

Safeguarding Policy

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Safeguarding Policy

Safeguarding Policy (Children and Vulnerable Adults)

1. Purpose

This policy sets out YMCA Derbyshire's approach to safeguarding and promoting the welfare of children and vulnerable adults. It applies to all aspects of our work and to everyone working for YMCA Derbyshire, including permanent and temporary employees, contractors and volunteers and members of the Board of Trustees.

This policy does not form part of any employee's contract of employment and it may be amended at any time. We may also vary any parts of the policy, including any time limits, as appropriate in any case.

2. Strategic context

YMCA Derbyshire's strategy is underpinned by our core values. This means that everything that we do is in the interests of all service users. This includes ensuring that we have effective procedures for keeping children and vulnerable adults safe from abuse, neglect and exploitation.

3. Definitions

YMCA Derbyshire uses definitions of the term 'safeguarding' from statutory guidance. Safeguarding children is defined in 'Working Together to Safeguard Children' <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> 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
- Taking action to enable all children to have the best outcomes

Safeguarding vulnerable adults is defined in the 'Care and Support Statutory Guidance' issued under the Care Act 2014 <https://www.gov.uk/government/publications/care-act-statutory-guidance> as:

- Protecting the rights of adults to live in safety, free from abuse and neglect
- People and organisations working together to prevent and stop both the risks and experience of abuse and neglect
- People and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being

4. Recruitment

YMCA Derbyshire carries out safe recruitment checks on everyone who works for us and our volunteers. All roles require an enhanced Disclosure and Barring Service (DBS) check and references before the individual joins us. Anyone interviewed for a post with YMCA Derbyshire, either internally or from outside the organisation, will need to show an understanding of safeguarding that is relevant to the role that they are applying for.

5. Expectations of staff

Everyone working for YMCA Derbyshire has a responsibility to familiarise themselves with this safeguarding policy and the procedures that go with it. They must maintain a proper focus on the safety and welfare of children and vulnerable adults in all aspects of their work.

Anyone who works for YMCA Derbyshire must inform their manager if they or any adult living in their household become(s) the subject of an allegation involving a safeguarding concern or abuse against a child or vulnerable adult. If anyone is in doubt whether a situation or allegation is relevant they should:

- Refer to the definitions of safeguarding and protection of vulnerable adults
- Seek advice from HR

Any allegations of misconduct towards children and/or vulnerable adults by those working for YMCA Derbyshire will be reported to the Local Authority Designated Officer (LADO) or their equivalent.

6. Safeguarding training

YMCA Derbyshire is committed to ensuring that everyone who works for us understands their safeguarding responsibilities and keeps their knowledge up to date. All staff and contracted employees must complete a Level 1 safeguarding training package within 3 months of taking up post, and after that at two yearly intervals. All front facing staff must complete a Level 2 safeguarding training package within 6 months of taking up post and after that at two yearly intervals. There will also be regular refresher training for all staff on safeguarding children and vulnerable adults, including on specific areas of risk and safeguarding practice. All staff will receive an introduction to safeguarding session as part of their induction process when taking up their post with YMCA Derbyshire.

7. Acting on safeguarding concerns

No one working for YMCA Derbyshire should investigate concerns about individual children or vulnerable adults who are or may be being abused or who are at risk. Everyone has a responsibility to make sure that concerns about children and vulnerable adults are passed to the YMCA Derbyshire safeguarding team without delay.

The procedure to follow if you have any concerns is attached at **Appendix A**. Concerns should be documented by using the Safeguarding Report form attached to this policy at **Appendix B**.

If anyone is concerned that a child or vulnerable adult is at risk of being abused or neglected or is at any other risk, they should not ignore their suspicions and should not assume that someone else will take action to protect that person.

If anyone working for YMCA Derbyshire is in any doubt about what to do, they should consult their line manager or a member of the safeguarding team, details of which are provided at **Appendix C**.

Anyone working for YMCA Derbyshire who has concerns about the behaviour of a colleague must raise this with any member of the Human Resources team without delay.

Comprehensive supporting guidance and information on abuse in relation to children and vulnerable adults is attached at **Appendix D**.

8. Learning and improving

YMCA Derbyshire is determined to keep improving our knowledge and understanding of how best to protect children and vulnerable adults. We will review our own practice regularly to check that we are placing the right emphasis on safeguarding in our work.

We will routinely report safeguarding concerns to the Board of Trustees.

We will carry out in-depth reviews of our actions in cases where children or vulnerable adults suffer serious harm while under our care. The main purpose of any review is to learn lessons about when our systems need to improve to protect children and vulnerable adults better in future. We will also promote a culture in which we are able to highlight and review near misses to learn and improve our practice.

9. Monitoring and Review of this Policy

This policy will be reviewed every year or earlier in the event there is a change in legislation or for reasons of good practice.

10. Appendices to this policy

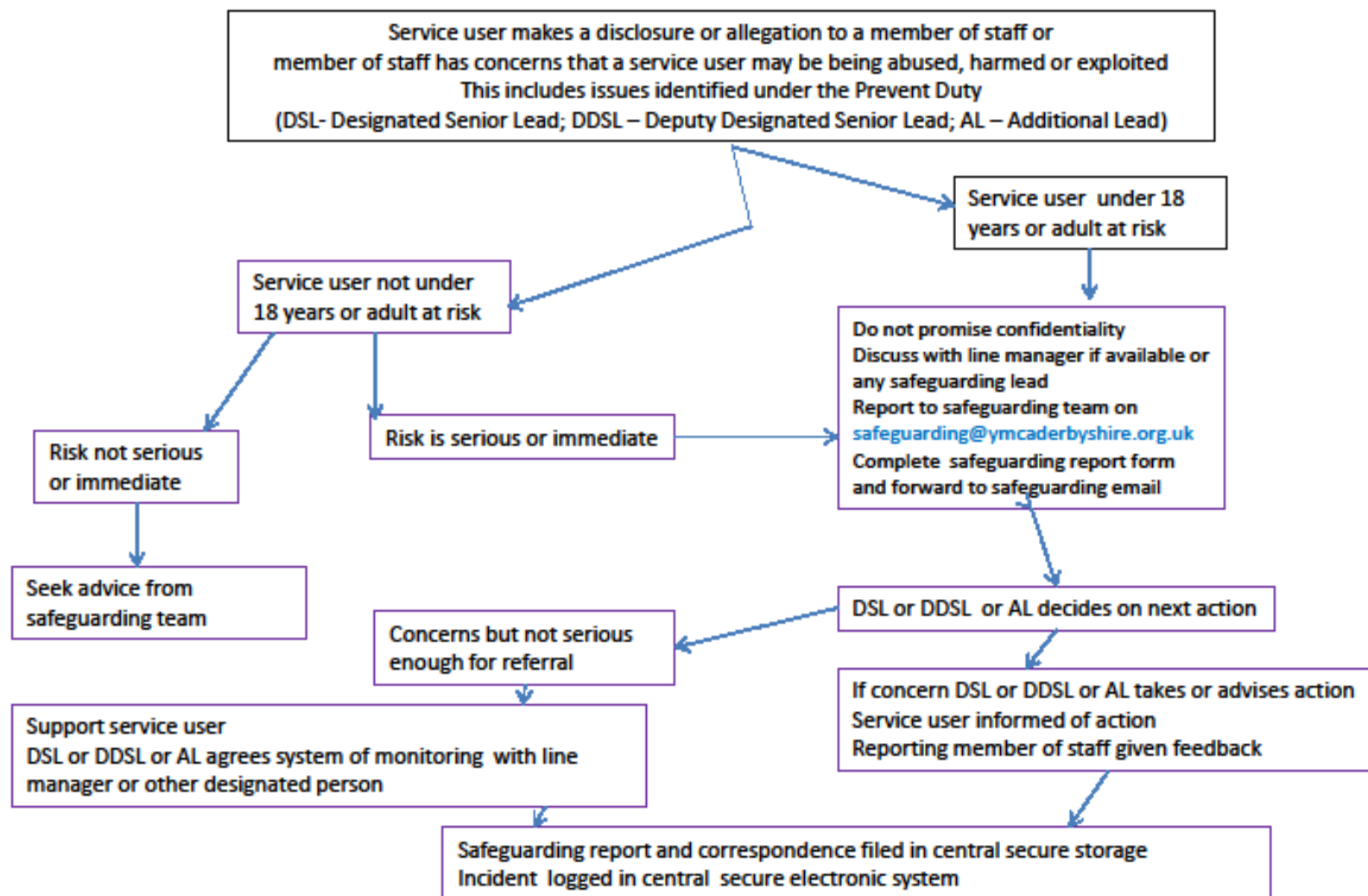
Appendix A - Safeguarding Procedures Flowchart

Appendix B - Safeguarding Report Form

Appendix C - Safeguarding Team

Appendix D - Supporting Guidance to YMCA Derbyshire's Safeguarding Children and Vulnerable Adults Policy

Appendix A – Safeguarding Procedures Flowchart



Safeguarding Report Form

This form is the formal record of a safeguarding concern raised within YMCA Derbyshire and should be completed immediately and in full. Please e-mail to safeguarding@ymcaderbyshire.org.uk on the same day as the incident.

Name of service user:			
Date of Birth:			
Date of concern:		Time of concern:	
Concern identified by:			
Role/Position:			
Name of alleged person(s) responsible for the harm:			
How is this person known to the victim:			
Witnesses:		Place of incident:	
This form completed by:		Date & Time:	
Concern discussed with:		Date & Time:	
Has there been a delay in passing on the concern:		YES/NO	
If yes, please comment on the reasons for the delay:			

Concern/Incident/Disclosure:
<p>(Why are you concerned about this service user? What have you observed? When? What have you been told and when? Please provide a description of any incidents or anything you have been told by a service user or another person. Remember to make clear what is fact and what is hearsay or opinion. Note the language and terminology used by the individual, and be clear about who has said what.)</p>

Has any action been taken in relation to this concern:
<p>(This could be action taken by yourself or anybody else including other agencies, parents etc.)</p>

Any relevant historic information that should be considered:
<p>(Include any known agencies involved relevant to the disclosure/concern. Include any information that may guide decision making, e.g. is a child on the CP register, are they known to the CSE strategy, previous allegations made and any other relevant information known to add to this concern).</p>



Appendix C

YMCA Derbyshire Senior Designated Safeguarding Lead and Designated Lead for Prevent

Julia Hodder – 07921263963

YMCA Derbyshire Deputy Designated Safeguarding Lead and Deputy Designated Lead for Prevent

Rebecca Lauder – 07590452826

YMCA Derbyshire Deputy Designated Safeguarding Lead and Deputy Designated Lead for Prevent

Reena Sharma – 01332 579569

YMCA Derbyshire Safeguarding Lead

Gil Bowles – 07719523044

YMCA Derbyshire Safeguarding Lead

Donna Wosik – 01332 579571

YMCA Derbyshire Safeguarding Lead

Kelly Spooner – 01332 579571

YMCA Derbyshire Safeguarding Lead

Jenna Shaw - 07710170978

YMCA Derbyshire Safeguarding Lead

Jane Lunn – 07710170978

To email any member of the safeguarding team, please use the email address — safeguarding@ymcaderbyshire.org.uk Always call for advice if you are not sure what do in a potential safeguarding situation including concerns under the Prevent Duty.

**Supporting Guidance to YMCA Derbyshire's
Safeguarding Children and Vulnerable Adults Policy.**

September 2020

This guidance should be read alongside the main policy and procedures. It will be updated whenever the law or good practice changes.

1. What is child abuse?

Child abuse happens when a person harms a child. It can be physical, sexual or emotional, but can also involve neglect. Children may be abused by:

- family members
- friends
- people working or volunteering in organisational or community settings
- people they know
- strangers

2. General signs of abuse

Children experiencing abuse often experience more than one type of abuse over a period of time. Children who experience abuse may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend.

Many of the signs that a child is being abused are the same regardless of the type of abuse.

Anyone working with children or young people needs to be able to recognise the signs. These include a child:

- being afraid of particular places or making excuses to avoid particular people
- knowing about or being involved in 'adult issues' which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour
- having angry outbursts or behaving aggressively towards others
- becoming withdrawn or appearing anxious, clingy or depressed
- self-harming or having thoughts about suicide
- showing changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes
- running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries.

These signs do not necessarily mean that a child is being abused. There may well be other reasons for changes in a child's behaviour such as a bereavement or relationship problems between parents or carers. If you have any concerns about a child's wellbeing, you should report them following your organisation's safeguarding and child protection procedures.

3. Physical abuse

Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating. It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness (FII).

3.1 Spotting the signs of physical abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern.

Injuries that are more likely to indicate physical abuse include:

3.2 Bruising:

- bruises on babies who are not yet crawling or walking
- bruises on the cheeks, ears, palms, arms and feet
- bruises on the back, buttocks, tummy, hips and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- large oval-shaped bite marks.

3.3 Burns or scalds:

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times. If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

4. Neglect

Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger(including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem. Some of these signs include:

- children who appear hungry - they may not have lunch money or even try to steal food
- children who appear dirty or smelly
- children whose clothes are inadequate for the weather conditions
- children who are left alone or unsupervised for long periods or at a young age
- children who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development
- children who live in an unsuitable home environment.

5. Sexual abuse

Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. It includes:

- sexual touching of any part of the body whether the child is wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals.

Non-contact abuse involves non-touching activities. It can happen online or in person and includes:

- encouraging or forcing a child to watch or hear sexual acts
- making a child masturbate while others watch
- not taking proper measures to prevent a child being exposed to sexual activities by others
- showing pornography to a child
- making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images
- meeting a child following online sexual grooming with the intent of abusing them

5.1 Online sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- having sexual conversations with a child by text or online

Abusers may threaten to send sexually explicit images, video or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may

continue to be shared long after the abuse has stopped. Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

5.2 Spotting the signs of sexual abuse

There may be physical signs that a child has suffered sexual abuse. These include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge
- sexually transmitted infections (STI)
- pregnancy

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age. For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- they might become sexually active or pregnant at a young age

6. **Child sexual exploitation**

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities.

Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

6.1 Spotting the signs of child sexual exploitation

Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may:

- go missing from home, care or education
- be involved in abusive relationships
- hang out with groups of older people
- be involved in gangs or anti-social groups
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- be involved in petty crime such as shoplifting
- have access to drugs and alcohol
- have new things such as clothes and mobile phones, which they aren't able to easily explain

6.2 Harmful sexual behaviour

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards. HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't. However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled.

6.3 Spotting the signs of harmful sexual behaviour

It's normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

7. Emotional abuse

Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

7.1 Spotting the signs of emotional abuse

There aren't usually any obvious physical signs of emotional abuse but you may spot changes in a child's actions or emotions. Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the

individual child or are particularly unusual for their stage of development. Babies and pre-school children who are being emotionally abused may:

- be overly-affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious
- be unable to play
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- fear making mistakes
- fear their parent being approached regarding their behaviour
- self-harm.

8. Peer on peer abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and hazing type violence and rituals.

9. Domestic abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse. Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

9.1 Spotting the signs of domestic abuse

It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around. Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

10. Bullying and cyberbullying

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. Bullying includes:

- verbal abuse, such as name calling
- non-verbal abuse, such as hand signs or glaring
- emotional abuse, such as threatening, intimidating or humiliating someone
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual or homophobic bullying
- physical assaults, such as hitting and pushing
- making silent, hoax or abusive calls.

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

10.1 Spotting the signs of bullying and cyberbullying

It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault. No one sign indicates for certain that a child's being bullied, but you should look out for:

- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

11. Child trafficking

Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Children may be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect.

Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering.

Child trafficking can also be organised by individuals and the children's own families. Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation so child trafficking only requires evidence of movement and exploitation.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014). The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

11.1 Spotting the signs of child trafficking

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. Children who have been trafficked may:

- have to do excessive housework chores
- rarely leave the house and have limited freedom of movement
- not have any documents (or have falsified documents)
- give a prepared story which is very similar to stories given by other children
- be unable or reluctant to give details of accommodation or personal details
- not be registered with a school or a GP practice
- have a history with missing links and unexplained moves
- be cared for by adults who are not their parents or carers
- not have a good quality relationship with their adult carers
- be one among a number of unrelated children found at one address

- receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation.

There are also signs that an adult is involved in child trafficking, such as:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- having previously acted as the guarantor on visa applications for visitors who have not left the UK when the visa expired.

12. Female genital mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy. FGM is child abuse.

There are no medical reasons to carry out FGM. It is dangerous and a criminal offence.

Spotting the signs of female genital mutilation A child at risk of FGM may not know what's going to happen. But they might talk about or you may become aware of:

- a long holiday abroad or going 'home' to visit family
- relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- missing school repeatedly or running away from home.

A child who has had FGM may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

13. Care plans

This is known as a child plan in Scotland and a care and support plan in Wales. Before a child is taken into care the local authority will produce a plan for the future care of the child. The parents and the child should be involved in developing the care plan.

The plan should show how the child's needs would be met in care, including their health, education and contact with family members. It often includes details about:

- where the child will live
- arrangements for attending school
- arrangements for seeing parents.

Plans must be regularly reviewed and updated.

For more information, see:

- Section 31A of the Children Act 1989 (England)
- Section 83 of the Social Services and Well-being (Wales) Act 2014

- The Children (Northern Ireland) Order 1995
- Part 2 of the Looked After Children (Scotland) Regulations 2009

14. Child protection case conferences

A child protection case conference is held if the child is at risk of significant harm, so that all of the relevant professionals can share information, identify risks and outline what needs to be done to protect the child.

Who's involved in a case conference:

- agencies such as social services, the police and health services
- people who have the most involvement working with the child and family, such as the child's school(s) and family GP
- family members
- the child, when appropriate

What's considered during a case conference:

- background information about the family
- findings from the child protection investigation
- ongoing assessments
- Child protection registers and plans

In England a child may be the subject of a child protection plan (CPP). Wales, Scotland and Northern Ireland use the term child protection registers (CPR).

Despite the different terminology, plans and registers are roughly the same.

The child protection register (CPR) is a confidential list of all children in the local area who have been identified as being at risk of significant harm. The register allows authorised individuals in social work, education, health, police and the voluntary sector to check if a child they are working with is known to be at risk.

If a child is added to the CPR they must also have a child protection plan. The child protection plan sets out:

- how social workers will check on the child's welfare
- what changes are needed to reduce the risk to the child
- what support will be offered to the family.

A core group is responsible for making sure that the child protection plan is supporting the child effectively on an ongoing basis. The members of this group include the person who has been nominated as the Lead Professional, the child and their parents/carers, and they report about this at child protection case conference (CPCC) meetings. The core group should be set up within 15 days of the initial child protection case conference.

15. Coercion

Coercion is the use of emotional, psychological or physical force to compel someone to act in a way that they would not otherwise choose, or in a way that is contrary to their best interests.

Coercion may involve:

- blackmail
- direct threats
- physical assault

- humiliation
- other activities designed to punish or frighten an individual.

Coercion is related to controlling behaviour, where a perpetrator seeks to regulate another person so they become subordinate to the perpetrator. Controlling behaviour can take a number of forms, but it includes isolating an individual from friends and family and limiting their opportunities for independence.

16. Confidentiality and information sharing

When recognising and responding to abuse, it's important to ensure that any information shared with relevant authorities about a child is done so in a confidential, systematic and respectful manner.

Topics to consider should include:

- when information should be shared
- when and how to get consent
- what information needs to be shared
- who to share information with

17. Mandatory reporting

In England and Wales, it's mandatory for all regulated health and social care professionals and teachers to report 'known cases' of female genital mutilation (FGM) in under 18s to the police (Home Office, 2016).

In Wales, health and social care professionals and teachers are required to inform the local authority if they have reasonable cause to suspect a child is at risk of experiencing abuse, neglect or other types of harm (Section 130. Social Services and Well-being (Wales) Act 2014).

18. Significant Harm

"Harm" is the "ill treatment or the impairment of the health or development of the child" (Section 31, Children Act 1989; Article 2, Children (Northern Ireland) Order 1995; Scottish Government, 2014).

Seeing or hearing the ill-treatment of another person is also a form of harm (Section 120, Adoption and Children Act 2002; Section 28, Family Homes and Domestic Violence (Northern Ireland) Order 1998; Scottish Government, 2014).

Harm can be determined "significant" by "comparing a child's health and development with what might be reasonably expected of a similar child".

Although there is no absolute criteria for determining whether or not harm is "significant", local authorities such as social services, police, education and health agencies work with family members to assess the child, and a decision is made based on their professional judgement using the gathered evidence. For more information, see:

- Section 31 of the Children Act 1989 (England and Wales)
- Article 2 of the Children (Northern Ireland) Order 1995
- The National guidance for child protection in Scotland (Scottish Government, 2014).

Glossary of Safeguarding Adults Terms

Commonly used terms relating to safeguarding adults:

Abuse: includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

ACPO (Association of Chief Police Officers): an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services): the national leadership association for directors of local authority adult social care services.

Advocacy: support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the local authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

Alert: a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Alerter: the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

Assessment: a process to identify the needs of the person and how these impact on the wellbeing and outcomes that they wish to achieve in their day to day life.

Best interests decision: a decision made in the best interests of an individual defined by the Act) when they have been assessed as lacking the mental capacity to make a particular decision. The best interest decision must take into consideration anything relevant such the past or present wishes of the person, a lasting power of attorney or advance directive. There is also a duty to consult with relevant people who know the person such as a family member, friend, GP or advocate.

Care Act 2014: came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Clauses 42-45 of the Care Act provide the statutory framework for protecting adults from abuse and neglect.

Care and support needs: the support a person needs to achieve key outcomes in their daily life as relating to wellbeing, quality of life and safety. The Care Act introduces a national eligibility threshold for adults with care and support needs which consists of three criteria, all of which must be met for a person's needs to be eligible.

Care settings or services: health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget.

Carer: unpaid carers such as relatives or friends of the adult. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

CCG (Clinical Commissioning Group): these were formally established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

Central Referral Unit: is where all referrals to the police are received, risk assessed, graded and allocated for action by the most appropriate police team and/or partner agency.

Clinical governance: the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care and treatment.

Community safety: a range of services and initiatives aimed at improving safety in the community. These include Safer Neighbourhoods, anti-social behaviour, hate crime, domestic abuse, PREVENT, human trafficking, modern slavery, forced marriage and honour violence.)

Consent: the voluntary and continuing permission of the person to an intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

Contemporaneous notes: notes taken at the time of meetings with individuals, telephone calls, visits to premises during the course of an investigation. These may also be important in the context of giving evidence in legal proceedings.

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Community Safety Partnership: a strategic forum bringing agencies and communities together to tackle crime within their communities.

Community Safety Partnerships: CSPs are made up of representatives from the responsible authorities, these are Police, police authorities, local authorities, Fire and Rescue authorities, Clinical Commissioning Groups and Community Rehabilitation Companies and the National Probation Service.

CPA (Care Programme Approach): an approach introduced in England in the joint Health and Social Services Circular HC(90)23/LASSL(90)11, The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services, published by the Department of Health in 1990. This requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

CPS (Crown Prosecution Service): the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission): the body responsible for the registration and regulation of health and social care in England.

DASH (Domestic Abuse, Stalking and Harassment and 'Honour' Based Violence): a risk identification checklist (RIC) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.

DBS (Disclosure and Barring Service): a government body established in 2012 through the Protection of Freedoms Act and the merger of two former organisations, the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS is designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. The DBS search police records and barring lists of prospective employees and issue DBS certificates. They also manage central barred lists of people who are known to have caused harm to adults with needs of care and support.

Defensible decision making: providing a clear rationale based on legislation, policy, models of practice or recognised tools utilised to come to an informed decision. This decision is based on the information known at that particular time and it is important to accurately and concisely record the decision making process, in order to explain how and why the decision was made at that time.

Designated Adult Safeguarding Manager: the person responsible within an organisation for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid.

DOLS (Deprivation of Liberty Safeguards): measures to protect people who lack the mental capacity to make certain decisions for themselves which came into effect in April 2009 as part of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

Domestic abuse: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (Home Office 2012).

Domestic Homicide Reviews: statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Duty of Candour: a requirement on all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The duty of candour means that providers have to act in an open and transparent way in relation to service user care and treatment.

Family Group Conferences: an approach used to try and empower people to work out solutions to their own problems. A trained FGC coordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

Harm: involves ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

Hate crime: any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

HealthWatch: an independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms - local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch has taken on the work of the Local Involvement Networks (LINKs). **Health and Well-being Board:** a statutory, multi-organisation committee of NHS and local authority commissioners, coordinated by the local authority which gives strategic leadership across the local authority area regarding the commissioning of health and social care services.

Human trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation".

Independent mental capacity advocate (IMCA): established by the Mental Capacity Act 2005, IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services (such as a family member or friend) who is able to represent the person. However, in the case of safeguarding concerns, IMCAs can be appointed anyway (i.e. irrespective of whether there are friends or family around and irrespective of whether accommodation or serious medical treatment is an issue).

Local Safeguarding Adults Board (LSAB): a statutory, multi-organisation partnership committee, coordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area.

Making Safeguarding Personal (MSP): an approach to safeguarding work which aims to move away from safeguarding being process driven and instead, to place the person at risk at the centre of the process and work with them to achieve the outcomes they want.

MAPPA (Multi-Agency Public Protection Arrangements): statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-Agency Risk Assessment Conference): a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'- based violence.

MASH (Multi-Agency Safeguarding Hub): a joint service made up of Police, Adult Services, NHS and other organisations. Information from different agencies is collated and used to decide what action to take. This helps agencies to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.

Mate Crime: a form of exploitation which occurs when a person is harmed or taken advantage of by someone they thought was their friend.

Mental Capacity: refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the code of practice outlines how agencies should support someone who lacks the capacity to make a decision.

No Delay: the principle that safeguarding responses are made in a timely fashion commensurate with the level of presenting risk. In practice, this means that timescales act as a guide in recognition that these may need to be shorter or longer depending on a range of factors such as risk level or to work in a way that is consistent with the needs and wishes of the adult.

PALS (Patient Advice and Liaison Service): a NHS service created to provide advice and support to NHS patients and their relatives and carers.

Public interest: a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Office of the Public Guardian (OPG): the administrative arm of the Court of Protection and supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PREVENT: the Government strategy launched in 2007 which seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy and aims to respond to the ideological challenge of terrorism and the threat 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 need to be addressed.

Prevention: describes how the care and support system (and the organisations forming part of this system) work to actively promote the wellbeing and independence of people rather than waiting to respond when people reach a crisis point. The purpose of this approach is to prevent, reduce or delay needs escalating.

Protection of property: the duty on the local authority to protect the moveable property of a person with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves. This could include their pets as well as their personal property (e.g. private possessions and furniture).

Radicalisation: - involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers often using a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The PREVENT Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism.

Referral: an alert becomes a referral once it has been assessed and it has been determined that the concerns raised fall within the remit of adult safeguarding arrangements.

Safeguarding: activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing and safety is promoted.

Safeguarding activity: actions undertaken upon receipt of a safeguarding referral. This may include information gathering, holding a safeguarding planning meeting, activities to resolve the risks highlighted, safeguarding review meetings and developing a safeguarding plan with the adult at risk.

Safeguarding support plan: one outcome of the enquiry may be the formulation of agreed action for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

Safeguarding planning meeting: a multi-agency meeting (or discussion) involving professionals and the adult if they choose, to agree how best to deal with the situation as determined by the views and wishes of the individual.

Safeguarding work: describes all the work multi-agency partners undertake either on a single agency basis (as part of their core business) or on a multi agency basis within the context of local adult safeguarding arrangements.

Safeguarding Adult Review: a statutory review commissioned by the Safeguarding Adults Board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

Safeguarding enquiry: the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. This is sometimes referred to as a section 42 enquiry'.

Self neglect: the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.

Significant harm: the ill treatment (including sexual abuse and forms of ill treatment which are not physical), and impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

SIRI (Serious Incident Requiring Investigation): a process used in the NHS to investigate serious incidents resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Vital interests: permits sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations.

Wilful neglect or ill treatment: an intentional, deliberate or reckless omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.