Children and Young People Safeguarding Policy
September 2026

1. Purpose

United Response is committed to ensuring every child and young person grows up safe, healthy, and supported, with their wellbeing as a top priority. Children have the right to be free from harm, abuse, and neglect.

In this policy a child will include anyone who is less than 18 years of age and is inclusive of the terms: baby, toddler, infant and young person. The reference to a 'child' within this policy will also include young people aged 16-25 who have an Education, Health & Care Plan and are within education as legislation such as Working together to safeguard children - GOV.UK (www.gov.uk)

This policy aims to reduce the risk of safeguarding incidents, minimize harm, and prevent reoccurrence.

We are committed to:

- Promoting child and young people safeguarding and expect all staff to share this responsibility.
- Zero tolerance for child abuse.
- Raising awareness that safeguarding is everyone's responsibility.
- Preventing harm or abuse.
- Maintaining and regularly reviewing safeguarding policies.
- Reporting any concerns or incidents of harm.
- Protecting children who have been harmed.
- Providing safeguarding training for all staff.
- Offering support to staff involved in safeguarding cases.

2. Who is this policy for?

This policy applies to everyone involved with United Response, including permanent staff, agency workers, volunteers, trainers, consultants, and anyone commissioned to work for the company. It should be read alongside our Adult Safeguarding Policy and the policy specific to our Education, Skills, and Employment services.

Whether you work directly with children or adults, you may encounter situations where a child is at risk or has been harmed, such as:

- Witnessing an incident
- Receiving a disclosure from a child
- Being informed by an adult or child about harm.

3. Care Quality Commission (CQC) Compliance

This policy supports compliance with the following key questions. The service is:

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED

✓	✓	✓	✓	✓

4. Care Inspectorate Wales (CIW) Compliance

This Policy supports compliance with the following key themes:

WELLBEING	CARE AND SUPPORT	LEADERSHIP AND MANAGEMENT	ENVIRONMENT
✓	✓	✓	✓

Content of the Children and Young People Safeguarding Policy

The aim of this policy is to provide information on:

- The legislative frameworks and statutory guidance in England and Wales for working with at-risk children.
- Key documents workers should be familiar with.
- Categories of abuse and neglect.
- Responsibilities of United Response workers, including the duty to report any witnessed or suspected harm/abuse.
- How to report safeguarding concerns.
- The importance of record-keeping and whistleblowing.
- Ensuring staff receive regular and relevant safeguarding training.

All workers are expected to read this document alongside our Safeguarding Adults Policy, Safeguarding Adults, Children and Young People Guidance and our Education Safeguarding Procedure.

5. Legal Frameworks

United Response provides services in England and Wales; each of which function under different legislation and statutory guidance. All employees are expected to understand the legislation and guidance which relates to their local area or to an area where they visit to support people.

England deals with the safeguarding of children and adults under separate legislation. In Wales, new safeguarding statutes apply to both children and adults. For further information on legislation relating to children, please refer to our Safeguarding Guidance.

1) England

- Children Act 1989 and 2004: Establishes the legal framework for protecting children and promoting their welfare.
- Working Together to Safeguard Children (2018): Sets out how organizations should work together to safeguard and promote the welfare of children.
- Keeping Children Safe in Education (2026): Provides guidance for schools and educational settings on safeguarding responsibilities.
- The Care Act 2014: Covers safeguarding adults, with relevance to young people transitioning to

adulthood.

2) **Wales**

Almost all of the above legislation applies to Wales as well as in England. However, the safeguarding of children is now also dealt with under Social Services and Well-being (Wales) Act 2014.
Specific Guidance includes:
"Working Together to Safeguard People" (Welsh Government Guidance)
"Keeping Learners Safe" (Welsh Government Guidance)

6. Key Principles/Child Centred Approach

All the legislation and guidance outlined above uses the following key principles of Safeguarding:

- The Welfare of the Child is Paramount- The child's well-being and safety must always be the primary concern in any safeguarding action. Decisions should prioritize what is in the best interests of the child, even if it conflicts with other interests or considerations.
- Prevention- Preventing harm to children before it occurs is a core principle. This involves identifying risks early, providing support to families and children, and creating environments where children can thrive safely. You should focus on early intervention, recognizing signs of potential harm, and providing timely support to prevent issues from escalating.
- Protection- This principle emphasizes the need to protect children from harm. It involves identifying children at risk, taking prompt action to protect them, and ensuring that those who pose a risk are effectively managed.
- Partnership- Effective safeguarding requires collaboration between all agencies and professionals involved in a child's life, including social services, health, education, and law enforcement.
- Accountability- Organizations and professionals must be accountable for their role in safeguarding children. This includes having clear policies, regular training, and effective oversight mechanisms.
- Equality and Non-Discrimination- All children have the right to be protected from harm regardless of their race, gender, religion, disability, or background.

Child-Centred Approach

- Listening to the Child- A child-centred approach requires actively listening to children and taking their views seriously. Children should be encouraged to express their feelings and concerns, and these should be factored into decision-making processes. You should create safe spaces for children to communicate openly, using age-appropriate methods to ensure their voices are heard.
- Understanding the Child's Experience- Safeguarding efforts should consider the child's perspective, experiences, and individual circumstances. This involves understanding their home environment, social relationships, and any factors that might impact their well-being.
- Empowerment- Children should be empowered to understand their rights and know how to seek help if needed. This involves educating children about safeguarding in a way they can understand and encouraging them to take an active role in their own protection.
- Respecting the Child's Dignity- All actions taken in the name of safeguarding should respect the child's dignity and privacy. Children should be treated with care, respect, and sensitivity, particularly in difficult situations.

- Focusing on Outcomes- A child-centred approach is outcomes-focused, meaning that safeguarding efforts should aim to improve the overall well-being and future prospects of the child, not just to remove immediate risks.
- Consistency and Continuity- Children benefit from consistent support from trusted adults. A child-centred approach involves maintaining continuity in the support and services provided to children, helping them build stable and trusting relationships.

A child-centred approach to safeguarding is essential for ensuring that the rights, dignity, and well-being of children and young people are protected. By prioritizing the child's perspective, promoting collaboration among professionals, and focusing on positive outcomes, safeguarding efforts can more effectively protect children from harm and support their overall development.

In Wales there are two main principles in safeguarding children:

Effective safeguarding arrangements in every local authority area should be underpinned by two key principles:

• safeguarding is everyone's responsibility: for services to be effective each practitioner and organisation must play their full part both individually and in collaboration; and

• a child-centred approach: for services to be effective they should be based on a clear understanding of the personal outcomes for the child and what matters to them. The rights of the child should be central to the approach and their best interests should always be paramount.

7. Safeguarding and Child Protection

For a long time, the term 'child protection' predominated and it is still used today. The term 'safeguarding' is now familiar to most professionals/workers although in terms of history and practice it is fairly new. Therefore, it is important that you understand how the two link together because child protection is an intrinsic part of the safeguarding process.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes

Child protection: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm

8. Key Definitions

Although legislative frameworks differ, there is a shared understanding of key definitions in safeguarding children. Below are definitions adopted by United Response, which form the basis of this policy.

A child is defined by the Children Act 1989 as anyone under 18 years old.

A Child in Need (Children Act 1989, Section 17(10)) is a child who:

is unlikely to maintain a reasonable standard of health or development without local authority services, whose health or development is likely to be significantly impaired without such services,
or is disabled.

In Wales, a "child at risk" is one experiencing or at risk of abuse, neglect, or harm and has care and support needs.

A Looked After Child is accommodated by a local authority under an Interim Care Order, Full Care Order, Emergency Protection Order, or is placed for adoption. They may live with parents, foster carers, in Children's Homes, Secure Accommodation, or with prospective adopters.

A young carer, as per the Children and Families Act 2014, is someone under 18 who regularly provides significant care to another person.

Child abuse involves inflicting harm or neglecting to prevent harm, which may occur in person or online, and can be perpetrated by adults or other children.

Safeguarding children involves:

- protecting children from maltreatment,
- preventing impairment of their health or development,
- ensuring safe and effective care,
- and taking action to ensure the best outcomes for all children.
- Child protection is part of safeguarding and refers to protecting children suffering or likely to suffer significant harm.

9. Abuse, harm and significant harm

When a child is mistreated, abused or neglected they are likely to experience harm, which can be physical and/or emotional. The general definition of harm is:

…ill-treatment or the impairment of health or development

In child protection work the term ‘significant harm’ has always been used.

The definition was expanded in 2002 (Section 120 *Adoption and Children Act 2002)* to include:

‘*harm*’ means ill-treatment or the impairment of health and development, including for example, impairment suffered
from seeing or hearing the ill-treatment of another;
‘*development’* means physical, intellectual, emotional, social or behavioural development;

'*health*' means physical or mental health; and
'*ill-treatment*' includes sexual abuse and forms of ill-treatment which are not physical.

Significant harm is the threshold that justifies compulsory intervention in family life. However, there is no clear legal definition or absolute criteria which means that it can be open to interpretation. The legislation does not define the difference between harm and significant harm. Therefore, when gathering evidence consideration should be given to:

- Severity of ill-treatment – degree and extent of physical harm
- Duration
- Frequency
- Extent of pre-meditation/intent

There is now an expectation that local areas will be produce a document on **threshold criteria**, which clearly states the criteria for accessing help for children and their families. The document should address:

- How Early Help can be accessed
- Criteria for assessment
- Criteria for investigation

10. Categories of Child Abuse

Since the Children Act 1989, there have been four categories of abuse:
Physical abuse involves acts such as hitting, shaking, poisoning, burning, or otherwise causing harm to a child. It also includes fabricating or inducing illness in a child.

Sexual abuse entails forcing or enticing a child into sexual activities, which can involve physical contact (like rape or oral sex) or non-contact activities (such as exposure to sexual content or grooming). Women and children can also perpetrate sexual abuse.

Neglect is the persistent failure to meet a child's basic needs, leading to significant impairment of health or development. It may involve inadequate food, shelter, supervision, or access to medical care, as well as emotional neglect.

Emotional abuse involves persistent maltreatment that affects a child's emotional development. It can include making a child feel unloved, imposing inappropriate expectations, witnessing ill-treatment, or serious bullying. Emotional abuse is part of all forms of maltreatment.

Financial abuse (Wales only) includes not meeting a child's care needs provided through direct payments or complaints of missing personal property.

Employees should familiarize themselves with these definitions and refer to resources like Appendix 1 (What constitutes child abuse?) and Appendix 2 (Signs and symptoms of child abuse). Training will cover abuse indicators and its long-term effects.

11. Other Considerations

Over the past three decades, additional issues have been identified alongside the four main categories of child abuse. With the introduction of the term "safeguarding," the following aspects are now included in statutory guidance:

- Domestic abuse (including female genital mutilation, forced marriage, and honour-based violence)
- Modern slavery
- Child sexual exploitation
- Child criminal exploitation
- County lines
- Radicalisation
- Extremism

Each of these areas presents complex challenges and requires specialist training. Definitions for these issues are found in Appendix 3: Definitions of additional considerations in safeguarding children work.

Research shows that witnessing domestic violence can have both short- and long-term psychological effects on children. Understanding domestic abuse's role in safeguarding is essential, as well as knowing the role of the Multi-Agency Risk Assessment Conference (MARAC), which monitors local domestic violence cases. The DASH 2009 tool, with 27 closed questions, is used to assess risk in domestic violence situations.
Radicalisation and extremism have gained importance over the last decade and must be included in safeguarding training. Employees should be familiar with:

CONTEST (UK's counterterrorism strategy), which has four strands: prevent, pursue, protect, and prepare.
PREVENT, a part of CONTEST, focuses on working with vulnerable individuals at risk of being drawn into terrorist activity, targeting those who may be influenced by extremists.

12. Who abuses children and where can it happen?

A child may visit a number of different places and encounter a wide range of people, so it is important to keep an open mind who might be a perpetrator of abuse. A child could be abused by an adult, a young person or another child, who is known to them or who someone who is a complete stranger. One must not forget that children can be groomed and targeted online. The following people could harm/abuse a child but the list is not exhaustive:

- Relative
- Friend
- Neighbour
- Person in a position of trust
- Professional/worker

- Volunteer/advocate
- Stranger
- Gang/slave master

Where does abuse happen?

- Own home
- Nursery
- School
- Home of childminder/carer
- Venue of a club/group
- Institution e.g. hospital; children's home; young offender's unit; secure unit
- Online via different devices (mobile phones; I-pads, computers/laptops)

13. Safeguarding Partnerships and Boards

In England, the term 'partnership' is now used rather than 'board', but Wales has Safeguarding Boards. Each Partnership/Board will have its own website, where the local safeguarding children policy and procedures will be found along with other useful information e.g. changes to policies, safeguarding practice documents and forms; annual statistics; child practice reviews; child death reviews; training programmes. All workers at United Response should visit the local Safeguarding Partnership/Board website to keep up-to-date. You can speak to your manager for more information.

The main functions of a Safeguarding Children Partnership/Board are to:

- Ensure that safeguarding arrangements are in place to promote the wellbeing and safety of children.
- To produce and review regularly multi-agency policies and procedures.
- To monitor local practices.
- To produce annual statistics/annual report.
- To review training needs and promote training programmes.
- To conduct Safeguarding Children Practice Reviews, Child Death Reviews or Serious Case Management Reviews.

The functions do differ across England and Wales so the main functions have been included in **Appendix 4: Functions of safeguarding partnerships and boards.**

14. Early help

Legislation and guidance on Safeguarding Children emphasises the importance of early intervention. This is known as Early Help and is explained as follows:

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental

mental health issues or drug and alcohol misuse.

2. Effective early help relies upon local organisations and agencies working together to:
   - identify children and families who would benefit from early help
   - undertake an assessment of the need for early help
   - provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.

Statutory guidance states there may be potential need for early help for a child who is:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child.

15. Procedures

All workers at United Response should familiarize themselves with their local safeguarding children policy and procedures, available on the Safeguarding Children's Partnership/Board website, accessible through the Local Authority website.

When a worker becomes aware that a child may have been harmed or is at risk, they must report it immediately to their line manager, who will decide whether to refer the case to Children's Social Care. There are four main safeguarding routes:
Assessment
Investigation
Court proceedings
Accommodating a child
United Response staff may need to attend safeguarding meetings (e.g., strategy meetings, case conferences) and contribute to child protection plans. Key stages in the safeguarding process include:

Raising a concern:

Referral to Children's Social Care
Decision on assessment or enquiry (Children Act 1989, Sections 17 or 47)
Strategy discussion or meeting
Assessment or enquiry
Case conference (including child protection plan development)
Core group meetings
Review case conference

For more guidance, refer to Appendix 5: Procedures.

Best practice includes reporting concerns to a manager within 4 hours, with a decision on referral made within 24 hours. Written records should be completed within 48 hours.

Serious incidents involving death, abuse, arrest, victimization, or a person missing for over 24 hours must be reported to the Communications Team. Contact details:

ali.gunn@unitedresponse.org.uk (Head of Public Affairs, Policy & Communications)
sapphire.beamish@unitedresponse.org.uk (Press and Media Manager)

16. Child Safeguarding Practice Reviews and Child Death Reviews

For many years Serious Case Reviews (SCR) were set up to look at lessons which could be learnt when a child had been seriously injured or had died. The main purpose was to improve practice for the future – not to apportion blame. SCRs have now been replaced by different types of review:

1) Child Safeguarding Practice Reviews

These reviews will be conducted when there has been serious safeguarding incidents and it is thought that lessons can be learnt both locally and at a national level. The reviews are thought to be important to inform workers and organisations working with children and their families as well as policy-makers. Another purpose is to reduce the risk of similar serious incidents occurring in the future. The responsibilities for setting up review lie with the local safeguarding partners.

2) Child Death Reviews

This type of review will be conducted when a child has died and the objective is to learn what happened and the causes. Again, there is no aim to apportion blame but rather to learn lessons for practice and prevent future child deaths. Such reviews will be set up by the child death review partners.

It is expected that all workers will contribute to reviews if asked to do so. Also, United Response will allow access to documents if it is thought it will be helpful to the review.

17. Sharing Information

There are times when you may have some concerns about a child and may have doubts about whether you should report your concerns, because you are worried about what information they are allowed to

share and that they may be breaking confidentiality. Some doubts about whether to report may stem from the fact that the allegations have come from a third party. As already stated above it is imperative that there should be no delays in reporting.

If you think a child is at risk of harm then the child's welfare over-rides every other consideration i.e. it is of paramount importance. It is important for a worker to record that they are sharing information because they are acting in a child's best interests under the Children Act 1989.

In addition to acting lawfully under the Children Act 1989, there are 7 golden rules regarding the sharing of information which have been updated as follows:

The Seven golden rules for sharing information (including personal information):

1. All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.

2. When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child2and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.

3. You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm. You need a lawful basis to share information under data protection law, but when you intend to share information as part of action to safeguard a child at possible risk of harm,

4. Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case.

5. When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser or one of their associates.

6. Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services.

7. Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information.

Another consideration is regarding whether a child should be told that information is going to be shared. This will be dependent on the age of the child and his/her level of maturity and understanding, the situation they are living in and the possible consequences. It is important to work openly and honestly with a child whenever possible. However, if a child is likely to share the information (e.g. with the alleged abuser) which could put them more at risk or compromise any enquiry then some information may be withheld.

18. Training

All workers must undergo regular safeguarding training to ensure they are up-to-date with current practices and legislation. Training will be provided:

•On Induction: you will receive safeguarding training during your induction period.

•Annually: Refresher training will be provided at least once a year to ensure continued understanding and compliance.

•Specialised Training: Additional training will be provided for staff in specific roles, such as the Designated Safeguarding Lead.
The DSL will also provide ongoing support to workers to ensure they are confident in their safeguarding responsibilities.

Through undertaking training, workers will:

- Understand what safeguarding children work involves
- Be aware of the differences in legislation across England and Wales.
- Know where to access the relevant statutory guidance, policies and procedures
- Be clear what constitutes child abuse including statutory and wider categories of abuse.
- Have learnt about the signs and symptoms of child abuse.
- Be clear about their roles and responsibilities in relation to safeguarding children
- Know when and how to raise a concern; and what needs to be recorded
- Understand the safeguarding children process regarding assessment and enquiries

19. Contacts

If you have any queries or concerns regarding this guidance, please contact the relevant person.

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20. Document Control

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23. UNITED RESPONSE POLICIES

- Safeguarding Adults Policy
- Safeguarding in Education Policy
- Safeguarding Guidance

APPENDIX 1: What Constitutes Child Abuse?

The purpose of this appendix is to give more information about how the categories of child abuse are defined i.e. what actions might constitute abuse. It should be read when undertaking e-learning or after attending a training session. The appendix can also be used as checklist in day to-day practice.

Child abuse is defined as the harm or neglect of a child under the age of 18. It can include:

Physical abuse:
Physical abuse involves directing violence towards a child which may include things like hitting, shaking, scalding, drowning, throwing burning or poisoning.

Sexual abuse:
Sexual abuse includes sexual offenses against a child. It can include any activity that leads to sexual arousal plus voyeurism, exhibitionism, penetration: oral, vaginal, anal, rape and buggery. It can also include touching, hugging, kissing and non-penetrative acts (e.g. looking at pornographic material, watching sexual activity). Other forms of sexual abuse may be prostitution, sex trafficking, ritual abuse, satanic abuse and bestiality.

Emotional abuse:
Making a child feel inadequate, worthless, unloved, or frightened, or unfairly blaming them. Emotional abuse could include verbal abuse, sustained and repetition of negative emotion, lack of stimulation, rejection, exclusion, bullying, threats or being forced to witness physical or sexual abuse. It can be a lack

Neglect
Neglect is failing to care for a child properly. It is an act of omission. It can include lack of physical care: food drink, light, heat, clothing, hygiene and may be limited or non-existent emotional responsiveness. It could also be an absence of supervision and control or not seeking medical care when required. It may be a failure to provide the opportunity for social, emotional and cognitive development

Other forms of abuse include:
Fabricating or inducing illness: Convincing doctors that a child is more ill than they actually are
Other examples of child abuse include:

APPENDIX 2: Signs and Symptoms of Child Abuse

Identifying abuse in children can be challenging as symptoms vary and some children may hide their distress. Here are key indicators of different types of abuse:

Physical Abuse:
Injuries inconsistent with explanations or in unusual locations
Repeated or unexplained injuries, especially in non-mobile infants
Unexplained bruises, burns, bite marks, or fractures
Behavioural signs: fear of certain people, reluctance to undress, aggression, wearing excessive clothing, depression, withdrawn behaviour

Sexual Abuse:
Allegations or inappropriate sexual knowledge/behaviour for their age
Persistent bedwetting, severe sleep disturbances, or genital issues
Behavioural signs: excessive affection, insecurity, clinginess, depression, self-harm, secrecy, and unexplained gifts

Emotional Abuse:
Developmental delays, speech disorders, depression, aggression, anxiety, and changes in mood
Behavioural signs: excessive self-harm, stealing, low self-esteem, extreme shyness, and poor relationships with caregivers

Neglect:
Signs of poor health, malnutrition, or unhygienic conditions
Behavioural signs: poor concentration, stealing food, frequent lateness or absences from school, and reluctance to go home.
Understanding these signs helps in addressing and supporting children who may be suffering from abuse.

APPENDIX 3: Definitions of additional considerations in safeguarding children work

Domestic Abuse:
Domestic abuse includes any incident or pattern of controlling, coercive, or threatening behaviour, violence, or abuse between individuals aged 16 or older who are intimate partners or family members, regardless of gender or sexuality. It may involve psychological, physical, sexual, financial, or emotional abuse. Controlling behaviour is designed to make someone dependent by isolating them, exploiting their resources, or restricting their freedom. Coercive behaviour involves acts of assault, threats, or intimidation used to harm or frighten the victim.

Female Genital Mutilation (FGM):
FGM is the intentional alteration or injury of female genital organs for non-medical reasons. It involves partial or total removal of external genitalia, leading to severe health and psychological issues. FGM is a human rights violation and illegal in many countries, including the UK. The World Health Organization (WHO) classifies FGM into four types, ranging from clitoridectomy to other harmful procedures.

Forced Marriage:
A forced marriage occurs when one or both parties do not consent but are coerced into it through physical, psychological, or emotional pressure. This is different from an arranged marriage, which is legal if both parties agree. Forced marriage is considered abuse and a crime under UK law.

Honour-Based Violence:
Honour-based violence involves crimes like assault, imprisonment, or murder, committed to punish someone for supposedly bringing shame to their family or community by defying expected behaviors.

Modern Slavery:
Modern slavery refers to the exploitation of people through coercion, abuse of vulnerability, or force for labour, services, or other purposes. It is a crime under the Modern Slavery Act 2015 and can involve forced labour or servitude.

Child Sexual Exploitation (CSE):
CSE occurs when a child or young person is manipulated or coerced into sexual activity in exchange for something they want or need, or for the benefit of the perpetrator. CSE can happen through physical contact or online, and the victim may appear to consent but is being exploited.

Child Criminal Exploitation (CCE):
CCE involves coercing or manipulating a child into criminal activities in exchange for something they want or for the advantage of the perpetrator. This can happen through violence or threats, and, like CSE, can occur online.

County Lines:
County lines refer to gangs or organized networks that exploit vulnerable individuals, including children, to transport and sell drugs across regions, using dedicated phone lines.

Radicalisation:

Radicalisation is the process by which individuals come to support terrorism and extremist ideologies. Radicalisers use various methods, including unsupervised locations and materials, to influence vulnerable individuals.

Extremism:
Extremism involves vocal or active opposition to fundamental values such as democracy, the rule of law, and individual liberty. Extremists often target vulnerable individuals, fostering division and discrimination.

APPENDIX 4: Safeguarding Partnerships and Boards

In both England and Wales, safeguarding children is coordinated through multi-agency partnerships to ensure effective collaboration and protection from harm.

England: Safeguarding Partnerships

Local Safeguarding Children Partnerships (LSCPs). LSCPs replaced Local Safeguarding Children Boards in 2019. They are led by:

Local Authorities
Clinical Commissioning Groups (CCGs) or Integrated Care Systems (ICS)
Chief Officers of Police
LSCPs are responsible for:
Developing local safeguarding policies.
Ensuring effective information sharing.
Conducting safeguarding practice reviews.
Promoting training for safeguarding professionals.
LSCPs have flexibility in their structure and may form sub-groups to address specific issues like child sexual exploitation.

Wales: Safeguarding Boards

Regional Safeguarding Children Boards (RSCBs)

Established under the Social Services and Well-being (Wales) Act 2014, RSCBs cover six regions, including North Wales, Cardiff, and Gwent.

***Key agencies include local authorities, health boards, police, education, probation, and the voluntary sector.**

APPENDIX 5: Procedures

Every worker should read their local multi-agency safeguarding children's policy and procedures, so they are aware of when and how concerns should be reported; and what processes might follow. This can be found on your Local Authority website.

When to Raise a Concern

Here are examples of when a referral may be needed due to concerns about a child (this list is not exhaustive):

- Suspected mistreatment, abuse, or neglect of a child.
- A child discloses clear allegations of abuse.
- A child has an injury with no explanation, or the explanation doesn't match the injury.
- A non-mobile infant sustains an injury without a reasonable accidental explanation.
- Concerns arise that a child is suffering or likely to suffer significant harm from abuse or neglect.
- Additional concerns arise for a child with an open case in Children's Social Care.
- New concerns of significant harm for a child already receiving services as a child in need.
- A child is in contact with someone who may pose a risk, such as someone on the sex offender registry.
- A child is denied access to urgent or important medical services.
- A child is at risk of illegal activities such as prostitution, female genital mutilation, or trafficking.
- A child suffers or is likely to suffer harm from involvement in gang activity or violence.
- A child is exposed to domestic abuse by witnessing the ill-treatment of others.
- Any single incident of domestic violence in families with a child under 12 months (including unborn children).
- Concerns arise about forced marriage or honour-based violence.
- A child makes historical abuse allegations.
- Suspected fabricated or induced illness (formerly known as Munchausen's by Proxy).
- There are concerns about the welfare of an unborn child.

Action to take/The Process

Any worker of United Response who has a concern about a child should take action without delay. If the child is in immediate danger then you should contact the emergency services (police, ambulance or fire) straight away by dialling 999.

Step 1
- Ensure that the Young Person is safe
- Listen to them and assure them that you are here to keep them safe
- Do not promise to keep anything they say to you a secret

Step 2
- Inform your line manager or another senior manager by phone/or email in order to decide whether a referral should be made to Children's Social Care. If a referral is to be made to be made to Children's Social Care this should happen within one working day. You will have a meeting with your manager to discuss the concern.

Step 3
- Make sure that the concern has been read by Designated Safeguarding lead/deputy designated safeguarding lead - this may mean ringing or speaking in person. Steps 2 and 3 may occur out of order
- It is expected that every organisation should have a Designated Safeguarding Lead (DSL); in United Response this is the Service Manager.

Step 4
- If your concern is that a member of staff has harmed a child then you must contact your manager or the DSL who will subsequently contact People Services for advice. If your concern is about the DSL then you must contact the United Response Head of Safeguarding for Young People, Jenny Tremewan who may need to contact a Local Authority Designated Officer depicted below.

Step 5
- After the point of raising the concern, you must continue to liaise with your manager and/or the DSL as requested. They may contact you by email and/or phone for more information and to update you on actions taken.

In Children's Social Care, the Local Authority Designated Officer (LADO) handles concerns about workers who may have harmed a child. The LADO oversees cases, provides advice to employers, liaises with police, and ensures cases are handled promptly and fairly. A manager will decide whether to inform the LADO.

People in Positions of Trust (PiPOT) refers to situations where concerns or allegations arise about an individual working with children or young people who may pose a safeguarding risk. Such concerns should be managed in line with the Local Authority Designated Officer (LADO) procedures, where the allegation meets the relevant threshold, to ensure they are appropriately assessed and investigated.

Safeguarding children can involve assessment or investigation. An assessment is done if there's concern but no immediate risk, typically completed within 45 days. If it's a child protection issue, more urgent action, including removal and investigation, may occur.

Four safeguarding routes:

1. **Assessment**: For a child in need under Section 17 of the Children Act 1989.
2. **Investigation**: If a child is at risk of significant harm (Section 47).
3. **Court proceedings**: For supervision or care orders (Section 31).
4. **Accommodation**: If a child requires care (Section 20).

Children's Social Care determines the action after a referral. If a child is in immediate danger, emergency action like an Emergency Protection Order may be taken after a strategy discussion. For planned

investigations, if significant harm is likely, an initial case conference will occur, leading to a Child Protection Plan (CPP) if necessary.

If care proceedings are needed, various orders can be applied for, including:

- Emergency Protection Order
- Child Assessment Order
- Secure Accommodation
- Kinship Care
- Interim Care or Supervision Order.

Safeguarding meetings

When a referral is accepted, follow-up discussions often occur by phone. However, a strategy meeting is held when an investigation is planned, and a case conference is convened once the investigation is complete. United Response staff may be invited to these meetings if involved in the referral or holding relevant information. A child protection plan might be created, and a core group formed. Workers supporting children aged 16-18 may become involved in the core group. Review dates will be set for the protection plan.

Key terms to know for these meetings:

MAPPA: Monitors sexual and violent offenders who pose a public risk. Includes police, probation, and prison services.
MARAC: Focuses on victims of domestic violence, including children and unborn babies. It assesses risk and coordinates resources.
DASH tool: A risk assessment tool with 27 questions to assess harm risk for domestic abuse victims. It can be used by trained professionals or United Response staff.
Also, be aware of Achieving Best Evidence (ABE), which provides guidance for interviewing children and adults in criminal cases.