

Safeguarding Policy & Procedures

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1. Purpose

This policy sets out the key principles, process, and procedures that all members of the workforce working in the organisation should be complying with in their safeguarding of children, young people and adults at risk of harm or abuse.

2. Audience

This policy is intended for:

- All members of the workforce (including trustees, staff, freelancers, volunteers, applicants, and contractors)
- Service users
- Supporters & Stakeholders

3. Related Documents

This policy should be read alongside:

- Equal & Diversity policy
- Lone Working policy
- Remote Therapy and Support policy
- Data Protection & Information Sharing policy
- Public Interest Disclosure (Whistleblowing) policy
- [Schools, colleges and children's services : Safeguarding children - detailed information - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/safeguarding-children-detailed-information)
- [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672227/Working-Together-to-Safeguard-Children-2018.pdf)

3.1 Further resources

- [Safeguarding | SCIE](#)
- [Cumbria Safeguarding Children Partnership : Cumbria County Council](#)
- [Adult Safeguarding : Cumbria County Council \(cumbriasab.org.uk\)](https://cumbriasab.org.uk)
- [Safeguarding - Lancashire County Council](#)
- [Child Exploitation & Online Protection Safety Centre](#)
- [NSPCC | The UK children's charity | NSPCC](#)

4. Definitions

For the purposes of this policy, the following definitions apply:

4.1 Service User

The individual who receives support from the organisation. This includes survivors and their family or friends. The terms 'person', 'client' and 'victim' are included also in this definition.

4.2 Supporters & Stakeholders

People who are involved in our services but do not necessarily receive support from the organisation

4.3 Safeguarding

By the use of the term safeguarding in this document, we intend to include those actions that will operate to enhance a person's health, development and welfare and prevent the risk of harm, and in particular we apply this to those adults & children who are vulnerable for any reason, in law or in practice at the time of any ongoing concern. We are also concerned about any possible information we may receive which may indicate others (people known to our clients) may be at risk of harm, including but not exclusively, children; other family members and members of the wider community.

4.4 Adult at Risk

Adults at risk, are people over the age of 18 who:

- Have needs for care and support (whether or not the Local Authority is meeting any of those needs) **and**
- Are experiencing or at risk of neglect **and**
- as a result of those needs unable to protect themselves from either the risk of or the experience of abuse or neglect

4.4 Child

A child is a person aged under 18 years; young people aged 16 or 17 who are living independently are still defined as 'children'.

4.5 Child in Need

This is defined under section 17 of the Children Act 1989, as those whose vulnerability is such that they are unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, including those who are disabled.

4.6 Abuse and Neglect

Abuse and neglect can have a major long-term effect on all aspects of a child's health, development and wellbeing. Sustained abuse is likely to have a deep impact on the child's self-image and self-esteem and on their future life. An individual may abuse or neglect a child by inflicting harm or failing to act to prevent harm. A child may be abused in a family, institutional or community setting, by those known to them, or by a stranger, for example via the internet. They may be abused by an adult or adults, by another child/children. These procedures apply in all such cases.

Please see Appendix A for Indicators of Abuse along with [Types of Child Abuse & How to Prevent Them | NSPCC](#)

4.7 Serious Harm

The Department of Health, in 2003, provided guidance on the type of situations where the definition of serious harm may apply. This is still valid today: Murder, manslaughter, rape, treason, kidnapping, child abuse or other cases where individuals have suffered serious harm may all warrant breaching confidentiality.

4.8 Prevent

Prevent is about safeguarding and supporting those vulnerable to radicalisation. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. Within Britain, there are threats to our safety (young people in particular — and specifically under 18s)) that are voiced in opposition to multiculturalism, against a multireligious, multi-ethnic existence. These are voices of extremism that come in many forms. The aim of Prevent is to stop people becoming or supporting terrorists, challenging the spread of terrorist ideology and protecting vulnerable individuals.

[Guidance for Prevent \(cumbria.gov.uk\)](http://cumbria.gov.uk)

4.9 The Organisation

For the purposes of this policy 'the organisation' refers to The Birchall Trust.

5. Background

The organisation supports the recovery of those affected by rape, sexual abuse, exploitation and sexual assault, working directly with children, young people and adults providing a trauma informed therapeutic service, promoting the wellbeing and safety of all people that come into contact with the organisation

The organisation is committed to ensuring that adults at risk and CYP who use our services are not exploited, abused, at risk of harm or likely to cause harm to others. We aim to ensure that our working practices minimise the risks of such issues.

The organisation is aware that all adult clients engaging as survivors of sexual violence may be feeling vulnerable and experiencing difficulties and have, albeit temporarily, some impairment of social functioning which could affect their capacity to a) make informed decisions or b) give consent to share information.

The organisation is equally aware that **NOT ALL** clients engaging are adults at risk by legal or other definitions. Adults have self-determination so can make choices that may mean that their well-being suffers. None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety, we need to understand 'What matters' to them and what outcomes they want to achieve from any actions the organisation takes to help them to protect themselves.

6. Legislation

The legislation and guidance relevant to safeguarding and promoting the welfare of adults and children includes the following:

[Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

[Children Act 2004 \(legislation.gov.uk\)](https://www.legislation.gov.uk) as amended by Sections 12-31 of the [Children and Social Work Act 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Throughout the coronavirus pandemic, the child protection legislation and statutory guidance in still applies. The Department for Education (DfE) has published guidance on [Protective measures for out-of-school settings during the coronavirus \(COVID-19\) outbreak](https://www.gov.uk/government/guidance/protective-measures-for-out-of-school-settings-during-the-coronavirus-covid-19-outbreak) (DfE, 2020).

This includes all voluntary and community-based work with children and young people and provides information on safeguarding and managing their wellbeing. It also includes information for parents (DfE, 2020).

[Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk) - places a general duty on local authorities to promote the wellbeing of individuals when carrying out care and support functions.

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk) - provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves

[Sexual Offences Act 2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk) - modernised the law by prohibiting any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues.

[Safeguarding Vulnerable Groups Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk) and the [Protection of Freedoms Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk) - preventing people who are deemed unsuitable to work with children and adults at risk from gaining access to them through their work [Disclosure and Barring Service - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/disclosure-and-barring-service) (DBS).

[Criminal Justice and Courts Act 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk) - It is an offence under the for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual.

7. Guiding Principles

Safeguarding relates to the action taken to promote the welfare of children, young people and adults at risk and to protect them from harm. The organisation believes safeguarding to be the responsibility of all of the workforce and all members of the workforce should:

- Be alert to the possibility of abuse and neglect
- Have enough knowledge to recognise an abusive or potentially abusive event or set of circumstances
- Knowing who in the organisation to raise concerns with
- Be competent to take the appropriate immediate or emergency action

Six key principles underpin all adult safeguarding work:

7.1 **Empowerment** - People being supported and encouraged to make their own decisions and provide informed consent.

7.2 **Prevention** – It is better to take action before harm occurs.

7.3 **Proportionality** – The least intrusive response appropriate to the risk presented.

7.4 **Protection** – Support and representation for those in greatest need.

7.5 **Partnership** – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

7.6 **Accountability** – Accountability and transparency in delivering safeguarding.

8. Data Protection

The organisation will keep a written/digital record of any safeguarding concerns and actions and comply with the Data Protection Act and General Data Protection Regulation. Records will be kept confidential, and not be released externally to the organisation unless statutorily obliged or requested by the service user.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.

Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.

The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented

Information can be shared lawfully within the parameters of the [Data Protection Act 2018 \(legislation.gov.uk\)](#) and the [Guide to the General Data Protection Regulation - GOV.UK \(www.gov.uk\)](#) (GDPR).

8.1 Non consent in terms of data sharing

All members of the workforce should always share safeguarding concerns in line with this policy, usually with the Head of Services. CYP lead or CEO in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the member of the workforce should explain their responsibility to share their concerns. The organisation will make a decision about sharing information with external agencies, including the police, health services and local authority.

Service users may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

If a service user refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the organisation can reasonably override such a decision, including:

- the service user lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/5) - The law allows for professionals making 'best interest' decisions for clients if actions are intended to safeguard their immediate well-being. Counsellors/therapists deciding to break confidentiality following concern of immediate risk of suicide or other cases of serious harm is likely to be considered, in law, as a 'best interest' decision regardless of the client's assumed capacity to make their own decisions
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- a serious crime has been committed
- members of the workforce (both within the organisation or externally) are implicated
- the person has the mental capacity to make that decision but they may be under duress or being coerced
- the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- a court order or other legal authority has requested the information.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the service user:

- support the service user to weigh up the risks and benefits of different options
- ensure they are aware of the level of risk and possible outcomes
- offer to arrange for them to have an advocate or peer supporter
- offer support for them to build confidence and self-esteem if necessary
- agree on and record the level of risk the service user is taking
- record the reasons for not intervening or sharing information on CRMS
- regularly review the situation
- try to build trust and use gentle persuasion to enable the person to better protect themselves.

If it is necessary to share information outside the organisation:

- explore the reasons for the service user's objections – what are they worried about?
- explain the concern and why the organisation think it is important to share the information
- tell the service user who the organisation would like to share the information with and why
- explain the benefits, to them or others, of sharing information – could they access better help and support?
- discuss the consequences of not sharing the information – could someone come to harm?
- reassure them that the information will not be shared with anyone who does not need to know

- reassure them that they are not alone and that support is available to them.

If the service user cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded on CRMS. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual.

9. Roles and Responsibilities

CEO, Head of services, CYP Lead	Safeguarding referrals Decision re consent & info sharing Ensuring training up to date Safe recruitment and DBS Complete their mandatory training
Counsellors (employed and freelance, students), Wellbeing Practitioners, Training Coordinator	Complete their mandatory training
Administrators	Complete their mandatory training
Trustees	Complete their mandatory training
Volunteers	Complete their mandatory training

10. Local Authority procedures

It is important that the workforce of the organisation understand the procedures both Local Authorities (Cumbria and Lancashire) work to and only make appropriate safeguarding referrals.

- [CSAB Safeguarding Adults Procedure March 2021 \(cumbria.gov.uk\)](http://cumbria.gov.uk)
- [Guidance for Safeguarding Concerns - Lancashire Safeguarding Children Board](#)
- [LCC Safeguarding criteria for reporting Adult Abuse to the Local Authority. \(lancashire.gov.uk\)](http://lancashire.gov.uk)
- [Home Page - Lancashire Safeguarding Children Board](#)
- [Policies and Procedures - Lancashire Safeguarding Children Board](#)
- [Adult-safeguarding-protocol-poster.pdf \(lancashire.gov.uk\)](#)

11 Training and Induction

All workforce within the organisation will complete training around safeguarding as part of their induction relative to their role. Training will be accessed via the Cumbria Safeguarding Children's Partnership Learning Portal or via links in this policy

[My Learning with Cumbria County Council](#)

Role	Training Required
CEO, Head of Services, CYP Services Lead	<ul style="list-style-type: none"> • Awareness of Safeguarding and Child Protection: Level 1 • Safeguarding Responsibilities, Threshold Guidance and Referral Process: Level 2 • Safeguarding and Child Protection Working together to Safeguard Children: Level 3 • Safeguarding Adults Basic Awareness • Safeguarding Adults – Seven Steps • Social Media and Safeguarding • Suicide: Let's Talk • Prevent: An Introduction - YouTube • Child Sexual Exploitation • Safer Recruitment
Counsellors (Employed)	<ul style="list-style-type: none"> • Awareness of Safeguarding and Child Protection: Level 1 • Safeguarding Responsibilities, Threshold Guidance and Referral Process: Level 2 • Safeguarding and Child Protection Working together to Safeguard Children: Level 3 • Safeguarding Adults Basic Awareness • Social Media and Safeguarding • Suicide: Let's Talk • Prevent: An Introduction - YouTube
Counsellors (freelance, students), Wellbeing Practitioners, Training Coordinator	<ul style="list-style-type: none"> • Awareness of Safeguarding and Child Protection: Level 1 • Safeguarding Responsibilities, Threshold Guidance and Referral Process: Level 2 • Safeguarding Adults Basic Awareness • Social Media and Safeguarding • Suicide: Let's Talk • Prevent: An Introduction - YouTube
Administrators	<ul style="list-style-type: none"> • Awareness of Safeguarding and Child Protection: Level 1

	<ul style="list-style-type: none"> • Safeguarding Adults Basic Awareness • Suicide: Let's Talk • Prevent: An Introduction - YouTube
Trustees	<ul style="list-style-type: none"> • Awareness of Safeguarding and Child Protection: Level 1 • Safeguarding Adults Basic Awareness • Safeguarding training for charity trustees - podcast
Volunteers	<ul style="list-style-type: none"> • Awareness of Safeguarding and Child Protection: Level 1 • Safeguarding Adults Basic Awareness • Suicide: Let's Talk • Prevent: An Introduction - YouTube

12 Working online and remotely – COVID 19

Whilst the pandemic forced much of the organisation’s work online and remotely, it is reasonable to assume that this method of service delivery will remain as part of our offer going forward.

The coronavirus (COVID-19) outbreak may have caused significant mental health or wellbeing difficulties for some children and adults at risk, and they may be at increased risk of harm or abuse. Adults at Risk and children may be particularly isolated, meaning that the family, community and professional networks they usually rely on may be unavailable or hard to access.

Social distancing, self-isolating and quarantine can cause stress and changes in everyone’s behaviour. Families could be under new pressures, and you may worry a child is withdrawn, anxious or depressed. Spotting the signs of abuse might be more difficult and it can be difficult to know if something is wrong.

People who are considered to be clinically extremely vulnerable because of age or underlying health conditions may, during this period, be forced to accept help from people with whom they are not familiar.

While there has been an amazing response to the call for helpful volunteers, we cannot rule out the possibility of a few people who may see this as an opportunity to gain easy access to those who are vulnerable in order to exploit them. It is essential that we should all remain vigilant and provide advice to those who may be vulnerable to abuse on how to spot early signs.

[See, Hear, Respond | Barnardo's \(barnardos.org.uk\)](#) provides online support to children and families who are struggling, street-based youth work to identify and support children at risk of harm outside of the home, including exploitation, and help vulnerable children to successfully reintegrate back into school or college if they have not been attending during the pandemic.

The programme will focus on finding and reaching out to children around the country who are experiencing negative impacts on their health and wellbeing, as well as those at risk of harm.

We must be aware of the increased incidence of depression and suicide risk as a result of fear and loss of freedoms, loved ones, income and hope. At this time, those who are particularly vulnerable may accept help from those who seek to exploit them.

13 Working with suicide

We recognise that many of the people we work with mention suicide, either as past feelings and thoughts, previous attempts or are currently experiencing suicidal thoughts. Some people may tell us that they are developing a suicidal intention or that they are making or have made plans for how they will act upon their suicidal thoughts and intentions.

We require all members of our workforce to be aware of the issues around suicide in particular our counsellors and therapists should be:

- Informed about signs and symptoms of suicidality
- Vigilant for suicidality when working with their clients
- Honest and open with their clients about suicidality
- Informed about risk and protective factors
- Able to carry out an assessment of risk with their clients
- To engage in constructive dialogue with their clients about suicidality
- To take appropriate and proportionate safeguarding measures in all instances where suicidality is a concern

14 Concerns re a member of the organisations workforce

Allegations or suspicions of abuse against a child, young person or adult at risk by a member of the workforce must be reported to the CEO or Chair of Trustees (designated senior manager – DSO). If the allegations are against the CEO or Chair of Trustees then they should be reported to another member of the Trustee board.

If an allegation is made:

- 1) The organisation will ensure the child/young/adult at risk person is safe from the person against whom the allegation has been made.
- 2) The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

They should:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the DSO

3) When informed of a concern or allegation, the DSO should not investigate the matter or interview the member of staff, child concerned or potential witnesses.

They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving (not the child / adult making the allegation);
- Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses.
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.
- The DSO should report the allegation to the LADO within one working day

Lancashire Mr Tim Booth Phone:01772 536694 Email: tim.booth@lancashire.gov.uk Address: Safeguarding Unit, Room B16 County Hall, Fishergate Hill Preston, PR1 8RJ

Cumbria Phone: 03003 033892 Email:lado@cumbria.gov.uk Address: LADO, Cumbria Safeguarding Hub, Skirsgill Depot, Penrith, Cumbria, CA10 2BQ

15 Version History

It is recommended that this document is reviewed at minimum every 3 years. However, legal, or technological updates may need to be incorporated more frequently.

Version	Date	Approved by
2.0	September 21	Board of Trustees

Appendix A – Indicators of Abuse

Physical Abuse

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

An important indicator of physical abuse is where bruises or injuries are unexplained, or the explanation does not fit the injury for example:

- bruising or fractures in children/babies who are not independently mobile
- bruises that are seen away from bony prominences (elbows, knees, shins)
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters and/or uniform shape
- multiple fractures
- bruises that carry the imprint of an implement used, hand marks or fingertips

Emotional Abuse

This is the persistent emotional maltreatment of a child that can cause severe and persistent adverse effects on the child's emotional development. Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem.

The physical and behavioural signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g., in hospital or away from their parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.
- neurotic behaviour, e.g., sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self-harm
- wetting/soiling
- fear of parent being approached regarding their behaviour.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-

penetrative acts (i.e. kissing, touching outside of clothing, rubbing, masturbation). They may include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse often occurs in association with other types of abuse. Its presentation can be varied and include:

- Specific physical findings e.g. genital signs of a sexual assault after an allegation of rape.
- Physical findings presenting as a medical problem e.g., rectal bleeding
- diarrhea, vulvovaginitis.
- Physical findings such as love bites/bruising around breasts, thighs or genitalia.
- Specific signs or symptoms e.g., pregnancy, sexually transmitted diseases.
- Behavioural changes e.g., sexualised behaviour inconsistent with the child's age and development, e.g., new onset of bowel or bladder disturbance in a child who was previously clean and dry, self-harm in older children and young people.
- Behavioural changes e.g., becoming withdrawn/aggressive, fear of being left
- with a specific person or group of people, having nightmares, running away from home.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. The impact of neglect can have long standing adverse consequences that can endure throughout childhood, adolescence and into adulthood, so it is important that professionals respond to neglect with the same degree of seriousness and urgency as all other forms of child abuse.

NB: Professionals are advised to rethink the term "did not attend", when a child does not attend an appointment, and instead think and record "was not brought", a reminder that children do not bring themselves to appointments, they have to be taken by parents/carers. Missed appointments can have a devastating impact on a child's wellbeing and are a form of neglect.

Children may present with:

- Physical signs of neglect: failure to thrive, poor hygiene and personal presentation
- Behavioural problems: scavenging for food, voracious appetite, chronic running
- away, low self-esteem, poor social functioning, indiscriminately seeking affection or attention from adults.

- Developmental problems: not reaching developmental milestones, poor
- language development, poor intellectual and social development.

Domestic Abuse

The Home Office definition of domestic violence and abuse (2013): “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality”.

[Information for Local Areas on the change to the Definition of Domestic Violence and Abuse \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Domestic abuse includes ‘honour’ based violence, female genital mutilation (FGM) and forced marriage.

Family members are defined as: mother; father; son; daughter; brother; sister; and grandparents - whether directly related, in-laws or stepfamily. However, in some cases it may be necessary to consider specific circumstances to determine if the specific family relationship fits the definition e.g., in so called ‘Honour’ Based Abuse cases, wider family members such as cousins can be perpetrators.

There may be serious effects on children who witness domestic violence, which often result in behavioural issues, low self-esteem, depression, absenteeism, ill health, bullying, antisocial or criminal behaviour. It can have a detrimental and long-lasting impact on a child’s health, development, ability to learn and well-being.

Honour based violence

Honour based violence where it affects children and young people is a child protection issue. They are at risk of Significant Harm through physical, sexual, psychological, emotional harm and neglect. They are at significant risk of being murdered because they are perceived to have brought shame on their family and/or community.

Forced Marriage

In forced marriage one or both parties do not consent to the marriage and some element of duress is involved. It can be in the form of emotional pressure exerted by close family members and the extended family, or may include threatening behaviour, abduction, imprisonment, physical violence, rape and in some extreme cases may result in murder. Forced marriage **‘is a form of child/domestic abuse and should be treated as such’**. (Forced Marriage Unit Guidelines 2009).

[Forced marriage - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Forcing someone over the age of 16 to marry against their will is a criminal offence under the Anti-Social Behaviour, Crime and Policing Act 2014

Contextual safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. i.e., at school/educational

settings, within peer groups, or more widely from within the widercommunity and/or online. Contextual safeguarding recognises that the different relationships that young people form in their neighborhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts.

Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang- related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, young people encounter significant harm in a range of settings beyond their families. It can include exploitation by criminal gangs and organised crime groups such as county lines, trafficking, online abuse, and the influences of extremism leading to radicalisation.

In a Contextual Safeguarding system these extra-familial settings and relationships would be assessed and police, community resources etc. would be used to intervene and disrupt. I.e., the take-away shop, street gang and/or young person's peer group may be referred into a safeguarding system, discussed by a partnership and then to subject to an intervention as a means of keeping young people safe. Interventions can be used to disrupt risk in shopping centres, take away shops, peer groups, schools, parks and other public settings.

Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

- In exchange for something the victim needs or wants, and/or
- For the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact/ it can also occur through the use of technology

Children and young people involved in any form of sexual exploitation face immense risks to their physical, emotional, and psychological health. The environment in which sexual exploitation is located tends to have close links with criminal behaviour, drug and alcohol misuse and violence; and they become exposed to these risks. Children and young people do not make informed choices to enter or remain in sexual exploitation, but do so due to coercion, enticement, manipulation or desperation. Young people under 16 cannot consent to sexual activity: sexual activity with children under the age of 13 is statutory rape.

The earlier that a risk of sexual exploitation, can be identified, the more likely it is that harm to a child or young person can be minimised or prevented.

Indicators may include

- Physical symptoms (bruising suggestive of either physical or sexual assault)
- Evidence of misuse of drugs / alcohol, including associated health problems
- A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI's
- Pregnancy and / or seeking an abortion
- Sexually risky behaviour (including sexual activity with anyone not previously known to them, or with a number of different people; sexual activity in isolated places, where no one knows where they are)
- Mental health problems, including depression
- Truancy / disengagement with education, or considerable change in performance at school
- Being collected outside school by older / different people
- Becoming angry, hostile if any suspicions or concerns about their activities are expressed
- Secretive behaviour and detachment from age-appropriate activities
- Entering or leaving vehicles driven by unknown adults
- Sexualised language
- Excessive use or reliance on mobile phones
- Low self-image, low self-esteem, self-harming behaviour - cutting, overdosing, eating disorders, promiscuity
- Hostility in relationship with parents / carers and other family members
- Associating with other young people who are known to be sexually exploited or in areas renown for sexual exploitation. Involvement with young people known to associate with perpetrators of sexual exploitation
- Inappropriate use of the Internet and forming relationships with adults, via the Internet
- Persistently missing, staying out overnight or returning late with no plausible explanation. Going missing and being found in areas where the child or young person has no known links.
- Change in appearance.

Trafficking

This includes both trafficking from abroad into the UK and internal trafficking where children and young people are moved from one place to another in the UK, for the purposes of sexual exploitation. This may be from one street to a neighbouring street, from one area of a town or city to another area, or across county borders. It is not the distance that is relevant in the definition of internal trafficking, but the movement of a child or young person for the purpose of sexual exploitation.

Modern Slavery

This is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal and financial gain. It encompasses Slavery, Servitude and Forced Labour. Traffickers and slave drivers' trick, force and/or

persuade children and parents to let them leave their homes. Grooming methods are used to gain the trust of a child and their parents, e.g., the promise of a better life or education. Children are not considered able to give 'informed consent' to their own exploitation (including criminal exploitation), and it is not necessary to prove coercion, or any other inducement has been used.

Gang Activity

If workers suspect a child/young person is involved, or at risk of involvement, in gang activity, particularly if weapons are implicated and there is a risk of significant harm, referrals should be made to Safeguarding Hub. Also consider the risks to any siblings as well to prevent revenge actions, which may target family and friends.

Extremism/Radicalisation

A concern that a child is at risk of radicalisation or extremism should be treated like any other concern about a child at risk of significant harm and should be referred using the online referral form to prevent@cumbria.police.uk

Risk factors may include:

- Being in contact with known extremists, extremist recruiters or organisations
- Articulating support for violent extremist causes or leaders.
- Accessing violent extremist websites or literature.
- Using inappropriate language, extremist narratives and a global ideology to explain personal disadvantage.
- Seeking to recruit others into extremist ideology.
- Significant changes to appearance and/or behaviour.
- Changes in friends and mode of dress.

E-safety

The effects of abuse suffered by children and young people via digital technology are the same as if they had been abused by personal contact and can occur through:

- Access to the internet and websites, including social networking websites, on computers, games consoles, mobile phones, the use of webcams and mobile phone cameras,
- Cyber bullying is carried out via social networks and mobile phones.
- Being groomed by other online users posing as 'friends', including setting up meetings, making threats to expose the child in some way.
- Abusers posting images of the abuse and victims online.

Appendix B – Birchall Safeguarding Process

Respond

- **Make the situation safe , Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention. Dial 999 for emergency services**
- Get brief details about what has happened and what the adult would like done about it, but do not probe or conduct a mini-investigation
- If an external safeguarding alert is appropriate - Seek consent from the adult to take action and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.

Reassure

- React calmly and listen without leading or questioning, making judgmental comments or jumping to conclusions
- Accept what is being said, it is important that a child/young person feels believed, give them time to say what has happened in their own words
- Reassure them that they are not to blame
- Do not trivialise or minimise any aspect of abusive behaviour or make negative comments about the alleged abuser
- Explain that you need to report the disclosure and why- remind the child/young person that their confidentiality cannot be kept in this instance because either they or someone else is at risk of harm.

Internal Recording

When working with Birchall Trust clients, and there is cause for concern, there are 2 levels of risk to consider:

1. A "Cause for concern form" for lower-level risk such as: ideation / self-harm / concern for welfare / child protection or client may be a victim of domestic abuse.
2. A "Safeguarding for action form" for higher risk such as: suicidal intent and planning / self-harm / welfare concerns / child protection etc.

Cause for concern. What is it:

If you are working with a client and you have any cause for concern about the client's health and well-being that will not require action but needs noting in case of escalation in the future, first log this using the cause for concern form and add to CRMS after the session using the interaction type "C-Cause for concern -safeguarding info only"

Safeguarding for Action. What is it:

If you are working with a client and you believe the risk level is great enough to require action from a Safeguarding lead or yourself, for example speaking with the client after the

session, contacting a GP, emergency contact or other health professional. Then this requires logging on a Safeguarding for action form and added to CRMS **as soon as possible**. (At the latest within 24 hours of the session taking place.) Using interaction type “C – Safeguarding For Action.”

An email or phone call to the admin team will also be required to **flag** the Safeguarding for action to the Safeguarding team. (admin@birchalltrust.org.uk)

Please always quote the Client Reference Number on any correspondence and not the clients’ name.

Types of concerns to monitor

1	Developing suicide concern – belief that the client’s suicidal ideation is moving towards intent and planning
2	Suicidal action – to record that the client has notified you they have made an attempt on their life between sessions
3	Imminent suicide concern – belief that the client will make an attempt on their own life over the next few days or week (*we would only expect you to call a third party if there is no safeguarding lead available. Please ring the office and check.)
4	Immediate suicide concern – belief that the client has taken action to end their life (such as overdosed on medication) or inform you they are leaving and have a plan to end their life today *such that you have taken action in session by calling 999 (If you have called 999- please inform the office immediately.)
5	Self-Injury or Self-Harm – to record the first acknowledgement from a client that they engage in self injury acts such as cutting, burning, ingesting dangerous substances, banging or hitting self. To record self-harm such as an eating disorder, over exercise, sexual risk taking, excessive drug or alcohol intake. To record concern that the client’s self-injury or self-harm is at high risk and may have a direct or indirect “suicide potential”: to a point you are concerned about client safety and/or capacity to engage in counselling
6	Concern for the welfare of the client – this includes deteriorating mental health, diminished responsibility around risk taking, breakdowns in relationships, resistance to take prescribed medications: to a point you are concerned about client safety and/or capacity to engage in counselling
7	Concern that the client may be a victim of domestic abuse – Where the client may be in imminent danger of harm
8	Concern that the client may be considering or likely to harm others or commit a serious criminal act
9	Information about a perpetrator that leads you to believe that children and/or vulnerable adults may be at risk of harm

10	Child Protection and safeguarding – any belief that a child may be at risk of significant harm or concerns about a child’s welfare and development – see definitions below*
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Recording a Cause for Concern or Safeguarding For Action in CRMS

The Birchall Trust uses a secure database (CRMS), to record all clients’ personal information, including any correspondence, session notes, reviews and to record any cause for concern or safeguarding concerns that require action.

There is an internal “How To Guide” that provides instructions on adding a document/file to CRMS.

Cause for Concerns and Safeguarding for Action forms need adding to CRMS as a separate record on CRMS using the **actual date and time** of the concern for the client in question.

Remember: If you have added a “Safeguarding for Action” it is also important to notify the office staff by phone or email: admin@birchalltrust.org.uk

The CEO may also require further information to inform any relevant regulatory body such as Care quality Commission, Ofsted, Charities Commission, Commissioners or funders and the Board of Trustees

Talking with the client about a Cause for Concern/Safeguarding concern

Gaining their consent

Issues of consent to share information and capacity to make informed decisions are pertinent in relation to safeguarding issues. Consent to share information forms the basis of our original contract with the client as it is obtained from all clients either electronically when admin send out their contract or during the First Assessment if paperwork is handled manually.

Counsellors/therapists should follow the usual good practice of discussing with the client the details of their concern and why they are raising this as a cause for concern or safeguarding for action despite this overarching consent to share at source.

Where possible a verbal consent at the time of concern is helpful for any third-party action deemed necessary by the service. If the safeguarding is being completed by the Safeguarding team; they will try to make contact with the client or parent/carer to achieve this. If you are completing the safeguarding personally, please seek to do the same.

However, in exceptional circumstances it may not be possible or desirable to obtain consent.

Safeguarding for action

Any action completed from a Safeguarding for action should/will be logged chronologically on CRMS – every action requires a sperate entry by the Safeguarding lead or yourself.

Counsellors can check for an up-date before their next session with the client to see what has occurred from the Safeguarding alert.

Cause for concerns

As cause for concerns are a flag and not an action document, these can be used as reminders to yourself of any risk you are working with as you go along. For the Safeguarding lead they also advise of any existing work completed around risk that has escalated into an action.

External Reporting

- If you are unsure whether to contact the local adult or children's social care office then speak to your colleagues, CYP lead, Head of Services or CEO. They can talk you through the concern and help you decide whether it is appropriate to contact the safeguarding team. If no one is available, you can contact the Safeguarding Hub in Cumbria or Adult Services on the numbers below to discuss a potential referral before it is made.
- You will need basic details to complete the external safeguarding alert form:
 - name, DOB and address of the adult
 - why is the person an adult at risk?
 - Any care and support needs
 - The wishes and the feelings of the person
 - Impact of the alleged abuse and neglect on them
- In making a decision whether to refer or not you should take into account:
 - the adult's wishes and preferred outcome
 - whether the adult has mental capacity to make an informed decision about their own and others' safety
 - the safety or wellbeing of children or other adults with care and support needs
 - whether there is a person in a position of trust involved
 - whether a crime has been committed
- If the child is open to social care then contact their allocated social worker or in their absence to the social workers manager or duty social worker
- Act immediately and pass on information promptly

Contact details

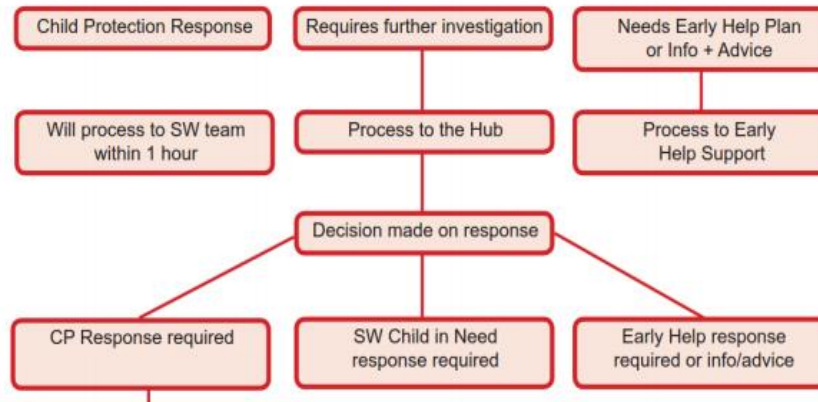
Local Authority	Address	Tel Number	OOH
Barrow in Furness	4 th Floor Craven House Michaelson Road Barrow in Furness LA14 1FD	0300 303 2704	01228 526690
South Lakeland	Bridge Mills Kendal LA14 1FD	0300 303 2704	01228 526690
Cumbria Safeguarding Hub	Reporting Concerns - Professionals (proceduresonline.com)	0333 240 1727	
Lancaster & Morecambe	Adult Social Care Lancashire Safeguarding Adults - Start - Online Forms (achieveservice.com)	0300 123 6721	0300 123 6721
Lancashire	Children's Safeguarding Assurance partnership children.cypsafeguarding@lancashire.gov.uk	0300 123 6720	

Contacting Cumbria Safeguarding Hub

Consider

- Does this child need an immediate child protection response if so continue to report your concern to the Hub.
IF NOT
- Could this child be helped by an Early Help Plan ?
- Can I identify other professionals to contribute to an Early Help Plan ?
- If so please seek support from your own service advisor or the Early Help Team to work with the family to prevent escalation of need.

Unless your contact requires an urgent child protection response the Hub will ask you about the recent Early Help Plan and Team around the Family meetings and will make a decision about the level of vulnerability. This will be either :



We hope you will be part of an agreed outcome in line with the Cumbria Threshold Guidance. Where decision have been made following the Hub episode we will provide feedback on the destination of your contact via email or letter. However you are also responsible for knowing what has happened to your concern, so if you have not had any feedback within 72hrs you MUST contact the Hub and ask.

Safeguarding concern for an Adult



Refer to full guidance at www.lancashire.gov.uk/safeguarding

If a criminal act or emergency ring 999 or 101 non-emergency

Think Care Act

Level 1 Low Risk Unlikely to raise a Safeguarding concern

Adults experiencing no harm or isolated incident

- No or minor harm
- Isolated incident - Minimal impact to person
- Resolved with proportionate approach to reduce reoccurrence
- Internal policies & procedures are MCA & Care Act compliant
- Comprehensive recording is in place
- Risk assessment/action plan in place
- Incident not caused by Person in Position of Trust

- Dispute between service users
- Poor handling/moving technique by inexperienced informal/family carer
- Care plan in place, needs not met but no harm/distress
- Risk can be managed by current professional oversight
- Person does not receive prescribed medication (missed/wrong dose). No harm occurs.
- One off incident of unpredictable low staffing. No harm caused

- Report any criminal act to Police 999/101
- Follow your organisation's Safeguarding procedure & routine assessments required
- Refer to additional guidance available on www.lancashire.gov.uk/safeguarding
- Review /refresh education
 - Staff Training & Mentoring | Conduct
 - Service user standards of conduct
- Referral to (as appropriate)
 - Occupational Therapy/Physiotherapy
 - Adult Social Care
- Signpost to appropriate universal services
 - Local Voluntary/Religious/Housing/Community services/ Mental Health/Domestic Abuse/Neighbourhood Policing

Level 2 Medium Risk Possibly raise a Safeguarding concern

Adults experiencing some harm or risk of harm

- Repeated incidents/patterns of similar safeguarding concerns
- Risk can/cannot be managed appropriately with current professional oversight or universal services
- Risk of escalation
- Incident not caused by Person in Position of Trust
- Risk of Escalation

- Care planning documentation not person centred
- Service provision does not respect equality and diversity principles
- Occasionally not having access to aids to independence e.g. services/equipment
- Repeated falls despite preventative advice - harm, distress and injury occurs
- Recurring missed medication or admin errors in relation to person - caused no harm

- Report any criminal act to Police 999/101
- Gather more information to inform decision making & next steps
- Follow your organisation's Safeguarding procedure & routine assessments required
- Refer to additional guidance available on www.lancashire.gov.uk/safeguarding
- Review /refresh education
 - Staff Training & Mentoring | Conduct
 - Service user standards of conduct
- Referral to (as appropriate)
 - Occupational Therapy/Physiotherapy
 - Adult Social Care
- Signpost to appropriate universal services
 - Local Voluntary/Religious/Housing/Community services/ Mental Health/Domestic Abuse/Neighbourhood Policing

Think Responsibly

Level 3 Medium to High Risk Raise a Safeguarding concern

Adults experiencing significant harm or risk of harm

- Humiliation or Threats
- Harm motivated by prejudice
- Recurring failure to meet specific needs associated with culture and diversity
- Incident caused by Person in Position of Trust
- Criminal act is suspected
- Continued failure to adhere to care plan

- Recurrent medication errors/deliberate maladministration of medication e.g. sedation
- Preventable pressure ulcer due to omission of care, serious injury or death as a result
- Unexplained or significant marks, lesions, cuts or grip marks
- Movement or threat to move into a place of exploitation or take part in activities against their will
- Repeated teasing by Person in Position of Trust causing distress
- Physical restraint outside of care plan

- Report any criminal act to Police 999/101
- Gather more information to inform decision making & next steps
- Follow your organisation's Safeguarding procedure & routine assessments required
- Raise a Safeguarding concern at www.lancashire.gov.uk/safeguarding