



Safeguarding Policy and Procedures

Life Church and Yesu

Charity Organisation

Yesu 8-11's, Emerge, Sunday groups, and any other children / youth 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 newfrontiers

**We are committed to safeguarding and promoting the welfare of all children.
A child is defined as a person under the age of 18 years old.**

Aim

The purpose of Life Church and Yesu safeguarding policy is to ensure that every child who attends our charity organisations is safe , **listened to** and protected from harm as far as we are able.

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

This policy will give clear direction to staff and volunteer children's workers about the expected behaviour and our legal responsibility to safeguard and promote the welfare of all children at our charity organisations.

Introduction

Life Church and Yesu fully recognise the contribution we can make to protect children from harm and supporting and promoting the welfare of all children.

The elements of our policy are prevention, protection and support.

Our policy applies to all children, volunteer children's workers and staff.

Our Ethos

Our charity organisations will establish and maintain an ethos where our children feel secure, are encouraged to talk, are listened to and are safe. Children will be able to talk freely to any member of staff or volunteer children's worker if they are worried or concerned about something.

All staff and volunteer children's workers will, through training/induction, know how to recognise a disclosure from a child and will know how to manage this. We will not make promises to any child and we will not keep secrets. Every child will know what the adult will do with whatever they have been told.

We will provide activities and opportunities that will equip our children 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 -(07810 101871)

Deputy Designated officer Richard Allen - (01263) 511226

Deputy Designated officer Mark Fox – (01263) 825516

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) and a member of the public or parent can call (0344 800 8020)

We develop a culture of "if in doubt, pass it on" so all adults shares a duty to pass a concern on to the relevant person who are clearly signposted by displayed posters. 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 children's 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 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 (page 8).

Training

Staff with a direct responsibility for children will undertake appropriate safeguarding training every three years.

We actively encourage all of our staff to keep up to date with the most recent local and national safeguarding advice and guidance.

This can be accessed via **www.norfolkscb.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. 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 will take all possible steps to safeguard our children and to ensure that the adults in our organisation are safe to work with our children.

We will always ensure that the Norfolk Safeguarding Children Board's procedures are followed.

Concerns around an adult within our organisation

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 our organisation should be shared with the DSL/DDSLs and conversation of concern recorded in writing. The DSL/DDSI's will contact the LADO duty desk and seek advice on whether threshold is met for a LADO referral on 01603 223473**

The LADO can be contacted via the referral/consultation forms under 'how to raise a concern' at www.norfolkscb.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 elder, Richard Allen. If the concern is about the senior elder one of the Trustees should be contacted ;Steve James 07717 329781or Ben Green 07928 689195**

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

(See Appendix A)

There are sensible steps that every adult should take in their daily professional conduct with children.

This can be found in the NSCB **Safer Programme Safer Working Practice** (this guidance is on the NSCB website and also included in our procedures).

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 organisation.

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 B)

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 B)

Online E-Safety

Procedures for Handling Disclosures

A child 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

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 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 immediately as close to what was said as possible. Also record what was happening immediately 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

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 NSCB risk matrix to explain level of concern (see appendix C)**. 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, in ink, 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 **(see Appendix D)**

Full details on this process can be found at www.norfolkscb.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.norfolkscb.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 2018

What is abuse and neglect?

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.

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 care-givers); or
- ensure access to appropriate medical care or treatment.

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

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 parent or carer 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. 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, 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. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

Child Sexual Exploitation

CSE is a form of child sexual abuse. It occurs when an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a children 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. CSE does not always involve physical contact; it can also occur through use of technology.

FGM – Female Genital Mutilation

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "*female circumcision*" or "cutting".

FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts.

It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. The maximum penalty for FGM is 14 years' imprisonment.

Forced Marriage

People have the right to choose who they marry, when they marry or if they marry at all.

Forced marriage is when some face physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (eg if they're made to feel like they're bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Honour Abuse

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

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

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere the victim doesn't want to go
- assault/killing

Prevent

The 2011 Prevent strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- work with sectors and institutions where there are risks of radicalisation that we need to address.

Terrorist groups often draw on extremist ideology, developed by extremist organisations. Some people who join terrorist groups have previously been members of extremist organisations and have been radicalised by them. The Government has defined extremism in the Prevent strategy as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces”.

County Lines

A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of ‘deal line’. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child Criminal Exploitation

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

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

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Child on child abuse

This is a form of harmful behaviour which takes place between children of a similar age at any stage of development. There is intention to physically, sexually or emotionally harm others

On Line abuse

Is a behaviour that has a threatening, intimidating, harassing or humiliating affect on a person

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; 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 2018
- 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.norfolkscb.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**

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.norfolkscb.org
Safer Programme	01603 228966

Policy Review

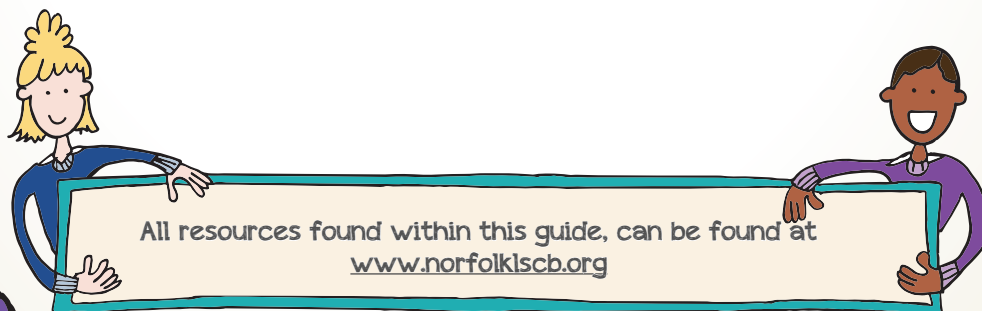
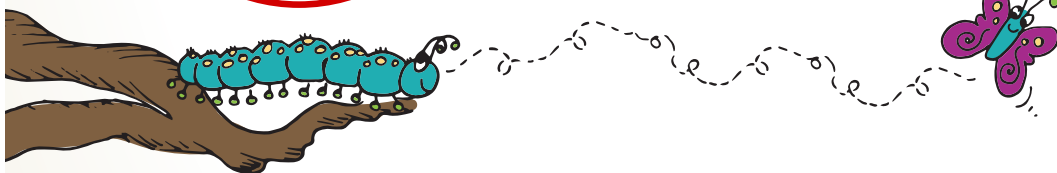
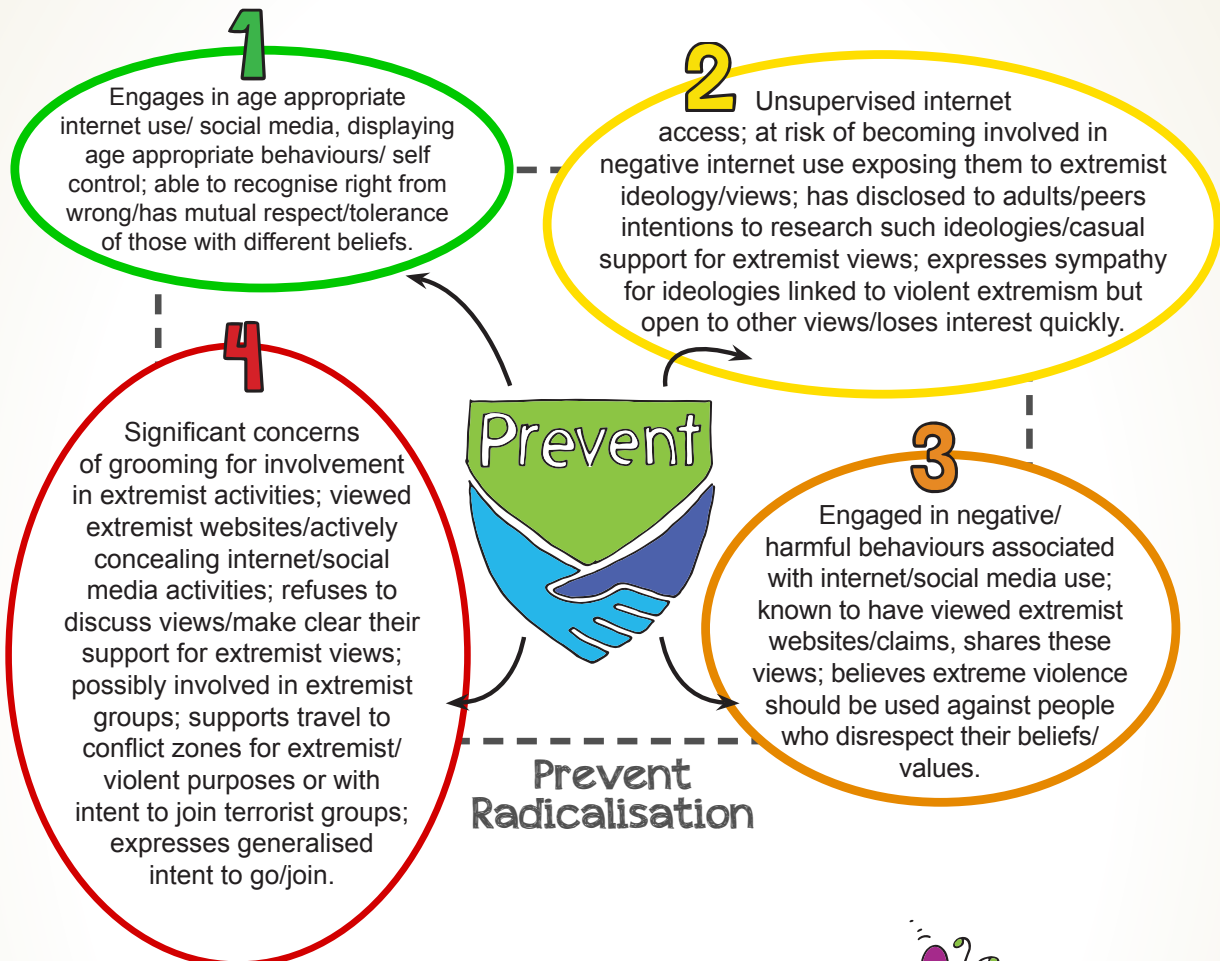
The safeguarding officer will review this policy yearly or when a change comes in at local or national level.

We will make any changes to our policy and procedures in line with Norfolk Safeguarding Partnership's guidance on **www.norfolkscb.org**

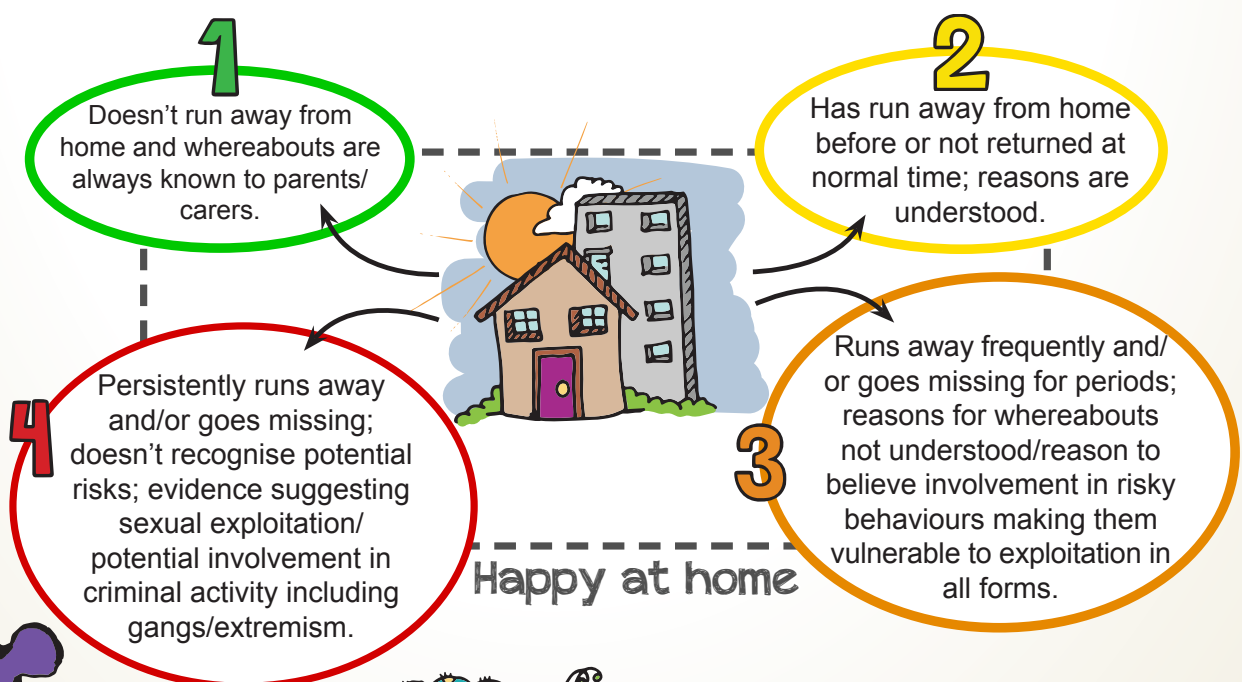
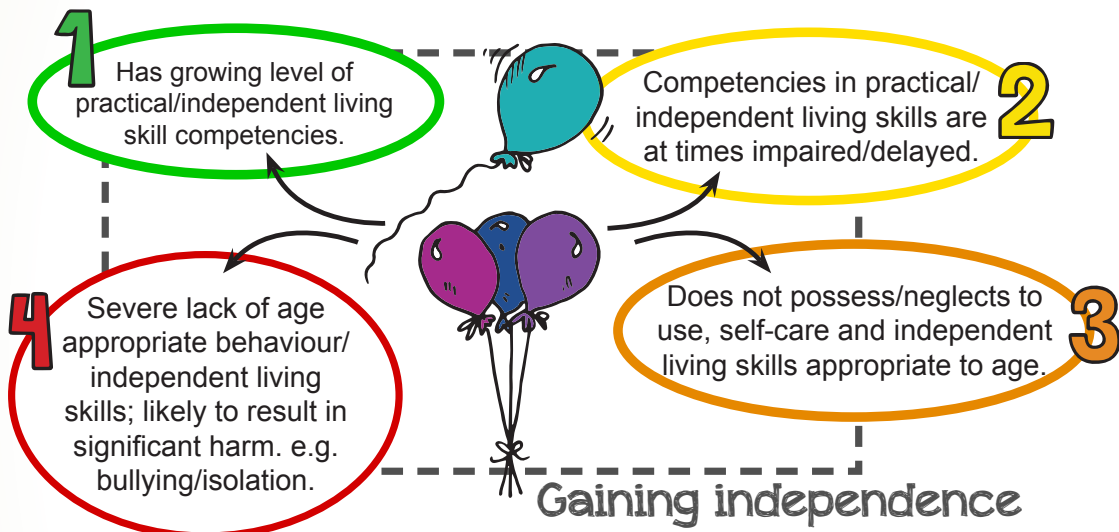
This policy was reviewed in September 2023

Appendix A

The child's behaviour



The child's behaviour



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 Center 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 Center 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 Richard Allen, In the event he is not contactable on that day, the information must be passed to and dealt with by one of the Trustees, Steve James or Ben Green

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](#)

The child's emotional wellbeing



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

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.



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.

1 Has a positive sense of self/abilities.

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



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.

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

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



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.

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

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



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.

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

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



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.



The child's social development



Friendship	Has strong friendships/positive social interaction with a range of peers.
Communication	Able to communicate with others, engages in positive social interactions/demonstrates positive behaviour in a wide variety of social situations. Shows respect for others.
Tolerance	Shows accepted behaviour/tolerance towards peers/others. If on occasion this isn't the case, this is managed through effective parenting/ universal services.
Belonging	Demonstrates feelings of belonging and acceptance.



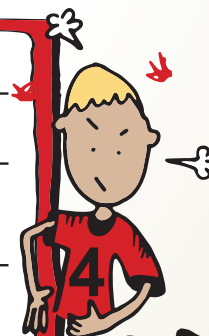
Friendship	Has few friendships/limited social interaction with peers.
Communication	Has communication difficulties/poor interaction with others.
Tolerance	Exhibits aggressive, bullying or destructive behaviours, impacting on peers, family and/ or local community. Support in place to manage behaviour.
Belonging	Is a victim of discrimination or bullying.



Friendship	Is isolated and refuses to participate in social activities.
Communication	Has significant communication difficulties; interacts negatively with others. Demonstrates significant lack of respect for others.
Tolerance	Exhibits aggressive, bullying or destructive behaviours, impacting on peers, family and/or local community. Early support refused, or inadequate to manage behaviour.
Belonging	Experienced persistent/ severe bullying; impacting on daily outcomes.



Friendship	Is completely isolated, refusing to participate in any activities.
Communication	Has little/ no communication skills. Positive interaction with others is severely limited.
Tolerance	Exhibits aggressive, bullying or destructive behaviours, impacting on peers, family and/or local community and own wellbeing/ safety.
Belonging	Has experienced such persistent or severe bullying that wellbeing is at risk.



Appendix C

Using the Signs of Safety Framework

Norfolk Safeguarding Children Board 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?

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 impacts 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.



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.

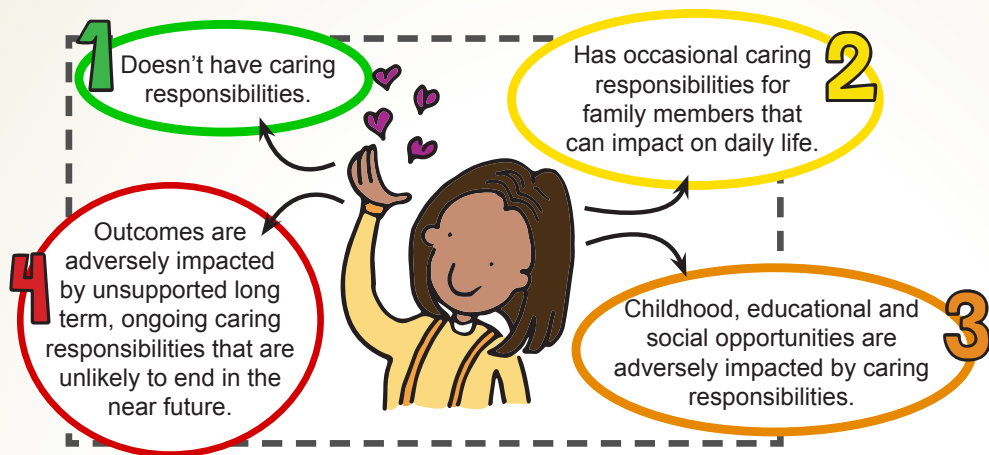


Physical/ Mental health	Has a physical/ mental health condition or disability that significantly affects everyday functioning and access to education. May have an EHCP.
Access	No evidence of accessing health/ health advice services and suffers chronic and recurrent health problems as a result.
Diet/Activity	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.

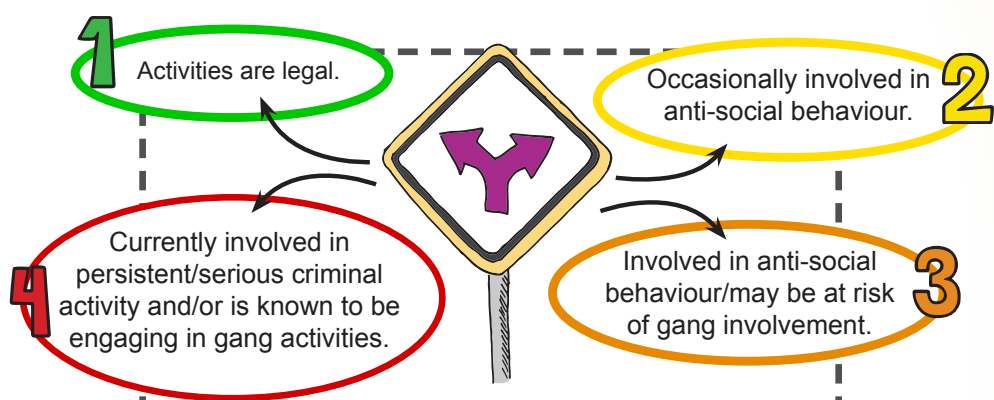


Physical/ Mental health	Has a complex physical/mental health condition or disability that adversely impacts on physical, emotional or mental health and access to education.
Access	Has complex health problems attributable to the lack of access to health services.
Diet/Activity	Despite support, undertakes 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.

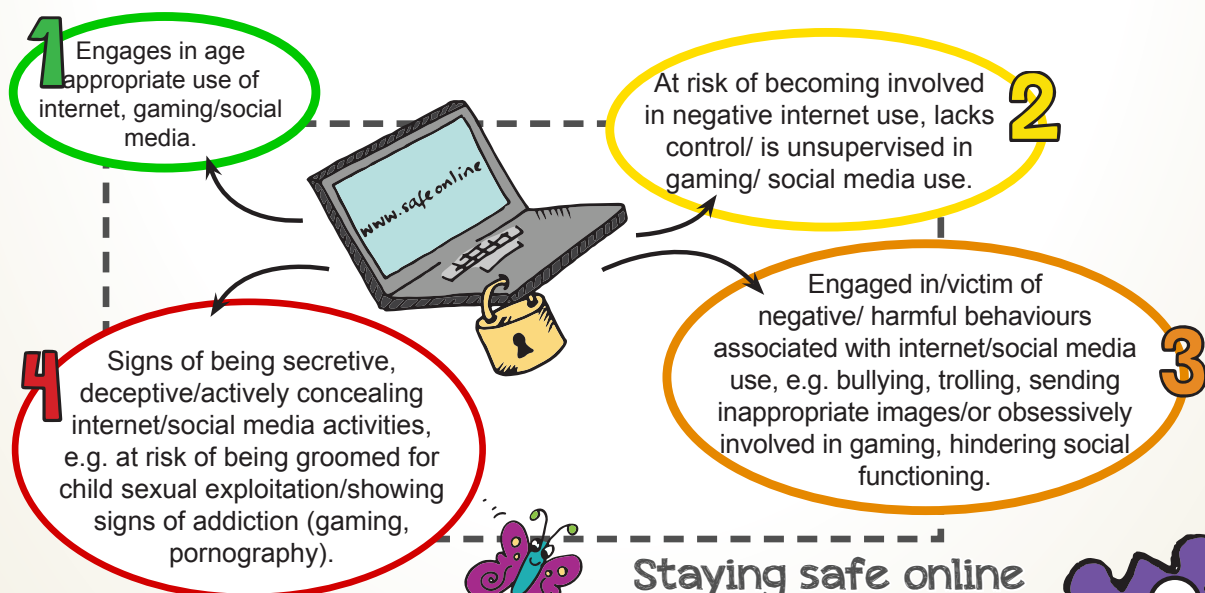




Caring responsibilities



Doing the right thing

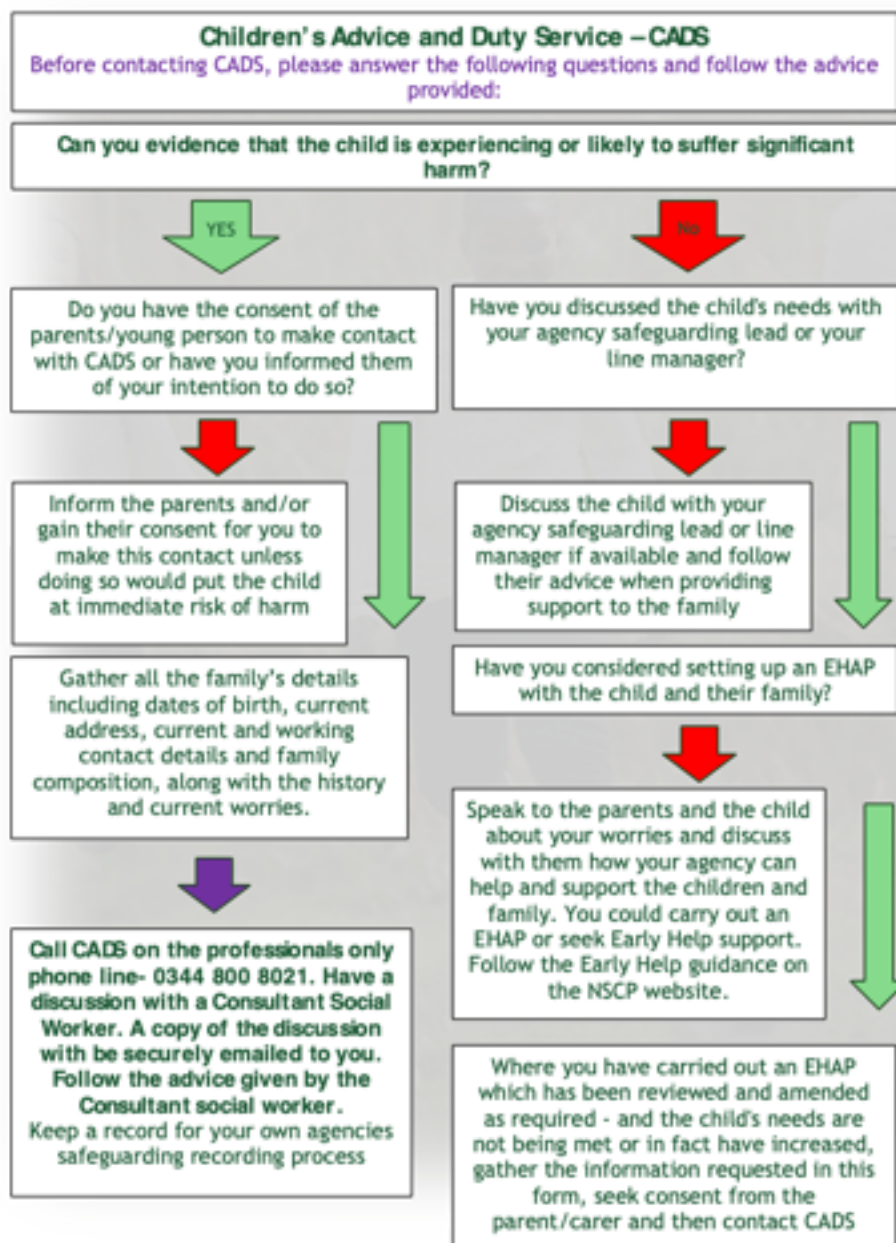


Staying safe online



Appendix D

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



Appendix B

Life Centre /Yesu Recording Form for Safeguarding Concerns

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

Full name of child	Date of Birth	Your name and role in organisation

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:

Position:

[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 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)

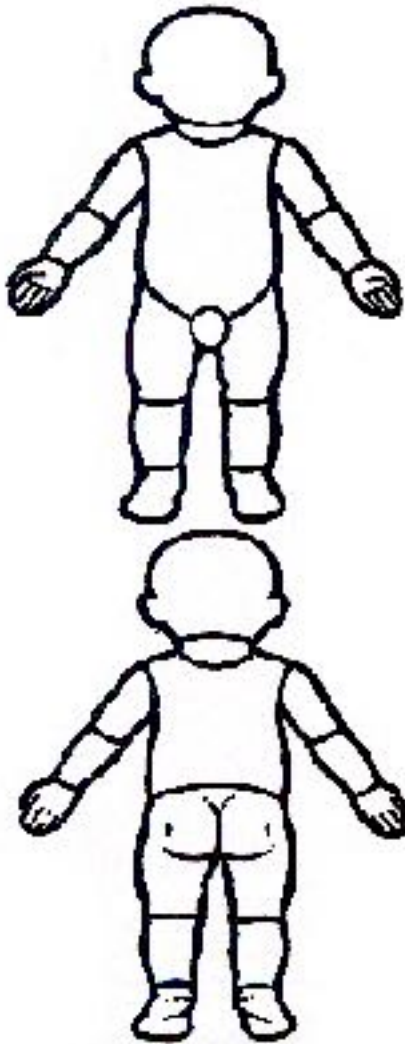
Further Action Agreed:

Full name:

DSO Signature:

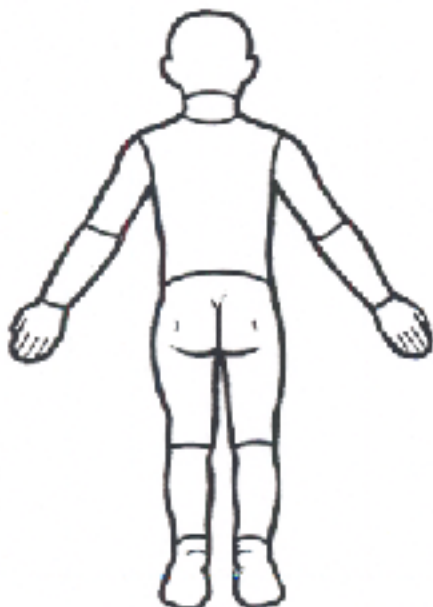
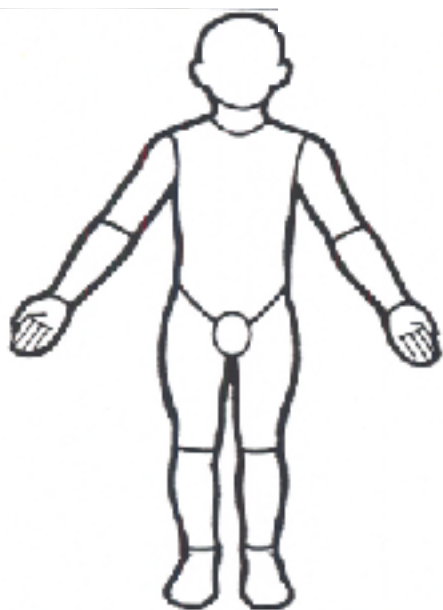
Date:

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