



## **Safeguarding Children Policy**

**Inspire to Speak Ltd**



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Organisation: Inspire to Speak Ltd

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**Policy owner:** Alexander McMillan, Speech and Language Therapist

**Organisation:** Inspire to Speak Ltd

**Policy approved by:** Alexander McMillan

**Date approved:** 06/06/2026

**Date of next review:** 06/06/2027

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### **Professional registrations:**

- Health and Care Professions Council (HCPC) Registration no. **SL35057**
- Royal College of Speech and Language Therapists Membership no. RC0036053 Association of Speech and Language Therapists in Independent Practise (ASLTIP) Membership no. 3751
- Enhanced DBS check - DBS Certificate no: **001799775160**
- Information Commissioner's Office (ICO): <https://ico.org.uk/ESDWebPages/Entry/ZA838262>

## **1. Accessibility of this document**

This policy is available to view at: [www.Inspiretospeak.co.uk](http://www.Inspiretospeak.co.uk)

A PDF copy can be provided on request.

## **2. About Inspire to Speak Ltd**

Inspire to Speak Ltd provides independent speech and language therapy services to children and young people. Services may take place in family homes, educational settings, community settings or online via teletherapy.

Inspire to Speak Ltd is owned and operated by Alexander McMillan, Speech and Language Therapist. Alexander McMillan is the sole clinician and the named person responsible for safeguarding within the practice.

This policy applies to Alexander McMillan, to any student Speech and Language Therapists working under Alexander McMillan's supervision, as it relates to confidentiality, data protection, secure handling of information, and reporting any safeguarding concern immediately to Alexander McMillan.

The business does not employ any other clinical staff, volunteers, sessional workers or agency staff.

## **3. Purpose of this policy**

The purpose of this policy is to:

- protect children and young people who receive services from Inspire to Speak Ltd;
- promote the welfare and safety of children and young people;



- set out what Alexander McMillan will do if there is a safeguarding or child protection concern;
- clarify how safeguarding information will be recorded, stored and shared;
- clarify the responsibilities of any student Speech and Language Therapist working under Alexander McMillan's supervision;
- support safe, proportionate and professionally accountable safeguarding practice within a small independent speech and language therapy practice.

For the purposes of this policy, a **child** means anyone under the age of 18.

#### 4. Policy statement

Inspire to Speak Ltd believes that:

- children and young people should never experience abuse, neglect or exploitation;
- the welfare of the child is paramount;
- safeguarding is everyone's responsibility;
- children and young people have the right to be listened to, respected and taken seriously;
- children with speech, language and communication needs may require additional support to understand, communicate or disclose safeguarding concerns;
- disabled children and children with additional needs may be more vulnerable to abuse, neglect, misinterpretation or having their concerns overlooked;
- safeguarding practice should be child-centred, trauma-informed, proportionate and professionally accountable;
- working in partnership with children, young people, parents, carers and other professionals is essential in promoting children's welfare.

Inspire to Speak Ltd recognises that all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, communication needs, family circumstances or background, have an equal right to protection from harm.

#### 5. Guidance and legislation informing this policy

This policy has been written with reference to current statutory and professional guidance, including:

- Working Together to Safeguard Children 2026;
- Keeping Children Safe in Education 2025, where work takes place in schools or colleges;
- Information sharing advice for safeguarding practitioners;
- Female Genital Mutilation mandatory reporting duty;



- Prevent duty guidance;
- DBS guidance on regulated activity with children;
- Health and Care Professions Council Standards of Conduct, Performance and Ethics;
- relevant local safeguarding children partnership procedures, including East Sussex safeguarding procedures where applicable.

Keeping Children Safe in Education is statutory guidance for schools and colleges. It does not apply to Inspire to Speak Ltd in the same way as it applies to a school or college. However, it is relevant when Alexander McMillan works in education settings, because he will work within the safeguarding arrangements of the setting and report concerns through the setting's safeguarding procedures.

## **6. Named safeguarding responsibility**

Alexander McMillan is the named person responsible for safeguarding within Inspire to Speak Ltd.

As a sole clinician, Alexander McMillan is responsible for:

- maintaining appropriate safeguarding training;
- understanding and following relevant local safeguarding procedures;
- seeking safeguarding advice where needed;
- making referrals where there is concern that a child may be at risk of harm;
- keeping accurate safeguarding records;
- sharing information appropriately and lawfully;
- ensuring that any student Speech and Language Therapist working under his supervision understands what to do if they have a concern about a child;
- reviewing this policy at least annually, or sooner if legislation, guidance, local procedures or service delivery changes.

## **7. Commitment to safer practice**

Alexander McMillan will seek to keep children and young people safe by:

- valuing, listening to and respecting them;
- taking account of children's communication needs and making reasonable adjustments where needed;
- maintaining professional boundaries at all times;
- using professional communication channels;
- avoiding personal social media contact with children and young people;



- following safeguarding and child protection procedures;
- keeping safeguarding training up to date;
- maintaining appropriate DBS checks;
- recording and storing information securely;
- sharing safeguarding information with appropriate people and agencies when necessary;
- following the safeguarding policy and procedures of any education setting where therapy is taking place;
- acting promptly where there is a concern about a child's safety or welfare.

### **8. Safeguarding in education settings**

When working in a school, college, nursery or other education setting, Alexander McMillan will:

- follow the setting's safeguarding and child protection policy;
- report concerns to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead without delay;
- comply with visitor, safer working, record-keeping and information-sharing procedures;
- seek clarification from the setting if he is unsure about local safeguarding arrangements;
- maintain his own professional responsibility to act if he believes a child is at risk.

If a concern arises in an education setting, the usual route will be to report the concern to the setting's Designated Safeguarding Lead. However, if Alexander McMillan believes that a child is at immediate risk, or that the setting's response is insufficient, he will seek further advice or make a referral directly to children's social care or the police as appropriate.

### **9. Safeguarding during home visits**

When working in a child's home, Alexander McMillan will:

- maintain professional boundaries;
- ensure parents/carers understand the nature and purpose of therapy sessions;
- consider whether another responsible adult should be present or nearby, depending on the child's age, needs and context;
- remain alert to environmental, behavioural or interactional concerns;
- record and act on any safeguarding concerns arising before, during or after the visit;
- contact the relevant children's social care service, local safeguarding route or police where needed.



## 10. Safeguarding during teletherapy

When providing teletherapy, Alexander McMillan will take reasonable steps to:

- use a secure and appropriate online platform;
- confirm that the child is in a suitable and safe location for the session;
- confirm that a responsible adult is available or contactable where appropriate;
- maintain professional boundaries online;
- be alert to concerns arising from what is seen, heard or disclosed during the session;
- act promptly if a child appears to be at risk during an online session.

If a child appears to be at immediate risk of harm during a remote session, Alexander McMillan will contact emergency services and/or the relevant children's social care service.

## 11. Confidentiality and information sharing

Alexander McMillan has a duty of confidentiality to children, young people and families. However, confidentiality is not absolute.

Information may be shared without consent where this is necessary to safeguard a child or another person, where seeking consent would increase risk, where seeking consent would cause unjustified delay, where it may prejudice an investigation, or where there is another lawful basis or professional duty to share information.

Where appropriate, Alexander McMillan will seek consent before sharing information. However, safeguarding concerns will not be withheld because consent has not been given if sharing is necessary and proportionate to protect a child or another person from harm.

When safeguarding information is shared, Alexander McMillan will record:

- what information was shared;
- who it was shared with;
- when it was shared;
- the reason for sharing;
- whether consent was sought or not sought;
- the outcome or advice received.



## 12. Procedure if a child makes a disclosure

If a child or young person discloses abuse, neglect or harm, Alexander McMillan will:

- stay calm;
- listen carefully;
- allow the child to speak in their own words;
- avoid asking leading questions;
- reassure the child that they have done the right thing by telling;
- avoid promising confidentiality;
- explain that information may need to be shared to help keep them or someone else safe;
- record the child's words as accurately as possible;
- act promptly in line with this policy.

Alexander McMillan will not investigate the concern herself. Investigation is the role of statutory agencies.

If the disclosure happens in an education setting, Alexander McMillan will report it to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead without delay, unless doing so would increase risk or compromise a statutory process.

If the disclosure happens outside an education setting, Alexander McMillan will contact the relevant children's social care service, local safeguarding route, NSPCC helpline or police, depending on the level of risk.

If there is an immediate risk of harm, Alexander McMillan will call **999**.

## 13. Procedure if there is a safeguarding concern

A safeguarding concern may arise from:

- something a child says;
- something a parent, carer or other adult says;
- something observed during therapy;
- something identified through records, correspondence, referral information or administrative processing;
- changes in a child's presentation, behaviour or communication;
- concerns about neglect, emotional abuse, physical abuse, sexual abuse or exploitation;
- concerns about online harm;



- concerns about domestic abuse or harmful adult behaviour affecting the child;
- concerns about another professional's conduct;
- concerns about radicalisation, exploitation, trafficking, FGM or other specific forms of harm.

Where there is an immediate risk of harm, Alexander McMillan will call **999**.

Where there is no immediate danger but there is a safeguarding concern, Alexander McMillan will:

1. make a factual written record;
2. seek advice from the relevant safeguarding route if needed;
3. report to the school or setting's Designated Safeguarding Lead if the concern arises in an education setting;
4. contact the relevant children's social care service if the concern arises outside an education setting or if direct referral is needed;
5. follow up in writing where required;
6. store the record securely.

#### **14. Local safeguarding contact route**

For children living in East Sussex, the SPoA is the main contact route for safeguarding.

Contact information can be found here:

<http://sussexsafeguardingchildrenprocedures.co.uk/contact/local-contacts/#east>

#### **Contacting SPoA**

Telephone: **01323 464 222**, Monday to Thursday 8.30am to 5pm and Friday 8.30am to 4.30pm.

#### **Immediate danger:**

999

For children who live outside East Sussex, Alexander McMillan will contact the relevant local authority children's social care service for the area where the child lives, or the police if there is immediate risk.

#### **15. Allegations against adults who work with children**

If an allegation or concern is raised about an adult who works with children, including a professional, volunteer, contractor, school staff member, therapist or other adult in a position of trust, Alexander McMillan will consider whether the concern meets the threshold for advice or referral to the relevant Local Authority Designated Officer / allegations management service.



This includes concerns that the adult may have harmed a child, may have committed a criminal offence against or related to a child, may have behaved in a way that indicates they may pose a risk of harm to children, or may be unsuitable to work with children.

If the allegation arises in a school or education setting, Alexander McMillan will report the concern to the headteacher, Designated Safeguarding Lead or appropriate senior person in line with the setting's policy, unless doing so would increase risk or compromise a statutory process.

If the allegation is about the headteacher or senior safeguarding lead, Alexander McMillan will follow the school's procedure for allegations about senior staff and/or seek advice directly from the local authority.

If there is an immediate risk of harm, Alexander McMillan will call **999**.

### **16. Concerns about Alexander McMillan or Inspire to Speak Ltd**

If a safeguarding concern or allegation is made about Alexander McMillan or the conduct of Inspire to Speak Ltd, Alexander McMillan will take the concern seriously, will not investigate the concern herself where external referral or advice is required, will seek advice from the relevant Local Authority Designated Officer (LADO) / allegations management service where the concern relates to harm or possible harm to a child, will cooperate with any statutory, professional or regulatory process, and will notify relevant professional or regulatory bodies where required.

Any person - including a parent, carer, education setting, professional colleague may raise a safeguarding concern or allegation about Alexander McMillan directly and independently, without needing to raise the concern with Alexander McMillan first. Concerns can be raised through any of the following routes:

The East Sussex LADO service can be contacted via the SPoA above.

Referrals can also be made using the LADO referral form on the East Sussex Safeguarding Children Partnership website. This address for this is:

<https://www.eastsussex.gov.uk/children-families/professional-resources/lado/form-lado-referral>

The Health and Care Professions Council (HCPC), which is Alexander McMillan's statutory regulator, for fitness to practise concerns. Information about raising a concern is available at [www.hcpc-uk.org](http://www.hcpc-uk.org).

The police, by calling 999 if there is an immediate risk of harm, or 101 for non-emergency concerns.

Contact the Single point of access here:

<https://www.sussexsafeguardingchildrenprocedures.co.uk/contact/local-contacts/#east>

Phone: 01323 464222 / Email: [0-19.SPOA@eastsussex.gov.uk](mailto:0-19.SPOA@eastsussex.gov.uk)

If the concern arises in an education setting, the person raising the concern may also report it to the headteacher, Designated Safeguarding Lead or appropriate senior person in the setting, who will follow their own procedures for managing allegations about professionals.



## **18. Female Genital Mutilation**

Female Genital Mutilation is child abuse and is illegal.

If, in the course of his professional duties, Alexander McMillan is informed by a girl under 18 that she has undergone FGM, or observes visual evidence that appears to show that FGM has been carried out, he will report this to the police in line with the mandatory reporting duty. Alexander McMillan is not expected to examine a child for signs of FGM.

Concerns that a girl may be at risk of FGM, or concerns that do not meet the mandatory reporting threshold, will still be treated as safeguarding concerns and managed through usual safeguarding procedures.

## **19. Prevent and radicalisation**

Concerns that a child or young person may be susceptible to radicalisation or being drawn into terrorism will be treated as safeguarding concerns.

Alexander McMillan will seek advice from the appropriate safeguarding route, such as:

- the school or setting's Designated Safeguarding Lead, if the concern arises in an education setting;
- the local authority safeguarding route;
- police, if there is an immediate risk.

## **20. Online harm and digital safeguarding**

Alexander McMillan recognises that children may experience harm online as well as offline. This may include:

- grooming;
- sexual exploitation or abuse;
- bullying or harassment;
- exposure to harmful or inappropriate content;
- coercive or controlling behaviour online;
- image-based abuse;
- radicalisation;
- exploitation through games, social media or messaging platforms.

Concerns about online harm will be treated as safeguarding concerns and acted on in line with this policy.



## 21. Children with speech, language and communication needs

Children with speech, language and communication needs may face additional safeguarding barriers. They may:

- have difficulty understanding what has happened;
- have difficulty explaining events clearly;
- use behaviour, avoidance or distress to communicate that something is wrong;
- be more reliant on adults for interpretation;
- be more vulnerable to being misunderstood or not believed;
- need additional time, visual support, AAC or other communication support to express concerns.

Alexander McMillan will take children's communication needs into account when listening to them, recording concerns and sharing information with safeguarding agencies.

## 22. Record keeping

Safeguarding records will be:

- factual;
- accurate;
- dated;
- signed or clearly attributable;
- written as soon as possible after the concern, disclosure or incident;
- clear about what was observed, heard, said and done;
- clear about what is fact and what is professional opinion;
- stored securely;
- shared only with those who need to know.

Safeguarding records will be kept separately from routine clinical notes where appropriate.

Paper records will be stored securely in a locked cabinet. Electronic records will be stored securely using appropriate access-controlled systems.



Records will be retained in line with Inspire to Speak Ltd's data protection and clinical record retention procedures.

For children and young people, safeguarding records will usually be retained until the child's 25th birthday, or 26th birthday if the young person was 17 at the conclusion of therapy. If a child dies before this point, retention will be considered in line with applicable health record guidance and any relevant legal, safeguarding or professional advice.

Records may be retained for longer where this is necessary, proportionate and justified, for example where there has been a significant safeguarding concern, complaint, legal claim, ongoing dispute, professional/regulatory requirement or other safeguarding reason for longer retention.

### **23. DBS and suitability**

Alexander McMillan maintains an Enhanced DBS check appropriate to his role as an independent Speech and Language Therapist working with children.

Evidence of DBS status can be made available to families and settings on request.

### **24. Training and professional development**

Alexander McMillan will maintain safeguarding knowledge and training appropriate to his role as an independent Speech and Language Therapist working with children and young people.

Training and CPD may include:

- child protection and safeguarding children;
- information sharing;
- online safety;
- FGM
- Prevent;
- safer working practice;
- local safeguarding procedures;
- professional standards and record keeping.

Training will be reviewed and refreshed regularly.

### **25. Students working under supervision**

If a student Speech and Language Therapist works under Alexander McMillan's supervision, they will be required to:



- read this safeguarding policy;
- understand how to raise a safeguarding concern;
- report any concern immediately to Alexander McMillan;
- follow the safeguarding procedures of any education setting in which they are placed and maintain confidentiality and professional boundaries;
- understand that they must not investigate safeguarding concerns themselves.

Alexander McMillan will remain responsible for ensuring that any student understands and follows safeguarding procedures while working under his supervision.

## **26. Review of this policy**

This policy will be reviewed at least annually, or sooner if:

- statutory guidance changes;
- local safeguarding procedures change;
- the nature of the service changes;
- a safeguarding incident identifies a need for review;
- professional or regulatory requirements change.



## **Appendix 1: Definitions of abuse and neglect**

The following definitions are based on current statutory safeguarding guidance.

### **Abuse**

Abuse is a form of maltreatment of a child. A child may be abused by an adult or adults, or by another child or children. Abuse may happen in the family, in an institution, in a community setting, online, or in other contexts.

### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development.

It may involve:

- conveying to a child that they are worthless, unloved or inadequate;
- silencing a child or preventing them from expressing their views;
- making fun of what they say or how they communicate;
- imposing age-inappropriate or developmentally inappropriate expectations;
- overprotection or limitation of exploration and learning;
- preventing normal social interaction;
- seeing or hearing the ill-treatment of another person;
- serious bullying, including cyberbullying;
- exploitation or corruption.

Some level of emotional abuse is involved in all types of maltreatment, although it may also occur alone.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. This may involve physical contact or non-contact activities.

Sexual abuse may include:



- assault by penetration;
- non-penetrative sexual acts;
- involving children in looking at or producing sexual images;
- exposing children to sexual activity;
- encouraging children to behave in sexually inappropriate ways;
- grooming a child in preparation for abuse, including online.

Sexual abuse is not only perpetrated by adult males. Women can also commit sexual abuse, as can other children.

### **Neglect**

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

Neglect may include failure to:

- provide adequate food, clothing or shelter;
- protect a child from physical or emotional harm or danger;
- provide adequate supervision;
- ensure access to appropriate medical care or treatment;
- respond to a child's basic emotional needs.

## **Appendix 2: Possible indicators of abuse, neglect or exploitation**

The presence of one or more indicators does not prove abuse. However, concerns should be recorded, considered and acted on where appropriate.

### **Possible indicators of physical abuse**

- unexplained injuries;
- injuries inconsistent with the explanation given;
- bruising, burns, bites, fractures or untreated injuries;
- repeated injuries;
- fear of adults or reluctance to seek medical help;
- wearing clothing that may be intended to cover injuries;
- explanations that change or do not fit the injury.



### **Possible indicators of emotional abuse**

- extreme withdrawal, fearfulness or anxiety;
- unusually compliant behaviour;
- low self-esteem;
- developmental, emotional or social delay;
- self-harm;
- aggression or passivity;
- excessive fear of making mistakes;
- sudden changes in speech, communication or behaviour;
- parent/carer interaction that appears persistently critical, rejecting or hostile.

### **Possible indicators of sexual abuse**

- sexual knowledge or behaviour inappropriate for developmental level;
- pain, soreness or injury to genital, anal or mouth areas;
- recurrent urinary tract infections or unexplained abdominal pain;
- sexually transmitted infection;
- pregnancy in a child;
- sudden changes in behaviour, mood or presentation;
- withdrawal, anxiety, self-harm or eating difficulties;
- unexplained gifts, money or secrecy.

### **Possible indicators of neglect**

- persistent hunger or tiredness;
- poor hygiene;
- unsuitable clothing;
- untreated medical or dental needs;
- poor growth or faltering development;
- frequent lateness or non-attendance at school;
- lack of appropriate supervision;
- repeated accidents or injuries;



- emotional unavailability or lack of response from carers.

### **Possible indicators of exploitation, online harm or grooming**

- secrecy around phone, gaming or online activity;
- unexplained gifts, money or new possessions;
- sudden changes in behaviour or peer group;
- going missing or being collected by unknown adults;
- sexualised language or behaviour;
- anxiety, fearfulness or withdrawal after online activity;
- reluctance to explain who they are communicating with.

### **Appendix 3: Source-checking list**

The following sources should be checked when reviewing this policy. They are included for transparency and to support future policy updates.

1. **Working Together to Safeguard Children 2026**

GOV.UK statutory guidance for safeguarding children in England.

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

2. **Working Together to Safeguard Children 2026: summary of changes**

GOV.UK summary of the 2026 changes.

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2/working-together-to-safeguard-children-2026-summary-of-changes>

3. **Keeping Children Safe in Education 2025**

Statutory guidance for schools and colleges in England. Relevant when working in education settings.

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

4. **Information sharing advice for safeguarding practitioners**

GOV.UK guidance on information sharing for safeguarding purposes. This is non-statutory guidance and should be read alongside Working Together.

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

5. **Female Genital Mutilation mandatory reporting duty**

GOV.UK procedural information for regulated health and social care professionals and teachers.



<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

6. **FGM mandatory reporting in healthcare**

GOV.UK support documents for healthcare professionals.

<https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare>

7. **Prevent duty guidance**

GOV.UK guidance on the Prevent duty.

<https://www.gov.uk/government/publications/prevent-duty-guidance>

8. **DBS guidance on regulated activity with children**

GOV.UK guidance on DBS eligibility and regulated activity with children.

<https://www.gov.uk/government/publications/dbs-guidance-leaflets/regulated-activity-with-children>

9. **HCPC Standards of Conduct, Performance and Ethics**

Professional standards relevant to confidentiality, boundaries, raising concerns and information sharing.

<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>



## **Appendix 4: Safeguarding incident / concern recording form**

**Date and time of incident or concern:**

**Date and time this record was written:**

**Name of person completing this record:**

**Role:**

**Name of child or young person:**

**Date of birth / age, if known:**

**Address / school / setting, if relevant:**

**Parent/carer names, if relevant:**

**Location of incident or concern:**

**Other people present:**

### **Record of concern, disclosure or incident**

Record as accurately as possible. Use the child's own words where possible. Do not interpret or investigate.

**What was seen, heard or disclosed?**

**Exact words used by the child or young person, where possible:**



**What did you say or do?**

**Any visible signs, behaviour, tone of voice, emotional presentation or contextual information:**

**Professional opinion, if relevant — clearly marked as opinion:**

**Action taken**

**Was there immediate risk of harm?**

Yes / No

**Was 999 called?**

Yes / No / Not applicable

**Was the school/setting DSL informed?**

Yes / No / Not applicable

**Name and role of DSL/person informed:**

**Date and time informed:**

**Was children's social care contacted?**

Yes / No

**Name of service/local authority:**

**Name of person spoken to:**

**Date and time:**

**Advice received:**

**Was the police contacted?**

Yes / No

**Details:**

**Were parents/carers informed?**

Yes / No



**If no, explain why:**

**Information sharing**

**What information was shared?**

**Who was it shared with?**

**Reason for sharing:**

**Was consent sought?**

Yes / No

**If consent was not sought or was overridden, record reason:**

**Follow-up actions**

**Signed:**

**Date:**