life church

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where people matter

Safeguarding Children and Adults at Risk Policy and Procedures

Life Church and Yesu

Charity Organisation
Yesu 8-11's, Emerge, Sunday groups, and any other children / youth groups/groups set up by Life Church / Yesu
Meeting normally at Life Centre, Cromer Road, Sheringham or Yesu, 15 High Street, Sheringham.
Address for correspondence: Life Centre, Cromer Road, Sheringham NR26 8RR
Phone numbers: (01263) 478230 / 825516
Life Church is part of Relational Mission and the Evangelical Alliance

We are committed to safeguarding and promoting the welfare of all children and adults at risk.
A child is defined as a person under the age of 18 years old.
Adults at risk are defined as people who need more help than others to stay safe

Aim

The purpose of Life Church and Yesu safeguarding policy is to set out our commitment to ensure we safeguard and promote the welfare of everyone who comes into contact with our organisation; including children and adults at risk of harm involved as visitors or participants in any of our activities both on and off site. We will fulfil our duty to safeguard and support our staff and volunteers. It outlines our commitment to prevent abuse, recognize abuse, recognize concerns and respond effectively to protect individuals from harm.

This means we will always work to:

- protect children from maltreatment
- prevent impairment of children's health or development
- ensure that children are growing up in circumstances consistent with the provision of safe and effective care
- take action to enable all children to have the best outcomes
- contribute to the prevention of abuse of adults at risk through raising awareness and providing a clear framework for action when abuse is suspected

This policy ensures that all staff, volunteers and partners understand their duty of care, act in accordance with UK safeguarding legislation and guidance and create a safe, respectful environment where people are supported and able to thrive.

Scope

This policy applies to all staff, volunteers, trustees and Yesu and Life Church eldership and leadership team. The policy is written for children (defined as anyone under 18 years) adults at risk of Harm defined by 2014 Care Act as someone over 18 who has;

- Care and support needs
- Is experiencing, or is at risk of, abuse or neglect

- As a result of their care and support needs is unable to protect themselves against the abuse or neglect or the risk of it
-

If someone has a care and support needs but is not currently receiving care or support from a health service, they may still be an adult at risk.

Introduction

Life Church and Yesu fully recognise the contribution we can make to protect children and adults at risk of harm by supporting and promoting the welfare of all children and adults at risk.
The elements of our policy are prevention, protection and support.
It must be read in conjunction with wider policies and procedures e.g., Code of Conduct which when combined develop a comprehensive and more robust framework for safeguarding.
Our policy applies to all children, adults at risk of harm, volunteer workers, trustees, leadership and staff.

Our Ethos

Our charity organisations will establish and maintain an ethos where our children and adults at risk of harm feel secure, are encouraged to talk, are listened to and are safe. Children and adults at risk of harm will be able to talk freely to any member of staff or volunteer worker if they are worried or concerned about something.
All staff and volunteer workers will, through training/induction, know how to recognise a disclosure from a child/ adult at risk of harm and will know how to manage this. We will not make promises to any child/ adult at risk of harm and we will not keep secrets. Every child/ adult at risk of harm will know what the trusted adult will do with whatever they have been told.
We will provide activities and opportunities that will equip our children/ adult at risk of harm with the skills they need to stay safe.

At all times we will work in partnership and try to establish effective working relationships with parents, carers and colleagues from other agencies and organisations.

Named Designated Safeguarding Officers

Designated officer	**Rachel Thornberry**
Deputy Designated officer	**Dan Fisher**
Deputy Designated officer	**Mark Fox**

If both the designated officer or deputies are unavailable anyone with a safeguarding concern can contact The Children's Advice and Duty Service (CADS)
A staff member or volunteer can call (**0344 800 8021**) or for an adult, Norfolk adult services (**0344 800 8020)** Any member of the public or parent can call (0344 800 8020) if they have concerns.

We develop a culture of "if in doubt, pass it on" so all adults share a duty to pass a concern on to the relevant person who are clearly signposted by displayed posters in Life Church and Yesu.
We foster an attitude of "it could happen here" where safeguarding is concerned in line with NCC safer working practice.

Roles and Responsibilities of Safeguarding Officers

- Implementing Safeguarding Reporting Systems.
- Advising on Safeguarding Concerns.

- Reporting Relevant Safeguarding Concerns.
- Delivering Safeguarding Training.
- Communicating Safeguarding Policies.
- Keeping Safeguarding Policies Updated.
- Complying with Local Safeguarding Procedures.

General Procedures

When new staff and volunteer workers join our charity organisations they will be informed of the safeguarding arrangements in place and given a copy of our safeguarding policy and told who our Designated Safeguarding Officer for Safeguarding is.
They will also be shown the recording format, given information on how to complete it and who to pass it to.
All new members of staff and volunteer children's workers will participate in training within a three-month induction period on the Safeguarding Children essential information.
All staff and volunteer children's workers will be asked to read this policy yearly after it has been reviewed and updated if necessary.
They will sign to say they have read and understood the policy.
All staff and volunteer children's /youth workers will require a DBS check.
We will display the reporting and referral flowchart within our charity organisations as well as being attached to this policy (See appendix).

Training

Staff with a direct responsibility for children/young people/adults at risk will undertake appropriate safeguarding training every three years.
We actively encourage all our staff to keep up to date with the most recent local and national safeguarding advice and guidance.
This can be accessed via **www.norfolklscb.org**
The Designated Officer should be used as a first point of contact for concerns and queries regarding any safeguarding concern in our organisation.

Safer Staff and Volunteers

Our aim is to provide a safe and supportive environment which secures the well-being and very best outcomes for our children/adults at risk. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.
Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children or vulnerable adults.
We will take all possible steps to safeguard our children /adults at risk and to ensure that the adults in our organisation are safe to work with our children, young people and vulnerable adults.
We will always ensure that the Norfolk Safeguarding Children Partnership (NSCP) procedures are followed.

Concerns around an adult within our organization

All adults who come into contact with children will be made aware of the steps that will be taken if an allegation is made about an adult within in our organisation. We will seek appropriate advice from the Local Authority Designated Officer (LADO) within 24 hours of a concern or allegation being made. Any concern about an adult within our organisation should be shared with the DSL/DDSLs and conversation of concern recorded in writing.
The DSL/DDSL's will contact the LADO duty desk and seek advice on whether threshold is met for a LADO referral on **01603 223473** (Appendix C)
The LADO can be contacted via the referral/consultation forms under 'how to raise a concern' at www.norfolklscb.org

Staff will not investigate these matters. We will seek and work with the advice that is provided. Should an allegation be made against the Designated Safeguarding Officer or Deputies, this will be reported by the staff member or volunteer raising the concern to the senior Life Church/Yesu Trustee, Organisation Leader. If the concern is about the senior Life Church/Yesu Trustee, Organisation Leader the designated safeguarding leads are unavailable then Life Church Elders or Life Church/Yesu trustees should be contacted.

If a staff member or volunteer are in any doubt, they can contact LADO **0800 028 0285** or the NSPCC whistle blowing advice line **0808 800 5000**

There are sensible steps that every adult should take in their daily professional conduct with children.
This can be found in the NSCP **Safer Programme Safer Working Practice** (this guidance is on the NSCP website).

The DSL/DDSL will inform the person concerned that a LADO consultation has been made and if the LADO deems it meets threshold for a referral will take guidance from the LADO about information sharing and support for the individual concerned and actions required by the organization.

If an allegation is made about a staff member/volunteer then the designated officer will make a barring referral if certain conditions are met.
If the allegation is against the designated officer the deputy designated officer will make the referral.

Condition 1 – You withdraw permission for a person to engage in regulated activity with children and /or vulnerable adults.
Condition 2 – You think the person has carried out 1 of the following

- engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or'
- satisfied the harm test
- received a caution for, a conviction for, or been convicted of a relevant offence.

Working with parents and carers

Parents and carers will be made aware of this policy and it will be made available to them as a hard copy or downloadable.
They will be made aware through notice boards, website, signing in/registration forms and appropriate literature.

Records and Confidentiality.

If we are concerned about the welfare or safety of any child in our charity organisations, we will record our concerns immediately on the agreed report form and give this to the Designated Safeguarding Officer. (See Appendix A)
Any information recorded will be kept in a separate named file, in a secure cabinet and not with the child's file. These files will be the responsibility of the Designated Safeguarding Officer and information will only be shared within the organisation on a need-to-know basis for the protection of the child.
Any safeguarding information will be kept in the file and will be added to.
Copies of referrals will be stored in the file.
All information is confidential, however if there is a safeguarding or child protection concern about a child, then information can be shared with other agencies, namely the Police or CADS.
Reports of a concern to the Designated Safeguarding Officer must be made in writing and signed and dated by the person with the concern (see Appendix A)

Procedures for Handling Disclosures

A child/adult at risk may decide to disclose information that may indicate they are suffering from abuse or neglect. A child chooses to speak to an adult because they feel that they will listen and that they can trust them. The adult needs to listen to what the child has to say, and be very careful not to ask leading questions or influence in any way what they say.

Adults need to be aware not to make judgements themselves on the information shared but to pass any information on to DSL/DDSL

Adults to use the flow chart regarding reporting concerns (Appendix D)

It is important that the adult remembers to:

- Stay calm and not react to information
- Listen and be supportive
- Not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions
- Not stop or interrupt a child who is recalling significant events
- Never promise the child confidentiality – it must be explained that information will need be to be passed on to help keep them safe
- Avoid criticising the alleged perpetrator
- Tell the child what must be done next (the safeguarding process must be followed)
- Record what was said as soon as possible and as close to what was said as possible. Also record what was happening just before the child disclosed. Be sure to sign and date the record in ink.
- Contact the designated safeguarding person immediately in person or by phone and inform them that there is a concern.
- Hand in person the record of concern form as soon as possible. The passing of the form should not delay contact with the DSL/DDSL and sharing of the concern.
- Seek support but keep confidentiality

We are clear that the Local Authority and Police must lead any investigation in to any allegation regarding safeguarding.

If we have a concern about a child or children, we will telephone the Children's Advice and Duty Service (CADS) on **0344 800 8021** immediately. We will be put through to a duty Social Worker who will take all of the relevant details. We will make sure we are prepared with full details of the child and family, plus what our concerns are, details of any support we have provided to the child/family and what we would like to happen. We will use the NSCP risk matrix to explain level of concern (see appendix B). We will ensure we gain consent from the parent/carer unless to do so would place the child at further risk of harm or undermine a criminal investigation. If we have not sought consent from the parent/carer we will inform the CADS worker of this and the reason for this.

The CADS worker will agree a way forward with us and keep us informed. They will send us a written record of our conversation within 5 working days. The outcomes could include a full referral to the Multi Agency Safeguarding Hub (MASH) for further investigation, the Police, or for work with Early Help. We will not investigate and will be led by the Local Authority and/or the Police.

We will make careful records of all conversations, including the dates and times of who we spoke to, the information shared and the action agreed. We do not need to send a written referral.

Full details on this process can be found at www.norfolklscb.org under 'How to Raise a Concern'.

We understand if we are unhappy about a decision made by CADS or MASH we can use the Resolving Professional Disagreements policy on www.norfolklscb.org and contact the Safer Programme for more advice on this process.

We will contact CADS immediately if we have concerns, it is important we do not delay.

Working Together 2026

What is 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 (e.g., via the internet). They may be abused by an adult or adults, or another child or children.

What is adult abuse?

"Abuse is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*). The threat or use of punishment is also a form of abuse. .... In many cases, it is a criminal offence" *Centre for Policy on Ageing (1996)*

Core Types of Abuse (Working together to safeguard children 2026)

- **Physical Abuse:** Non-accidental infliction of physical force, including hitting, slapping, pushing, shaking, burning, misuse of medication, or inappropriate restraint.
- **Domestic Abuse:** Abusive behaviour between people aged 16+ who are "personally connected," including family members and ex-partners. It encompasses physical, sexual, emotional, and economic abuse.
- **Coercive or Controlling Behaviour:** Acts designed to make a person subordinate and/or dependent by isolating them, exploiting them, depriving them of independence, or regulating their everyday behaviour.
- **Emotional/Psychological Abuse:** Behaviours that harm a person's self-worth or emotional health, including threats, humiliation, intimidation, stalking, verbal abuse, and controlling actions.
- **Economic/Financial Abuse:** The coercion or control over another person's ability to acquire, use, or maintain economic resources, such as money, property, or employment.
- **Sexual Abuse and Exploitation:** Non-consensual sexual acts, including rape, sexual assault, harassment, voyeurism, or forcing someone to watch/produce sexual content. This includes online sexual abuse and exploitation.
- **Neglect (Acts of Omission):** The persistent failure to meet basic physical or psychological needs, such as failing to provide food, shelter, medical care, or supervision.
- **Digital/Online Abuse:** Harassment, stalking, threats, or abuse perpetrated via social media, email, or other digital technologies.

Specific Contexts

- **Child Abuse:** Any form of physical, emotional, or sexual mistreatment or neglect that causes a person under 18 actual or potential harm. This includes "child-on-child" abuse, where both the perpetrator and victim are children.

- **Adults at Risk (Safeguarding):** Abuse that violates the rights of vulnerable adults, including organisational abuse (poor care in institutions) and self-neglect.
- **"Honour"-Based Abuse (HBA):** Practices used to control behaviour within families or communities to protect perceived cultural or religious beliefs

Adults at Risk

Who are adults at risk?

Adults at risk are people who need more help than others to stay safe.
They are people who might need help to live their lives. This includes:

- People with disabilities
- Older people
- People with mental health problems
- People who are ill for a long time
- People who are misusing drugs or alcohol

What are the signs of abuse?

There are many signs of abuse. For example, when the person:

- Looks dirty or is not dressed properly
- Has an injury that is difficult to explain
- Seems frightened around certain people
- Seems unusually down or withdrawn
- Finds money is missing

Even if you are not sure whether these signs mean abuse, you should report them

People who might abuse

Lots of different people may abuse adults at risk, such as:

- Friends and family
- Neighbours
- Professionals and volunteers
- Strangers who 'groom' vulnerable adults for abuse

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

Safeguarding and promoting the welfare of children and adults at risk

Defined for the purposes of this guidance as:

- protecting children/ adults at risk from maltreatment;
- preventing impairment of children's /adults at risk health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- 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.

Relevant Guidance and Legislation

- Working Together to Safeguard Children 2026
- Norfolk Safeguarding Children Partnership (NSCP) 2026
- What to do if You're Worried a Child is Being Abused 2015

- Children Act 2004
- Children Act 1989
- Framework for the Assessment of Children in Need and their Families

Norfolk Threshold Guide www.norfolklscb.org

Other relevant policies

Our safeguarding policy should be read in conjunction with the other following policies which also fall under our safeguarding umbrella:

- Anti - Bullying
- Health and safety
- Online safety
- Complaints policy
- Code of conduct for adults and children
- Additional safeguarding Issues
- Equal Opportunities
- GDPR
- Vulnerable Adults Life Church/Yesu policy 2025

Useful Contacts

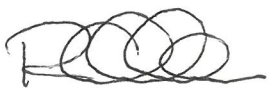
Children's Services 24 hours 0344 800 8020
Children's Advice and Duty Service.....0344 800 8021
Norfolk Police 101
In an emergency 999
Local Authority Designated Officers (LADO) Team lado@norfolk.gov.uk
..... 01603 223473
Norfolk Safeguarding Children Board (NSCB) ..... www.norfolklscb.org
Safer Programme 01603 228966
..... safer@norfolk.gov.uk

Norfolk Safeguarding Adults Board: **www.norfolksafeguardingadultsboard**
Care Quality Commission (CQC): 0300 061 6161
NHS and Social Care Whistleblowing Helpline: 0800 072 4725

Policy Review

The safeguarding officer will review this policy yearly or when a change comes in at local or national level.
We will make any changes to our policy and procedures in line with Norfolk Safeguarding Partnership's guidance on **www.norfolklscb.org**

This policy was reviewed in July 2026

Signed  Yesu Project leader/Life church leader

Richard Allen

Ratified  Trustee for safeguarding

Clive Howard

APPENDIX A

Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to Rachel Thornberry/Dan Fisher /Mark Fox if they have a safeguarding concern about a child.

Full name of child	Date of Birth	Name of parent/carer	Address & contact telephone number

Nature of concern/disclosure
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said. Time & date of incident: Who are you passing this information to? Name of person filling out this form: Position: Contact details: **[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]** **[Make it clear if you have a raised a concern about a similar issue previously]**
Your signature: **Time form completed:** **Date:**

Time form received by DSO:

Action taken by DSO:

Referred to…? (e.g. CADS, Police, Just One Norfolk, LADO, Other)

Date: Time:

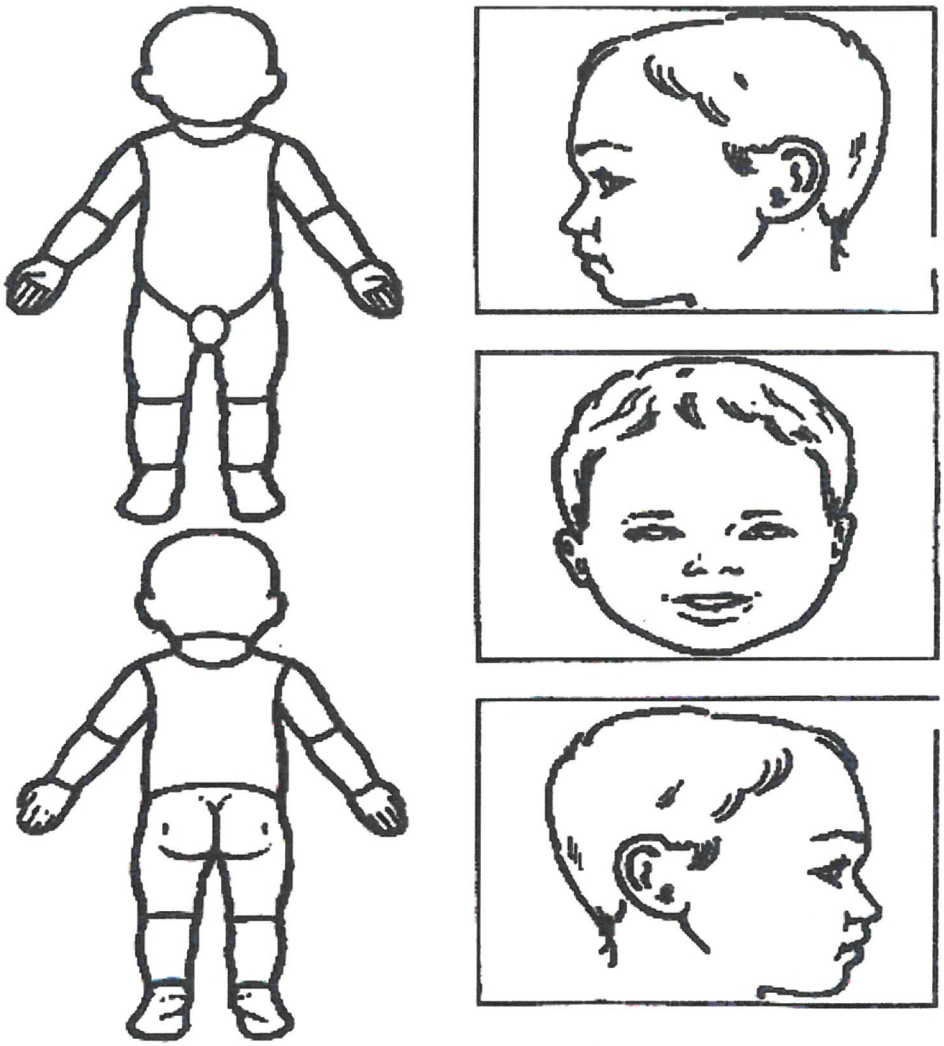
Parents informed? Yes / No (If No, state reason)

Feedback given to…? (e.g. Child, Staff Member, School, Person who recorded disclosure)

Further Action Agreed:

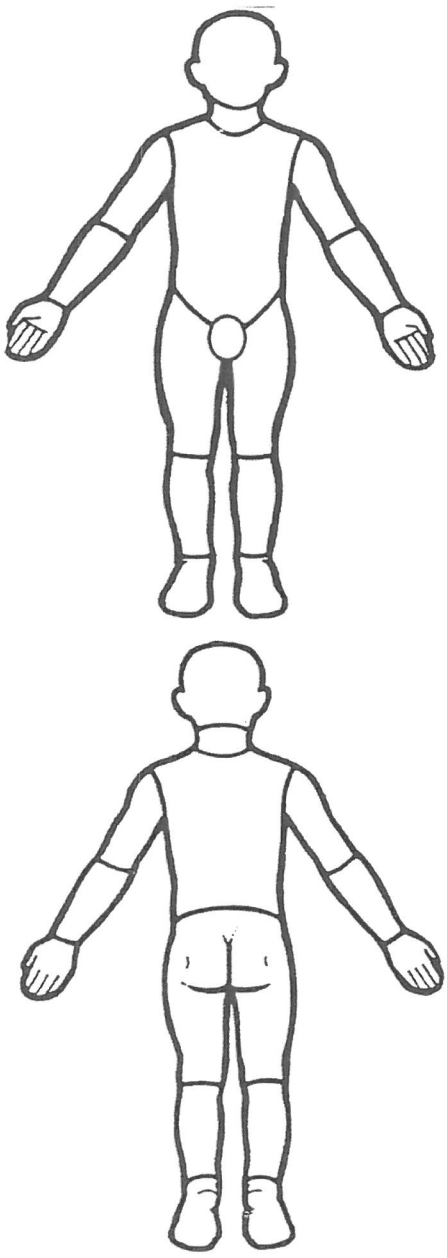
Full name:
DSO Signature:
Date:

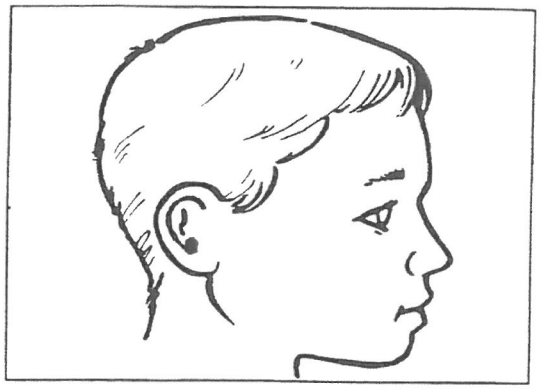
Young Child

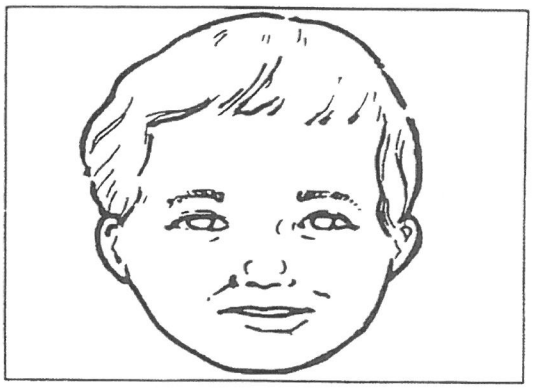


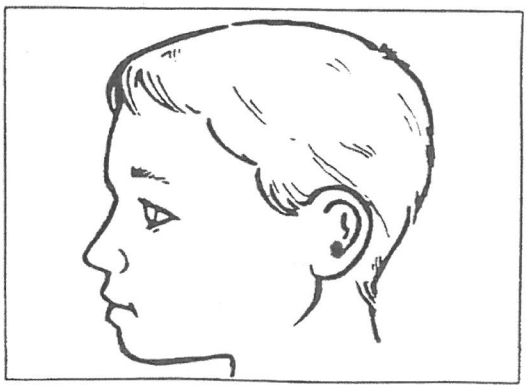
Indicate clearly where the injury was seen and attach this to the Recording Form

Older Child





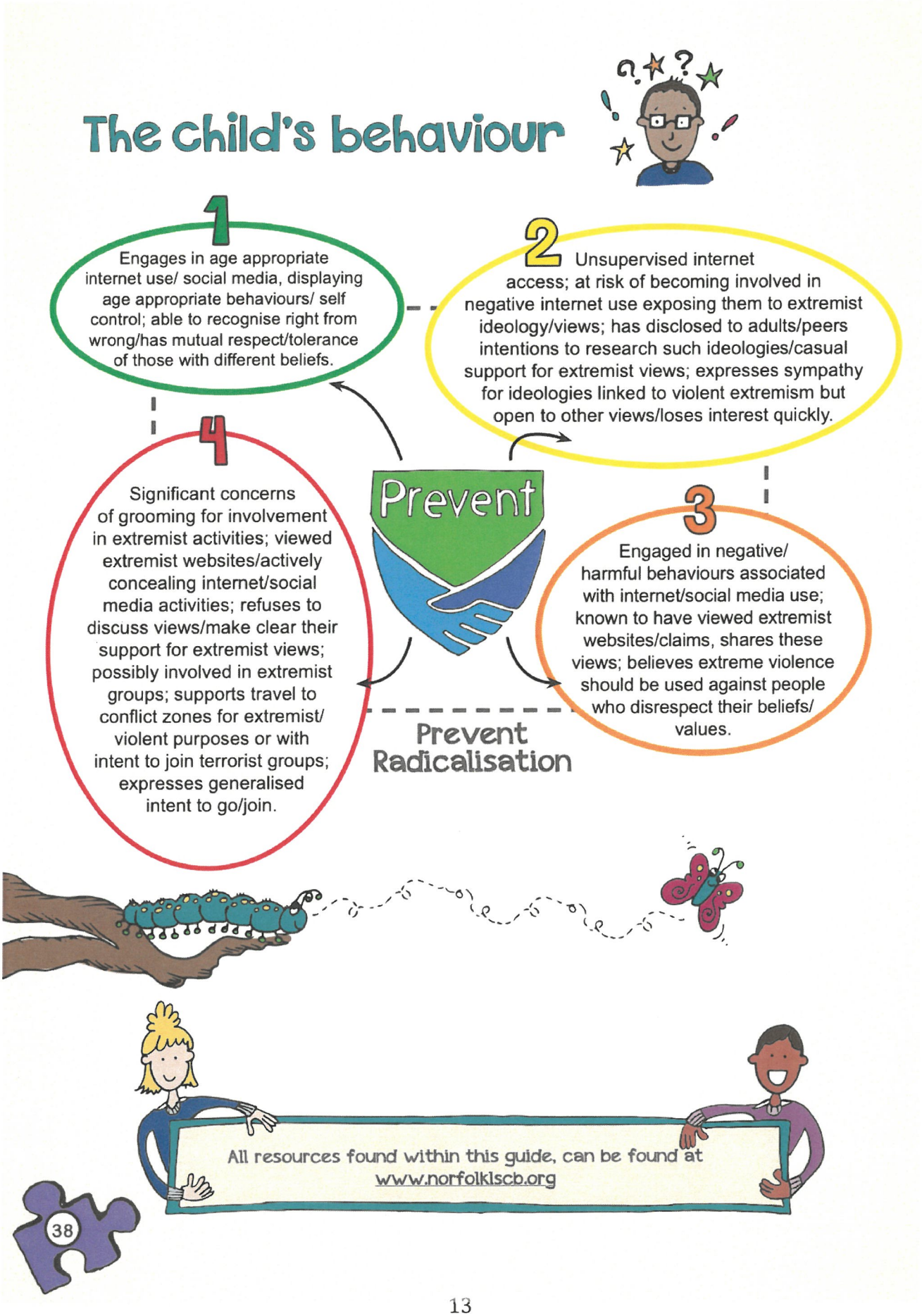




Indicate clearly where the injury was seen and attach this to the Recording Form

APPENDIX B

Using the Signs of Safety Framework



Norfolk Safeguarding Children Partnership has adopted **Signs of Safety** as the basis of work with children across all partner agencies engaged in providing services for children in Norfolk. Signs of Safety is a way to assess risk and find solutions. It uses four simple questions to ask when thinking about and working with a family.

What are we worried about? What's working well? What needs to happen? How worried are we on a scale of 0 – 10.

This provides a sound and well-structured focus for the conversations that take place when we believe children's needs are not being met and something else is needed to improve outcomes for the child.

The questions below provide a focus to a conversation that should be inclusive, balanced and well-evidenced from the experience of practitioners working with children and their families and knowing them well. It also provides a sound base for managers and safeguarding leads to ensure consistent assessment and decision making through supervision and management oversight.

Questions you might ask when concerns arise in working with children, young people and families:

What are we worried about?

• What have you seen or heard that worries you?
• Are there any barriers preventing the family from speaking openly?
• What are you most worried about?
• If nothing changes what are you worried will happen to the child?
• Have things become worse recently?
• What has been the impact on that child?
• What are the child's worries?
• What do you already know about the family and the child's needs and difficulties that makes this problem harder for them to manage?

What is working well?

• Where do the family and child get their best support from?
• Who and what are those supports?
• In relation to the worry, what do the family and child do already that makes things even a little better?
• What has already been done to try and help the situation: who did what and when?

What needs to happen?

• What do you think needs to happen to make the situation better? • Are other universal services needed for this family?
• Will a coordinated, multi-agency approach help this family?
• Have the family been told about Early Help?

The child's behaviour

Feeling in control

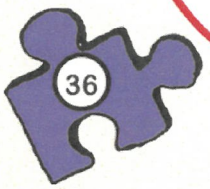
1. Demonstrates self-control appropriate with age and development.
2. Occasionally displays lack of self-control that would be unusual in peer groups.
3. Regularly displays lack of self-control that would be unusual in peer groups.
4. Displays little/ no self-control that seriously impacts on relationships with others; puts themselves/others at risk.

Gaining independence

1. Has growing level of practical/independent living skill competencies.
2. Competencies in practical/ independent living skills are at times impaired/delayed.
3. Does not possess/neglects to use, self-care and independent living skills appropriate to age.
4. Severe lack of age appropriate behaviour/ independent living skills; likely to result in significant harm. e.g. bullying/isolation.

Happy at home

1. Doesn't run away from home and whereabouts are always known to parents/ carers.
2. Has run away from home before or not returned at normal time; reasons are understood.
3. Runs away frequently and/ or goes missing for periods; reasons for whereabouts not understood/reason to believe involvement in risky behaviours making them vulnerable to exploitation in all forms.
4. Persistently runs away and/or goes missing; doesn't recognise potential risks; evidence suggesting sexual exploitation/ potential involvement in criminal activity including gangs/extremism.



The child's emotional wellbeing

Where do I fit in?

1 Engages in age appropriate activities/ displays age appropriate behaviours.

2 Is at risk of becoming involved in negative behaviour/activities and short term school exclusion.

3 Is becoming involved in negative behaviour/ activities, e.g. school absence and may be excluded.

4 Often shows negative behaviour/ activities that place self/others at risk inc. chronic school absence. May be permanently excluded/not in education; placing them at high risk of CSE.

Who am I?

1 Has a positive sense of self/abilities.

2 Has a negative sense of self/ abilities.

3 Has a negative sense of self/abilities to the extent that it impacts on their daily outcomes.

4 Has such a negative sense of self/ abilities, there's evidence/likelihood that it is causing harm, including self-harm.

How safe am I?

1 Positive sense of self/abilitiy to reduce the risk of targeting by peers or adults wishing to exploit them.

2 Has a negative sense of self/abilities; suffers with low self-esteem making them vulnerable to exploitation.

3 Negative sense of self/low self-esteem contributing to involvement with peers and/or adults who may be exploiting them.

4 Vulnerability resulting from negative sense of self/low esteem; has been exploited by others who are causing them harm.

Who loves me?

1 Is emotionally supported by his/ her parents/carers to meet developmental milestones to the best of abilities.

2 Occasionally doesn't meet developmental milestones due to a lack of emotional support.

3 Is unable to meet developmental milestones due to inability of parent/ carers to emotionally engage with them.

4 Development is significantly impaired as a result of emotional abuse.

How do I cope with loss?

1 Has not experienced significant loss/ bereavement/suicide/acrimonious relationship breakdown.

2 Suffered a loss/bereavement recently/ in the past; is distressed but has support from family and friends; appears to be coping fairly well; would benefit from short term additional support/enhanced universal services.

3 Suffered loss/bereavement recently/ in the past; doesn't seem to be coping. Appears depressed and/or withdrawn; concern they might be/are self-harming/ feeling suicidal.

4 Has suffered loss/bereavement and is self-harming, going missing and/or disclosing suicidal thoughts.

The child's health

Physical/ Mental health	Is healthy and doesn't have a physical or mental health condition or disability.
Access	Is healthy, and has access to/makes use of appropriate health/health advice services.
Diet/Activity	Undertakes regular physical activities and has a healthy diet.
Substance misuse	Has no history of substance misuse or dependency.

Physical/ Mental health	Has mild physical or mental health condition or disability affecting everyday functioning but can be managed in mainstream schools. May be on school action or action plus/SEN statement. Child in hospital.
Access	Rarely accesses appropriate health/health advice services, missing immunisations.
Diet/Activity	Undertakes no physical activity, and/or has an unhealthy diet, impacting on health.
Substance misuse	Is known to be using drugs/alcohol with occasional impact on social wellbeing.

Physical/ Mental health	Has a physical/ mental health condition or disability that significantly affects everyday functioning and access to education. May have an EHCP.
Access	No evidence of accessing health/ health advice services and suffers chronic and recurrent health problems as a result.
Diet/Activity	Undertakes no physical activity/has a diet that seriously impacts on health despite intensive support from early help services.
Substance misuse	Substance misuse is affecting mental/physical health and social wellbeing.

Physical/ Mental health	Has a complex physical/mental health condition or disability that adversely impacts on physical, emotional or mental health and access to education.
Access	Has complex health problems attributable to the lack of access to health services.
Diet/Activity	Despite support, undertakes no physical activity/ has a diet that adversely affects health/causes significant harm.
Substance misuse	Has substance misuse dependency that places child at such risk that intensive specialist resources are required.

Abuse and neglect

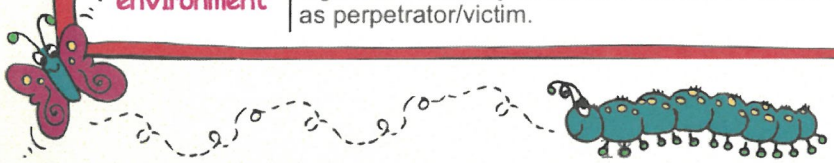
Don't forget to use the GCP to assess neglect!

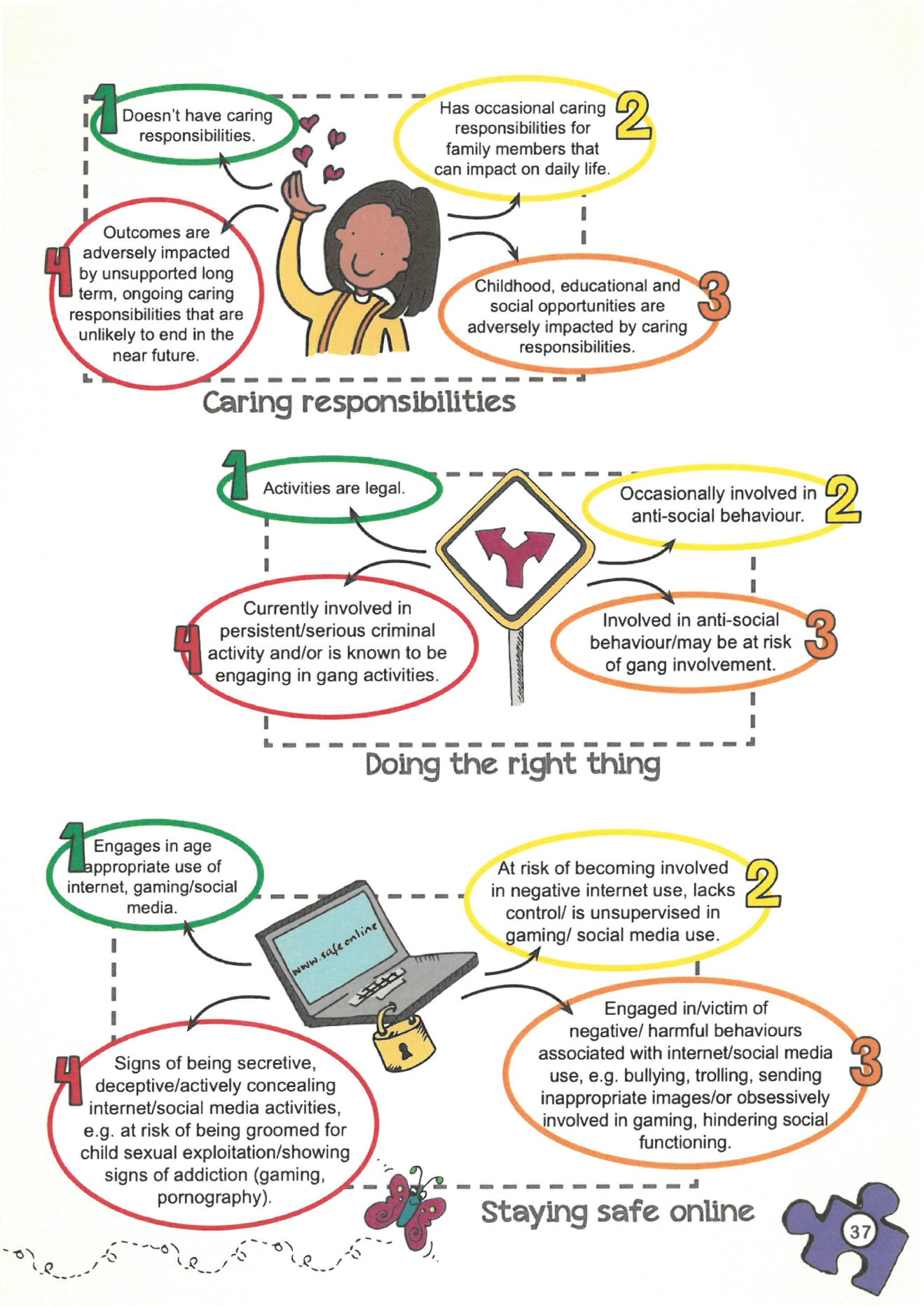
Physical appearance	Shows no physical symptoms which could be attributed to neglect.
Clothing	Is appropriately dressed.
Injuries	Has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.
Family environment	Is provided with an emotionally warm and stable family environment.

Physical appearance	Occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.
Clothing	Child/their siblings sometimes come to nursery/school in dirty clothing or they are unkempt or soiled.
Injuries	Has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.
Family environment	Experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.

Physical appearance	Consistently shows physical symptoms which clearly indicate neglect.
Clothing	Consistently comes to school in dirty clothing which is inappropriate for the weather are unkempt/soiled. Parents/carers reluctant/unable to address concerns.
Injuries	Has accounted for injuries e.g. bruising/scalds/burns/scratches, but are more frequent than would be expected for a child of a similar age.
Family environment	Experiences a volatile/unstable family environment that negatively impacrs on child who's vulnerable to grooming/exploitative relationships with abusive adults/risky peer groups due to emotional neglect.

Physical appearance	Shows physical signs of neglect e.g. thin/swollen tummy, poor skin tone/sores/rashes, prominent joints/bones, poor hygiene/tooth decay attributable to the care provided by parents/carers.
Clothing	consistently wears dirty/inappropriate clothing and subsequently suffering significant harm e.g. they are unable to fully participate at school/being bullied and/or are physically unwell].
Injuries	Has unaccounted for injuries, e.g. bruising/scalds/burns/scratches. Child alleges injuries were not accidental.
Family environment	Has suffered long term neglect of emotional needs and now at high risk of/already involved in sexual/other forms of exploitation as perpetrator/victim.

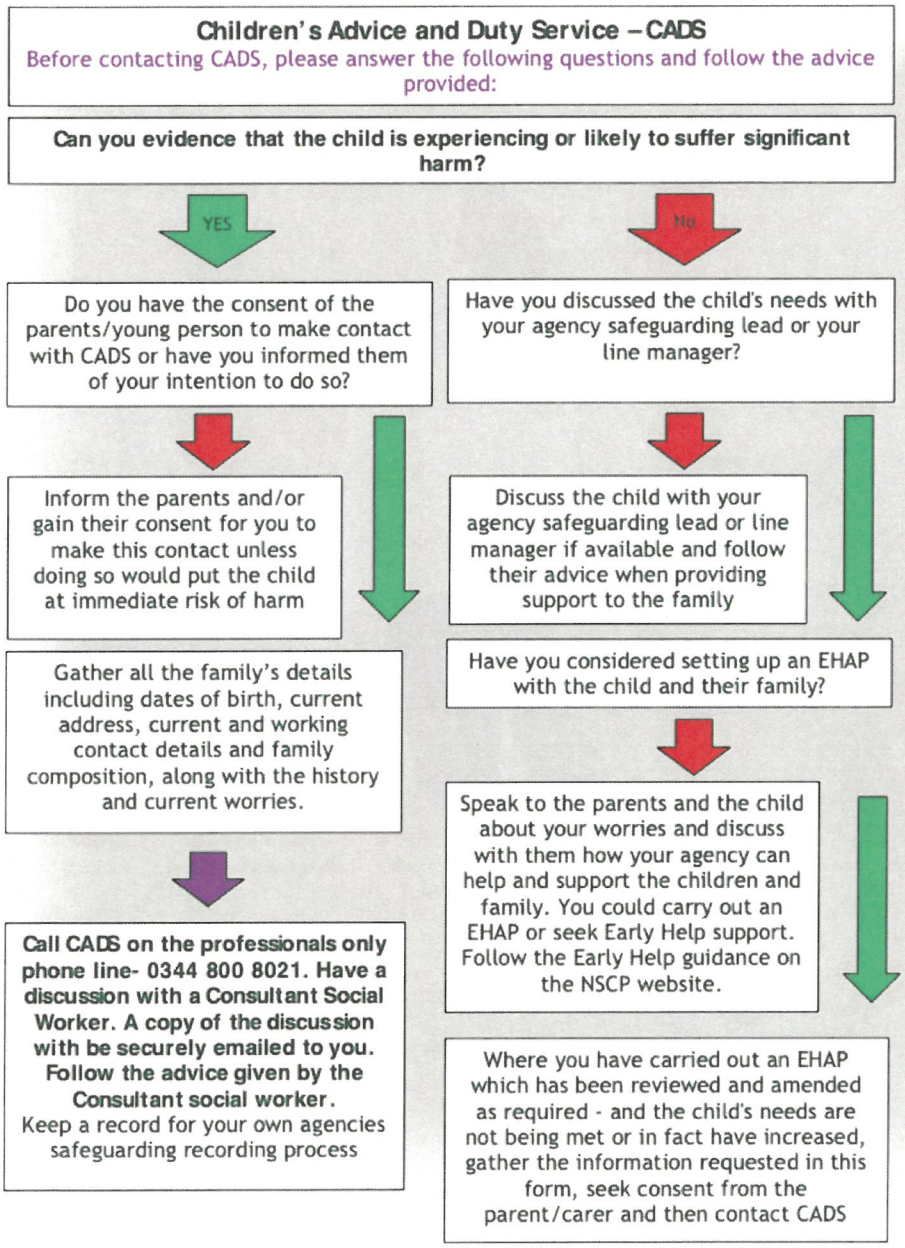



1
Doesn't have caring responsibilities.
2
Has occasional caring responsibilities for family members that can impact on daily life.
3
Childhood, educational and social opportunities are adversely impacted by caring responsibilities.
4
Outcomes are adversely impacted by unsupported long term, ongoing caring responsibilities that are unlikely to end in the near future.
Caring responsibilities
1
Activities are legal.
2
Occasionally involved in anti-social behaviour.
3
Involved in anti-social behaviour/may be at risk of gang involvement.
4
Currently involved in persistent/serious criminal activity and/or is known to be engaging in gang activities.
Doing the right thing
1
Engages in age appropriate use of internet, gaming/social media.
2
At risk of becoming involved in negative internet use, lacks control/ is unsupervised in gaming/ social media use.
3
Engaged in/victim of negative/ harmful behaviours associated with internet/social media use, e.g. bullying, trolling, sending inappropriate images/or obsessively involved in gaming, hindering social functioning.
4
Signs of being secretive, deceptive/actively concealing internet/social media activities, e.g. at risk of being groomed for child sexual exploitation/showing signs of addiction (gaming, pornography).
www.safeonline
Staying safe online
37

Appendix C

Children's Advice and Duty Service (CADS)
Practice Process - Flowchart - June22 V1

Vital Signs for Children



APPENDIX C

Management of Allegations Against People Working with Children

Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children who attend our setting. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We work to the thresholds for harm as set out in *'Working Together to Safeguard Children' (*2018).

An allegation may relate to a person who works / volunteers with children who has:

- behaved in a way that has harmed a child, or may have harmed a child and/or;
- possibly committed a criminal offence against or related to a child and/or;
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The 4th bullet point above recognises circumstances where a member of staff (including locum or supply staff) or volunteer is involved in an incident outside of setting/agency/work place which did not involve children but could have an impact on their suitability to work with children; this is known as transferrable risk.

At Life Church and YESU we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by our organisation to the Local Authority Designated Officer (LADO) service directly at lado@norfolk.gov.uk

We will take all possible steps to safeguard our children and to ensure that the adults at Life Church and YESU are safe to work with children. When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures 8.3 Allegations Against Persons who Work/Volunteer with Children | Norfolk Safeguarding Children Partnership (norfolklscp.org.uk) and The Management of Allegations Against People Working with Children Procedure are adhered to and will seek appropriate advice.

If an allegation is made or information is received about *any* adult who works/ volunteer in our setting which indicates that they may be unsuitable to work / volunteer with children, the member of staff receiving the information will inform the DSL/DDSL immediately. This includes concerns relating to agency, supply and specialist staff, students and volunteers.

Should an allegation be made against the DSL/DDSL this will be reported to the Yesu Project Leas In the event he is not contactable on that day, the information must be passed to and dealt with by one of the Yesu/Life Church Trustees.

For further information on the role/remit of Norfolk LADO Service, please see 8.3 Allegations Against Persons who Work/Volunteer with Children | Norfolk Safeguarding Children Partnership (norfolklscp.org.uk) and The Management of Allegations Against People Working with Children Procedure

APPENDIX D

SAFEGUARDING FLOWCHART 2026

Life Church and Yesu

EVERYONE HAS A RESPONSIBILITY TO SAFEGUARD CHILDREN

1. Concern noticed or disclosure received

2. Is the child in immediate danger or at risk of significant harm?
YES → Call 999 immediately and ensure the child is safe
NO → Inform the Designated Safeguarding Lead (DSL) immediately

3. DSL assesses concern using NSCP guidance

4. DSL contacts CADS / Family Help or takes appropriate action

5. Record all actions and continue to support the child

Emergency: 999 | CADS: 0344 800 8021 | If in doubt – pass it on