# Safeguarding Children

Policy and Procedures

# Version Control

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# Safeguarding Children

# Policy and Procedures

**This Policy applies to all persons involved with the KGT Trust.**

Everybody has the right to be safe no matter who they are or what their circumstances. Abuse and neglect can have devastating effects on individuals, families and wider society, and the damage from safeguarding incidents and allegations can be devastating to a charity. Public trust and confidence in the wider sector can also be harmed if these issues are not responded to appropriately.

Organisations and services are ‘safeguarding sound’ when they are organised in a way which is child-centred and have the promotion of children’s welfare at their core. When it comes to child safeguarding, the overall purpose of the organisation is irrelevant.

**Legislation informing this Policy**

Obligations to safeguard children and young people and promote their welfare are contained in both international and domestic law. It is for each organisation and/or individual to be aware of the legislation and how it applies to them or can be used by them in their work to safeguard children and young people.

The [United Nations Convention on the Rights of the Child](http://www.unicef.org/crc/files/Rights_overview.pdf) is an international human rights treaty setting out the civil, political, economic, social and cultural rights of the child. It provides the overarching framework to guide the development of local laws, policies and services so that all children and young people are nurtured, protected and empowered. Each of the 41 Articles in the Convention detail a different type of right, all of which interact to form one integrated set of rights for children and young people. All Articles of the Convention are important and inter-relate to each other: those Articles with particular relevance for this policy include:

1. **Article 3 (Best Interests of the Child)** the best interests of the child must be a primary consideration for all actions concerning children taken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. This includes ensuring the child is given the protection and care necessary for their well-being, taking into account the rights and duties of others towards them. Organisations, services and facilities responsible for the care or protection of children must conform to appropriately set standards.
2. **Article 4 (Protection of rights)** Governments have a responsibility to take all available measures to make sure children’s rights are respected, protected and fulfilled. This involves assessing their social services, legal, health and educational systems, as well as funding for these services. Governments must help families protect children’s rights and create an environment where they can grow and reach their potential.
3. **Article 12 (Voice of the Child)** A child who is capable of forming his or her own views has the right to express those views freely in all matters which affect them, those views being given due weight in accordance with their age and maturity. This is particularly the case for any judicial and administrative proceedings affecting them. A child can either give their views directly, or have their views represented appropriately on their behalf.
4. **Article 19 (Protection from all forms of violence)**: Governments should ensure that children are properly cared for and their right to be protected from harm and mistreatment is upheld.
5. **Article 20 (Children deprived of family environment):** Children who cannot be looked after by their own family have a right to be looked after properly by people who respect their ethnic group, religion, culture and language.
6. **Articles 34 and 36 (Exploitation):** Governments should protect children from all forms of exploitation.
7. **Article 39 (Rehabilitation of child victims):** Children who have been harmed should receive help to recover and reintegrate into society.

Children and young people have the right to express their opinions and to have those opinions heard and acted upon when appropriate. The child’s views, however, will not necessarily determine the course of action to be taken, as ultimately, those with [parental responsibility](http://www.legislation.gov.uk/nisi/1995/755/article/6/made) are responsible for keeping the child safe and must act in the best interests of the child. The Convention obliges States to encourage and support parents to exercise their parental responsibilities. However, if parents neglect their responsibilities or are unable to provide a satisfactory standard of care, the State is obliged to intervene to make decisions and take actions to safeguard children and young people when it is necessary to do so.

**The Children Order 1995** primarily governs the care, upbringing and protection of children in Northern Ireland. It applies to anyone working with or caring for children, including parents, paid carers or volunteers, and seeks to strike a better balance between supporting parents to enact their parental responsibilities and the judicial powers of intervention of social workers.

The Children’s Order 1995 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

**The Children’s Services Cooperation Act 2015** strengthened the imperative for children’s agencies to work together, and for the Northern Ireland Executive to develop and publish an overarching strategy for children. The high-level aim of this strategy to improve the wellbeing of all children, where ‘wellbeing’ includes children’s physical and mental health, their economic and environmental wellbeing, and their learning and achievement.

**Section 5 of the Criminal Law Act 1967** makes it an offence not to report a ‘relevant offence’ to the police, including offences against children.

**The Safeguarding Board Act 2011** provided the legislative framework for the creation of a regional Safeguarding Board for Northern Ireland (SBNI) and established five Safeguarding Panels to support the SBNI’s work at a Health and Social Care Trust level and take responsibility for child protection at a local level.

**Cooperating to Safeguard Children and Young People in Northern Ireland 2017** provides an overarching policy framework for safeguarding children and young people, outlining how organisations must work together to ensure children and young people are safeguarded. It also outlines the aims of effective safeguarding practice, which are namely to promote the welfare for children and young people and protect them from harm, and to prevent harm occurring through early identification of risk and appropriate, timely intervention.

1. **Safeguarding Vulnerable Groups Order 2008 (as amended by the Protection of Freedoms Act 2012)**The Safeguarding Vulnerable Groups Order 2008 prevents unsuitable people working with children, young people and adults at risk by ensuring any organisation working with vulnerable people has an appropriate safeguarding policy in place and clearly-defined procedures to protect vulnerable children and adults and ensure there is effective record keeping systems in place.
2. The [Children’s Services Co-operation Act (Northern Ireland) 2015](http://www.legislation.gov.uk/nia/2015/10/contents) requires public authorities to co-operate in contributing to the wellbeing of children and young people, in the areas of:

# physical and mental health

# enjoyment of play and leisure

# learning and achievement

# living conditions, rights, and economic wellbeing.

1. **Cooperating to Safeguard Children and Young People in Northern Ireland 2017** Cooperating to Safeguard Children and Young People in Northern Ireland 2017 provides an overarching policy framework for safeguarding children and young people, outlining how organisations must work together to ensure children and young people are safeguarded. It also outlines the aims of effective safeguarding practice, which are namely to promote the welfare for children and young people and protect them from harm, and to prevent harm occurring through early identification of risk and appropriate, timely intervention. This explains the actions that must be taken when there are concerns about the welfare of a child/young person, including:

# core procedures

# individuals who pose a risk to children and young people

# learning and improvement to support and develop child protection

# the roles and responsibilities of the Safeguarding Board for Northern Ireland

# interagency guidance and protocols

This provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. It replaces guidance published in 2003.  
  
**Children and Young People’s Strategy 2019-2029: Working Together to Improve the Wellbeing of Children and Young People Living in Northern Ireland, Delivering Positive, Long-Lasting Outcomes (Department For Education) 2016**

The strategy seeks to enable agencies and individuals to work together to improve the wellbeing of children and young people and deliver positive, long lasting outcomes. It aims to do so by keeping effective partnership and multi-agency working at its centre.

1. **Revised Regional Core Child Protection Policies and Procedures for Northern Ireland (Safeguarding Board for Northern Ireland) 2018**

The Revised Regional Core Child Protection Policies and Procedures for Northern Ireland are a set of policies and procedures which aim to support professionals and agencies to work more effectively to protect children and young people from abuse or neglect.

**Understanding the Needs of Children in Northern Ireland Assessment Framework (UNOCINI)**UNOCINI is an assessment framework aiming to support professionals in assessment and planning to better meet the needs of children and their families by providing a process in which their circumstances are also considered. Provides a format for a preliminary assessment that can be completed by any professional in an agency.

## Key Principles

The following principles are reflected in The Children Order and should underpin all strategies, policies, procedures, practice and services relating to safeguarding children and young people.

* **The child or young person’s welfare is paramount** – The welfare of the child is the paramount consideration for the courts and in childcare practice. An appropriate balance should be struck between the child’s rights and parent’s / persons’ with parental responsibility rights. All efforts should be made to work co-operatively with parents / persons with parental responsibility, unless doing so is inconsistent with ensuring the child’s safety.
* **The voice of the child or young person should be heard** – Children and young people have a right to be heard, to be listened to and to be taken seriously, taking account of their age and understanding. They should be consulted and involved in all matters and decisions which may affect their lives and be provided with appropriate support to do so where that is required. Where feasible and appropriate, activity should be undertaken with the consent of the child or young person and, where possible, to achieve their preferred outcome.
* **Parents / persons with parental responsibility are supported to exercise parental responsibility and families helped to stay together –** Parents / persons with parental responsibility have responsibility for their children rather than rights over them. In some circumstances, parents / persons with parental responsibility will share parental responsibility with others such as other carers or the statutory authorities. Actions taken by organisations should, where it is in the best interests of the child, provide appropriate support to help families stay together as this is often the best way to improve the life chances of children and young people and provide them with the best outcomes for their future.
* **Partnership –** Safeguarding is a shared responsibility and the most effective way of ensuring that a child’s needs are met is through working in partnership.Sound decision-making depends on the fullest possible understanding of the child or young person’s circumstances and their needs. This involves effective information sharing, strong organisational governance and leadership, collaboration and understanding between families, agencies, individuals and professionals.
* **Prevention –** The importance of preventing problems occurring or worsening through the introduction of timely supportive measures.
* **Responses should be proportionate to the circumstances** – Where a child’s needs can be met through the provision of support services, these should be provided. Both organisations and individual practitioners must respond proportionately to the needs of a child in accordance with their duties and the powers available to them.
* **Protection** – Children should be safe from harm and in circumstances where a parent / person with parental responsibility / carer is not meeting their needs, they should be protected by the State.
* **Evidence-based and informed decision making** –Decisions and actions taken by organisations and agencies must be considered, well informed and based on outcomes that are sensitive to, and take account of, the child or young person's specific circumstances, the risks to which they are exposed, and their assessed needs.

1. **Therefore, safeguarding responsibilities and protecting people is a governance priority for the KGT Trust and we will take all reasonable steps to protect people who come into contact with the charity from harm.**

This includes:

* people who benefit from the charity’s work
* staff
* volunteers
* those who come into contact with the charity through its work

To do this we will:

* make sure all trustees, employees, volunteers and beneficiaries know about safeguarding
* have appropriate policies and procedures in place
* ensure organisations we work with/are linked with have appropriate policies and procedures in place prior to making any agreements
* know to spot and refer or report concerns
* have a clear system of referring or reporting to relevant organisations as soon as concerns are identified or suspected
* set out risks and how the charity will manage them in a risk register which is regularly reviewed
* be quick to respond to concerns and carry out appropriate investigations
* not let one trustee dominate the work of the charity – trustees should always work together

Additionally, we will be alert to:

* sexual harassment abuse and exploitation
* negligent treatment
* physical or emotional abuse
* bullying and harassment
* health & safety
* commercial exploitation
* extremism and radicalisation
* forced marriage
* child trafficking
* female genital mutilation
* discrimination of any on the grounds in the Disability Discrimination Act 1995
* people may target the charity
* a charity where its culture may allow poor behaviour
* people may abuse a position of trust they hold within the charity

The KGT Trust Safeguarding Policy and Procedures documents will, therefore, make it clear how we will protect people from harm, make sure people can raise safeguarding concerns, handle allegations or disclosures and report them to the relevant authorities.

***Staff awareness***

Copies of the Policy and Procedures document will be provided to all staff, volunteers and beneficiaries alongside the charities Code of Behaviour Policy. Where necessary, any additional KGT Trust staff/volunteers will be encouraged to attend appropriate training courses.

## Safeguarding is everyone’s responsibility

Safeguarding is everyone’s responsibility; it should be a co-ordinated approach. Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm - depends upon effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-ordinated help from health, education, children’s social care, and quite possibly the voluntary sector and other agencies.

Child protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm. As adults and/or professionals or volunteers, everyone has a responsibility to safeguard children and promote their welfare.

For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard and promote welfare of the child(ren) and – where necessary – to help bring to justice the perpetrators of crimes against children. The Children’s Order defines ‘**harm**’ as ill-treatment or the impairment of health or development. The Order states that ‘ill-treatment’ includes sexual abuse, forms of ill-treatment which are physical and forms of ill-treatment which are not physical; ‘health’ means physical and / or mental health; and ‘development’ means physical, intellectual, emotional, social or behavioural development.

The Trust will therefore:

* be alert to potential indicators of abuse or neglect
* be alert to the risks which individual abusers, or potential abusers, may pose to children
* share and help to analyse information so that an assessment can be made of the child’s needs and circumstances
* contribute to whatever actions are needed to safeguard and promote the child’s welfare
* where requested to, contribute to reviewing the outcomes for the child against specific plans

***Information Sharing***

All practitioners should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.

## Definitions of abuse and neglect:

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

#### Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a person with parental responsibility fabricates the symptoms of, or deliberately induces, illness in a child.

#### Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

NOTE: Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, and whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse and can involve child sexual exploitation. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect**

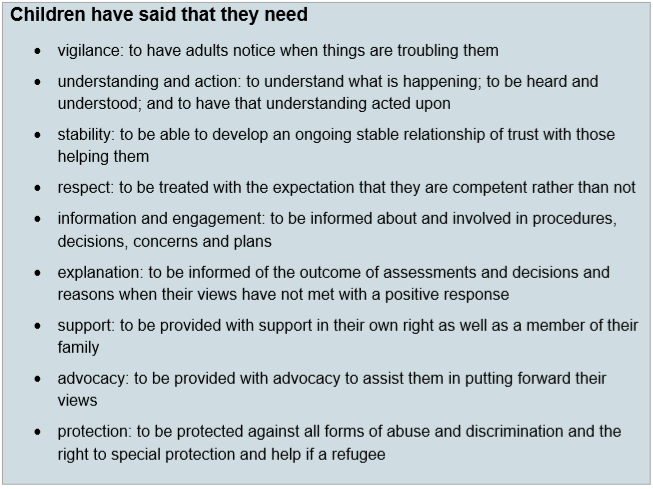
The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent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

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

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

**Exploitation**

Thisis the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature

(From Working together to safeguard children, HM Govt, July 2018)

Therefore, anyone working directly with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. Special provision should be put in place to support dialogue with children who have communication difficulties, unaccompanied children, refugees and those children who are victims of modern slavery and/or trafficking.

## Reviewing the Policy and Procedure

This policy and procedure will be reviewed every year, this will include checking telephone numbers, accuracy of personnel details, and any updates required by a change in local or national policy.

# Procedures

You may have concerns about a child because of something you have seen or heard, or a child may choose to disclose something to you.

If a child discloses information to you:

* Do not promise confidentiality, you have a duty to share this information and refer to Children’s Social Care Services.
* Listen to what is being said, without displaying shock or disbelief.
* Accept what is said.
* Reassure the child, but only as far as is honest, don’t make promises you may not be able to keep *eg:* *‘Everything will be alright now’*, *‘You’ll never have to see that person again’*.
* Do reassure and alleviate guilt, if the child refers to it. For example, you could say, *‘You’re not to blame’*.
* Do not interrogate the child; it is not your responsibility to investigate.
* Do not ask leading questions (*eg:* Did they touch your private parts?), ask open questions such as *‘Anything else to tell me?’*
* Do not ask the child to repeat the information for another member of staff.
* Explain what you have to do next and who you have to talk to.
* Take notes if possible or write up your conversation as soon as possible afterwards.
* Record the date, time, place any non-verbal behaviour and the words used by the child (do not paraphrase).
* Record statements and observable things rather than interpretations or assumptions.

***What to do if you have concerns about a child***

Whatever the nature of your concerns, you MUST discuss them with the designated member of staff. This is:

**Ann Floyd**  at [ann@kathleengrahamtrust.org](mailto:ann@kathleengrahamtrust.org) **Adult Safeguarding Champion**

The Adult Safeguarding Champion will ask you to complete a referral form (Appendix B) and will follow the Process Chart below, which, may involve contact with social care (below) for advice. Following these discussions, if you still have concerns, you, under the guidance of the designated member of staff should ring (not email):

NSPCC Helpline 0808 800 5000 email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Health and Social Care Trust Gateway Teams

Belfast HSC Trust 028 9050 7000 Out of Hours 028 9504 9999

Northern HSC Trust 028 7965 1020 Out of Hours 028 9446 8833

Western HSC Trust 028 7131 4090 Out of Hours 028 9504 9999

PSNIB

The KGT must keep a record of all discussions to ensure that all relevant information is provided through an appropriate shared response to the HSCT.

## Role of Adult Safeguarding Champion in the event of a Concern

In the event of a concern about the safety or welfare of a child or young person in circumstances, other than an emergency, the Adult Safeguarding Champion should contact the HSCT Gateway Service in the relevant HSCT. Even in cases of uncertainty the Designated officer should contact the HSCT to obtain advice. Advice can also be obtained from the NSPCC helpline. Referrals outside normal working hours should be made to the Regional Emergency Social Work Service (RESWS). A referral may also be made directly to the PSNI where a crime is alleged or suspected.

***What information will you need when making a referral?***

You will be asked to provide as much information as possible. Such as the child’s full name, date of birth, address, school, GP, languages spoken, any disabilities the child may have, details of the parents. Do not be concerned if you do not have all these details, you should still make the call.

You should follow up the verbal referral in writing, within 48hrs.

Once the referral has been accepted by local authority children’s social care, the lead practitioner role falls to a social worker. The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within one working day of a referral being received, a local authority social worker should acknowledge receipt to the referrer and make a decision about next steps and the type of response required.

**Process Chart Where There Are Concerns  
About A Child's Welfare**

Person has concerns about a child's welfare

Person discusses with Adult Safeguarding Champion (social care may be consulted for advice)

Still has concerns

No longer has concerns

Person refers to Initial Response Service and follows up in writing within 48hrs

No further child protection action, although may consider other agencies which could offer support

Social worker and manager decide on next course of action within one working day

## Allegations Involving a Members of Staff / Volunteer

The KGT Trust is committed to having effective recruitment and human resources procedures, including checking all staff and volunteers to make sure they are safe to work with children and young people. However, there may still be occasions when there is an allegation against a member of staff or volunteer. Allegations against those who work with children, whether in a paid or unpaid capacity, cover a wide range of circumstances.

All allegations of abuse of children by those who work with children or care for them must be taken seriously. All reports of allegations must be submitted immediately to a Designated Member of Staff. The following procedure should be applied in all situations where it is alleged that a person who works with children has:

* Behaved in a way which has harmed a child, 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 which indicates that he/she is unsuitable to work with children

The allegations may relate to the persons behaviour at work, at home or in another setting. The Designated Member of Staff will discuss the matter to determine what steps should be taken and where necessary obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the Designated Member of Staff will immediately refer the matter to the Local Authority Social Care Team.

Some allegations may be so serious as to require immediate referral to the Police, but common sense and judgement must be applied in reaching a decision about what action to take.

Some allegations may be less serious and at first sight might not seem to warrant consideration of a police investigation or enquiries by the Local Authority Social Care Team. However, it is important to ensure that even apparently less serious allegations are followed up and the Designated Member of Staff should be informed of all allegations that come to the attention of Charity staff and appear to come within the scope of this procedure so that he or she can consult Police and social care colleagues as appropriate.

Where such allegations are made, consideration must be given to the following three strands:

* The police investigation of a possible criminal offence
* Enquiries and assessment by Children’s Social Care Services as to whether the child is need of protection or in need of services
* Consideration by an employer of disciplinary action in respect of the individual

***References***

It is essential that all voluntary, charitable, faith and community-based organisations have child protection policies and procedures in place and that their staff and volunteers receive training and support in their use. The following good safeguarding practice guides are available for organisations:

* [Keeping Children Safe: Our Duty to Care – Standards and Guidance for Safeguarding Children and Young People – November 2016;](http://www.volunteernow.co.uk/supporting-organisations/improving-practice/safeguarding-vulnerable-groups)
* [Getting it Right: Standards of Good Practice for the Protection of Children and Young People – Third Edition August 2009 (Updated February 2011).](http://www.volunteernow.co.uk/training-and-standards/getting-it-right-standards-for-child-protection)

***The Children’s N.I. Order 1995***

[***https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland***](https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland)

[***https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/Co-operating%20to%20Safeguard%20Children%20and%20Young%20People%20in%20Northern%20Ireland.DOCX***](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/Co-operating%20to%20Safeguard%20Children%20and%20Young%20People%20in%20Northern%20Ireland.DOCX)

Safeguarding and protecting people for charities and trustees – The Charity Commission, 25/10/18

Safeguarding Children – Small Charity Support, 12/03/16

Strategy for dealing with safeguarding issues in charities – HM Govt, 6/12/17

Working Together to Safeguard Children – HM Govt, July 2018

**NSPCC**  In England, Northern Ireland and Wales the NSPCC is unique amongst charities as it has statutory powers to intervene on behalf of children.

In these nations, only local authorities and the NSPCC can apply to a court for a care, supervision, or child assessment order.

This is referred to as having ‘authorised person status’ because in law the NSPCC is described as an ‘authorised person’ to bring such proceedings.

The NSPCC has had statutory powers to intervene on behalf of children for more than a century. These were most recently re-affirmed by the Children Act 1989 in England and Wales, and the Children (Northern Ireland) Order 1995.

Appendix A

Glossary

|  |  |
| --- | --- |
| **Item** | **Definition** |
| Children | 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 forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection. |
| Safeguarding and promoting the welfare of children | Defined for the purposes of this guidance as:  a. protecting children from maltreatment  b. preventing impairment of children's health or development  c. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care  d. taking action to enable all children to have the best outcomes |
| Child Protection | Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. |
| Abuse | A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. |
| Child sexual exploitation | Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. |
| Extremism | Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist. |

***Safeguarding Referral Form***

Appendix B

About the Child/Young Person

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name (include ‘known as’ name) |  | DOB |  | |
| Languages spoken by the Child/Young Person |  | | | |
| Details of any Disabilities |  | | | |
| Address |  | | | |
| Telephone No |  | | | |
| School/College they Attend |  | | | |
| GP details |  | | | |
| Name of their Main Carer and Relationship to Child/Young Person |  | Are they aware of the Referral? | |  |
| Telephone No of Main Carer |  | | | |
| Address of Main Carer |  | | | |

About the Person with the Concern

|  |  |
| --- | --- |
| Full Name of Person with Concern |  |
| Telephone No |  |
| Address |  |
| Position in the Charity |  |

If the Person making the Referral is **NOT** the Person with the Concern, add details below:

|  |  |
| --- | --- |
| Full Name of Person making the Referral |  |
| Telephone No |  |
| Address |  |
| Position in the Charity |  |

|  |  |
| --- | --- |
| **Please give details of your concern, in as much details as possible, and include where the information originated:** | |
| **Date of Incident/Concern:** | **Date of Referral:** |