Trinity Safe Space

Trinity Safe Space
Safeguarding, Child Protection and Adults Vulnerable to Harm Policy

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APPROVED BY:	Team Leaders
APPROVAL DATE:	October 2020
REVIEWED:	December 2021
NEXT REVIEW:	December 2022

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Organisation Details

Chair	Pauline Ruth
Senior Designated Safeguarding Person:	Yvonne Hedgecock
Deputy Designated Safeguarding Person/s:	Pauline Ruth
Policy Date:	October 2020
Policy Status:	Statutory
Policy Review Cycle:	Annual
Next Review Date:	October 2021

1.0 INTRODUCTION

1.1 Trinity Safe Space fully recognises its duty toward safeguarding and promoting the welfare of children under "Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children" April 2018

1.2 The Trustee Board takes seriously its responsibility under the same document to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our organisation, to identify, assess, and support those children who are suffering, or likely to suffer, harm. The word "child/children" covers children and young people who have not yet reached their 18th birthday so will be used throughout this policy to mean this

1.3 The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect – Trinity Safe Space recognises its duty to cooperate fully with the requirements of this act

1.3   The aim of this policy is to establish a "whole organisation" approach to safeguarding children, and adults at risk of harm to:

- Protect them from maltreatment

- Prevent impairment of their health or development

- Ensure that they are growing up in circumstances consistent with the provision of safe and effective care undertaking

- Take action to enable all to have the best life chances

1.4   Trinity Safe Space will prevent abuse and neglect by ensuring that the ethos and atmosphere of the organisation is conducive to a safe environment. Service users and parents/carers/specified contacts will feel supported and able to report safeguarding concerns to any member of staff or volunteer. Staff and volunteers will feel they are supported by colleagues and management team, including the Trustee Board, and are able to report and seek advice and guidance on any safeguarding concerns, including those regarding colleagues or themselves

1.5   Safeguarding children, young people and adults vulnerable to harm will be reflected throughout the activities and programmes

1.6   As part of our safeguarding ethos, Trinity Safe Space encourages service users to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. Trinity Safe Space ensures that partisan political views are not promoted in any of the programmes and activities and where political issues are brought to the attention of the service users, reasonably practicable steps will be taken to offer a balanced presentation of opposing views. Further information regarding this is contained in Section 15

1.7   Trinity Safe Space will protect children and adults at risk of abuse and neglect by having Safeguarding Procedures in place that reflect current legislation, guidance and best practice

1.8   The organisation also ensures that safer recruitment practices are followed when recruiting staff at all levels across the organisation, including volunteers. Induction and continuous staff training on safeguarding children and adults relevant to role and responsibilities is also provided

1.9   The organisation will make key decisions regarding information sharing in line with guidance and data protection and will always seek to gain parent's/carers'/specified contacts' consent, but will also always consider the paramountcy principle (Section 1 of the Children Act 1989) whereby the child's needs are paramount

1.10   This policy has been developed according to guidelines issued by Halton Safeguarding Children's Partnership, in accordance with the principles established by:

- Education Act 2002

- Children Act 1989

- Children Act 2004

- Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012

- Counter-Terrorism and Security Act 2015

- Childcare Act 2006; Childcare (Disqualification) Regulation 2009

- Children and Families Act 2014

- Children and Social Work Act 2017

- Data Protection Act 2018, Data Protection Regulation (GDPR) 2018

and with reference to the following key documents:

- Working Together to Safeguard Children 2018

- Prevent Duty Guidance 2015

- What to do if you're worried a child is being abused: Advice for Practitioners 2015

- Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers 2018

- Sexual violence and sexual harassment between children …..2018

- UKCISS Sexting in Schools and Colleges; Responding to incidents and safeguarding young people

- Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from sexual exploitation

- Halton Safeguarding Children Partnership Pan-Cheshire Multi-Agency Safeguarding Children Procedures (http://www.online-procedures.co.uk/pancheshire/)

- Halton Safeguarding Adult Trustee Board's Safeguarding Procedures

  (https://haltonsafeguarding.co.uk/

1.11 This policy should be viewed alongside the following policies which have relevance to safeguarding and promoting the welfare of children and adults:

- Whistleblowing Policy

- Staff Behaviour / Code of Conduct

- Allegations Management / Allegations Against Adults Policy

- Safer Recruitment and Retention Policy

- Behaviour Policy

- Anti-Bullying Policy

- Use of Physical Intervention / Restraint Policy

- First Aid / Medications Policy

- Intimate Care Policy

- Drugs and Substance Misuse Policy

- Self-harm Policy

- E-Safety / Acceptable Use Policy

- Mobile Phone Usage Policy
- Visits/Trips Policy
- Health, Safety and Welfare Policy

1.12   Safeguarding is everybody's responsibility and, as such, this policy applies to all staff and volunteers working in the organisation. An allegation, disclosure or suspicion of abuse, or an expression of concern about abuse, could be made to any member of staff, not just those with a session-leading or welfare-related role. Similarly, any member of staff or volunteer may observe or suspect an incident of abuse

1.13   This policy applies to all staff (including paid staff and volunteers, permanent / temporary / additional / supply contracts), Trustee Board members and anyone on placement/work experience

2.0 DEFINITIONS

2.1   **Child**
A child is anyone who has not yet reached their 18th 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 force, is in hospital or in custody in the secure estate, does not change their status or entitlement to services or protection

2.2   **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

2.3   **Adult vulnerable to harm**
An adult vulnerable to harm is a person aged 18 or over who may be unable to take care of him/herself or protect him/herself from harm or from being exploited. This may be because of their circumstances eg because of chronic illness, disability, advanced age, mental health issues or their lifestyle causes them to be at risk in some situations eg domestic abuse, elder abuse or financial abuse

2.4   **Abuse**
Abuse and neglect are forms of maltreatment of a child/adult. Somebody may abuse or neglect them by inflicting harm, or by failing to act to prevent harm. Children/adults may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults, or another child or children

2.5   **Physical Abuse**
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child/adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child/adult (fabricated or induced illness)

2.6 **Emotional Abuse**

Emotional abuse is the **persistent** emotional maltreatment of a child/adult such as to cause severe and persistent adverse effects on his/her emotional development. It may involve:

- conveying to children/adults that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person

- not giving the child/adult opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate

- age or developmentally inappropriate expectations being imposed on children/adults. These may include interactions that are beyond the child's/adult's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child/adult participating in normal social interaction

- causing children/adults to see or hear the ill-treatment of another

- serious bullying (including cyber bullying)

- causing children/adults frequently to feel frightened or in danger

- the exploitation or corruption of children/adults

Some level of emotional abuse is involved in all types of maltreatment of a child/adult, though it may occur alone

2.7 **Neglect**

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

- provide adequate food, shelter (including exclusion from home or abandonment)

- protect a child/adult from physical and emotional harm or danger

- ensure adequate supervision (including the use of inadequate care-givers)

- ensure access to appropriate medical care or treatment

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

2.8 **Sexual Abuse**

Involves forcing or enticing a child, young person or adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child/adult 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/adults in looking at, or in the production of, sexual images, watching sexual activities, encouraging children/adults to behave in sexually inappropriate ways, or grooming a child/adult in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children

2.8.1   Child Sexual Exploitation (CSE) is also sexual abuse of a child. The definition of Child Sexual Exploitation is:

"Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability."

2.8.2   Trinity Safe Space follows the Pan-Cheshire CSE Protocol (available from the Halton Safeguarding Children Partnership (HSCP) website) and acknowledges that preventing sexual abuse in the form of CSE forms part of the Halton Safeguarding Children Partnership priorities. Where there are concerns about possible CSE, Trinity Safe Space will complete the CSE Screening Tool and submit the completed tool to Halton ICART

2.9   **Extremism**
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. We also regard calls for the death of armed forces as extremists." 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

For details of types of abuse on adults please see appendix 6

2.10   **Signs and Indicators of Abuse**

2.10.1   Further information regarding the signs and indicators of abuse can be found in Appendix 3

2.10.2   Included within Appendix 3 is information about and indicators of Child Sexual Exploitation, Sexting, Female Genital Mutilation, Forced Marriage, Honor Based Abuse, Peer on Peer abuse, sexual violence and sexual harassment, Vulnerabilities to Extremism and Children Missing Education.

3.0 ACCOUNTABILITY

3.1   All staff, volunteers and Trustee Board members working/volunteering in the organisation, are responsible for the operation of this policy

3.2   The Senior Designated Safeguarding Person for the organisation is: Yvonne Hedgecock phone number: 07833645528

In her absence, the Deputy Designated Safeguarding Person is: Pauline Ruth tel. number: 07967627554

3.3   In addition, the Trustee Board has a Designated member for Safeguarding. The Designated Trustee Board member for Safeguarding is: Pauline Mary Ruth, phone number 07967627554. Currently, there is no deputy as the organisation is only small

3.4   All members of staff and volunteers have a legal duty to report any disclosure, allegation or suspicion of abuse, to the Senior Designated Safeguarding Person or, in their absence, the Deputy Designated Safeguarding Person. This must be done immediately that the disclosure/suspicion is made/arises. A Cause for Concern Form (Appendix 1) should also be completed, which is then held by the Senior Designated Safeguarding Person and will be placed the person's confidential individual file

3.5   The Senior/Deputy Designated Safeguarding Person has a duty to make a referral to the relevant Children's Social Care whenever there is reason to suspect that a child is suffering, or likely to suffer, significant harm.   Where a professional disagreement occurs between workers when working with children and families, the HSCP Escalation Policy should be referred to. If it is suspected that an adult is suffering, or likely to suffer, significant harm, a referral to the relevant Adult Social Care, according to where the adult lives, should be made. In the case of adults, their consent should be gained before making a referral for less serious harm – in these cases, as much should be done as possible to deal with the harm/possibility of harm by staff, before making a referral

3.6   Parents/carers will be informed of any referrals made to Children's Social Care and consent will be gained. Parents/carers will **not** be contacted when this would put the child at increased risk of significant harm (**eg in case of suspected fabricated or induced Illness, sexual abuse where a family member is the suspected perpetrator, Honour Based Violence or Forced Marriage**). Any decision not to inform parents/carers should be recorded on the Children's Social Care referral form with the reasons for such a decision and a copy should be kept in the Child Protection File for that child

3.7   The Senior/Deputy Designated Safeguarding Person may contact Children's Social Care for advice, if unsure as to whether a referral is appropriate

3.8   The welfare of the child/children concerned, including the welfare of any other children who may be at risk, must always take precedence over confidentiality

3.9   The Senior/Deputy Designated Safeguarding Person will make every effort to attend any meetings resulting from the safeguarding process to which the organisation is invited

3.10   The Senior Designated Safeguarding Person will ensure that the organisation is represented by an appropriate member of staff should a Child Protection Conference be convened. The Senior Designated Safeguarding Person will ensure that this member of staff is fully briefed as to the expectations regarding attending conference, including the decision-making requirement. Reports using the agreed Local Authority Conference template will always be submitted to Conference in advance

3.11   The Senior/Deputy Designated Safeguarding Person is responsible for ensuring that any actions agreed at such meetings are progressed and followed up

3.12   The Senior Designated Safeguarding Person and deputy must complete safeguarding training relevant to their role, including Working Together to Safeguard Children. This level of training must be up-dated at least every two years, with further safeguarding update training to be accessed on a minimum of an annual basis. This is to ensure designated staff have appropriate, up to date knowledge and skills which will enable them to identify concerns and make decisions that support the safety of the organisation's community

3.13   All staff/volunteers working/volunteering in the organisation must be given a copy of the Child Protection and Safeguarding Policy immediately upon starting work at the organisation as part of their induction

3.14   All staff/volunteers working or volunteering in the organisation must undergo full Basic Awareness in safeguarding training appropriate to their role as part of their induction and at a minimum of every three years thereafter. All staff/volunteers will also receive further update training on a minimum of an annual basis

3.15   The Trustee Board will undergo safeguarding training specific to their role and responsibilities at a minimum of every three years. The Designated Trustee for Safeguarding will attend appropriate training at least every two years

3.16   A summary of safeguarding cases and pertinent safeguarding issues that have been dealt with by the organisation will be reported to the Trustee Board on at least an annual basis, with good practice being reported on a three-monthly basis. All reporting to the Trustee Board must be anonymised and will contain enough detail to allow appropriate scrutiny and oversight

3.17   The Trustee Board shall be responsible for ensuring that the organisation has up to date policies in place with respect to Safeguarding Children, which include procedures for handling allegations against adults working with children whether in a paid or voluntary capacity.

3.18   The Trustee Board will ensure that the organisation operates safer recruitment procedures including:

- at least one member of every recruitment panel having completed approved Safer Recruitment training

- appropriate DBS checks completed for staff (including Barred List checks where appropriate) and volunteers

- appropriate checks made regarding staff whose duties fall within the Childcare (Disqualification) Regulation 2009

- the maintenance of an accurate Single Central Record

4.0 ROLES & RESPONSIBILITIES OF STAFF/VOLUNTEERS

4.1   Through regular contact with children, all staff across the organisation are well placed to identify concerns and have individual responsibility for reporting such concerns to the Senior/Deputy Designated Safeguarding Person

4.2   Staff/volunteers will ensure that they are able to recognise possible indicators of abuse and neglect and know who to report their concerns to (see Appendix 3 for further information). They will also ensure that they are aware of the possibility of peer on peer abuse

4.3   Staff/volunteers will report any safeguarding concerns to the Senior/Deputy Designated Safeguarding Person without delay and in a timely fashion. Verbal reporting of concerns will then be followed up in writing within 24 hours. Rather than thinking "what if I'm wrong?" staff/volunteers are encouraged to think "what if I'm right?" in relation to any safeguarding concern. Anyone on placement/work experience is given a copy of the Child Protection and Safeguarding Policies on arrival in the organisation and advised of procedures to follow in event of a concern

4.4   Staff/volunteers will ensure that they record their concerns using the organisation's standard recording format (Appendix 1) in a contemporaneous fashion, clearly noting the difference between fact and opinion and where the information has come from. The voice of the child, young person or vulnerable adult will be made clearly evident

4.5   Staff/volunteers will ensure that concerns relating to a child remain confidential and are only shared with the Senior/Deputy Designated Safeguarding Person

4.6   Staff/volunteers will co-operate with safeguarding enquiries made by Children's Social Care in relation to our service users

4.7   Staff/volunteers will develop effective links with other agencies in the interests of child welfare

4.8   Staff/volunteers will ensure that they attend Basic Awareness in Safeguarding training appropriate to their role at least every three years and will attend further update training annually. This includes WRAP training regarding the Prevent Duty, where appropriate

4.9   Staff/volunteers will ensure that they are familiar with and understand all the group's safeguarding related policies and procedures

4.10   Staff/volunteers will provide a safe environment in which children, young people and adults vulnerable to harm or risk can prosper and will have a belief that *"it could happen here"*

4.12   Staff/volunteers understand that it may be appropriate to discuss with the Chair matters outside of work, which may have implications for the safeguarding of children/young people/adults vulnerable to harm or risk and in the workplace. This includes information about themselves. Staff/volunteers will ensure that they are aware of circumstances where this would be applicable

4.13   Staff/volunteers understand that failure to follow any procedures set out in this policy may result in disciplinary action being taken by the organisation

5.0   ROLES & RESPONSIBILITIES OF SENIOR AND DEPUTY DESIGNATED SAFEGUARDING PERSONS

5.1   The Senior Designated Safeguarding Person (SDSP) and Deputy Designated Safeguarding Person (DDSP) will be a member of the Leadership Team and the role will be explicit within their job/role description. They will have the appropriate status and authority within the organisation to carry out the duties of the post. They will be given the time, funding, training, resources and support to provide advice and support to other staff/volunteers on

child welfare, child protection and adult protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff/volunteers to do so, and to contribute to the assessment of children, if appropriate. They will undertake the following as part of their role:

- Provide support, advice and guidance to colleagues

- Recognise signs indicators of abuse and decide when referrals to Children's Social Care/ other relevant agencies are appropriate. This should include identification of cases where Early Intervention would be appropriate

- Liaise with relevant agencies (where appropriate) to inform the decision on whether to make a referral to Children's Social Care

- Liaise with the Chair to inform him of any issues or on-going investigations. Ensure there is always cover for the SDSP role by having a named deputy

- Ensure that the named deputy is trained to the same level as the SDP and that the role is also explicit within their job/role description

- Attend and effectively contribute to Child in Need, Child Protection Conference, Core Groups, Child in Care planning meetings and any other meetings requested by other agencies

- Provide written reports at such meetings using the Local Authority report template

- Ensure that the organisation is always represented at Child Protection Conferences (including cover during holiday periods) and ensure that a written report is always submitted. The details of this report will be shared with the family prior to conference

- Keep detailed, accurate and secure written records of referrals and concerns. Ensure these records are stored in a locked filing cabinet and are not accessible by staff/service users

- Monitor and track the progress of all vulnerable children (including those who are subject to Children's Social Care intervention) and adults vulnerable to harm or risk

- Provide the Trustee Board members with an up to date analysis of safeguarding related issues and numbers of vulnerable service users to enable them to scrutinise, challenge and support the organisation as necessary

- Ensure the organisation's child protection and safeguarding related policies are up to date and reviewed annually. Work with the Designated Trustee Board member regarding this

- Ensure every member of staff/volunteer has access to and understands the organisation's child protection and safeguarding related policies (including whistleblowing, etc)

- Ensure that parents/carers have access to and have seen the Safeguarding/Child Protection/Vulnerable Adults policy which alerts them to the fact that referrals may be made and the role of the organisation to avoid possible future conflict

- Ensure service users are aware of the Safeguarding/Child Protection/Vulnerable Adults policy (child friendly version of policy)

- Ensure all staff/volunteers have induction training which covers child protection, safeguarding and can recognise and report any concerns immediately when they arise, including the fact that there is also the possibility of peer on peer abuse

- Ensure that all staff/volunteers have Basic Awareness in Safeguarding training at least once every three years and ensure that all staff/volunteers receive update training on a minimum of an annual basis. Keep accurate records of participation in this

- Ensure that all appropriate staff/volunteers have completed WRAP level 3 training in relation to their Prevent Duty

- Ensure all staff/volunteers are aware of and adhere to the organisation's Staff Behaviour Policy/Code of Conduct. Ensure that this Code of Conduct includes references to online conduct and e-safety and is reviewed on an annual basis

- Attend Level 3 multi-agency Working Together training, and subsequent Refresher training every 2 years

- Continually update safeguarding knowledge by attending appropriate multi-agency safeguarding training on a minimum of an annual basis

- When young people leave the establishment, ensure their child protection file is copied and transferred to any new setting (within 15 working days where possible), but separately to any other file. Ensure that a copy of the chronology of the file is retained by the organisation and stored appropriately

- Ensure safe messages are displayed in the entrance area/visitor areas and that appropriate checks are made on entry to the organisation. Ensure visitors to the establishment are aware of who the SDSP/DDSP is and how to share concerns should they arise

- Share and disseminate good practice within own organisation and within the local area

6.0   ROLES & RESPONSIBILITIES OF THE TRUSTEE BOARD AND DESIGNATED TRUSTEE BOARD MEMBER

6.1   The Trustee Board is responsible for ensuring the organisation's policies and procedures for child protection meet statutory requirements as set out in Keeping Children Safe …2018. All Trustee Board members have a responsibility to ensure the organisation's safeguarding measures meet statutory requirements and all should know what to do if they have concerns about a child/young person/adult vulnerable to harm.

6.2   The Chair/Senior Designated Safeguarding Person will liaise with the Designated Trustee Board member for Safeguarding so that the Designated Trustee Board member can report to the Trustee Board about safeguarding issues. Reports to the Trustee Board should not be about specific child protection cases but should review the safeguarding policies and procedures. It is good practice for the Designated Trustee Board member and the Senior Designated Safeguarding Person to present the report together.

7.0   EARLY INTERVENTION / COMMON ASSESSMENT FRAMEWORK (CAF)/EARLY HELP

7.1   Trinity Safe Space recognises that some children need early help and support services and is committed to the early identification of such needs. Providing help early is more effective in promoting the welfare of children than reacting later when concerns have escalated

7.2   In order to best support our children and families, Trinity Safe Space will participate fully in the Early Intervention/CAF/Early Help process and an appropriate person will take on the role of Lead Professional if applicable. To support this, Trinity Safe Space will ensure that a member of staff is fully trained to use eCAF

7.3 The recognised method of providing early intervention in Halton is the multi-agency Common Assessment Framework (CAF) process. CAF is a four-step process whereby staff can identify a child's needs early, assess those needs holistically, deliver coordinated services and review progress. The CAF is designed to be used when:

- A member of staff/volunteer is worried about how well a child is progressing (eg concerns about their health, development, welfare, behaviour, progress or any other aspect of their wellbeing)

- A child or their parent/carer, raises a concern with a member of staff

- A child's needs are unclear, or broader than the member of staff's/volunteer's service can address

7.4 All staff/volunteers in the organisation will be alert to the potential need for early help for a child/young person who:

- 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/young person, such as drug and alcohol misuse, adult mental health issues and domestic abuse

- is misusing alcohol or drugs themselves

- has returned home to their family from care

- is a privately fostered child

7.5 The process is entirely voluntary and informed consent of parents/carers or young person, where they are able to provide consent, is mandatory. Trinity Safe Space recognises that should a family not provide consent, this may require a review of the Level of Need as refusal to provide consent may increase the risk to the child and subsequent consultation with ICART in Halton (Integrated Contact and Referral Team) would be required

7.6 The Early Intervention Locality Teams in Halton develop and maintain strong links to universal services, offer named link workers to key services, offer direct family support and offer support, advice and guidance to professionals. The locality teams are located in Widnes and Runcorn

7.7 In Halton, contact should be made with a worker located within the Early Intervention Locality Team or the Children's Social Care ICART for advice and support around the CAF process and for help to identify the most appropriate support services for a family's identified needs. **The contact number is 0151 907 8305**

8.0 PROCEDURES REGARDING SAFEGUARDING CONCERNS

8.1   All members of the organisation have a statutory duty to safeguard and promote the welfare of children, young people and adults vulnerable to harm. If any member of the organisation has a safeguarding concern regarding a child, or adult they should contact the Senior/Deputy Designated Safeguarding Person without delay. Staff, volunteers and Trustee Board members **should not** investigate possible abuse or neglect themselves

8.2   Injuries noted should be reported to the Senior/Deputy Designated Safeguarding Person immediately as it is acknowledged that once an injury occurs, the body will start to heal and therefore evidence will start to diminish

8.3   The Senior/Deputy Designated Safeguarding Person will consider the information they have received and will determine what action should be taken by the organisation. They will refer to the Halton Levels of Need Framework to aid this decision making (see Appendix 4). They will record the outcome of this decision-making process

8.4   If the Senior/Deputy Designated Safeguarding Person is unsure as to whether the presenting concern reaches the threshold for referral to Children's Social Care they should contact the Integrated Contact and Referral Team (ICART) for advice (See Appendix 5 for the referral flowchart)

8.5   Halton's Children's Social Care contact details are as follows:

- **ICART, 9am-5pm Mon-Thurs (9am-4.30pm Fridays): 0151 907 8305**
- **Out of hours Emergency Duty Team (EDT): 0345 050 0148**

8.6   For reporting adult abuse:
- If you are concerned about an adult and think they may be subject to abuse, you can ring Halton Borough Council Adult Social Care Services. 0151 907 8306

- ⍰
- If the person you are worried about is in immediate danger please call the emergency services. 999

- ⍰
- Emergency Duty Team for concerns during the evening/weekends/bank holidays 0345 050 0148

- ⍰
- Report abuse online using the safeguarding alert form

8.7   For children and young people, if the Senior/Deputy Designated Safeguarding Person feels that the concern should be addressed via the Common Assessment Framework (CAF) or Children in Need processes, then they will contact the child's parent(s)/carer(s) to request consent to proceed. If the parent(s)/carer(s) refuse to give consent, the Senior/Deputy Designated Safeguarding Person will consider how to proceed, including if refusal increases the risk of harm to the child

8.8   Where the Senior/Deputy Designated Safeguarding Person feels that the information indicates that a child is in need of protection, they should still contact the parent(s)/carer(s) to inform them that they are making a referral to Children's Social Care, unless to do so would place the child at increased risk of harm; for example:

- where sexual abuse involving a family member is suspected or disclosed

- where fabricated or induced illness is suspected

- where honour based violence is suspected

- where to do so would impede an existing criminal investigation

8.9   All referrals must be followed up in writing within 48 hours, using the Children's Social Care Referral Form (available on the Halton Safeguarding Children Partnership website www.haltonsafeguarding.co.uk If the organisation does not receive a response of the outcome to the referral from Children's Social Care within one working day, the Senior Designated Safeguarding Person should contact ICART/First Response Team immediately

8.10   If the referral to ICART results in a Single Assessment and a period of Child in Need, Child Protection or a CAF assessment, the Senior/Deputy Designated Person will engage thoroughly with the relevant assessment and resulting plan

9.0   PROCESS TO FOLLOW IF A CHILD MAKES A DISCLOSURE

9.1   If a child makes a disclosure of abuse to you:

You should:

- Listen and keep calm. Do not interrupt

- You MUST NOT promise the child that you will keep the matter confidential. Explain to the child who you will need to tell and why

- Observe visible bruises and marks, but do not ask a child to remove or adjust their clothing to observe them

- Keep questions to a minimum as your role is **not** to investigate. If you need to ask questions to ascertain whether this is a safeguarding concern, ensure they are open questions

- Use the **"TED"** model for asking open ended questions: "**T**ell me about that", "**E**xplain that to me", "**D**escribe that"

- Make a record of what has been said immediately afterwards in words used by the child and yourself to the best of your memory. Use capital letters/italic font for the child's words to help distinguish between the two

- Note anything about the child which is connected ie any visible injuries including the position and description, the demeanour of the child ie crying, withdrawn etc.

- Clearly indicate whether fact, opinion or third-party information

- Report the matter immediately to the Senior Designated Safeguarding Person or Deputy if he/she is not available

- If in doubt seek advice from the Senior Designated Safeguarding Person

You should not:

- Ask leading questions, put words into the child's mouth or press for details

- Rush the child

- Examine the child

- Investigate

- Promise confidentiality

- Summarise or use your own words to describe events

- Delay sharing the information with the Senior Designated Safeguarding Person

10.0 CONFIDENTIALITY

10.1 Trinity Safe Space recognises that all matters relating to child protection are confidential

10.2 The Chair or Senior/Deputy Designated Safeguarding Person will disclose any information about a child to other members of staff on a need to know basis only. Guidance about sharing information can be found in the 2018 document *"Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers 2018"*

10.3 All staff/volunteers must be aware that they have a professional responsibility to share information with other agencies to safeguard children

10.4 All staff/volunteers must be aware that they cannot promise confidentiality to a child which might result in the child's safety or wellbeing being compromised

10.5 Trinity Safe Space will always share our intention to refer a child to Children's Social Care with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation

10.6 Trinity Safe Space recognises that children's welfare is our paramount concern and therefore will use the paramountcy principle (Section 1 of the Children Act 1989) in order to inform some decisions regarding information sharing

10.7 Trinity Safe Space pays due regard to the relevant data protection principles which allow us to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). Trinity Safe Space is aware of the processing conditions under the Data Protection Act 2018 and the GDPR which allow us to store and share information for safeguarding purposes, including information which is sensitive and personal, and this is treated as "special category personal data". Where we would need to share special category data, we are aware that the Data Protection Act 2018 contains "safeguarding of children and individuals at risk" as a processing condition that allows us to share information. This includes allowing the organisation to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that we can gain consent, or if to gain consent would place a child/young person at risk

11.0 RECORDING, MAINTENANCE & TRANSFER OF RECORDS

11.1 All safeguarding concerns should be recorded on the Cause for Concern Form (Appendix 1). Staff/volunteers making records will ensure that they clearly distinguish between fact and

opinion and whether the information is 1st or 2nd hand. Records will clearly evidence the voice of the child and will always be written contemporaneously

11.2   Records will be maintained by the Senior/Deputy Designated Safeguarding Person in a Child Protection File separate to the child's main file.   (See Appendix 2 for exemplar front sheet for Child Protection File)

11.3   Individual files should be clearly organised in chronological order and all entries should be signed in a legible manner, and dated, by the person making the entry. This should include their role/designation at the organisation. There should be a chronology of events kept on file to enable the Senior or Deputy Designated Safeguarding Person to have an immediate overview of the case

11.4   Such records will be kept in a secure locked filing cabinet/drawer. The Senior Designated Safeguarding Person and his/her Deputy will keep the keys

11.5   Files will be securely stored until the child's 25th birthday

11.6   When/if a child transfers between organisations the Senior Designated Safeguarding Person will be responsible for transferring the child's Child Protection File to the new organisation. The Senior Designated Safeguarding Person can follow/adapt the *"Halton Protocol for the Transfer of Child Protection Records between Education Settings"*. The Senior Designated Safeguarding Person will speak to their counterpart in the organisation to which the child is transferring to ensure that they are aware that the file is to be transferred. The file should be copied and transferred as soon as possible (within 15 working days), but separately to any main file. The file should be signed upon receipt and delivered by hand wherever possible. A copy of the original file will be kept in the organisation until the child's 25th birthday and will then be securely disposed of

12.0   ALLEGATIONS MANAGEMENT

12.1   All Trinity Safe Space's staff/volunteers will be aware of and work within the organisation's statutory Staff Behaviour Policy/Code of Conduct and other relevant policies and procedures. The Staff Behaviour Policy/Code of Conduct will include guidance for staff/volunteers regarding the group's expectations of the use of mobile phones, electronic equipment and social media

12.2   Where allegations against a staff member/volunteer are made, the Chair will be notified immediately. If the Chair is not available, or the allegation concerns him/her, a Trustee Board member should be contacted. No other members of staff/volunteer will be asked to manage an allegation about another professional

12.3   Halton Safeguarding Children Partnership's Local Authority Designated Officer (LADO) procedures (available from www.haltonsafeguarding.co.uk) should be followed in all cases where it is alleged that a member of staff/volunteer has:

- Behaved in a way that has harmed or may have harmed a child

- Possibly committed a criminal offence against, or related to, a child

- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm

12.4   Responding to the allegation in a timely and fair manner is essential. The organisation needs to consider what immediate actions are required to reduce any risk to children within the organisation. This may include the staff member/volunteer being moved to a position in the organisation where they have no contact with children or could include that the person is suspended from duty whilst an investigation is undertaken. Suspension will be the last resort and should be seen as a neutral act. Appropriate support will be offered to the subject of the allegation and the complainant.

12.5   Contact will be made with the Local Authority Designated Officer (LADO) in Halton within 24 hours of receiving the allegation. LADO will request that the organisation complete a Consultation Form (available from the Halton Safeguarding Children Partnership) to provide advice and guidance regarding the matter. LADO will, where appropriate, arrange for a Strategy Meeting to be undertaken. If the named LADO is not available, the organisation should ask to speak with a duty LADO within the Safeguarding Unit. **The contact details for the LADO in Halton are 0151 511 7229, safeguard.unit@halton.gcsx.gov.uk**

12.5.1 **Please note:** *Working Together 2018* now refers to the LADO as the "Designated Officer", but in line with the North West area, the title in Halton remains Local Authority Designated Officer

12.6   Where the details of the allegation also suggest that a criminal offence may have been committed, the Police will also be contacted

12.7   The organisation should record as much detail as possible about the initial disclosure eg was the child actually present at the time, was the adult actually present at the time, but **should not** take statements from children or employees or investigate the matter further until a conversation has taken place with LADO

12.8   The organisation needs to ensure that the staff member/volunteer is made aware only that an allegation has been made but should not be provided with any further details initially. They should be advised of the procedures regarding allegations and that they have appropriate support

12.9   Where there is no criminal offence and Police are not leading on an investigation, any investigation undertaken by the organisation will be timely, thorough, consistent and fair to all parties involved in order to reach the correct conclusion and outcome. Trinity Safe Space will endeavour to complete this investigation as quickly as possible

12.10   As a result of an investigation either through the LADO process or via internal disciplinary procedures, if any member of staff/volunteer is found not suitable to work with children Trinity Safe Space will refer the individual to the Disclosure and Barring Service (DBS) for consideration for barring. This includes where the member of staff resigns prior to conclusion of the investigation, the member of staff/volunteer is dismissed, or when the organisation ceases to use their service because of a substantiated allegation. Where appropriate, consideration will also be given to referral to the Disclosure and Barring Service for possible prohibition from working or volunteering with children, young people and/or vulnerable adults

12.11   Trinity Safe Space will not use "compromise/settlement agreements" if the member of staff is not suitable to continue in their employment with children

12.12 Trinity Safe Space recognises that there are occasions when a person who works/volunteers with children behaves in a way that is concerning and raises questions about their ability to recognise and take steps to safeguard children in their care that would not meet the threshold of LADO. As an employer (in the case of staff) the organisation has a duty to consider whether the issue indicates that they are unsuitable to continue in their role for the immediate future or indefinitely. These are known as issues of suitability and would be dealt with via the organisation's disciplinary procedures. Issues of suitability can include:

- Where an employee is being investigated for an offence against an adult, or
- Their behaviour in their personal lives brings into question their suitability to work with children or adults

12.12.1 However, if an adult who works with children has involvement with Children's Social Care in respect of their own child, or a child that they live with or have contact with, it is the responsibility of Children's Social Care to assess the immediate concern and inform the LADO of whether the adult poses a risk to children. Examples of this may include:

- Allegations of assault, physical or emotional, on their own child or on a child they live with or have contact with
- Domestic abuse
- Substance misuse
- Lives with or is in a relationship with a person who is identified as a risk to children

The situation would meet the threshold of LADO should the child in question be made subject to a Child Protection Plan. This is because Children's Social Care has determined that the adult presents a risk to the associated child either directly or due to a failure to protect

12.12.2 Staff/volunteers in the organisation should ensure that they disclose information about themselves relating to the above to the Chair as soon as possible. Trinity Safe Space will create an environment and culture where staff are able to do this.

13.0   WHISTLEBLOWING

13.1   Trinity Safe Space recognises that children cannot be expected to raise concerns in an environment where staff fail to do so

13.2   All staff should be aware of their duty to raise concerns, where they exist, which may include the attitude or actions of colleagues. The organisation's Whistleblowing Policy is there to support and aid them in these circumstances

13.3   Whistleblowing regarding the Chair should be made to a Trustee Board member whose contact details should be readily available to staff

14.0   ESCALATION

14.1   If any member of staff/volunteer is unhappy with the response they have received in relation to a safeguarding concern they have raised, it is their responsibility to ensure they escalate their concern

14.2 Where professional disagreement occurs and Senior/Deputy Designated Person are unhappy with the actions or decisions of another agency, they will escalate their concern in line with Halton Safeguarding Children Partnership's formal escalation policy to ensure a timely resolution. The escalation policy can be located:

www.proceduresonline.com/pancheshire/halton/pescalationpol.html?zoomhighlight=escalation

15. PROACTIVE SAFEGUARDING

15.1 Trinity Safe Space recognises that it plays a significant part in the prevention of harm to our children by providing them with opportunities to participate, good lines of communication with trusted adults, supportive peers and an ethos of protection

15.2 Trinity Safe Space recognises that it may provide the only stability in the lives of children who have been abused or who are at risk of harm

15.3 Trinity Safe Space recognises that safeguarding incidents and/or behaviours can be associated with factors outside the group or can occur between children/young people outside the group. All staff/volunteers, but especially the Senior/Deputy Safeguarding Person should consider the context within which such incidents or behaviours occur. This is known as contextual safeguarding, which means assessments of children/young people should consider whether wider environmental factors are present in a child's/young person's life that are a threat to their safety and/or welfare

15.4 The organisation will:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to. This ethos will be modelled and replicated by staff, volunteers and Trustee Board members

- Ensure that the site is a safe, secure and welcoming place to learn and grow

- Promote a caring, safe and positive environment within the organisation

- Encourage self-esteem and self-assertiveness through the programmes and activities as well as through personal relationships, whilst not condoning aggression or bullying

- Include regular consultation with children eg through safety questionnaires, participation in anti-bullying week, etc.

- Ensure that all children know there is an adult in the organisation whom they can approach if they are worried or in difficulty

- Include safeguarding across the activities/programmes, to ensure that the children are equipped with the skills they need to recognise risky behaviours, to stay safe from harm and to know to whom they should turn for help. This will include anti-bullying work, e-safety and personal safety

- Offer a positive experience

- Ensure all staff are aware of Trinity Safe Space's guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks

16.0   SAFEGUARDING CHILDREN/YOUNG PEOPLE WHO ARE VULNERABLE TO EXTREMISM

16.1   Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation

16.2   Trinity Safe Space values freedom of speech and the expression of beliefs/ ideology as fundamental rights underpinning our society's values. Both service users and workers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion

16.3   Under duties imposed within the Prevent Duty Guidance 2015 as part of the Counter-Terrorism and Security Act 2015, Trinity Safe Space will ensure that situations are suitably risk assessed, that they will work in partnership with other agencies, that all staff are suitably trained and have attended WRAP level 3 training where appropriate and that IT policies will ensure that children and young people are safe from terrorist and extremist material when accessing the internet in the organisation

16.4   The Lead (Single Point for Contact) for Prevent is:

- The Chair, Pauline Ruth

She will link with other relevant agencies (including the Police) to ensure that vulnerable people are appropriately supported, and risk assessed, and that all staff, volunteers and Trustee Board members have received WRAP (Workshop to Raise Awareness of Prevent) training, where appropriate to ensure they are able to recognise any concerns. The specific Roles and Responsibilities of this Single Point of Contact (SPOC) are defined in Appendix 3

15.5   The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children, young people and adults vulnerable to harm vulnerable to future manipulation and exploitation. Trinity Safe Space is clear that this exploitation and radicalisation should be viewed as a safeguarding concern

15.6   Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are contained in Appendix 3

15.7   Trinity Safe Space seeks to protect children, young people and adults vulnerable to harm against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right/Neo Nazi/White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements

15.8

- Anti-Terrorist Hotline 0800 789 321

- Text Phone Service 0800 032 4539

- Web site https://secure.met.police.uk/athotline/

CAUSE FOR CONCERN FORM

SERVICE USER DETAILS

NAME:				
DOB:		PROGRAMME:		DISABILITY/LEARNING DISABILITY:
ADDRESS:				

STAFF DETAILS

| STAFF NAME:			
Date of incident / report / disclosure:		Time:	
Location of incident / report / disclosure:			
Date / time record is being made:			

For any sections below continue recording overleaf if necessary, ensuring it is signed & dated

CONCERN DETAILS

NATURE OF CONCERN:

Provide details of the incident or concerns you have including times, dates, description of any injuries (use body diagram to indicate area of injury), witness details, what you have observed, heard or been told, if the information is first hand, fact or opinion, any other relevant details / information, etc. Ensure you clearly record the voice of the child's (suggestion - use capital letters/italics to ensure it can be easily recognised). Ensure you act in a timely manner when reporting concerns, especially if there is an injury noted.

Please clearly sign and date the record at the end of your statement.
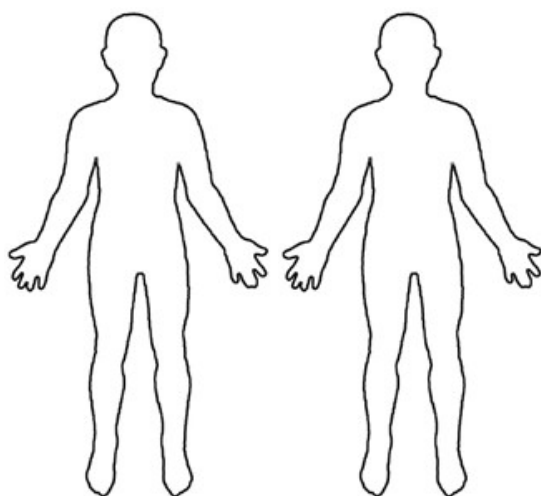
Front   Back

TO BE COMPLETED BY SENIOR DESIGNATED SAFEGUARDING PERSON / DEPUTY DESIGNATED SAFEGUARDING PERSON

AGREED ACTIONS & ANTICIPATED OUTCOMES:

Record all discussions, communications, referrals & decisions made. Include details of conversations with parents / carers/other agencies & rationale behind key decision making. ***Clearly sign & date at the end of the record.***

This form should be used to record concerns about a young person. It should be completed as accurately as possible & passed directly to the Senior / Deputy Designated Safeguarding Person who should action & then file securely. The organisation's child protection & safeguarding procedures should always be followed.

SERVICE USER DETAILS

NAME:			DOB:	
PROGRAMME:		ETHNICITY:	DISABILITY/LEARNING DISABILITY:	
ADDRESS:				
PARENT / CARERS:				
PHONE NUMBERS:				
RELEVANT ADULTS IN ORGANISATION:				

AGENCIES INVOLVED

AGENCY	NAMED PERSON	CONTACT DETAILS
CHILDREN'S SOCIAL CARE		
EARLY INTERVENTION		
CAF LEAD PROFESSIONAL		
EDUCATION WELFARE OFFICER		
HEALTH		
GP DETAILS		
FAMILY SUPPORT WORKER		
PSYCHOLOGIST		
POLICE		
ORGANISATION		
HOUSING		

BRIEF SUMMARY OF FACTS

*Include details such as significant family members, family members who should **not** be contacted, sibling details (including their schools/organisations), etc.*

SIGNS AND INDICATORS OF ABUSE IN CHILDREN

The risk indicators described in this appendix are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm

- Justifies the need for careful assessment and discussion with Senior Designated Safeguarding Person

- May require consultation with and/or referral to Children's Services

However, it is important to note that the absence of such indicators does not mean that abuse or neglect has not occurred.

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour / attendance at school/other organisations

- Extreme anger or sadness

- Aggressive and attention-seeking behaviour

- Suspicious bruises/injuries with unsatisfactory explanations

- Lack of self-esteem

- Self-injury

- Depression

- Age inappropriate sexual behaviour

In an abusive situation the child may:

- Appear frightened of the parent/s or other adults or children

- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses

- Have unrealistic expectations of the child

- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)

- Be absent

- Be misusing substances (alcohol or drugs)

- Have mental health issues that compromise parenting ability

- Persistently refuse to allow access on home visits

- Be a victim or a perpetrator of domestic abuse

Staff/volunteers should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household. Staff/volunteers should also be aware of the potential for peer on peer abuse in that abuse can be perpetrated by children or young people as well as adults

RECOGNISING PHYSICAL ABUSE

Children will have accidental injuries. All injuries noted by staff should be responded to, regardless of whether the member of staff suspects it is an accidental injury. The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury

- Several different explanations provided for an injury

- Unexplained delay in seeking treatment

- The parents/carers are uninterested or undisturbed by an accident or injury

- Parents are absent without good reason when their child is presented for treatment

- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)

- Family use of different doctors, urgent treatment centres (eg walk-in centres) and A&E departments

- Reluctance to give information or mention previous injuries

- Absence from school and organisation activities (which may be used to hide injury from professionals)

- Depression and anxiety

- Aggression and violence

- Difficulties with relationships and socialising

- Trying to hide injuries (eg under clothing) – reluctance to get changed for sporting activities

- Becoming distant or withdrawn

- Going missing from home

- Not wanting to go home from the organisation

Injuries to children should always be addressed immediately to prevent evidence from disappearing. This is particularly pertinent in the case of visible slap/scratch marks.

Injuries caused by Physical Abuse

Bruising

- On the cheeks, ears, palms, arms and feet

- On the back, buttocks, tummy, hips and backs of legs

- Any bruising to a non-mobile child

- Multiple bruising in clusters, usually on the upper arms or outer thighs

- Bruises which look like they have been caused by fingers, a hand or an object (the outline of an object used eg belt marks, hand prints or a hairbrush)

- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)

- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally

- Variation in colour possibly indicating injuries caused at different times

Burns and Scalds

- Burns on the backs of hands, feet, legs, genitals or buttocks

- Burns which have a clear shape, eg a cigarette burn or lineal burns

- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water on his/her own accord will struggle to get out and cause splash marks)

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type

- There are associated old fractures

- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

- There is an unexplained fracture in the first year of life

RECOGNISING EMOTIONAL ABUSE

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay – physical, emotional and mental

- Abnormal attachment between a child and parent/carer eg anxious, indiscriminate or non-attachment

- Aggressive/violent behaviour

- Scape-goated within the family

- Problems with relationships and socialising

- Rebellious behaviour

- Low self-esteem and lack of confidence – can manifest as eating disorders or self-harming behaviours

- Withdrawn or seen as a "loner" – difficulty relating to others (self-isolating behaviour or negative impulsive behaviour

RECOGNISING NEGLECT

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs eg adequate food, clothes, warmth, hygiene and medical care

- Poor supervision of child

- Poor hygiene (eg dirty or smelly)

- Unwashed/inadequate clothing

- Untreated health problems or frequent missed medical/dental appointments

- Frequent, untreated bouts of head lice

- A child seen to be listless, apathetic and irresponsive with no apparent medical cause

- Failure of child to grow within normal expected pattern, with accompanying weight loss

- Child thrives away from home environment

- Child frequently absent from school or other organisations/poor punctuality

- Child left with adults who are intoxicated or violent

- Child abandoned or left alone for excessive periods

- Poor attendance/punctuality

- Withdrawn/isolated

- Problems with relationships and socialising

Within Halton the Graded Care Profile is used as the recognised tool for the assessment of neglect. Further information regarding this can be found on the Halton Safeguarding Children Partnership website.

RECOGNISING SIGNS OF SEXUAL ABUSE

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Indicators associated with this form of abuse are:
- Inappropriate sexualised conduct

- Sexually explicit behaviour, play or conversation, inappropriate to the child's age

- Continual and inappropriate or excessive masturbation

- Self-harm (including eating disorder), self-mutilation and suicide attempts

- Risk taking behaviour (during adolescence)

- Promiscuous behaviour

- Aggressive behaviour

- Withdrawn or isolated

- Unexplained gifts, toys or favours

- An anxious unwillingness to remove clothes eg for sports (but this may be related to cultural norms or physical difficulties)

- Pain or itching of genital area

- Blood on underclothes

- Bed wetting or soiling

- Sleep problems

- Pregnancy in a younger girl where the identity of the father is not disclosed

- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or clothing

The Brook Sexual Behaviours Traffic Light Tool is available for professionals who work with children to help identify, assess and respond appropriately to sexual behaviours http://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool

OTHER IMPORTANT AREAS TO NOTE:

RECOGNISING CHILD SEXUAL EXPLOITATION (part of Sexual Abuse)

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation. Signs include:

- underage sexual activity

- inappropriate sexual or sexualised behaviour

- sexually risky behaviour, 'swapping' sex

- repeat sexually transmitted infections

- in girls, repeat pregnancy, abortions, miscarriage

- receiving unexplained gifts, or gifts from unknown sources

- having multiple mobile phones and worrying about losing contact via mobile

- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)

- changes in the way they dress

- going to hotels or other unusual locations to meet friends

- seen at known places of concern

- moving around the country, appearing in new towns or cities, not knowing where they are

- getting in/out of different cars driven by unknown adults

- unknown adults collecting the children from school

- having older boyfriends or girlfriends

- involved in abusive relationships, intimidated and fearful of certain people or situations

- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers

- associating with other young people involved in sexual exploitation

- recruiting other young people to exploitative situations

- truancy, exclusion, disengagement with school/other organisations, opting out altogether

- repeat absences/truancy (eg same time of day, same day each week, etc.)

- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)

- mood swings, volatile behaviour, emotional distress

- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders

- drug or alcohol misuse

- frequent missing from home episodes

- getting involved in crime, police involvement, police records

- involved in gangs, gang fights, gang membership

- injuries from physical assault, physical restraint, sexual assault

RECOGNISING SEXTING/YOUTH PRODUCED SEXUAL IMAGERY (part of Sexual Abuse)

Whilst professionals refer to the issue as "sexting" there is no clear definition of "sexting". Many professionals consider sexting to be "sending or posting sexually suggestive images, including nude or semi-nude photographs, via mobiles or over the Internet" yet when young people are asked "What does sexting mean to you?" they are more likely to interpret sexting as "writing and sharing explicit messages with people they know". Similarly, many parents think of sexting as flirty or sexual text messages rather than images. "Youth produced sexual imagery" best describes the practice because:

- "Youth produced" includes young people sharing images that they, or another young person, have created of themselves

- "Sexual" is clearer than "indecent". A judgement of whether something is 'decent' is both a value judgement and dependent on context

- "Imagery" covers both still photos and moving videos

Creating and sharing sexual photos and videos of under-18s is illegal and therefore causes the greatest complexity for schools and other agencies when responding. It also presents a range of risks which need careful management.

The Law

Making, possessing and distributing any imagery of someone under 18 which is "indecent" is illegal. This includes imagery of yourself if you are under 18. Specifically:

- It is an offence to possess, distribute, show and make indecent images of children

- The Sexual Offences Act 2003 (England and Wales) defines a child, for the purposes of indecent images, as anyone under the age of 18

The types of incidents covered are:

- A person under the age of 18 creates and shares sexual imagery of him/herself with a peer under the age of 18

- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult

- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18

This does not cover:

- The sharing of sexual imagery of people under 18 by adults as this constitutes child sexual abuse and organisations should always inform the police

- Young people under the age of 18 sharing adult pornography or exchanging sexual texts which do not contain imagery

This does mean that young people are breaking the law by sharing such images, however whilst young people creating and sharing sexual imagery can be very risky, it is often the result of young people's natural curiosity about sex and their exploration of relationships. Often, young people need education, support or safeguarding, not criminalisation.

Whilst it is recognised that the production of such imagery is likely to take place outside of organisations, issues often manifest in organisations. As a result, it is expected that:

- **All** members of staff/volunteers should be able to recognise and refer any disclosures of incidents of this nature

- **All** incidents of youth produced sexual imagery should be dealt with as safeguarding concerns and organisation safeguarding procedures should be followed

- Adults should **not** view youth produced sexual imagery unless there is good and clear reason to do so

If staff/volunteers have any concerns regarding sexting or any disclosures are made, they should *always* follow the organisation's safeguarding procedures and refer to the SDSP/DDSP. They should *never* view, print, copy or share any images themselves: this is illegal.

The decision to view imagery should be based on the professional judgement of the SDSP and should always comply with the child protection policy and procedures of the organisation. Imagery should never be viewed if the act of viewing will cause significant distress or harm to the service user. If a decision is made to view imagery the SDSP would need to be satisfied that viewing:

- is the only way to decide about whether to involve other agencies (ie it is not possible to establish the facts from the young people involved)

- is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the young person or parent in making a report

- is unavoidable because a service user has presented an image directly to a staff member/volunteer or the imagery has been found on a organisation device or network

If it is necessary to view the imagery, then the SDSP should:

- Never copy, print or share the imagery - this is illegal

- Discuss the decision with the Chair

- Ensure viewing is undertaken by the SDSP or another member of the safeguarding team with delegated authority from the Chair

- Ensure viewing takes place with another member of staff present in the room, ideally the Chair or a member of the leadership team. This staff member does not need to view the images

- Wherever possible ensure viewing takes place on organisation premises, ideally in an office

- Ensure, wherever possible, that images are viewed by a staff member of the same sex as the young person in the imagery

- Record the viewing of the imagery in the organisation's safeguarding records including who was present, why the image was viewed and any subsequent actions. Ensure this is signed and dated and meets the wider standards for recording safeguarding incidents

RECOGNISING SEXUAL VIOLENCE AND SEXUAL HARASSMENT BETWEEN CHILDREN

Sexual violence and sexual harassment can occur between two children of any age and gender. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist in a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff/volunteers should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBTQ children are at greater risk.

Trinity Safe Space considers that it is important all staff/volunteers are aware of the difference between sexual violence and sexual harassment in order to help identify and report any concerns.

What is sexual violence?

Under the Sexual Offences Act 2003 offences related to sexual violence are described below:

- Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents

- Assault by penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and a does not reasonably believe that B consents

- Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents

What is consent?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has freedom and capacity to make that choice.

What is sexual harassment?

Sexual harassment is "unwanted conduct of a sexual nature" that can occur online and offline. Sexual harassment is likely to: violate a child's/young person's dignity, and /or make them feel intimidated, degraded or humiliated and /or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names

- sexual "jokes" or taunting

- physical behaviour, such as: deliberate brushing against someone, interfering with someone's clothes (schools, colleges and other organisations should be considering when any of this crosses a line into sexual violence – it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature and

- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence

It may include:

- non-consensual sharing of sexual images and videos

- sexualised online bullying

- unwanted sexual comments and messages, including, on social media and

- sexual exploitation; coercion and threats

RECOGNISING HARMFUL PRACTICES (FEMALE GENITAL MUTILIATION, FORCED MARRIAGE AND HONOUR BASED ABUSE)

FEMALE GENITAL MUTILATION (FGM)

Female Genital Mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

It is essential that staff/volunteers are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. FGM is internationally recognised as a violation of human rights of girls and women. There are 4 types of procedure:

- Type 1, Clitoridectomy - partial/total removal of clitoris

- Type 2, Excision - partial/total removal of clitoris and labia minora

- Type 3, Infibulation - entrance to vagina is narrowed by repositioning the inner/outer labia

- Type 4, all other procedures that may include: pricking, piercing, stretching, incising, cauterising and scraping the genital area

It is carried out because there is a belief that:

- FGM brings status/respect to the girl – social acceptance for marriage

- It preserves a girl's virginity

- Part of being a woman/rite of passage

- Upholds family honour

- Cleanses and purifies the girl

- Gives a sense of belonging to the community

- Fulfils a religious requirement/perpetuates a custom or tradition

- Helps girls be clean/hygienic

- Is cosmetically desirable

- It is mistakenly believed to make childbirth easier

Indicators that may point to FGM happening:

- Female child talking about getting ready for a special ceremony

- Family taking a long trip abroad

- Child's family being from one of the "at risk" communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistani, Indonesian and Pakistani)

- Knowledge that the child's sibling has undergone FGM

- Child talks about going abroad to be "cut" or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities

- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued

- Bladder or menstrual problems

- Finding it difficult to stand, sit or walk. Looking uncomfortable when undertaking these activities

- Complaining about pain between the legs

- Mentioning something somebody did to them that they are not allowed to talk about

- Secretive behaviour, including isolating themselves from the group

- Reluctance to take part in physical activity

- Repeated urinary tract infections

- Disclosure

Mandatory Reporting of FGM

Workers/volunteers *must* personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the worker/volunteer has a good reason not to, he/she should also still consider and discuss any such case with the organisation's designated safeguarding lead and involve Children's Social Care as appropriate. The duty does not apply in relation to at risk or suspected cases (ie where the worker/volunteer does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, workers should follow local safeguarding procedures.

If there are suspicions regarding FGM, it is essential that organisations take action **without delay**. If there are concerns that a child is at risk of, or is a victim of, FGM contact the NSPCC FGM helpline anonymously 24/7 on 0800 028 3550 or fgmhelp@nspcc.org.uk

Forced Marriage (FM)

A Forced Marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

Forced Marriage is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistleblowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological, for example, when someone is made to feel like they are bringing shame on their family. Financial abuse (taking the person's wages or not giving them any money) can also be a factor.

Often those about to be forced into marriage cannot talk about what is happening to them because of the emotional pressure they are under from family. If there are suspicions regarding Forced Marriage following talking to the child, it is essential that the organisation acts without delay. (**In cases of forced marriage, involving the family and the community may increase the risk of significant harm to the child or young person. The family may deny that the child or young person is being forced to marry and they may expedite any travel arrangements and bring forward the marriage**.) If there are concerns that a child is at risk of FM the organisation should contact the Forced Marriage Unit helpline for advice on 0207 008 0151.

Honour Based Abuse (HBA)

Honour based abuse is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. The terms "honour crime" or "honour-based abuse" 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.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour-based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion

- want to get out of an arranged marriage

- want to get out of a forced marriage

- wear clothes or take part in activities that might not be considered traditional within a particular culture

In disobeying this "correct" code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBA can be a trigger for a Forced Marriage.

INDICATORS OF FM OR HBA

- Absence and persistent absence

- Request for extended leave of absence and failure to return from visits to country of origin

- Fear about forthcoming holidays

- Surveillance by siblings or cousins at the organisation

- Decline in behaviour, engagement, performance or punctuality

- Poor exam results

- Being withdrawn from organisation activities by those with parental responsibility

- Not allowed to attend other activities

- Sudden announcement of engagement to a stranger

- Prevented from going on to further/higher education

- Accompanied to doctors or clinics by family members

- Self-harm/attempted suicide/depression/isolation

- Running away from home

- Eating disorders

- Substance misuse

- Siblings forced to marry/early marriage of siblings

- Self-harm or suicide of siblings

- Death of a parent

- Family disputes

If there are suspicions regarding Forced Marriage or Honour Based Abuse/Violence following talking to the child, it is essential that the organisation takes action **without delay**. In cases of Forced Marriage and Honour Based Abuse, involving the family and the community may increase the risk of significant harm to the child or young person. If there are concerns that a child is at risk of FM the organisation should contact the Forced Marriage Unit helpline for advice on 0207 008 0151 or in either case, contact 999 if the situation is deemed to be an emergency.

RECOGNISING CHILD CRIMINAL EXPLOITATION (CCE)

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of "County Lines" criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from one area to another, typically from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to

the National Referral Mechanism (NRM) should be considered. Like other forms of abuse or exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years
- can affect any vulnerable adult over 18 years
- can still be exploitation even if the activity appears consensual
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- can be perpetrated by individuals or groups, males or females, and young people or adults and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources

The following list of indicators is not exhaustive or definitive, but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of exploitation. Signs include:

- Persistently going missing from school/the organisation or home / or being found out-of-area
- Unexplained acquisition of money, clothes and mobile phones
- Excessive receipt of texts / phone calls
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

RECOGNISING PEER ON PEER ABUSE

Children can abuse other children. Peer on peer abuse is behaviour by an individual or group, intending to physically, sexually or emotionally hurt others. All staff should be aware of safeguarding issues from peer abuse including:

- Bullying (physical, name calling, homophobic, etc., including cyber bullying)
- Gender based violence
- Sexually harmful behaviour and sexting

This abuse can be motivated by perceived differences e.g. on grounds of race, religion, gender, culture, sexual identity, disability, special educational needs or other differences and can result in significant, long lasting and traumatic isolation, intimidation or violence to the victim.

Recognising and responding to peer abuse
Stopping violence and ensuring immediate physical safety is the first priority of any setting, but emotional bullying can often be more damaging than physical. An assessment of an incident between peers should be completed and should consider the following:

- Chronological and developmental ages of everyone involved
- Differences in their power or authority in relation to age, race, gender, physical, emotional or intellectual vulnerability
- All alleged physical and verbal aspects of the behaviour and incident
- Whether the behaviour involved inappropriate sexual knowledge or motivation
- What was the degree of physical aggression, intimidation, threatening behaviour or bribery

- The effect on the victim
- Any attempts to ensure the behaviour and incident is kept a secret
- The child or young person's motivation or reason for the behaviour, if they admit that it occurred
- Whether this was a one-off incident, or longer in duration

Children or young people who harm others may have additional or complex needs e.g.:

- Significant disruption in their own lives
- Exposure to domestic abuse or witnessing or suffering abuse
- Educational under-achievement
- Involved in crime

It is important to develop appropriate strategies in order to prevent the issues of peer on peer abuse rather than manage the issue in a reactive way. Even with the most stringent of policies and support mechanisms, peer abuse can and still may occur. In order to prevent this Trinity Safe Space will:

- Have an ethos where service users and staff/volunteers treat each other with respect and understand how their actions affect others
- Ensure that the organisation environment is one that allows service users to share information about anything that is upsetting or worrying them
- Use strong and positive sessions to tackle issues such as prejudiced behaviour, and gives an open forum for young people to talk
- Openly discuss any issues that could motivate bullying with staff/volunteers and service users
- Address issues early between service users which might later provoke conflict
- Develop strategies to help prevent bullying
- Involve service users and parents/carers to ensure they know what to do to prevent and report concerns
- Create an inclusive, safe environment where people can openly discuss issues without fear
- Invest in skills to help staff/volunteers understand the needs of SEND, disabled and lesbian, gay, bisexual and transgender pupils through staff/volunteer training and CPD to ensure that staff/volunteers do not dismiss issues
- Work with the wider community and agencies to tackle issues that occur outside the setting

For further information, staff should refer to Trinity Safe Space's Anti-Bullying Policy.

CONTEXTUAL SAFEGUARDING

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families and outside of their home. It recognises that the different relationships that children and young people form in their neighbourhoods, charities, organisations, schools and online can feature violence and abuse. Parents and carers may have little influence over these contexts and young people's experiences of extra-familial abuse can undermine parent/carer-child relationships. Contextual Safeguarding expands the objectives of child protection systems that young people are vulnerable to abuse in a range of social contexts.

More information about Contextual Safeguarding be found here:

https://conextualsafeguarding.org.uk/

RECOGNISING VULNERABILITIES TO EXTREMISM AND RADICALISATION

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as:

"Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas"

Extremism is defined by the Crown Prosecution Service as:

"The demonstration of unacceptable behaviour by using any means or medium to express views which:

- *Encourage, justify or glorify terrorist violence in furtherance of particular beliefs*

- *Seek to provoke others to terrorist acts*

- *Encourage other serious criminal activity or seek to provoke others to serious criminal acts*

- *Foster hatred which might lead to inter-community violence in the UK"*

There is no such thing as a "typical extremist"; those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Service users may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that staff/volunteers are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- **Identity Crisis** – the service user is distanced from their cultural/religious heritage and experiences discomfort about their place in society

- **Personal Crisis** – the service user may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging

- **Personal Circumstances** – migration; local community tensions; and events affecting the service user's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy

- **Unmet Aspirations** – the service user may have perceptions of injustice; a feeling of failure; rejection of civic life

- **Experiences of Criminality** – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration

- **Special Educational Need** – service user may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others

This list however is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism. More critical risk factors could include:

- Being in contact with extremist recruiters

- Accessing violent extremist websites, especially those with a social networking element

- Possessing or accessing violent extremist literature

- Using extremist narratives and a global ideology to explain personal disadvantage

- Justifying the use of violence to solve societal issues

- Joining or seeking to join extremist organisations

- Significant changes to appearance and/or behaviour

- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis

If there are suspicions regarding radicalisation or extremism, it is essential that charities and organisations take action without delay. If there are concerns that a child is at risk of radicalisation, or is voicing concerning opinions or attitudes, staff/volunteers should contact the organisation's lead (SPOC) for Prevent without delay. The organisation lead will then risk assess the information and contact and take advice from the appropriate agencies.

PREVENTING VIOLENT EXTREMISM - ROLES AND RESPONSIBILITIES OF TRINITY SAFE SPACE'S SINGLE POINT OF CONTACT (SPOC)

- Ensuring that staff/volunteers are aware of the role of the SPOC in relation to protecting service users from radicalisation and involvement in terrorism

- Maintaining and applying a good understanding of the relevant guidance in relation to preventing service users from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism

- Raising awareness about the role and responsibilities of Trinity Safe Space in relation to protecting service users from radicalisation and involvement in terrorism

- Monitoring the effect in practice of the organisation's activities and programmes to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs

- Raising awareness within the organisation about the safeguarding processes relating to protecting service users from radicalisation and involvement in terrorism

- Acting as the first point of contact within the organisation for case discussions relating to service users who may be at risk of radicalisation or involved in terrorism

- Collating relevant information in relation to referrals of vulnerable service users into the Prevent/Channel* process

- Attending Channel* meetings as necessary and carrying out any actions as agreed

- Reporting progress on actions to the Channel Co-ordinator

- Sharing any relevant additional information in a timely manner

* Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. For Halton, it is led by the Cheshire Police Counter-Terrorism Unit, and it aims to:

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals

- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity

- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability

CHILDREN MISSING EDUCATION (CME)

Children who attend Trinity Safe Space's programmes or activities may be Children Missing Education. Children Missing Education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children Missing Education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life. Effective information sharing between parents, schools, local authorities and charities/organisations is critical to ensuring that all children of compulsory school age are safe and receiving suitable education. Maintained schools have a safeguarding duty in

respect of their pupils, and as part of this should investigate any unexplained absences. Academies and independent schools have a similar safeguarding duty for their pupils. When a child is deemed to be missing from education, schools must make reasonable enquiries to establish the whereabouts of the child jointly with the local authority, before deleting the pupil's name from the register. Once these enquiries have been undertaken, the local protocol for Children Missing Education must be followed. If Trinity Safe Space finds out that a service user is a Child Missing Education, **staff/volunteers must inform the local authority**.
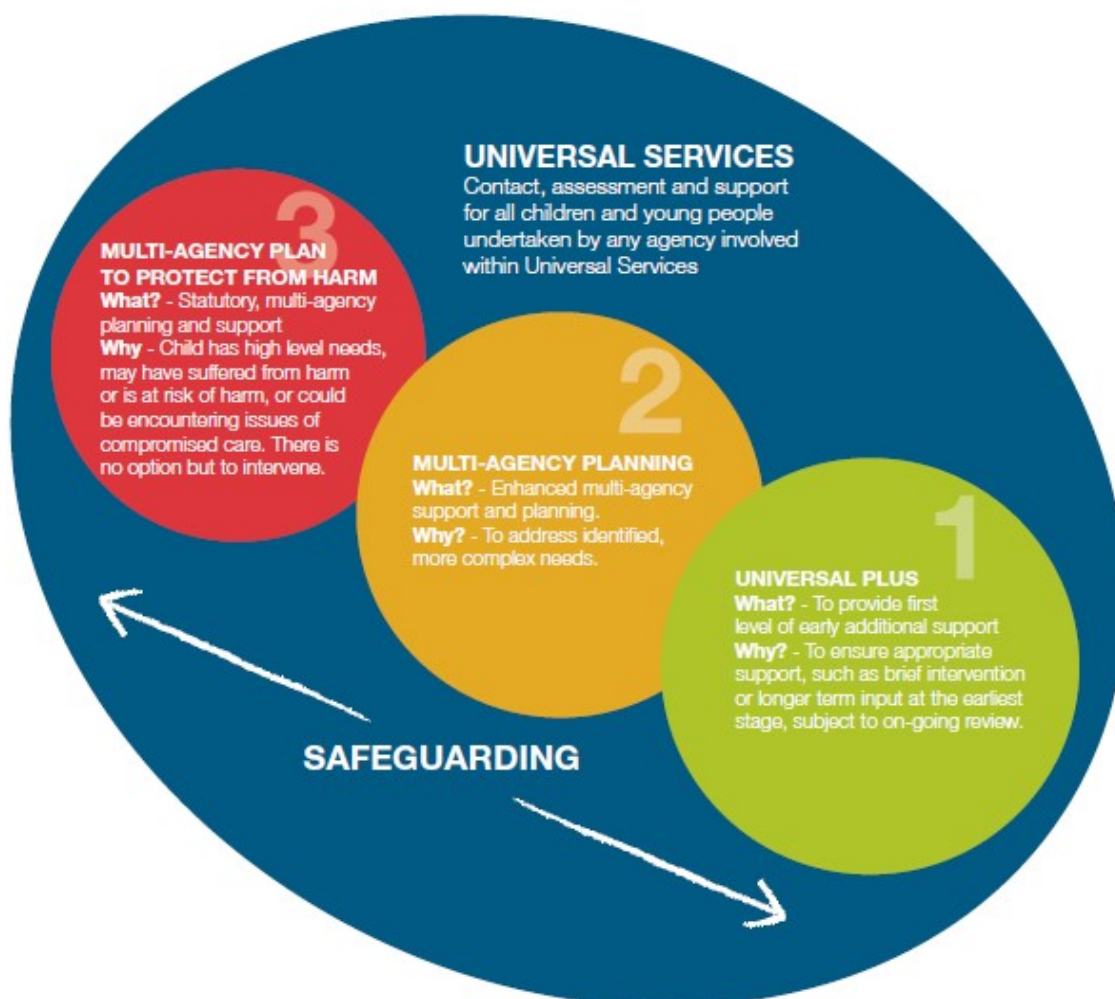
Pupils at particular risk of CME:

- **Pupils at risk of harm/neglect**
  Children may be missing from education because they are suffering from abuse or neglect. Where this is suspected the organisation should follow the local child protection procedures

- **Children of Gypsy, Roma and Traveller (GRT) families**
  Research has shown that many children from these families can become disengaged from education, particularly during the secondary school phase. It is therefore important that if the organisation finds out that a service user is from a GRT family and has left one school without identifying a new destination school, staff/volunteers must inform the local authority so that they can attempt to facilitate continuity of the child's education sensitively

- **Children of Service Personnel**
  Families of members of the Armed Forces are likely to move frequently – both in the UK and overseas and often at short notice

- **Missing children and runaways**
  Children who go missing or run away from home or care may be in serious danger and are vulnerable to crime, sexual exploitation or abduction as well as missing education

- **Children and young people supervised by the Youth Justice System**
  Children who have offended or are at risk of doing so are also at risk of disengaging from education

- **Children who cease to attend a school**
  There are many reasons why a child stops attending a school. It could be because the parent chooses to home educate their child. However, where the reason for a child who has stopped attending a school is not known, the local authority should investigate the case and satisfy itself that the child is receiving suitable education.

- **Children of new migrant families**
  Children of new migrant families may not have yet settled into a fixed address or may have arrived into a local authority area without the authority becoming aware, therefore increasing the risk of the child missing education

Halton Levels of Need Framework

The Halton Levels of Need Framework aims to support agencies to meet the needs of children, young people and their families to ensure the best possible outcomes. It aims to assist practitioners and managers in assessing and identifying a child's level of additional needs and how best to respond in order to meet those needs as early as possible to prevent needs escalating further.

UNIVERSAL SERVICES
Contact, assessment and support for all children and young people undertaken by any agency involved within Universal Services

3 MULTI-AGENCY PLAN TO PROTECT FROM HARM
What? - Statutory, multi-agency planning and support
Why - Child has high level needs, may have suffered from harm or is at risk of harm, or could be encountering issues of compromised care. There is no option but to intervene.

2 MULTI-AGENCY PLANNING
What? - Enhanced multi-agency support and planning.
Why? - To address identified, more complex needs.

1 UNIVERSAL PLUS
What? - To provide first level of early additional support
Why? - To ensure appropriate support, such as brief intervention or longer term input at the earliest stage, subject to on-going review.

SAFEGUARDING

For more information please contact
Mark Grady – Principal Policy Officer, Children & Enterprise
0151 511 7396 or mark.grady@halton.gov.uk

Halton Referral Process

1. Introduction

Anyone who has concerns about a child's welfare can make a referral to Children's Social Care. Referrals can come from the child themselves, professionals such as teachers, the police, GPs and health visitors as well as family members and members of the public.

Referrals to Children's Social Care services usually fall in to three categories:

- Requests for information from Children's Social Care

- Provision of information such as notifications about a child

- Requests, for services for a child, which will be in the form of a referral

Children's Social Care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

The local Threshold Protocol provides guidance about the criteria for making and receiving referrals.

The child must be seen by a qualified social worker as soon as possible following a referral and the child's needs and safety remain paramount at all times.

2. The Duty to Refer

All professionals have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm

- Is likely to suffer significant harm

- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989

- Is a Child in Need whose development would be likely to be impaired without provision of services

When professionals make a referral to Children's Social Care, they should include any pre-existing assessments such as an early assessment or a Common Assessment (CAF) in respect of the child. Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information.

The referrer must always have the opportunity to discuss their concerns with a qualified social worker.

3. Making a Referral

For all referrals to Children's Social Care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the same day that it was received. A decision must be made by a qualified social worker supported by line manager within **one working day** about the type of response that is required.

New referrals and referrals on closed cases should be made to the Children's Social Care duty social worker. Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker).

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household

- Family address and (where relevant) school / nursery attended

- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents

- Names and date of birth of all household members, if available

- Where available, the child's NHS number and education UPN number

- Ethnicity, first language and religion of children and parents

- Any special needs of children or parents

- Any significant/important recent or historical events/incidents in child or family's life;

- Cause for concern including details of any allegations, their sources, timing and location

- Child's current location and emotional and physical condition

- Whether the child needs immediate protection

- Details of alleged perpetrator, if relevant

- Referrer's relationship and knowledge of child and parents

- Known involvement of other agencies / professionals (e.g. GP)

- Information regarding parental knowledge of, and agreement to, the referral

- The child's views and wishes, if known

Other information may be relevant, and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

The parents'/carers' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to Children's Social Care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's Social Care.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact Children's social care again.

4. Receiving a Referral

The social worker will discuss the concerns with the referrer and considered any previous records in relation to the child and family in their agency. The social worker will establish:

- The nature of the concerns

- How and why they have arisen

- The child's views, if known

- What the child's and the family's needs appear to be

- Whether the family are aware of the referral and whether they are in agreement with it or not

- Whether the concern involves abuse or neglect and

- Whether there is any need for any urgent action to protect the child or any other children in the household or community

A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a Children's Social Care manager, and the reasons recorded.

This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.

Interviews with the child, if appropriate, should take place in a safe environment. All interviews with the child and family members should be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

The Children's Social Care manager should be informed by a social worker of any referrals where there is reasonable cause to consider Section 47 Enquiries and authorise the decision to initiate action. If the child and / or family are known to professional agencies or the facts clearly indicate that a Section 47 Enquiry is required, the Children's Social Care should initiate a strategy meeting/discussion immediately, and together with other agencies determine how to proceed.

The police must be informed at the earliest opportunity if a crime may have been committed. The police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

5. Concluding a Referral

At the end of the referral discussion, the referrer and Children's Social Care should be clear about the proposed action, who will be taking it, timescales and whether no further action will be taken.

Referral outcomes about a child, where there may be concerns, typically fall in to four categories and pathways:

- No further action, which may include information to signpost to other agencies

- Early help - referrals for intervention and prevention services within the Common Assessment Framework and Early Help services range of provision

- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989)

- Child Protection services - assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies such as the police

Whatever the outcome of a referral, it should have been assessed by a qualified social worker and a decision should have been made by the relevant line manager within the time scale of **one working**

day about what should happen next. The Children's Social Care manager must approve the outcome of the referral and ensure that a record has been commenced and/or updated.

The social worker should inform, in writing, all the relevant agencies and the child, if appropriate, and family of their decisions and, if the child is a Child in Need, of the plan for providing support.

In the case of referrals from members of the public, feedback must be consistent with the rights to confidentiality of the child and their family.

If the referrer disagrees with the decisions made by Children's Social Care about the outcome of the referral, they may consider making a complaint under the local Complaint procedure or raise the matter under the local Professional Disagreement protocol.

The child and parents should be routinely informed about local procedures for raising complaints, if they wish to, and local advocacy services.

Where the outcome of the referral leads to a continuing assessment see **Assessment Procedure**.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact People's Services again.

Definition of Adult Abuse

What can you do?

No one should have to live with abuse. Tell someone, you may be the only person who can stop it. Care enough to say something.

Tell someone as soon as you can. Use the contact numbers above to report abuse and/or to ask for advice.

What do we mean by adult abuse?

Abuse is when someone does or says something that hurts, upsets or frightens another person and that person isn't able to stop it happening. It might happen on purpose or the person doing it might not realise it is wrong or causing harm, but both are still wrong and it should not happen. If you think something is wrong, talk to someone.

Abuse can be caused by anyone:

- A partner or relative

- A friend or neighbour. Sometimes a person can pretend to be a friend so they can abuse a person, this is called Mate Crime

- A carer, this can be someone who is paid or a volunteer

- Someone in a position of trust

- A stranger

There are different kinds of abuse:

Physical abuse is when someone physically hurts another person. It could include:

- hitting , slapping, kicking, shaking or pushing

- force feeding

- misusing medication

- throwing things at someone

Financial or material abuse is when someone takes something that belongs to someone else without asking or makes that person give them things. It is when someone does not let another person use their money how they want to use it. It can include:

- internet scamming

- fraud

- misuse of property, possessions or benefits

- pressure or control with financial affairs or wills

Neglect is when a person does not get the help they need and their medical, emotional or physical care needs are ignored. It could include:

- being left alone when the person doesn't want to be

- being left hungry or thirsty

- not getting help with medication

- not seeing a doctor when the person wants to

- not being helped with personal care or using the toilet

- failure to provide educational services

Sexual abuse is when someone is made to do sexual things that makes them feel sad, angry, frightened or they don't like or understand. It can include:

- unwanted touching

- rape

- sexual assault

- sexual acts that a person has not given consent to or was pressured into consenting

- pressure to look at sexual images

- when someone talks about sex to a person when they don't want them to

- being subject to sexual innuendo or harassment

Psychological or emotional abuse is when someone is made to feel sad, afraid or not important. It can happen anywhere including on the internet or phone. It can include:

- calling names, verbal abuse

- being made fun of, humiliated

- blaming a person for things that are not their fault

- ignoring or depriving

- threats or intimidation

- controlling

- cyber bullying

Discriminatory abuse is when someone is treated badly because they are seen as different to others, this is sometimes called Hate Crime and can include:

- racism

- sexism- sexuality or gender identity

- abuse related to the way someone talks, their religion or age

- acts based on a person's disability

- harassment

Modern Slavery is when someone is forced to work with little or no pay or threatened with violence if they do not work. It can include:

- human trafficking

- forced labour

- domestic servitude

Domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, 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. It usually happens in a person's own home and it could include:

- psychological

- physical

- sexual

- financial abuse

- what is known as 'honour' based violence

Self-neglect is when someone might come to harm if they do not look after themselves. It covers a wide range of behaviours where a person fails to care for their own personal hygiene, physical or emotional health or surroundings and it could include:

- not getting enough food, water or heat

- not taking medication or getting medical care that is needed

- not accepting help or support that is necessary to stay safe

- not looking after personal hygiene

- unsafe, hazardous living condition

- hoarding

Organisational abuse is abuse caused by an organisation and is abuse or neglect of an adult by people in a setting or service where the adult is living or using; for example, a care home, hospital or service provided in a person's own home. It could include:

- neglect

- poor practice

- mistreatment of a regime

How do I report adult abuse?

If you are concerned about an adult and think they may be subject to abuse, you can ring Halton Borough Council Adult Social Care Services.
0151 907 8306

If the person you are worried about is in immediate danger please call the emergency services.
999

Emergency Duty Team for concerns during the evening/weekends/bank holidays
0345 050 0148

Report abuse online using the safeguarding alert form

Referrals submitted will only be triaged and responded to between 9am and 5pm Monday to Friday. Anything urgent out of hours regarding reporting a safeguarding concern, please contact the Emergency Duty Team on 0345 050 0148