

#### 1. POLICY STATEMENT

United Response believes that every child<sup>1</sup> should be able to grow up and develop to their full potential. A child's health, safety and general wellbeing should always be of paramount importance. Throughout childhood and adolescence, a child should feel safe and supported. All children have the right to be free from harm, maltreatment, abuse and neglect.

United Response is committed to:

- Promoting the safeguarding and wellbeing of a child and expects all employees<sup>2</sup> to share this commitment.
- Zero tolerance of child abuse.
- Raising awareness about the abuse of children and promoting the fact that safeguarding children is everybody's business.
- Preventing the harm/abuse of a child.
- Having a robust safeguarding policy and procedures in place, which will be reviewed every two years or sooner if legislation or statutory guidance is introduced, changed or updated.
- Reporting any incidents, disclosures, suspicions or concerns raised that a child is being harmed/abused.
- Safeguarding a child who is harmed/abused.
- Providing a training programme for employees about safeguarding which includes the safeguarding of children.
- Providing supervision and support for employees who become involved in a safeguarding case or who have to whistle blow.

#### 2. WHO IS THE POLICY FOR?

The safeguarding children policy applies to all individuals involved in United Response. The term 'employee' is used in this policy to include: permanent members of staff, agency workers, volunteers, trainers, consultants and anyone else who is commissioned to work for the company. This policy should be read in conjunction with United Response's main safeguarding policy.

An employee who supports adults may wonder why it is necessary to have a safeguarding children's policy and why they have to read it. An employee could find themselves in a number of situations where they are made aware that a child has been harmed already or s/he could be harmed in the future. For example, an employee could:

- Witness an incident
- Be given a disclosure by a child
- Be told something about a child (by an adult or child).

<sup>1</sup> 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.

<sup>2</sup> The term 'employee' will be used in the policy document to include all employees, agency workers, volunteers, trainers, consultants and anyone who is commissioned to work for the company.

### 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
✓	✓	✓	✓

### 5. OBJECTIVES OF THE SAFEGUARDING CHILDREN POLICY

The aim of this safeguarding children policy is to provide information regarding:

1. The different legislative frameworks and statutory guidance in England and Wales which currently exist and should be adhered to when working with children who may be at risk of harm.
2. Key documents with which employees should become familiar.
3. The key definitions in safeguarding children's work and the 4 categories of child abuse.
4. What constitutes child abuse and how to recognise the different categories?
5. Explain the responsibilities of employees working for United Response in relation to safeguarding children i.e. that all employees have a duty to report any harm/abuse they have witnessed or that they suspect.
6. When and how to report a safeguarding/child protection concern and refer employees to the procedures which should be followed when a worker:
  - witnesses an incident
  - receives a disclosure about harm/abuse
  - has a concern that a child has been or could be harmed/abused in the future.
7. Confidentiality and sharing information.
8. Written records.

This is a policy document and in order to promote best practice it is expected that all employees will read this document thoroughly in conjunction with United Response's two other safeguarding policy documents: i) safeguarding policy ii) safeguarding adults.

### 6. LEGISLATION FRAMEWORKS

United Response provides services in England and Wales; all 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 a person we support (PWS).

England deals with the safeguarding of children and adults under separate legislation. In Wales, new safeguarding statutes apply to both children and adults.

#### 1) England

All child protection/safeguarding children's work is carried out under the *Children Act 1989 and Children Act 2004*.

#### 2) Wales

Almost all of the *Children Act 1989 and Children Act 2004* apply to Wales as well as in England. However, there have been some slight amendments since 2016. The safeguarding of children is now dealt with under the Section 28 of the *Children Act 2004* and Section 130 of the *Social Services and Well-being (Wales) Act 2014* which came into force on 6<sup>th</sup> April 2016.

## 7. STATUTORY GUIDANCE

United Response expects all its employees to become familiar with the statutory guidance which accompanies the relevant legislation mentioned above.

#### 1) England

*Working Together to Safeguard Children* (June 2018)

#### 2) Wales

*Working Together to Safeguard People* which covers both children and adults, has been issued in 6 volumes. The three volumes which relate to safeguarding children are:

- Volume 1: Introduction and Overview
- Volume 2: Child Practice Reviews
- Volume 5: Handling Individual Cases to Protect Children at Risk

**Please note:** full references are given towards the end of this policy so employees can access the documents easily online. Managers should ensure that workers know which documents are essential reading and any updates which are brought in should be discussed in team meetings and supervision sessions.

## 8. PRINCIPLES/CHILD CENTRED APPROACH

Although the statutory frameworks now differ, all of them are based on the original three main principles, which were set out in The *Children Act 1989* and *Children Act 2004*, namely:

1. The welfare of the child is of paramount importance
2. The child is best looked after within their own family
3. The court shall not make an order unless to do so would be better for the child than making no order (this is the 'no order' principle).

It is useful to remember and to practice the principles which underpinned the original guidance *Working*

*Together to Safeguarding Children* (2006), which was written to accompany the two Children Acts.

Being child-centred

- Rooted in child development
- Focussed on outcomes for children
- Adopting a holistic approach
- Ensuring equality of opportunities
- Involving children and families
- Building on strengths as well as identifying differences
- Adopting a multi and inter-agency approach
- Being a continuing process, not an event
- Providing and reviewing services
- Informed by evidence

In later versions of the *Working Together* guidance (2013; 2010 and 2015), these principles become more condensed and in the 2018 version the *Working Together* guidance talks about 'a child-centred approach to safeguarding' which means 'keeping the child in focus when making decisions about their lives and working in partnership with them and their families'

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.

## 9. 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 employees 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

## 10. KEY DEFINITIONS

Although legislative frameworks differ there is a common acceptance about the key definitions in safeguarding children work. What follows below is information about the definitions adopted by United Response, which underpin this policy.

### **A child**

Legislation can be confusing and misleading because sometimes a person who is 16 or 17 years of age is referred to as an adult. This is because some legislation in England and Wales refers to an adult as anyone over 16 years of age. However, the *Children Act 1989* gives a clear definition, which is incorporated into statutory guidance; and this is adopted by United Response for the purposes of safeguarding children:

Anyone who has not yet reached their 18<sup>th</sup> birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

In Wales the term 'child at risk' is used and is defined as a child who:

- a) is experiencing or is at risk of abuse, neglect or other kinds of harm
- b) has needs for care and support (whether or not the local authority is meeting any of those needs)

There are other key definitions relating to children which employees need to understand:

### **Child in Need**

Under Section 17 (10) of *the Children Act 1989*, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

#### **Looked After Child**

A Looked After Child (sometimes referred to as 'LAC') is a child who is accommodated by a local authority, a child who is the subject to an Interim Care Order, Full Care Order or Emergency Protection Order; or a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation.

- In addition, where a child is placed for Adoption or the local authority is authorised to place a child for adoption - either through the making of a Placement Order or the giving of Parental Consent to Adoptive Placement - the child is a Looked After Child.
- Looked After Children may be placed with parents, foster carers (including relatives and friends), in Children's Homes, in Secure Accommodation or with prospective adopters.

#### **Young carer**

The current definition is:

A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work)

A young carer could be caring for a parent, sibling or other relative who:

- Has a physical illness
- Has mental health issues
- Has a physical, learning or sensory disability
- Misuses drugs or alcohol.

## **11. WHAT CHILD ABUSE IS**

The terms 'abuse' and 'harm' are often used simultaneously, but employees should be clear about the individual definitions. Child abuse is something that is perpetrated i.e. done to a child; harm is the end result.

The accepted definition of child abuse is:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

## **12. 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. Threshold criteria are set so that supervision or care orders can be granted if the Family Court is satisfied:

- (a) that the child concerned is suffering, or is likely to suffer, significant harm; and
- (b) that the harm, or likelihood of harm, is attributable to—
  - (i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - (ii) the child's being beyond parental control.

The definition was expanded upon 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

### 13. CATEGORIES OF CHILD ABUSE

Since the introduction of the *Children Act 1989* there have been 4 categories of abuse, which are:

#### **Physical**

A form of abuse which 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.

#### **Sexual**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

#### **Neglect**

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a) provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - b) protect a child from physical and emotional harm or danger;
  - c) ensure adequate supervision (including the use of inadequate care-givers);
- or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### **Emotional**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### **Financial abuse: new category in Wales**

In Wales, financial abuse has now been introduced as an additional category of child abuse:

- financial abuse - this category will be less prevalent for a child but indicators could be: – not meeting their needs for care and support which are provided through direct payments; or – complaints that personal property is missing.

Employees should become familiar with the definitions as presented above and in addition in order to have a better understanding they should read and regularly refer back to:



- **Appendix 1: What constitutes child abuse?**

Identifying abuse can be extremely difficult as the child may be very good at hiding what is happening to them because they have been threatened and live in fear or because they love their abuser. Training provided by United Response will cover the indicators of child abuse and the long-term effects of abuse, but employees should also read and regularly refer back to:

- **Appendix 2: Signs and symptoms of child abuse.**

## 14. OTHER CONSIDERATIONS

Over the past three decades other important issues have been cited as needing consideration and attention in addition to the four main categories of child abuse. With the introduction of the term 'safeguarding' there are many additional aspects of child abuse to be thought about; and ones which are included in statutory guidance are:

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

Each subject area presents complex practice issues for any worker and requires specialist training. For the purposes of this policy the definitions for each subject listed above are given in

- **Appendix 3: Definitions of additional considerations in safeguarding children work**

Research over the years has shown that children can be affected psychologically in both the short and long-term if they witness/hear domestic violence. Therefore, employees should understand how domestic abuse fits into safeguarding work and the process and the role of the Multi-Agency Risk Assessment Conference (MARAC). There is a MARAC forum in every local area, which monitors local cases of domestic violence. There is a tool known as DASH<sup>3</sup> 2009, which is used to risk assess domestic violence situations; it includes 27 closed questions which a worker can ask a victim.

It is essential to acknowledge that radicalisation and extremism are crucial matters which have gained more attention during the last decade and need to be part of any safeguarding children training programme. It is expected that employees will have some training in order to understand the following two strategies:

<sup>3</sup> Domestic Abuse, Stalking and Honour Based Violence.

- CONTEST: UK's Counter terrorism strategy: has a risk reduction model with 4 strands: prevent; pursue; protect; prepare
- PREVENT is an element of the Contest strategy. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Violent extremists may target vulnerable people and use charisma and persuasive rationale to attract people to their cause.

### 15. WHO ABUSES CHILDREN

A child may visit a number of different places and come into contact with 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

### 16. WHERE ABUSE HAPPENS

- 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)

### 17. SAFEGUARDING PARTNERSHIPS AND BOARDS

There has always been an emphasis on promoting multi-agency working in child protection work and an expectation that the work will co-ordinated through a Safeguarding Board. 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. Employees of United Response should visit the local Safeguarding Partnership/Board

website in order to keep up-to-date. Managers in particular should know who the independent chairperson is, so if any problem arises which cannot be resolved through Children's Social Care, contact can be made quickly.

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

- Ensure that safeguarding arrangements are in place in order 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.**

## **18. EARLY HELP**

In safeguarding children work the statutory guidance 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.
3. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children.

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.

### 19. PROCEDURES

All employees of United Response should become familiar with their local safeguarding children policy and procedures, which will be available on the Safeguarding Children's Partnership/Board's website. As soon as a worker becomes aware that a child may have been abused/harmed or is at risk of harm then they must report this to their line manager immediately, who will then decide whether a referral should be made to Children's Social Care/Social Services. There are 4 routes into safeguarding children:

- Assessment
- Investigation
- Court proceedings
- Accommodating a child.

A worker and manager from United Response may be expected to attend safeguarding children meetings (e.g. a strategy meeting, case conference), contribute to the discussions and development of a child protection if necessary. Below is a summary of the stages of the safeguarding children process which an employee might experience:

- Raising a concern
- Making a referral to Children Social Care
- Decision whether an assessment (under Section 17 of the *Children Act 1989*) or an enquiry (under section 47 *Children Act 1989*) is needed
- Strategy discussion or meeting
- Assessment or enquiry
- Case conference (which will include development of child protection plan and core group to implement the plan)
- Core group meeting
- Review case conference

In order to get more guidance regarding procedures employees should read:

- **Appendix 5: Procedures.**

Best practice can be summarised as follows:

- Any concern must be reported immediately (no longer than 4 hours) to a line manager/other manager (e.g. on-call manager)/senior manager
- A manager will advise an employee what to do and will gain as much information as possible
- A manager will make a decision about whether to make a referral to the local authority within 24 hours. S/he may need to gain more information or take advice in order to make this decision.
- If advice is taken or a referral is made to Children's Social Care, Ofsted, Care Inspectorate Wales and Registration and Inspection Unit.
- Any written records should be completed within 48 hours.

## 20. 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 also 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 employees 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.

## 21. SHARING INFORMATION

There are times when an employee may have some concerns about a child but they also have doubts about whether they should report their concerns, because they 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 an employee thinks a child is at risk of harm then the child's welfare over-rides every other consideration i.e. it is of paramount importance. An employee can share information lawfully under the *Children Act 1989*, if they think a child has been

abused or is at risk of harm currently or could be harmed in the future. In some ways, it is easier to share information when having concerns about a child compared to when there are concerns regarding an adult. 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*, an employee should also be aware of the 7 golden rules regarding the sharing of information which have been updated as follows:

1. Remember that the *General Data Protection Regulation (GDPR)*, *Data Protection Act 2018* and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where, possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and *Data Protection Act 2018* you may share information without consent if, in your judgement, there is lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion).

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.

## 22. TRAINING

United Response provides training to cover all aspects of safeguarding work. This includes specific training on safeguarding children. It is expected that if an employee works with anyone under the age of 18 years then they should first undertake the e-learning programme 'Safeguarding Children' and then

attend the full-day training course 'Safeguarding Children'. Through undertaking the training employees 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 and the statutory 4 categories of abuse
- Considered other aspects of child abuse: domestic abuse; female genital mutilation, forced marriage and honour-based violence; sexual and criminal exploitation; modern slavery; radicalisation and extremism.
- 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

### 23. CONTACTS

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

SUBJECT	CONTACT	TELEPHONE
Clarification on points of policy	Quality Team	07795453176
Document owner	Quality Team	07795453176

### 24. DOCUMENT CONTROL

VERSION	DATE OF ISSUE	DATE OF NEXT REVIEW
5	1 <sup>st</sup> November 2016	June 2017
6	June 2018	June 2020
7	December 2020	December 2022
8	December 2022	December 2024

### 25. REFERENCES

Crown Prosecution Service (October 2019) *Female Genital Mutilation Legal Guidance*.

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## 26. LEGISLATION

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*Anti-Social Behaviour, Crime and Policing Act 2014* (Section 121 - Forced Marriage Offence; Forced Marriage Protection Order)

*Children Act 1989*

*Children Act 2004*

*Domestic Violence Crime and Victims Act 2004*

*Female Genital Mutilation Act 2003*; FGM Protection Order

*Modern Slavery Act 2015*

*Serious Crime Act 2015* 9Section 2 – Offence of Controlling and Coercive Behaviour)

*Sexual Offences Act 2003*

*Social Services and Well-being (Wales) Act 2014*  
*Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.*

## 27. SAFEGUARDING CHILDREN STATUTORY GUIDANCE

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## 28. UNITED RESPONSE POLICIES

- Safeguarding Guidance
- Safeguarding Adults Policy

## 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.

#### **Physical abuse**

- Directing violence towards a child
- Deliberately causing ill-health to a child
- Hitting
- Shaking
- Throwing
- Poisoning
- Burning
- Scalding
- Drowning
- Suffocating

#### **Sexual abuse**

- Any activity that leads to sexual arousal
- Voyeurism
- Exhibitionism
- Penetration: oral, vaginal, anal
- Rape
- Buggery
- Touching
- Hugging
- Kissing
- Non-penetrative acts (e.g. looking at pornographic material, watching sexual activity)
- Prostitution
- Sex trafficking
- Ritual abuse
- Satanic abuse
- Bestiality

#### **Neglect**

- Act of omission
- Failure to provide or response to changing needs of a child
- Lack of physical care: food drink, light, heat, clothing, hygiene
- Limited or non-existent emotional responsiveness
- Absence of supervision and control
- Not seeking medical care when required
- Failure to provide the opportunity for social, emotional and cognitive development

#### **Emotional abuse**

- Verbal abuse

- Sustained and repetitive of negative emotion
- Lack of stimulation
- Rejection
- Exclusion
- Ignoring
- Lack of acknowledgment regarding child's worth
- Excluding from social activities/experiences/contacts
- Threats: causing fear/anxiety
- Bullying
- Forced to witness physical and/or sexual violence

## **APPENDIX 2: SIGNS AND SYMPTOMS OF CHILD ABUSE**

It should be remembered that it is extremely difficult to identify child abuse and it is important not to jump to conclusions. A child can be subjected to different forms of abuse so can present with a range of symptoms and changes in behaviours. On the other hand, abuse can be 'missed' because the child may be good at hiding what is happening and show no signs at all that anything is wrong.

The information in this appendix can be used to increase employees' knowledge regarding indicators of child abuse and 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.

### **Physical abuse**

- Any injuries not consistent with the explanation given for them
- The child gives inconsistent accounts for the cause of injuries
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Unexplained/recurring injuries
- Injuries which have not been treated and/or there has been a delay in seeking medical attention
- Any injury to a child who is not mobile e.g. baby under 1 year, disabled child
- Unexplained bruising, marks or injuries on any part of the body or in unusual places (e.g. behind ears)
- Multiple bruises (e.g. in clusters on the upper arm; outside of the thigh)
- Grip marks (can indicate shaking)
- Pinch marks
- Slap marks: cheeks, buttocks, limbs (may leave a hand imprint)
- Multiple burns
- Cigarette burns
- Scalds/splash marks
- Outline burns (e.g. held against a heat source)
- Friction burns (e.g. dragging exposed skin along carpet)
- Dunking burns (e.g. immersing arm or leg in boiling water)
- Teeth/bite marks
- Fractured/broken bones

- Bald patches

### **Changes in behaviour related to physical abuse:**

- Fear of parents/carers/other known people being approached for an explanation
- Reluctance to get undressed for or fear of medical examination
- Reluctance to change for or participate in certain activities e.g. sport, games or swimming
- Frozen watchfulness i.e. sitting very still watching carefully what is happening
- Overly eager to please or exaggerated happiness
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Wearing excessive clothing clothes in hot weather
- Refusing to change clothing
- Depression
- Withdrawn behaviour
- Repeated running away from home; reluctance to return home or spend time in the home

### **Sexual abuse**

- Any allegations made by a child concerning sexual abuse
- The child has an excessive preoccupation with sexual activities
- Young children with inappropriate knowledge of adult sexual behaviour for their age (e.g. penetration, ejaculation, oral sex) Sexual activity through words, play or drawing
- Repeated, inappropriate, masturbation
- The child is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Persistent bedwetting/soiling
- Severe sleep disturbances, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations
- Fears/phobias
- Eating disorders such as anorexia, bulimia, comfort eating
- Repeated urinary infections or unexplained stomach pains
- Pain, soreness or itching in the genital or anal areas or mouth
- Recurrent genital or urinary infections
- Presence of sexually transmitted disease
- Pregnancy

### **Changes in behaviour related to sexual abuse:**

- Overtly affectionate
- Feeling insecure
- Becoming clingy
- Lack of trust (particularly towards someone they know well)
- Not wanting to be alone
- Depression
- Self-harm

- Suicide attempts
- Alcohol/substance abuse
- Having unexplained gifts, including money
- Having 'secrets' that an adult says they are not allowed to tell
- Secrecy around internet use and webcams etc

### **Emotional abuse**

1. Physical, mental and emotional developmental delay/ late development with no obvious medical reason for this
2. Sudden onset speech disorders, e.g. developing a stammer
3. Depression,
4. Aggression
5. Extreme anxiety
6. Changes or regression in mood or behaviour
7. Obsessive behaviour
8. Sudden underachievement
9. Lack of concentration
10. Seeking adult attention and not mixing well with other children
11. Sleep or speech disorders
12. Negative statements about self
13. Highly aggressive or cruel to others
14. Extreme shyness or passivity
15. Excessive fear of new situations
16. Running away, stealing and lying
17. Acceptance of punishment which seems excessive
18. Over-reaction to mistakes
19. Low self esteem
20. Continual self-deprecation
21. Inappropriate emotional response to painful stimuli

### **Changes in behaviour related to emotional abuse:**

- Excessive behaviours, e.g. rocking, head banging, pulling own hair out
22. Self-harm and/or eating disorders
  23. Compulsive stealing/scavenging
  24. Excessively sad
  25. Very poor relationship with parent/carer/known person.

### **Neglect**

1. Looks excessively thin or ill
2. Well below average weight and height, failure to thrive,
3. Recent unexplained weight loss.
4. Frequently hungry
5. Lack of energy
6. Constantly tired

7. Untreated conditions/injuries
8. Repeated accidents, especially burns
9. Left home alone inappropriately
10. Repeatedly unwashed, smelly or dressed inappropriately for the weather
11. Supervision/carers inappropriate (e.g. 8 year old looking after other children)
12. Badly decayed teeth
13. Unhygienic and/or unsanitary living conditions
14. Dirty skin, body smells, unwashed, uncombed hair and untreated lice
15. Poor clothing that is dirty, too big or small, or inappropriate for weather conditions
16. Frequently left unsupervised or alone
17. Frequent diarrhoea
18. Frequent tiredness
19. Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
20. Frequently hungry
21. Overeating junk food
22. No social relationships/friends
23. Destructive tendencies

**Changes in behaviour related to neglect:**

- Poor level of concentration
- Stealing' food from others/from bins
- Not keeping Doctor or Hospital appointments
- Frequently not at school or persistent lateness
- Reluctant to go home from school
- Delayed speech development

**APPENDIX 3: DEFINITIONS OF ADDITIONAL CONSIDERATIONS IN SAFEGUARDING CHILDREN WORK**

**Domestic abuse**

A great deal has been written about the effect of domestic violence on children who witness or hear such abuse; this has been based on research which has been undertaken particularly in the United States from the 1970s onwards and in the UK thereafter. Children who are involved in domestic abuse situations can be at risk of physical harm themselves but they also will be emotionally harmed; and this can affect their physical, emotional, behavioural and cognitive development in the long-term.

Therefore, it is important to include a definition of domestic abuse in a Safeguarding Children Policy and for employees to be aware of the term 'MARAC' – Multi Agency Risk Assessment Conference. MARAC forums are convened in every local area to monitor domestic violence cases.

Domestic violence is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

**Controlling behaviour** is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour** is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”\*

\*This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

### **Female genital mutilation (FGM)**

Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life.

FGM has been classified by the World Health Organization (WHO) into four major types, all of which may be relevant to the offences arising under the FGM Act 2003:

- Type I: Clitoridectomy: partial or total removal of the clitoris;
- Type II: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;
- Type III: Infibulation: narrowing of the vaginal opening through the creation of a covering seal;
- Type IV: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

### **Forced marriage**

A forced marriage is very different to an arranged marriage. The latter is perfectly legal if both parties are willing and agree to be married. A forced marriage is abuse and a crime (*Forced Marriage Offence 2014*); it is where one or both parties do not want to get married and put under pressure, abused or violated to do so. The legal definition is:

A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

### **Honour-Based Violence**

Honour-based violence often precedes a forced marriage:



The terms “honour crime” or “honour-based violence” or “izzat” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

### **Modern slavery**

Modern slavery is defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It is a crime under the *Modern Slavery Act 2015* and includes holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

Encompasses slavery, human trafficking, forced labour and domestic servitude.

Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment:

- Domestic servitude
- Forced labour
- Sexual exploitation
- Street crime
- Drug trade
- Benefit fraud
- Sham marriage
- Organ harvesting

### **Child sexual exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

### **Child criminal exploitation**

An individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- a) in exchange for something the victim needs or wants and/or
- b) for the financial or other advantage of the perpetrator or facilitator and/or
- c) through violence or threat of violence.

The victim may have been criminally exploited even if the activity appears consensual.

Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

### **County lines**

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or

other form of 'deal line'. They are likely to exploit children and vulnerable adults to move (and store) the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) or weapons.

#### **Radicalisation**

In the PREVENT Strategy the following terms are defined:

**Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

**A radicaliser** is an individual who encourages others to develop or adopt beliefs and views supportive of terrorism and forms of extremism leading to terrorism.

**Radicalising locations** are venues, often unsupervised, where the process of radicalisation takes place. Locations include public spaces, for example university campuses and mosques, as well as private/more concealed locations such as homes, cafes, and bookstores.

**Radicalising materials** include literature or videos that are used by radicalisers to encourage or reinforce individuals to adopt a violent ideology. Some of this material may explicitly encourage violence. Other materials may take no avowed position on violence but make claims to which violence is subsequently presented as the only solution. Resilience in the context of this document means

#### **Extremism**

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the *Counter Extremism Strategy 2015* as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Calls for the death of members of armed forces are also regarded as extremist.

## **APPENDIX 4: SAFEGUARDING PARTNERSHIPS AND BOARDS**

The information given below regarding the functions of Safeguarding Boards has been taken from each country's statutory guidance.

### **1) England**

In England the terms 'Partnership' is used more and has replaced references to a Safeguarding Board. The term 'Safeguarding Partner' was amended when the *Children and Social Work Act 2017* came in. There are three Safeguarding Partners, who are responsible for co-ordinating the local safeguarding children's services:

- a) The local authority
- b) A clinical commissioning group for an area any part of which falls within the local authority area
- c) The chief officer of police for an area any part of which falls within the local authority area.

## 2) Wales

109. The objectives of a Safeguarding Children Board are: a) to protect children within its area who are experiencing, or are at risk of abuse, neglect or other kinds of harm, and b) to prevent children within its area from becoming at risk of abuse, neglect or other kinds of harm

### Functions of a Board

113. A Safeguarding Board has the following functions in relation to the implementation of its objectives:

- a) to contribute to ensuring that national policies and procedures are monitored and remain fit for purpose, by engagement with the National Independent Safeguarding Board and other Safeguarding Boards, and to contribute to developing policies and procedures to co-ordinate what is done by the partners and bodies represented on the Board for the purposes of protecting adults and children and preventing abuse, neglect and other forms of harm to adults and children within the area of the Board;  
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- b) to raise awareness throughout the Board's area of the Board's objectives to protect and prevent adults and children from becoming at risk of abuse, neglect and other forms of harm, and to provide information about how this might be achieved;
- c) to review the efficacy of measures taken by those Safeguarding Board partners and bodies represented on the Board, and by other bodies with safeguarding responsibilities within the area of the Board, either individually or collectively, to implement the objectives of the Board and to make whatever recommendations it sees fit to those bodies in light of such a review;
- d) to undertake child practice reviews and adult practice reviews, in accordance with regulation 4,
- e) to undertake audits, reviews and investigations as are required in pursuance of its objectives;
- f) to monitor the extent to which any recommendations made under paragraph (c) or (d) are being or have been met;
- g) to review the performance of the Board and its partners and bodies represented on the Board in carrying out its objectives;
- h) to disseminate information about best practice and learning arising from reviews under paragraph (d) or (e), to share information with Board members, other Safeguarding Boards, the National Independent Safeguarding Board, and children and adults who are or may be affected by the exercise of a Safeguarding Board's functions, and to identify, explore and respond to matters arising that affect the fulfilment of the Board's objectives;
- i) to facilitate research into protection from, and prevention of, abuse and neglect of children and adults at risk of harm;
- j) to review the training needs of those practitioners working in the area of the Board in order to identify training activities and to provide and to ensure training is provided on an interagency and individual

organisational basis to assist in the protection and prevention of abuse and neglect of children and adults at risk of harm in the area of the Board; Page 30 of 64

k) to co-operate or act jointly with another one or more Boards or other similar bodies in Wales, England, Scotland and Northern Ireland, or other jurisdictions, where the Board considers it will assist it to fulfil its objectives;

l) to seek specialist advice or information where the Board considers it relevant to assist it to implement its objectives;

m) to respond to any notification to the Board in relation to any of its functions;

n) to engage in any other activity that facilitates or is conducive to the achievement of its objectives.

### APPENDIX 5: PROCEDURES

This appendix gives more detail and guidance about the regarding the stages of the safeguarding children process:

- Raising a concern
- Making a referral to Children's Social Care
- Decision whether an assessment (under Section 17 of the *Children Act 1989*) or an enquiry (under section 47 *Children Act 1989*) is needed
- Strategy discussion or meeting
- Assessment or enquiry
- Case conference (which will include development of child protection plan and core group to implement the plan)
- Core group meeting
- Review case conference

Every employee 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.

#### When to raise a concern

The following list gives some examples of when a referral might need to be made when there is a concern for the following reasons (the list is not exhaustive):

- An employee suspects that mistreatment, abuse or neglect of a child has occurred/is occurring.
- A child gives a disclosure making a clear allegation of abuse.
- A child sustains an injury: no explanation can be given; the explanation given is not consistent with the injury incurred; non-accidental injury is suspected.
- A non-mobile infant sustains any injury without an adequate accidental explanation.

- There is concern that a child is suffering or is likely to suffer significant harm due to physical abuse, sexual abuse, neglect or emotional abuse.
- Further concerns have arisen in relation to a child who has an open case with Children's Social Care or there is other professional intervention already.
- Concerns regarding significant harm have developed for a child already receiving a service as a child in need.
- A child is having contact with a person who may pose a risk to children (e.g. it is known a person is on the sex offender register; is a Schedule 1 Offender<sup>4</sup>).
- A child is denied access to urgent or important medical assessment or services.
- A child is at risk of being subjected to illegal activity e.g. prostitution; female genital mutilation; domestic servitude; trafficking; sexual, labour, financial or criminal exploitation.
- A child or young person has suffered or is likely to suffer significant harm, due to their participation in or as a victim of gang activity, or other community or youth related violence.
- A child is being harmed through seeing or hearing the ill-treatment of another e.g. domestic abuse (physical, emotional or sexual violence).
- Where there has been a single incident of domestic violence in families with a child under 12 months (including an unborn child) even if the child was not present.
- There are any other circumstances which suggest that a child is suffering or is likely to suffer significant harm, including as a result of a forced marriage or honour-based violence.
- A child makes historical allegations of abuse.
- There are suspicions about fabricated or induced illness (formerly known as Munchausen's by Proxy).
- There are concerns about the welfare of an unborn child.

#### The process

Any employee of United Response who has a concern about a child should take action without delay. If the child is in immediate danger then the employee should contact the emergency services (police, ambulance or fire) straight away by dialling 999. Otherwise it is important for the employee to discuss the situation with their own line manager as soon as possible in order to decide whether a referral should be made to Children's Social Care. If a line manager is not available, the employee should find another manager or senior manager. It is expected that every organisation should have a Designated Safeguarding Lead (DSL); in United Response this is the Service Manager. If a referral is to be made to be made to Children's Social Care this should happen within **one working day**.

Most local authorities now have a Hub within Children's Social Care, which is the contact point for taking referrals. All employees should ensure that they have the contact telephone number, so they can access it quickly if they need to make a referral.

If there is an allegation against a United Response employee, a manager may have to make a decision about immediate suspicion and should contact the HR Team to discuss this and take advice. Within

<sup>4</sup> Schedule 1 offender is term from the *Children and Young Persons Act 1933*. It includes anyone who has committed an offence against a child e.g. physical and/or sexual abuse.

Children's Social Care there will be a Local Authority Designated Officer (LADO) who deals specifically with concerns about workers who may have harmed a child. The LADO is:

...involved in the management and oversight of individual cases. The LADO should provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

After discussion, a manager should make a decision about whether the LADO should be informed.

Procedures within safeguarding children work can involve assessment and/or investigation. Where there is concern about a child but it is not considered to be a child protection issue, then an assessment will be undertaken and should usually be completed within 45 days. However, if it is thought to be a child protection issue (i.e. more serious and a child is at risk of significant harm) then in some cases a child will be removed immediately and an investigation will be planned.

There are four routes which can be followed in safeguarding children:

- **Assessment:** a child in need will be assessed under the Common Assessment Framework<sup>5</sup> (Section 17 *Children Act 1989*)
- **Investigation:** If there is concern that a child is a victim of abuse (suffering significant harm) then the local authority has a duty to make formal enquiries (Section 47 *Children Act 1989*)
- **Court proceedings:** applications can be made for supervision or care orders (Section 31 *Children Act 1989*).
- **Accommodating a child:** the local authority has a duty to accommodate a child who requires accommodation as a result of: a) there being no person who has parental responsibility for him; b) his being lost or having been abandoned; c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care (Section 20 *Children Act 1989*).

Children's Social Care will make a decision about what course of action should be taken once a referral has been received.

Where there is an immediate concern about a child's safety emergency action can be taken after a strategy discussion (e.g. an emergency protection order). However, Section 47 investigations can be planned so that a core assessment is undertaken and if it is found that a child is likely to suffer significant harm then an initial case conference will take place. If the child is unlikely to suffer significant harm then no further action will be taken.

When a case conference does take place recommendations will be made on how to protect the child in the future. This will be written into a Child Protection Plan (CPP) and in every local area there is register of

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<sup>5</sup> Department of Health (2000a) *Framework for the Assessment of Children in Need and Their Families*. London: The Stationery Office.

children who have a CPP. Once a CPP is in place it will be reviewed regularly by convening review case conferences. A core group of professionals will be formed monitor the plan through core group meetings.

In some cases, the decision will be to undertake care proceedings. Many types of orders can be applied for – some of which are:

- Emergency Protection Order
- Child Assessment Order
- Secure Accommodation (S25)
- Kinship Care
- Accommodation (S20)
- Exclusion Order
- [Interim] Care Order (and a care plan would be developed)
- [Interim] Supervision Order (and a care plan would be developed)

#### Safeguarding meetings

When a referral has been accepted, there will be a need for further discussions, many of which will take place on the telephone. However, when an investigation is being planned, a strategy meeting will be convened. After an investigation has been completed, a case conference will be convened. Employees of United Response should be invited to these meetings if they have been involved in making the referral or have any other relevant information (e.g. this might be an HR officer). It is expected that employees will contribute to and participate fully in any strategy meeting or case conference. During a case conference a child protection plan may be developed and a core group formed. It could be that an employee may become involved in the core group if s/he is supporting a child, who is aged 16 to 18 years of age. Once a child protection plan is in place there will be a date set for review.

In some strategy meetings and case conferences reference may be made to MAPPA, MARAC and the DASH tool, so it important that employees understand these terms and their importance.

- 1) Multi agency public protection arrangements (MAPPA): monitors sexual and violent offenders who pose a risk to public protection in a local area. The MAPPA panel is made up of representatives from the police, probation and prison services.
- 2) Multi-agency risk assessment conference (MARAC): is concerned with victims of domestic violence (this includes children and unborn babies) and monitors local cases. Discussions involving people from a variety of agencies/organisation will meet to discuss the risk if harm and what resources can be put in to help the victim(s). The risk tool which is used is the DASH tool.
- 3) Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH): is a risk tool consisting of 27 simple questions to identify risk of harm to a victim of domestic abuse. Many believe the tool should only be used by trained professionals, but an employee of United Response could use the tool.

Employees should also be aware of *Achieving Best Evidence* (2011), often referred to as ABE, which is guidance concerned with interviewing children and adults in criminal proceedings.



## Safeguarding Children Policy December 2022

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