



**A2ndvoice CIC**  
—Autism . Ethnicity . Culture—

## Health & Safety Policy

# Safeguarding for Autistic, Neurodivergent, Disabled & Vulnerable Children, Young People & Adults

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Date: 9 November 2025  
Next Review: 9 November 2026  
Approved by: Delroy Marshall

## 1. INTRODUCTION

A2ndvoice CIC provides autism-friendly, inclusive events for children, young people, autistic and neurodivergent adults, disabled and other vulnerable individuals. This Manual unifies our policies on safeguarding, health & safety, emergency procedures, first-aid, food, medication, sensory support and more.

## 2. LEGISLATION & GUIDANCE

We comply with (among others):

- Health & Safety at Work etc. Act 1974 & associated Regulations
- Regulatory Reform (Fire Safety) Order 2005
- Reporting of Injuries, Diseases & Dangerous Occurrences Regs (RIDDOR) 2013
- Manual Handling Operations Regs 1992
- Control of Substances Hazardous to Health (COSHH) 2002
- Children Act 1989 & 2004; Working Together to Safeguard Children 2018
- Care Act 2014; Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005; Equality Act 2010; Human Rights Act 1998
- Data Protection Act 2018 (GDPR)
- Autism Act 2009 & Adult Autism Strategy; UN Convention on the Rights of Persons with Disabilities 2008

## 3. SCOPE & DEFINITIONS

Applies to all A2ndvoice premises, staff, volunteers, contractors, events and participants (under 18 and/or at risk due to disability, autism, mental-health, age or other factors).

Key definitions:

- Vulnerable Adult – aged 18+ with reduced capacity or at risk of harm.
- Neurodivergent – including autism, ADHD, dyslexia, dyspraxia, etc.
- Significant Harm – as per Children Act 1989 & Care Act 2014.

## 4. PRINCIPLES

- Welfare is Paramount
- Inclusion & Accessibility
- Sensory-Aware, Autism-Friendly Practice
- Zero Tolerance of Abuse or Discrimination
- Shared Responsibility & Partnership Working
- Continuous Improvement via Training, Feedback & Audit

## 5. ROLES & RESPONSIBILITIES

### 5.1 Registered Person

Ultimate accountability for policy adoption, resource allocation, statutory reporting.

### 5.2 Designated Safeguarding Officer (DSO)

Leads safeguarding referrals, multi-agency liaison, confidential records.

### 5.3 Health & Safety Officer

Leads physical and sensory risk assessments; audits; incident investigations.

### 5.4 Manager

Day-to-day implementation: premises checks, briefings, equipment maintenance.

### 5.5 Staff & Volunteers

Follow all procedures; report hazards, incidents, safeguarding concerns; support autistic/vulnerable participants.

#### 5.6 Named Medication Staff

Administer medication per MAR; maintain secure storage and records.

### 6. SAFEGUARDING CHILDREN & VULNERABLE ADULTS POLICY

#### 6.1 Purpose

Protect and promote welfare of children, young people and vulnerable adults.

#### 6.2 Scope

All members, volunteers, contractors interacting with under-18s or vulnerable adults.

#### 6.3 Principles

- Welfare Paramount
- Right to Safe Participation
- Protection from Harm
- Partnership Working
- Shared Responsibility
- Zero Tolerance to Abuse
- Continuous Improvement

#### 6.4 Legal Duties

Comply with Children Acts 1989/2004; Care Act 2014; Safeguarding Vulnerable Groups Act 2006; Working Together 2018; Mental Capacity Act 2005; Equality Act 2010; Human Rights Act 1998; GDPR.

#### 6.5 Policy Position

- Safeguard service users and respond promptly to suspicions.
- Robust recruitment to bar unsuitable persons.
- Mandatory safeguarding training for all.

#### 6.6 Procedures

##### Receiving a Disclosure

– Stay calm; listen; reassure; explain next steps; record exact words; notify DSO immediately.

##### Reporting Concerns

- Report any safeguarding concern immediately to DSO.
- DSO follows statutory/local multi-agency procedures.
- Maintain confidentiality; share on need-to-know basis.

#### 6.7 Recruitment

Enhanced DBS and background checks; identity, qualification and reference verification; safeguarding declaration at interview.

#### 6.8 Training & Awareness

Induction and annual refresher safeguarding training; include child and adult safeguarding; incorporate feedback.

#### 6.9 Monitoring & Review

Annual policy review or sooner if legislation changes; inform all stakeholders of updates; evaluate practice effectiveness.

#### 6.10 Collaboration

- Shared Responsibility among staff, families, agencies.
- Partnerships with families & communities.
- Inter-agency cooperation & information-sharing.
- Collective action for holistic support.

## 6.11 Contact

Delroy Marshall, DSO Mob: +44 (0)7977 428 674 Email: directors@a2ndvoicecic.co.uk

## 7. ILLNESS & ACCIDENTS POLICY

### 7.1 Purpose

Ensure prompt, safe, consistent management of illness/injury.

### 7.2 Scope

All on-site staff, volunteers, participants, visitors.

### 7.3 Statement

First-aid facilities and responders available; all events recorded, reported, investigated; corrective actions taken.

### 7.4 Roles

Registered Person – appoint first-aiders; maintain kits.

HS Officer – audit Accident Book; analyse trends.

Manager – secure scene; summon EMS.

Staff – administer aid within competence; complete forms.

### 7.5 Procedures

– First-aid kits checked monthly.

– On incident: secure area; assess; treat or call EMS; record date, time, nature, witnesses, actions.

### 7.6 Reporting & Review

– Notify HSE/Ofsted/RIDDOR as required.

– Retain records ≥3 years.

– Annual trend review.

## 8. EMERGENCY EVACUATION POLICY

### 8.1 Purpose

Safe, orderly evacuation with autism-friendly adaptations.

### 8.2 Scope

All emergencies (fire, gas leak, etc.).

### 8.3 Statement

Evacuation plans maintained, tested, communicated; visual/audio prompts for neurodivergent participants.

### 8.4 Roles

Manager – ensure exits, alarms, signage clear; test weekly.

Staff “Buddies” – guide assigned participants; use pictograms.

HS Officer – annual risk assessment; update plans.

### 8.5 Procedures

– Alarm → stop activities; guide participants via pictograms to assembly.

– Roll-call; report missing.

– Await “all clear” before re-entry.

### 8.6 Drills & Review

Termly autism-friendly drills; record timing, issues, feedback; revise plans accordingly.

## **9. HEALTHY EATING POLICY**

### **9.1 Purpose**

Promote balanced nutrition, hydration, allergen safety.

### **9.2 Scope**

All food/drink provided or consumed.

### **9.3 Statement**

Varied, balanced menus; strict hygiene.

### **9.4 Roles**

Manager – approve menus; enforce kitchen standards.

Staff – verify dietary info; supervise hygiene.

### **9.5 Procedures**

– Collect dietary needs on sign-in.

– Label ingredients/allergens.

– Sanitize prep areas.

– Provide water stations and fragrance-free snack zones.

### **9.6 Monitoring**

Post-event surveys; menu revisions per feedback.

## **10. ADMINISTERING MEDICATION POLICY (If applicable)**

### **10.1 Purpose**

Safe, accurate, documented administration of prescribed medicines.

### **10.2 Scope**

Participants with medication on site.

### **10.3 Statement**

Adhere to MAR best practice; secure storage; proper disposal.

### **10.4 Roles**

Manager – provide locked storage; oversee MAR.

Named Staff – administer and witness doses.

### **10.5 Procedures**

– Obtain written consent/directions.

– Store in original container, locked cabinet.

– Record date, time, dose, administrator, witness.

– Return unused meds; log return.

### **10.6 Records**

Retain MAR forms for  $\geq 1$  year; control key access.

## **11. RISK ASSESSMENT POLICY**

### **11.1 Purpose**

Identify and control physical and sensory risks.

### **11.2 Scope**

All activities, spaces, equipment.

### **11.3 Statement**

Dynamic assessments, reviewed daily and post-change.

### **11.4 Roles**

HS Officer – lead assessments; maintain register.

Managers/Staff – implement controls.

### **11.5 Procedures**

- Use template: hazard, sensory trigger, risk rating, controls, responsible.
- Pre-event walkthrough; update daily.
- Brief staff on key risks.

#### 11.6 Review

Monthly audits; post-incident review; annual audit of process.

### 12. MANUAL HANDLING POLICY

#### 12.1 Purpose

Minimise injury from lifting, carrying, moving.

#### 12.2 Scope

All manual tasks by staff/volunteers.

#### 12.3 Statement

Reduce risk via training and aids.

#### 12.4 Roles

HS Officer – annual training.

Staff – follow techniques; use aids.

#### 12.5 Procedures

- Assess load, route.
- Use team-lift or trolleys for >10 kg/awkward loads.
- Report discomfort/injury.

#### 12.6 Training

Hands-on every year; competency check every two years; incident-trend review.

### 13. FIRE SAFETY POLICY

#### 13.1 Purpose

Prevent fire; protect life/property; autism-friendly evacuation.

#### 13.2 Scope

Entire premises and grounds.

#### 13.3 Statement

Comply with Fire Safety Order 2005; maintain equipment; clear exits; staff trained in autism-friendly drills.

#### 13.4 Manager Duties

Monthly visual check & annual professional inspection of extinguishers, blankets, hoses; ensure lighting, signage, diagrams legible and unobstructed; clear escape routes.

#### 13.5 Procedures

- Weekly alarm tests; log results.
- Monthly check of lighting and signage; rectify defects.
- On fault/obstruction: suspend area use; report & remediate.
- Post-drill debrief; update training and procedures.

#### 13.6 Drills

Termly with visual prompts and staff buddies; document outcomes and improvements.

### 14. INTIMATE CARE POLICY

#### 14.1 Purpose

Deliver personal care with dignity, privacy and safety.

#### 14.2 Scope

Toileting, changing or assistance with body fluids.

#### 14.3 Statement

Follow best-practice protocols and universal precautions.

#### 14.4 Roles

Designated Staff – individual care plans; confidentiality.

HS Officer – ensure PPE and disposal.

#### 14.5 Procedures

- Written consent and care plan.
- Use gloves, aprons, clinical-waste bags.
- Offer privacy; respect participant choice.
- Sanitize area and hands post-care.

#### 14.6 Documentation

Log each episode; annual care-plan review with participant/carer.

### 15. VISITOR POLICY

#### 15.1 Purpose

Control access; safeguard everyone on site.

#### 15.2 Scope

All external visitors, contractors, carers.

#### 15.3 Statement

No unsupervised access; sign-in/out; badges; escorted.

#### 15.4 Roles

Reception/Manager – ID check; badges; records.

Staff – challenge unidentified; report concerns.

#### 15.5 Procedures

- Arrival: verify ID; record details; issue badge.
- Escort visitor; collect badge and record departure.

#### 15.6 Monitoring

Monthly audit of records; quarterly review at H&S meeting.

### 16. AUTISM INCLUSION & SENSORY SUPPORT POLICY

#### 16.1 Purpose

Ensure low-arousal, inclusive environments for neurodivergent participants.

#### 16.2 Scope

All event spaces, activities, communications.

#### 16.3 Statement

Embed sensory-aware design and practice in every event.

#### 16.4 Roles

Registered Person – resource allocation for sensory tools.

Staff/Volunteers – maintain quiet zones; offer sensory aids.

#### 16.5 Procedures

- Pre-event sensory audit: lighting, noise, smell.
- Provide ear defenders, sunglasses, weighted items, quiet zones.
- Use plain-English and pictorial signage; social stories.
- Record individual sensory and communication preferences.

## 16.6 Feedback & Review

Collect participant/carer feedback; adjust sensory provisions and training.

## 17. TRAINING & AWARENESS

- Induction covering all policies: safeguarding, H&S, sensory support.
- Annual refresher courses.
- Specialist modules: manual handling, fire-marshalling, first aid, medication, intimate care.

## 18. MONITORING, REVIEW & AUDIT

- Quarterly incident, drill & audit reports to Registered Person.
- Annual full policy review or following legislative change.
- Stakeholder consultation (staff, participants, carers) on policy effectiveness.

*Registered Person & DSO*

Delroy Marshall +44 (0)7977 428 674 / directors@a2ndvoicecic.co.uk

Dr Venessa Swaby +44 (0)7947 198362 / admin@a2ndvoicecic.co.uk

## 19. Equity, Diversity, Inclusion & Belonging (EDIB) Policy

A2ndvoice CIC is committed to equality of opportunity, anti-racist practice, accessibility, reasonable adjustments, cultural responsiveness and creating a sense of belonging for all participants, families, staff and volunteers.

## 20. Missing Child Policy

Alert the Session Lead immediately; conduct an immediate search; check registers and sign-out records; contact parents/carers; contact police where necessary; complete the Missing Child Record Form; review lessons learned and update risk assessments.

## 21. Online Safety & Social Media Policy

Staff and volunteers must use professional communication channels only, never contact children through personal social media, follow photo consent procedures and report online safeguarding concerns immediately.

## 22. Complaints Procedure

Complaints may be raised informally or in writing. Complaints will be investigated fairly and acknowledged promptly with a written outcome normally within 20 working days.

## 23. Holiday Activities and Food (HAF) Programme Commitment

A2ndvoice CIC will provide healthy food, enrichment, physical activity, wellbeing support, safeguarding, inclusion and reasonable adjustments for autistic and neurodivergent participants.

## 24. Forms & Records Register

Registration Form, Emergency Contact Form, Attendance Register, Medication Form, MAR Sheet, Incident Report Form, Safeguarding Concern Form, Body Map, Missing Child Form, Food Allergy Form, Photo Consent Form, PEEP Form, Complaints Form, Training Records and Risk Assessments.

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# Types of Abuse, Signs & Symptoms

Abuse is a hidden crime and needs to be reported and not ignored. We may not be in contact with children, young people and vulnerable adults, but it is important to be aware of the policies and what to do, if you suspect that abuse is taken place within your role as a member or volunteer with A2ndvoice.

## Physical Abuse

Actions	Signs & Symptoms
Hitting. Slapping. Pushing. Kicking. Misuse of medication. Restraint. Inappropriate sanctions. Scratches. Biting. Pinching.	Series of unexplained falls or major injuries. Injuries/bruises at different stages of healing. Bruising in unusual sites e.g. inner arms, thighs. Abrasions. Teeth indentations. Injuries to head or face. Seems very passive.

## Psychological or Emotional Abuse

Actions	Signs & Symptoms
Threats of harm or abandonment. Deprivation of contact. Humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.	Withdrawal, depression. Cowering and fearfulness. Change in sleep patterns. Agitation, confusion, change in behaviour. Change in appetite/weight.

## Sexual Abuse

Actions	Signs & Symptoms
Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could consent, or was pressured into consenting.	Change in behaviour. Overt sexual behaviour or language. Difficulty in walking, sitting. Injuries to genital and/or anal area.

## Neglect Abuse

Actions	Signs & Symptoms
Includes acts of omission. Ignoring physical or medical care needs. Failure to provide access to appropriate health, social care or educational services. Withholding necessities of life e.g. medications, nutrition, heating.	Absence of food, heat, hygiene, clothing, comfort. Preventing client to have access to services. Isolation. Absence of prescribed medication.

## Financial Abuse

Actions	Signs & Symptoms
<p>Theft, fraud, exploitation. Pressure in connection with wills, property, inheritance or financial transactions.</p> <p>Misuse or misappropriation of property, possessions or benefits.</p>	<p>Unpaid bills. Basic needs not being met. lack of cash on day to day basis.</p>

## Institutional Abuse

Actions	Signs & Symptoms
<p>Poor care standards, lack of positive responses to complex needs. Rigid routines. Inadequate staffing.</p> <p>Insufficient knowledge base within service.</p>	<p>Inability to make choices or decisions. Agitation if routine broken. Disorientation. Patterns of challenging behavior.</p>

## Discriminatory Abuse

Actions	Signs & Symptoms
<p>Racist, sexist, or that based on a person's disability. Other forms of harassment, slurs or similar treatment. Failure of agencies to ensure that staff receive adequate anti-discrimination practice training.</p>	<p>Low self-esteem. Withdrawal. Depression. Fear. Anger.</p>

## Female Genitals Mutilation (FGM)

Actions	Signs & Symptoms
<p>Difficulty walking, standing or sitting, spend longer in the bathroom/toilet, appear withdrawn, anxious or depressed, unusual behaviour after an absence from school or college, particularly reluctant to undergo normal medical examinations, ask for help, but may not be explicit about the problem due to embarrassment or fear.</p>	<p>Severe pain, shock, bleeding, infection such as tetanus, HIV and hepatitis B and C, organ damage, blood loss and infections that can cause death in some cases.</p>

# Risk Indicators

<b>Other Indicators that abuse maybe taking place</b>
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Destruction of physical environment. Chronic incontinence. Turning night into day/sleep disturbance. Extreme physical and/or emotional dependence. Verbal abuse and aggression towards the carer. Changes in personality caused by illness and/or medication. Noncompliance with carers wishes. Obsessive behavior. Wandering/absconding. Self-harm.
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**Where the preceding trigger behaviours by the vulnerable adult are apparent, the following problems exhibited by the carer may increase the risk and likelihood of an abusive situation:**

- alcoholism
- mental illness
- stress
- chronic fatigue
- conflicting demands or other family members

**Other contributing factors such as a family history:**

marital violence  
child abuse  
previous relationship difficulties  
bereavement or loss of family member  
conflicting demands of other family members

**Family problems:**

- housing
- financial
- employment
- divorce or separate
- lack of support
- lack of respite

**Individual unmet needs:**

- lack of appropriate opportunities for the experience of all types of personal relationships
- lack of appropriate opportunity for individual autonomy or choice
- lack of knowledge of information and support

**Organisational factors:**

- weak or oppressive management
- inadequate staffing (numbers, competence)
- inadequate staff supervision support
- closed communication

**Concern Form**

<b>Details for person completing the report</b>	
Name:	Position:
Contact details:	Relationship to young person:
Concerns raised by: <input type="checkbox"/> Yourself <input type="checkbox"/> Others	If by others give name and details here:
Date and time report completed:	Submitted by:
<b>Details of young person about whom the concern is raised</b>	
Name:	D.O.B.:
Additional Needs:	Parent or Guardian information:

<b>Report:</b>
<i>Please provide details of the safeguarding concern or allegation including times, dates or other relevant information. Make it clear whether you are giving fact, expressing your opinion or expressing the opinion of someone else. Continue on separate sheet if necessary.</i>

**Report continued**

*The young person's account of what happened (e.g. of any incident, injury, disclosure or behaviour) if known. Use their own words as much as possible. Continue on separate sheet if necessary.*

**Person alleged to have caused harm**

*Please provide details of the person alleged to have caused the incident/injury if known (e.g. name(s), address, incident address, relationship to young person).*

**Witnesses**

*Please provide details (name, contact details) of any witnessed to the incident/concerns.*

**Action taken**

*State any risk of immediate harm:*

*Identify any action taken already e.g. contact with policy, children's services, NSPCC helpline etc. including contact details:*

*Is the young person's legal guardian or accused person aware that a report has been made?*

*State any known previous history of safeguarding concerns or allegations:*

*Any comments or actions to be taken:*

**Immediate actions and decisions by DSO**

*(To be completed by DSO)*

**Any relevant follow up please record here inc. name, date and signature.**

*Please keep updated with any escalation or follow up requests. (continue on separate sheet if necessary)*

*(To be completed by DSO)*

### Incident Reporting Form

Person in charge of session:	Witness of incident:
Date and time of incident:	Location of incident:
Injured Person:	Contact Details:
Next of Kin:	Contact Details:

Nature of incident/injury and extent of injury:
Give details of how and precisely where the incident took place:
Give full details of action taken during any first aid treatment and the name (s) of first-aider (s)

Were any of the following contacted?

Parents/carers      Yes   No

Police                Yes   No

Ambulance        Yes   No

What happened to the injured person following the incident/accident? E.g., carried on with session, went home, went to hospital etc.

All of the above facts are a true record of the accident/incident

Name:

Position:

Signed: Date

**ONCE YOU HAVE PROPERLY DEALT WITH THE INJURED PARTY AND THEN COMPLETED THIS FORM, PLEASE INFORM YOUR PROJECT LEAD OF THE INCIDENT**

<b>Details of Partnership</b>	
<i>Partner Organisation:</i> A2ndvoice CIC	<i>Partner 2 Organisation:</i> A2ndvoice CIC
<i>Point of Contact:</i>	<i>Point of Contact:</i>
<i>Safeguarding Lead Name and Details:</i> DSO Delroy Marshall +44 (0) 7977 428 674	<i>Safeguarding Lead Name and Details:</i>
<i>Project Name(s):</i>	<i>Beneficiaries information:</i>
<i>Location of Delivery:</i>	<i>Local Safeguarding Partnership Details:</i>

A2ndvoice CIC and \_\_\_\_\_ will be partnering on service delivery for children/young people/adults at risk (delete as appropriate) and are committed to upholding best safeguarding practices across both organisations. It may be necessary, if a safeguarding issue arises, for just one partner to take the lead in reporting and liaising with the Local Safeguarding Partnership. **Both parties may independently raise concerns about the other organisation regardless of this agreement**, however for the purposes of acting as efficiently and clearly as possible where the welfare of the person at risk is paramount please indicate below who will be responsible for raising a concern about beneficiaries involved in the delivery of this project and why.

Which organisation will take the lead for raising concern and why:

Any other safeguarding issues, procedures or important either partner wishes to declare:

The A2ndvoice CIC and \_\_\_\_\_ both have comprehensive Child Protection Policies and safeguarding practices, have made them available to each other and have reviewed them. Should additional information or training be needed to assist with the particulars of this project (e.g. safe equipment use, social distancing measures) both partners will provide this where necessary.

I acknowledge that everything stated in this agreement is accurate and up to date:

**Name:**

**Name:**

**Organisation: A2ndvoice CIC**

**Organisation:**

**Signed:**

**Signed:**

**Date:**

**Date:**

## **USEFUL LINKS**

### **Autism, Neurodiversity & Safeguarding Support Services**

#### **Designated Safeguarding Officer (DSO)**

Delroy Marshall

Directors@a2ndvoicecic.co.uk

+44 (0)7977 428 674

#### **Deputy Designated Safeguarding Lead (DDSL)**

Dr Venessa Swaby

admin@a2ndvoicecic.co.uk

+44 (0)7947 198362

#### **Local Safeguarding Contacts**

##### **Wandsworth MASH**

Telephone: 020 8871 6622

Email: mash@wandsworth.gov.uk

Out of Hours: 020 8871 6000

##### **Lambeth Integrated Referral Hub**

Telephone: 020 7926 3100

Out of Hours: 020 7926 5555

##### **Croydon MASH**

Telephone: 020 8255 2888

Consultation Line: 020 8726 6464

Out of Hours: 020 8726 6400

Email: childreferrals@croydon.gov.uk

#### **Autism & Neurodiversity Organisations**

##### **Autism Central run by Anna Freud commissioned by NHS England**

Free online events for families of autistic people to learn, reflect and work together through coaching sessions for anyone supporting autistic people. Information, resources, one-to-one coaching sessions, webinars, educational family training, practical guidance and support.

Website: [www.autismcentral.nhs.uk](http://www.autismcentral.nhs.uk)

**National Autistic Society (NAS)**

Information, advocacy, training and safeguarding resources.

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

Autism Helpline: 0808 800 4104

**Ambitious about Autism**

Supports autistic children and young people.

Website: <http://www.ambitiousaboutautism.org.uk>

**ADHD Foundation**

Information, support and neurodiversity resources.

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

**Contact**

National charity supporting families with disabled children.

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

Helpline: 0808 808 3555

**Mental Health & Wellbeing Support****Childline**

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

Telephone: 0800 1111

**Young Minds**

Mental health support for children and young people.

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

Parents Helpline: 0808 802 5544

**Samaritans**

24-hour emotional support.

Telephone: 116 123

Website: [www.samaritans.org](http://www.samaritans.org)

**Disability Rights & Advocacy****Disability Rights UK**

Website: [www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)

**Advocacy for All**

Independent advocacy and safeguarding support.

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

**Online Safety****CEOP**

Report online exploitation and abuse.

Website: [www.ceop.police.uk](http://www.ceop.police.uk)

**UK Safer Internet Centre**

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

**Safeguarding & Child Protection****NSPCC**

Telephone: 0808 800 5000

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

**Ofsted**

Website: [www.gov.uk/government/organisations/ofsted](http://www.gov.uk/government/organisations/ofsted)

**Care Quality Commission (CQC)**

Telephone: 03000 616161

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

**Emergency Services****Emergency:**

999

**Police Non-Emergency:**

101

**NHS:**

111

## **Neuro-Affirming Commitment**

A2ndVoice CIC recognises autism and neurodivergence as natural variations of human development and rejects deficit-based models of disability.

We commit to:

- Respecting all communication styles.
- Supporting sensory regulation and wellbeing.
- Providing reasonable adjustments.
- Promoting autonomy, dignity and choice.
- Preventing discrimination and exclusion.
- Recognising behaviour as communication.
- Using trauma-informed and neuro-affirming approaches.
- Working collaboratively with families and carers.
- Promoting the voices and lived experiences of autistic and neurodivergent people.

All safeguarding decisions will consider communication differences, sensory needs, processing differences, trauma histories and individual support requirements.

## Body Map Guidance

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

**\*At no time should an individual teacher/member of staff or school take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Care direct or child's social worker if already an open case to social care.**

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

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?
- Be observant of darker skin tones (as not as obvious)
- Use visuals and symbols for non-speaking child/adult

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

### **Ensure First Aid is provided where required and record**

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

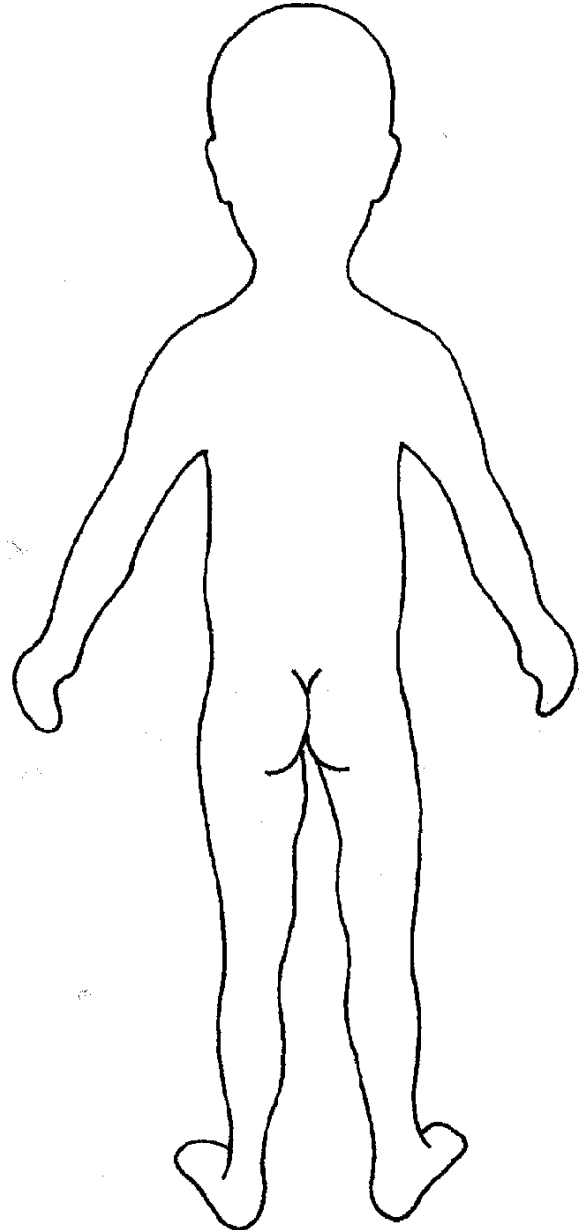
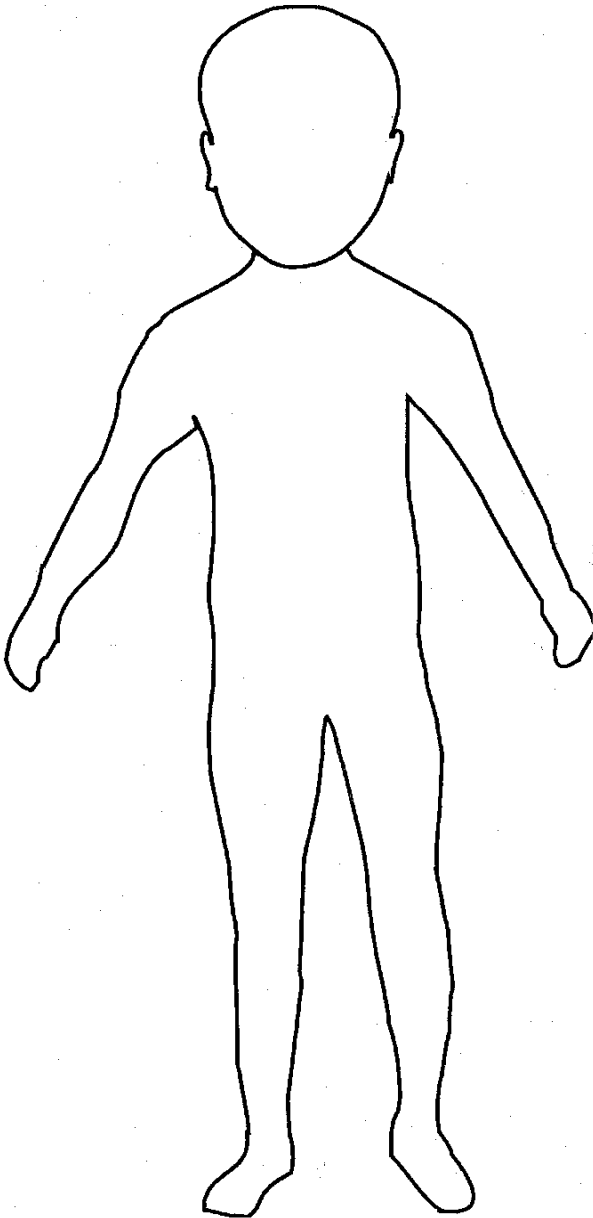
# BODYMAP

(This must be completed at time of observation)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

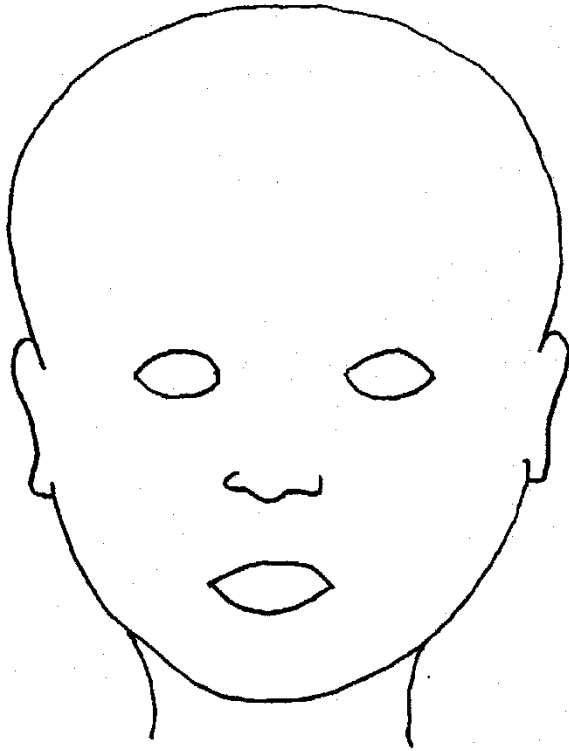
Name of Staff: \_\_\_\_\_ Job title: \_\_\_\_\_

Date and time of observation: \_\_\_\_\_

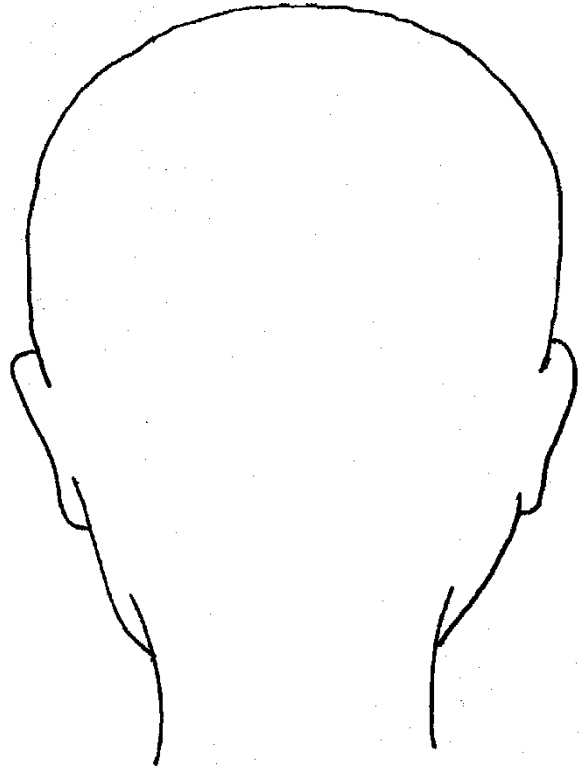


Name of child:

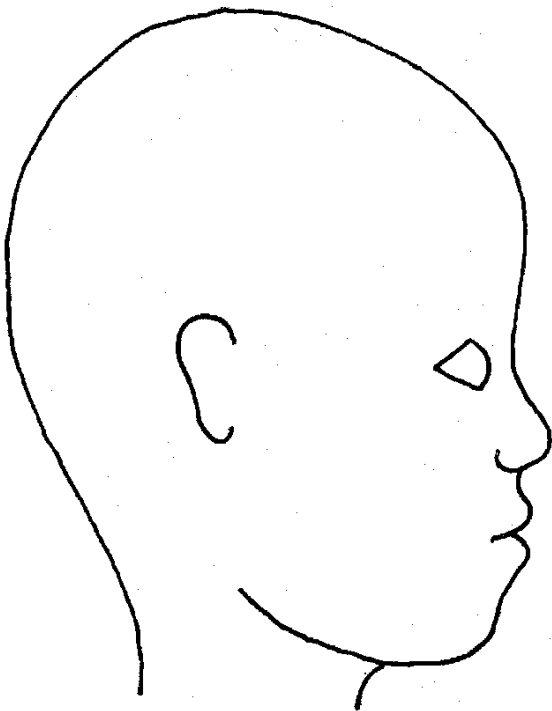
Date and time of observation:



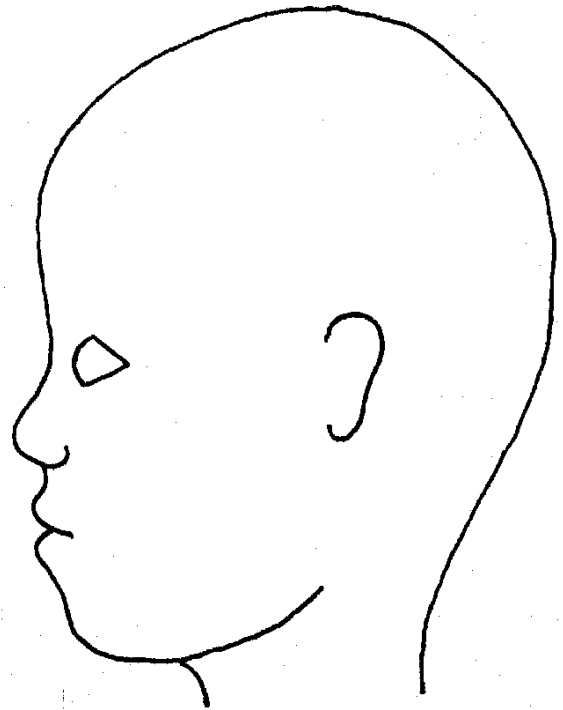
**FRONT**



**BACK**



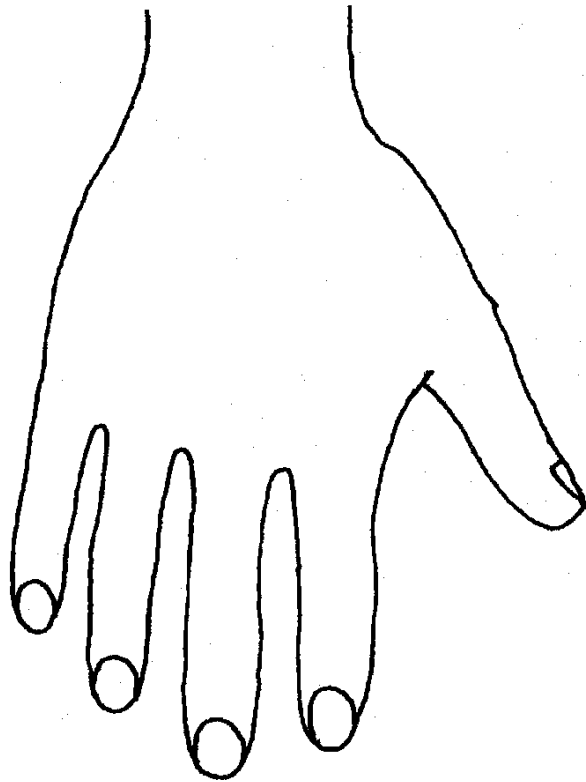
**RIGHT**



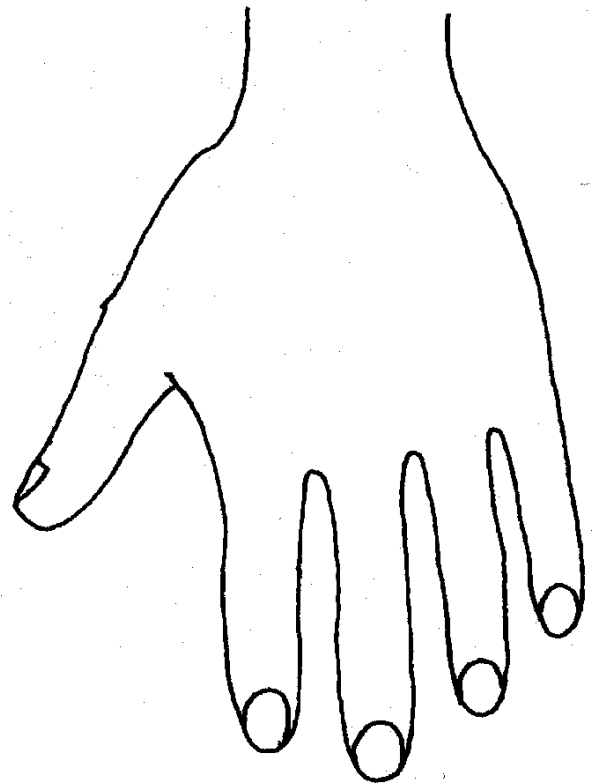
**LEFT**

Name of child: .....

Date and time of  
observation: .....



R



L

**BACK**

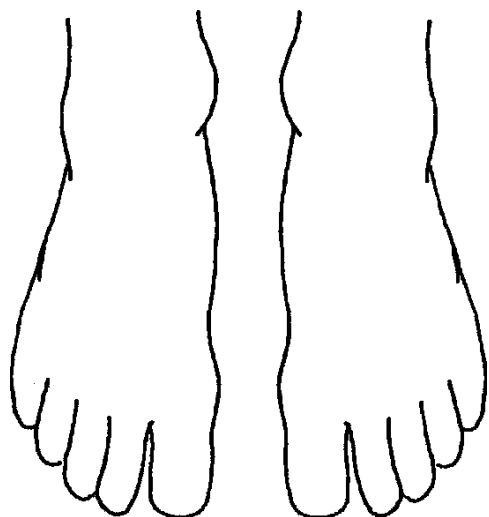


Name of child:

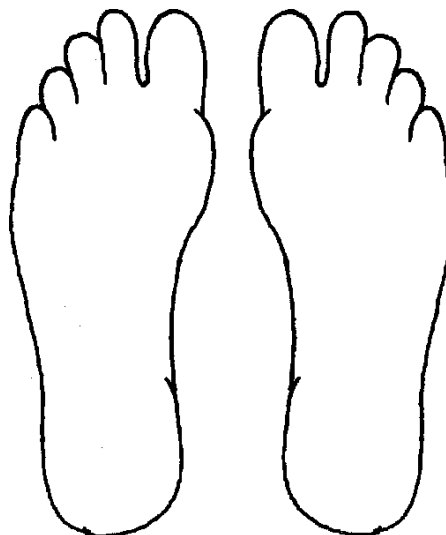
.....

Date and time of observation:

.....



R TOP L



R BOTTOM L

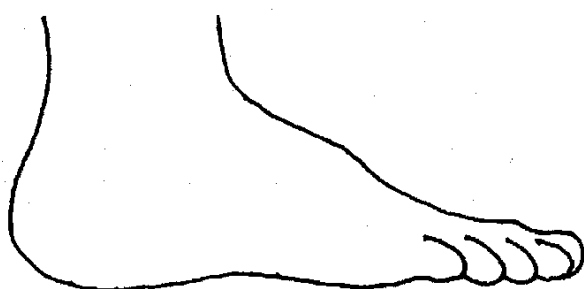


R

INNER

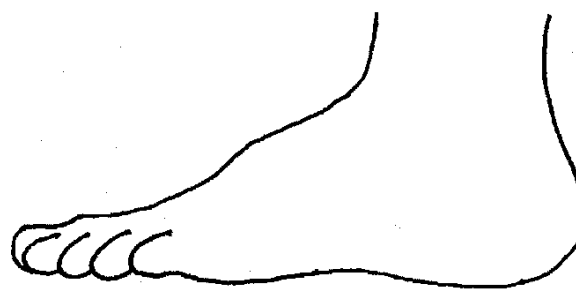


L



R

OUTER



L

Printed Name, Signature and Job title of staff:

.....