who was present)
- - NEVER investigate - just record what you observed/heard
- - Complete as soon as possible (ideally immediately)
- - SIGN and DATE the form
- - Give to DSL (Stuart Knox) immediately

### YOUR DETAILS

Your Name: \_\_\_\_\_

Your Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of this report: \_\_\_\_\_

Time of this report: \_\_\_\_\_

### PERSON OF CONCERN

Name: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Contact: \_\_\_\_\_

### THE CONCERN

Date of incident/concern: \_\_\_\_\_

Time of incident/concern: \_\_\_\_\_

Location: \_\_\_\_\_

Who else was present? \_\_\_\_\_

### WHAT HAPPENED?

**Describe exactly what you saw, heard, or were told:**

*\*(Use factual, descriptive language. Avoid interpretation or opinion. Use child's/adult's exact words in quotation marks.)\**

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---

## IF PERSON DISCLOSED TO YOU

**Record exactly what the person said using their own words:**

\*(Use quotation marks for direct quotes)\*

---

---

---

How did they seem? \*(emotional state, body language)\*

---

---

---

## OBSERVATIONS

**Any visible marks, injuries, or physical indicators?**

\*(Describe location, size, color, shape - DO NOT PHOTOGRAPH)\*

---

---

---

Any changes in behavior or demeanor?

---

---

---

## CONTEXT

**Is there any other relevant information or background?**

\*(Previous concerns, family circumstances, recent changes)\*

---

---

---

---

## YOUR ASSESSMENT

**Why are you concerned?**

\*(What makes you think this is a safeguarding issue?)\*

---

---

---

Is this urgent?  Yes  No

If YES, why? \_\_\_\_\_

---

## ACTIONS TAKEN

Have you reported this to the DSL?  Yes  No

DSL Name: Stuart Knox

Date/Time reported to DSL: \_\_\_\_\_

Have you spoken to the person's parent/carer?  Yes  No

If YES, what did they say?

---

If NO, why not? \*(e.g., DSL advised not to, would increase risk)\*

---

**Any other actions taken?**

---

---

## YOUR SIGNATURE

I confirm that the information recorded above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## FOR DSL USE ONLY

Date received: \_\_\_\_\_

Received by: Stuart Knox (DSL)

**Initial assessment:**

- No further action
- Monitor and review
- Early Help referral
- MASH referral
- Adult Social Care referral
- Police referral
- Other: \_\_\_\_\_

**Actions taken:**

---

---

**Outcome:**

---

---

**Agencies involved:**

---

Parents informed?  Yes  No

If NO, reason: \_\_\_\_\_

DSL Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## GUIDANCE NOTES

### What to Record:

Facts: What you actually saw or heard

Exact words: Person's own words in quotes

Specifics: Dates, times, locations, who was present

Context: Relevant background information

Physical indicators: Describe injuries (don't photograph)  
Behavior changes: Observable differences

### **What NOT to Record:**

Opinions: "I think they are lying"  
Assumptions: "The parent must have done this"  
Leading information: Based on questions you asked  
Judgments: "Bad parenting"  
Hearsay: "Someone told me that..."

### **Examples:**

#### **GOOD:**

> "Child said, 'My dad hit me on my arm yesterday.' I observed a bruise on child's upper right arm, approximately 5cm x 3cm, purple/yellow in color."

#### **BAD:**

> "Child's father is violent. Child had been beaten and was very upset. The bruise looked recent."

## **STORAGE**

Once completed, this form must be:

- - Given to DSL immediately
- - Stored in secure, locked filing cabinet
- - Kept separate from educational records
- - Retained until person reaches age 25
- - Treated as confidential

## APPENDIX F

### WORKING ALONE PROTOCOLS

#### \*\*Safety Procedures for Mobile, 1:1 Provision\*\*

##### Clearspace Learning Ltd - Safeguarding Policy

### WHY WE NEED WORKING ALONE PROTOCOLS

Clearspace Learning operates as mobile, 1:1 provision, which means:

- - Sessions in students' homes, community venues, or mobile learning hub
- - One adult (Stuart Knox) working alone with one child/young person
- - No other staff present to witness interactions
- - Potential isolation in various locations

#### This creates specific risks:

- - Allegations against staff (no witnesses to refute)
- - Staff vulnerability (if child becomes aggressive or unsafe situation develops)
- - Child vulnerability (one-to-one situations can be exploited by predatory adults)
- - Emergency situations (medical, behavioral, safeguarding)

#### Our working alone protocols protect:

- - Children from potential abuse or inappropriate conduct
- - Staff from false allegations
- - Everyone's safety in emergencies

### CORE PRINCIPLE

**"No adult should regularly work alone and out of sight with children and young people without some form of checking or monitoring arrangement."**

While we cannot always have two adults present (our model is 1:1), we CAN implement robust checking systems.

### BEFORE EACH SESSION

#### 1. Share Schedule with Emergency Contact

**Every working day, Stuart Knox shares schedule with Andrea Soole:**

##### Information shared:

- - Child's first name (not full name/surname for data protection)
- - Location (address or venue)
- - Scheduled start time
- - Scheduled end time
- - Any specific concerns or considerations

Method: Text message or WhatsApp

##### Example:

\*\*Session with Alex at 12 Oak Street, Banbury. 10am-11:30am. No concerns.\*\*

#### 2. Risk Assessment

**Before each session, assess:**

##### Environmental risks:

- - Is the location safe and appropriate?
- - Are there clear exit routes?
- - Is the environment well-maintained?
- - Any hazards (aggressive dogs, unsafe conditions)?

##### Child-specific risks:

- - Any known behavioral concerns?
- - Previous incidents of aggression or violence?
- - Current emotional state (if known)
- - Any specific triggers or risks today?

Action: If high risk identified, consider:

- - Parent remaining present
- - Changing location to public venue
- - Postponing session if unsafe

## DURING EACH SESSION

### 1. Check-In System

**At START of session:**

- - Text Andrea Soole: "Session started"
- - Include location if different from schedule

**At END of session:**

- - Text Andrea Soole: "Session ended"

**If no "session ended" text received within 30 minutes of scheduled end time:**

- - Andrea calls Stuart's mobile: 07765 610348
- - If no answer, Andrea calls again after 10 minutes
- - If still no answer, Andrea calls police non-emergency (101) and provides location

### 2. Positioning and Environment

**In Student's Home:**

- - Work in communal areas (living room, dining room, kitchen table)
- - Keep door open (or ajar if child needs privacy but parent nearby)
- - Position yourself where parent could see you if they walked past
- - Ensure parent/carer is in the home
- - Never work in child's bedroom with door closed
- - Never in bathroom or private areas
- - Never alone in house if parents absent (reschedule if parent leaves)

**In Community Venues:**

- - Choose public spaces (library, café, community center)
- - Visible to other people
- - Multiple exit routes
- - Staff/public nearby
- - Never isolated locations (empty buildings, secluded outdoor areas)

**In Mobile Learning Hub:**

- - Park in public areas (not secluded car parks)
- - Windows not obscured
- - Visible to public
- - Multiple people around
- - Never in deserted areas

### 3. Maintaining Professional Boundaries

**Physical Contact:**

- - Minimized and appropriate only (see Safeguarding Policy)
- - Brief, purposeful, with child's consent
- - Explained before happening ("I'm going to show you how to hold this tool")

**Personal Space:**

- - Maintain appropriate distance
- - Respect child's body language
- - If child uncomfortable, adjust

**Communication:**

- - Professional, respectful, appropriate
- - No inappropriate jokes or comments
- - No discussion of personal romantic/sexual matters

## 4. If Child Discloses Abuse

**Immediate actions:**

- - Listen and record
- - Reassure child
- - Explain you must share to keep them safe
- - Do NOT end session abruptly (may distress child)
- - After session, text Andrea: "Need to speak - safeguarding" (do NOT give details by text)
- - Call DSL line immediately after session to report
- - Follow Safeguarding Policy Section 7.3

## 5. If Child Becomes Aggressive or Violent

Priority: Your safety and child's safety

**Actions:**

- - Move away from child (create space)
- - Stay calm, speak calmly
- - Do NOT physically restrain (except immediate danger to self/others)
- - If child has weapon or serious violence: Leave immediately, call 999
- - If child is hitting/kicking but you can leave safely: End session, leave
- - Once safe, text Andrea: "Session ended early - will call"
- - Call Andrea to debrief and get support
- - Record incident immediately
- - Report to DSL (yourself) and parents
- - Consider risk assessment before next session

**Never put yourself at risk. It's okay to end a session if unsafe.**

## 6. If You Feel Unsafe (Environment or Situation)

**Trust your instincts.**

**If you feel unsafe because of:**

- - Domestic situation in home (shouting, violence, drugs/alcohol present)
- - Unsafe environment (aggressive dogs, weapons visible, hazards)
- - Inappropriate behavior by parent/other adults
- - Anything that makes you uncomfortable

**Actions:**

- - End session professionally ("I need to reschedule today")
- - Leave safely
- - Text Andrea once safe
- - Record concerns
- - Report to DSL (yourself) and consider safeguarding referral
- - Do NOT return until situation resolved or alternative location found

## AFTER EACH SESSION

### 1. Check-Out

**Text Andrea Soole: "Session ended"**

This confirms:

- - You are safe
- - Session completed as planned

- - No concerns requiring immediate attention

## 2. Brief Reflection

### Consider:

- - Any concerns about child's wellbeing?
- - Any safeguarding indicators?
- - Any behavior changes?
- - Any risks that need addressing?

If YES to any: Record and report to DSL

## 3. End-of-Day Summary

### At end of working day:

- - Text Andrea: "All done for today, thanks"
- - This signals you are home/finished work and safe

# EMERGENCY PROCEDURES

## Medical Emergency

If child has medical emergency (injury, allergic reaction, seizure, etc.):

1. Call 999 immediately
2. Provide first aid (if trained)
3. Text Andrea: "Emergency - called 999 at [location]"
4. Call parent/carer immediately
5. Stay with child until paramedics arrive
6. Follow any care plans or medical protocols
7. Record incident after child safe
8. Report to DSL and commissioning school

## Safeguarding Emergency

If you witness abuse or child discloses immediate danger:

1. Call 999 if child at immediate risk
2. Do NOT leave child alone if at risk
3. Text Andrea: "Emergency - safeguarding - will call when can"
4. Follow Safeguarding Policy procedures
5. Contact MASH same day
6. Record everything

## Your Own Emergency

If you have medical emergency or feel unwell during session:

1. Call 999 if serious
2. Tell child: "I need to get help, I'm not feeling well"
3. Call parent if in their home, or call Andrea if elsewhere
4. Ensure child is safe with responsible adult before leaving
5. Text Andrea or ask someone to contact her

# SPECIAL CIRCUMSTANCES

## Working with Siblings or Small Groups

If working with siblings or small group (2-3 children):

- - Same protocols apply
- - Check-in/check-out system maintained
- - Risk may be lower (children witness each other) but protocols still essential

## Remote/Online Sessions

If session is online (Zoom, Teams, etc.):

- - Parent MUST be present in home during session
- - Both adult and child visible on camera
- - Session recorded (with parental consent) for safeguarding
- - Check-in/check-out with Andrea still applies
- - Professional background, appropriate dress
- - See Online Safety Policy Section 8.4

## Late Running or Schedule Changes

If session runs over or location changes:

- - Text Andrea with update: "Running 15 mins late at Oak Street"
- - This resets the "30-minute check" from new end time

If session cancelled last minute:

- - Text Andrea: "Session with Alex cancelled"

## WHAT ANDREA SOOLE NEEDS TO KNOW

### Andrea's Role:

- - Receive schedule each day
- - Receive check-in/check-out texts
- - Call if no check-out received within 30 mins
- - Call emergency services if cannot reach Stuart
- - NOT responsible for safeguarding decisions (she is emergency contact only)

### Information Andrea Holds:

- - Stuart's schedule (first names, locations, times)
- - Emergency: Call 999 if cannot reach Stuart after scheduled session
- - Safeguarding concerns: Stuart will handle himself (Andrea just facilitates contact if Stuart unavailable)

### Andrea Does NOT:

- - Make safeguarding decisions
- - Investigate concerns
- - Contact parents or schools
- - She is a safety net for emergencies only

## RECORD KEEPING

### Daily Log:

Stuart maintains log including:

- - Date
- - Child (initials or first name only)
- - Location
- - Time (scheduled and actual)
- - Check-in/check-out completed
- - Any incidents or concerns
- - Actions taken

**Retained securely for 7 years minimum.**

## RISK ASSESSMENT TEMPLATE

**Use before starting provision with new child or at new location:**

**Child Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assessed Risks:**

Risk	Level (Low/Med/High)	Control Measures
Physical aggression		
Verbal aggression		
Absconding/running off		
Self-harm		
Environmental hazards		
Allegations risk		
Safeguarding concerns		

**Additional Notes:**

Approved to proceed?  Yes  No (conditions)

Review Date: \_\_\_\_\_

## REVIEWING PROTOCOLS

**These protocols are reviewed:**

- - After any incident
- - If concerns raised
- - Annually (minimum)
- - When circumstances change

**Continuous Improvement:**

- - Learn from experience
- - Adapt protocols as needed
- - Always prioritize safety over convenience

## KEY REMINDERS

Share schedule daily with Andrea  
Check-in text at session start  
Check-out text at session end  
Work in appropriate spaces (communal, visible)  
Parents present in homes where possible  
Trust your instincts - if unsafe, leave  
Record everything  
It's okay to end sessions if unsafe  
Working alone requires heightened vigilance and robust systems.  
These protocols keep everyone safe.

## APPENDIX G

### CONTACT DIRECTORY - ALL 5 COUNTIES

#### \*\*Safeguarding Contacts for Children and Adults\*\*

##### Clearspace Learning Ltd - Safeguarding Policy

### CLEARSPACE LEARNING

#### Designated Safeguarding Lead (DSL):

##### **Stuart Knox**

Mobile: 07765 610348

Email: info@clearspacelearning.com

#### Emergency Contact (if DSL unavailable):

##### **Andrea Soole**

Mobile: 07941 717419

\*(Facilitates contact with authorities - NOT a trained DSL)\*

### NATIONAL CONTACTS

#### Emergency Services:

Police Emergency: 999

Police Non-Emergency: 101

NHS Emergency: 999

NHS Non-Emergency: 111

#### National Safeguarding Helplines:

NSPCC Helpline: 0808 800 5000

Childline (for children): 0800 1111

NSPCC Whistleblowing: 0800 028 0285

Email: help@nspcc.org.uk

#### Specific Issues:

CEOP (Child Exploitation & Online Protection): [www.ceop.police.uk/safety-centre](http://www.ceop.police.uk/safety-centre)

Internet Watch Foundation (child abuse images): [www.iwf.org.uk](http://www.iwf.org.uk) | 0800 347 8000

Anti-Terrorism Hotline: 0800 789 321

Domestic Abuse Helpline: 0808 2000 247

Samaritans: 116 123

#### Regulatory Bodies:

Ofsted: 0300 123 4666 | [whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk)

Information Commissioner's Office (ICO): 0303 123 1113

### OXFORDSHIRE

#### Children's Safeguarding:

##### MASH (Multi-Agency Safeguarding Hub):

- Phone: 0345 050 7666
- Email: [secure-MASH@oxfordshire.gov.uk](mailto:secure-MASH@oxfordshire.gov.uk)

- - Out of Hours: 0800 833 408

**Local Authority Designated Officer (LADO):**

- - Phone: 01865 810603
- - Email: LADO.safeguardingchildren@oxfordshire.gov.uk

**Adult Safeguarding:**

**Adult Social Care Safeguarding Team:**

- - Phone: 0345 050 7666
- - Email: socialandhealthcare@oxfordshire.gov.uk
- - Out of Hours: 0800 833 408

**Other Services:**

SEND Team: 01865 815175 | SENDCaseworkTeam@oxfordshire.gov.uk

Early Help: 0345 241 2705

Family Solutions Service: 0345 241 2608

## WARWICKSHIRE

**Children's Safeguarding:**

**MASH (Multi-Agency Safeguarding Hub):**

- - Phone: 01926 414144
- - Email: mash@warwickshire.gov.uk
- - Out of Hours: 01926 886922

**Local Authority Designated Officer (LADO):**

- - Phone: 01926 745376
- - Email: lado@warwickshire.gov.uk

**Adult Safeguarding:**

**Adult Social Care Safeguarding Team:**

- - Phone: 01926 412080
- - Email: adultsafeguarding@warwickshire.gov.uk
- - Out of Hours: 01926 886922

**Other Services:**

SEND Team: 01926 742606 | sendandyou@warwickshire.gov.uk

Early Help: 01926 742274

SENDIASS: 024 7658 8440

## NORTHAMPTONSHIRE (NORTH & WEST)

**North Northamptonshire:**

**Children's Safeguarding:**

**MASH:**

- - Phone: 0300 126 1000
- - Email: MASH-Secure@northnorthants.gov.uk
- - Out of Hours: 01604 626938

**LADO:**

- - Phone: 01604 364036
- - Email: LADO@northnorthants.gov.uk

**Adult Safeguarding:**

- - Phone: 0300 126 1000
- - Email: adultsafeguarding@northnorthants.gov.uk

## **West Northamptonshire:**

### **Children's Safeguarding:**

#### **MASH:**

- - Phone: 0300 126 7000
- - Email: MASH@westnorthants.gov.uk
- - Out of Hours: 01604 626938

#### **LADO:**

- - Phone: 01604 364036
- - Email: LADO@westnorthants.gov.uk

#### **Adult Safeguarding:**

- - Phone: 0300 126 7000
- - Email: safeguardingadults@westnorthants.gov.uk

## **Other Services:**

North SEND Team: 0300 126 1000

West SEND Team: 0300 126 7000

First for Wellbeing: 0300 1111 110

## **GLOUCESTERSHIRE**

### **Children's Safeguarding:**

#### **Children's Helpdesk:**

- - Phone: 01452 426565
- - Email: childrenshelpdesk@gloucestershire.gov.uk
- - Out of Hours: 01452 614194

#### **Local Authority Designated Officer (LADO):**

- - Phone: 01452 426994
- - Email: GSCB.LADO@gloucestershire.gov.uk

### **Adult Safeguarding:**

#### **Adult Social Care Safeguarding Team:**

- - Phone: 01452 426868
- - Email: socialcare.enq@gloucestershire.gov.uk
- - Out of Hours: 01452 614194

## **Other Services:**

SEND Team: 01452 328529 | SENDAssessmentandReview@gloucestershire.gov.uk

Early Help: 01452 328 888

SENDIASS: 01452 328 638

## **BUCKINGHAMSHIRE**

### **Children's Safeguarding:**

#### **First Response Team:**

- - Phone: 01296 383962
- - Email: secure-cypfirstresponse@buckinghamshire.gov.uk
- - Out of Hours: 0800 999 7677

#### **Local Authority Designated Officer (LADO):**

- - Phone: 01296 382070
- - Email: LADO@buckinghamshire.gov.uk

### **Adult Safeguarding:**

**Adult Social Care Safeguarding Team:**

- - Phone: 01296 383204
- - Email: [safeguardingadults@buckinghamshire.gov.uk](mailto:safeguardingadults@buckinghamshire.gov.uk)
- - Out of Hours: 0800 999 7677

**Other Services:**

SEND Team: 01296 387039 | [sendandinclusionteam@buckinghamshire.gov.uk](mailto:sendandinclusionteam@buckinghamshire.gov.uk)

SENDIASS: [sendiass@buckinghamshire.gov.uk](mailto:sendiass@buckinghamshire.gov.uk)

Early Help: 01296 383 962

## SEND SUPPORT ORGANIZATIONS

**IPSEA (Independent Provider of Special Education Advice):**

- - Helpline: 0800 018 4016
- - Website: [www.ipsea.org.uk](http://www.ipsea.org.uk)

**Contact (for families with disabled children):**

- - Helpline: 0808 808 3555
- - Website: [www.contact.org.uk](http://www.contact.org.uk)

**National Autistic Society:**

- - Helpline: 0808 800 4104
- - Website: [www.autism.org.uk](http://www.autism.org.uk)

**ADHD Foundation:**

- - Website: [www.adhdfoundation.org.uk](http://www.adhdfoundation.org.uk)

**Dyslexia Action:**

- - Helpline: 01784 222 300
- - Website: [www.dyslexiaaction.org.uk](http://www.dyslexiaaction.org.uk)

**PDA Society:**

- - Website: [www.pdasociety.org.uk](http://www.pdasociety.org.uk)

## DOMESTIC ABUSE SERVICES

National Domestic Abuse Helpline: 0808 2000 247 (24/7)

Men's Advice Line: 0808 801 0327

Galop (LGBT+ domestic abuse): 0800 999 5428

Respect Phoneline (perpetrators): 0808 802 4040

**Local Services:**

Oxfordshire: A2 Dominion Domestic Abuse Service - 01235 555 111

Warwickshire: REFUGE - 01926 411 202

Northamptonshire: NDAS - 0300 012 0154

Gloucestershire: GDA - 01452 726 570

Buckinghamshire: Aylesbury Women's Aid - 01296 484 707

## MENTAL HEALTH CRISIS

Samaritans: 116 123 (24/7)

SHOUT Crisis Text Line: Text SHOUT to 85258

PAPYRUS (suicide prevention under 35): 0800 068 4141

Mind Infoline: 0300 123 3393

**Local CAMHS Crisis Lines:**

Oxfordshire: 01865 903 037

Warwickshire: 0800 616 171

Northamptonshire: 0800 151 0023

Gloucestershire: 0800 169 2270  
Buckinghamshire: 01865 901 951

## WHEN TO USE WHICH NUMBER

### Call 999 if:

- Immediate danger or emergency
- Crime in progress
- Life-threatening situation
- Child/adult at immediate risk of harm

### Call MASH/Children's Helpdesk if:

- Concern about child's safety or wellbeing
- Reasonable cause to suspect significant harm
- Child has disclosed abuse
- Indicators of abuse or neglect
- During working hours (8:30am-5pm Mon-Fri)

### Call Out of Hours if:

- Urgent safeguarding concern outside working hours
- Evenings, weekends, bank holidays
- Cannot wait until next working day

### Call LADO if:

- Allegation against staff member
- Concern about professional conduct
- Staff member has harmed child or put child at risk

### Call Adult Social Care if:

- Concern about adult at risk
- Adult experiencing or at risk of abuse
- Adult unable to protect themselves due to needs

## QUICK REFERENCE CARD

### Print this section and keep accessible:

CLEARSPACE LEARNING - QUICK CONTACTS
DSL: Stuart Knox Mobile: 07765 610348 Email: info@clearspacelearning.com
EMERGENCY: 999 NSPCC: 0808 800 5000 Childline: 0800 1111
OXFORDSHIRE MASH: 0345 050 7666 WARWICKSHIRE MASH: 01926 414144 NORTHANTS (N): 0300 126 1000 NORTHANTS (W): 0300 126 7000 GLOUCESTERSHIRE: 01452 426565 BUCKINGHAMSHIRE: 01296 383962