

## Gaddum Policy Front Sheet

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Clarification on CIN Updated age limit on adopting Reformatted 'types of abuse' section for clarity and accuracy  Removed section on mobile phone use in line with policy  Added guidance on child affirming approaches and working with families	Lily Huggins	September 2025
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Aligning to Gaddum Safeguarding Escalation Processes	Ben Whalley	October 2018

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## 1. Aim

- 1.1. It is always unacceptable for a child or young person to experience abuse of any kind, and Gaddum recognises its responsibility to safeguard the welfare of all children and young people.
- 1.2. The aim of this policy is to ensure that Gaddum safeguards the welfare of all children and young people by:
  - Providing a safe environment for children
  - Identifying children who are suffering or likely to suffer significant harm
  - Identifying instances where there are grounds for concern about a child's welfare and taking appropriate action to ensure children are kept safe both within Gaddum services and at home
  - Ensuring the safety and best interests of the child always come first, and all staff and volunteers are required by law to share information or concerns they have concerning the welfare of children
  - Minimising the risk of unsuitable people working with children
  - Promoting safe practice and challenging poor and unsafe practice
  - Contributing to effective partnership working between all those involved in working with children and families
- 1.3. This policy supplements local procedures of the relevant Safeguarding Partnerships, as we recognise that each Local Authority will have differing services with slight differences. Where there are changes in statutory, legislative, or good practice guidance Gaddum safeguarding policy will be reviewed and updated.
- 1.4. Associated policies include:
  - Safeguarding Adults at risk
  - Safeguarding Flowchart
  - LADO and PiPOT
  - Mental Capacity
  - Recruitment of Ex Offenders and DBS
  - Criminal Convictions
  - Use of Personal Devices

## 2. Scope

- 2.1. Safeguarding is everyone's responsibility and all Gaddum staff members, volunteers, trainees, trustees, and students must comply with this policy at all times (hereby referred to as '**staff**'). It applies to anyone who comes into any contact with children, including through working with adults who may be parents and caregivers.
- 2.2. This policy encompasses not only children and families who use our services, but also young people employed by Gaddum, or volunteering, or on student/work placements in any of our services.

## 3. Legislative framework

3.1 All professionals working with children should be familiar with the core standards set out in Working Together to Safeguard Children (HM Government, July 2018)

3.2 Other relevant safeguarding legislation includes

- Children Act 1989 and 2004: Key legislation for the protection of children and young people.
- Safeguarding Vulnerable Groups Act 2006: Provides a framework for safeguarding vulnerable individuals.
- Children and Social Work Act 2017: Updates and amends previous legislation regarding child welfare.

## 4. Definitions

4.1. A **child** is anyone from pre-birth up to 18 years whatever their circumstances (including independent living, further education, in hospital, in custody, in the armed forces).

4.2. The term 'child' is used throughout this document to refer to both children and young people.

4.3. If you have concerns about anyone above these ages who has care and support needs, please refer to Gaddum's Safeguarding Adults at Risk Policy and Mental Capacity Policy.

4.4. **Parent** is used throughout this document to refer to parents and carers, i.e., birth parents, adoptive parents, foster parents, residential care staff, legal guardians, and others acting in a parenting role.

4.5. **Safeguarding** is defined by Working Together to Safeguard Children (HM Government, July 2018), 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 life chances.

4.6. **Child protection** is part of safeguarding and promoting children's welfare. It is activity which is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

4.7. **Significant harm** can be understood as the severity of ill-treatment which may include the degree and extent of physical or emotional harm, the duration and frequency of abuse and neglect and the extent of premeditation. Sometimes a

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single traumatic event may constitute significant harm e.g., violent assault, suffocation, and poisoning. More often, significant harm is a compilation of significant events both acute and long standing, which interrupt, change, or damage the child's physical and psychological development. What constitutes significant harm can only be decided on a case-by-case basis.

- 4.8.** Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances, including discussions between the statutory agencies and the child and family where appropriate. Gaddum plays a key role in this process, and this policy sets out the responsibilities of Gaddum staff.
- 4.9. Child in need (CIN)** A child is a 'Child in Need' if they are considered to be unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them services by a local authority. This is provided usually under a 'Child in Need Plan.' Furthermore, a child is considered in need if their health or development is likely to be significantly impaired, or further impaired, without the provision of such services. Finally, children with disabilities are considered to be in need<sup>1</sup>.
- 4.10. Private fostering** is when a child or young person (someone aged 18 or under) stays with (or there is for them intention to stay with) someone other than a parent or close relative for a period of 28 days or more<sup>2</sup>. The person could be extended family (e.g., a cousin or great aunt), a family friend, or another non-relative. Close relatives (where private fostering does not apply) are defined as:
- Grandparents
  - Siblings
  - Uncles / aunts (full blood / half blood, or by marriage)
  - Step-parents.
- 4.11.** Private foster carers are required to inform the local authority of the arrangement in advance and again when the arrangement begins. Those providing private fostering situations do not often self-identify as this, and therefore private fostering arrangements are often identified by professionals providing care and support to them.

## 5. Understanding and defining child abuse

- 5.1.** Child abuse is maltreatment of a child. Someone may abuse a child either by directly inflicting harm, or by failing to act to prevent harm. Child abuse occurs

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<sup>1</sup> S17,10, Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/section/17>

<sup>2</sup> S66, Part IX, Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/section/66>

in family, institutional, online and community settings. Children may be abused by an adult or adults, or by another child or children.

- 5.2. The majority of abuse is perpetrated by someone known to the child, including parents, other relatives, and families' friends. Abuse by strangers is much less common.
- 5.3. Abuse is about the misuse of the power and control that one person has over another. In determining whether or not abuse has taken place, it is important to remember that intent is not the issue.
- 5.4. Children can be abused by adults as well as other children. Some forms of abuse are more commonly perpetuated by adults than others.
- 5.5. The definition of abuse is based not on whether the perpetrator intended harm to be caused but rather on whether harm was caused, and on the impact of the harm (or risk of harm) on the individual.
- 5.6. Failing to act to prevent harm being caused to a person for whom you have responsibility or acting in a way that results in harm to a person who legitimately relies on you; both constitute abuse.

## 6. Recognising the signs of child abuse

- 6.1. Recognising abuse is not always straightforward and it is not your responsibility to decide whether or not a child has been or is at risk of being abused. However, you do have a responsibility to act on concerns, to enable appropriate investigations to take place, and actions to be taken to protect children.
- 6.2. If in any doubt, always seek advice using the safeguarding escalation procedures which are available in the Safeguarding Policy section on the Gaddum Intranet.
- 6.3. **If in doubt, call your line manager.**
- 6.4. The below table explains some of the types of abuse that children and young people may experience as well as potential indicators of this abuse.
- 6.5. Every child is different and how they behave when subject to abuse will vary. Children will also display different responses to abuse based on their age.
- 6.6. The indicators in the table below are evidence based - this means children who experience abuse are most likely to exhibit one or more of the indicators. However, the presence of one or more indicators does not prove abuse has

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happened. Similarly, a child may experience abuse but exhibit no indicators at all.

- 6.7. Your role is to escalate concerns appropriately when you identify that these indicators are present.
- 6.8. Finally, a child who is being abused may experience more than one type of abuse, but **it is not your responsibility to investigate any of this**. For further information regarding the types of abuse go to your local area safeguarding board website. This is currently different for each Local Authority (see Appendix 2).



A) Physical abuse	Some of the following signs may be indicators physical abuse
<p>Physical abuse can be perpetrated against children by adults or children.</p> <p>This includes hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.</p> <p>This can also include forms of ‘punishment’ such as kneeling for extended periods of time.</p> <p>In England and Wales, it is legal for parents or carers to use physical punishment on their children as long as it is considered ‘reasonable punishment’ under Section 58 of the Children Act 2004. This is widely considered to be violence against a child (“smacking”) that does not leave ‘bodily harm’</p> <p>The United Nations Human Rights commission found that the use of physical punishment to discipline children violates their human rights and is not effective in supporting a child’s health and development.<sup>3</sup></p>	<ul style="list-style-type: none"> <li>• Unexplained bruise or cuts that they may try to hide</li> <li>• Flinching at loud noises</li> <li>• Flinching or hiding when someone raises their arm.</li> <li>• Being violent to other people</li> <li>• Being verbally aggressive</li> <li>• Withdrawing from friends and family.</li> <li>• Acting scared of their parents or caregivers</li> <li>• Misusing drugs or alcohol</li> </ul>
B) Sexual abuse	Some of the following signs may be indicators sexual abuse
<p>Sexual abuse includes rape and sexual assault or sexual acts to which the child or young person has not consented or was pressured into consenting.</p> <p>It is illegal in the UK to have sex with someone under the age of 16.</p> <p>Children with learning disabilities are more likely to be a victim of sexual abuse.</p> <p>This includes sexual abuse from another child or young person, known as ‘Child on Child Sexual Abuse (COCSA)’ which accounts for a significant percentage of all child sexual abuse.</p>	<ul style="list-style-type: none"> <li>• Withdrawing from friends and family</li> <li>• Demonstrating age-inappropriate knowledge about sex</li> <li>• Displaying sexually inappropriate behaviour towards other children or adults or asking sexually explicit questions</li> <li>• Self-harm</li> <li>• Depression</li> <li>• Low self esteem</li> <li>• Frequent UTIs or unexplained pain in genitals</li> <li>• Wetting the bed</li> <li>• Misusing alcohol or drugs</li> <li>• Hypersexuality: obsessive fixation on sex</li> </ul>

<sup>3</sup> [Ending corporal punishment of children | OHCHR](#)

<b>C) Emotional abuse</b>	<b>Some of the following signs may be indicators emotional abuse</b>
<p>This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services, or supportive networks.</p>	<ul style="list-style-type: none"> <li>• Self-harm</li> <li>• Depression</li> <li>• Low self esteem</li> <li>• Emotional instability or inappropriate emotional responses: displaying 'big emotions or inappropriate reactions to the circumstances that cannot be explained.</li> <li>• Emotionally abusing others or bullying others</li> <li>• Lack of trust in others</li> </ul>
<b>D) Neglect and acts of omission</b>	<b>Some of the following signs may be indicators of neglect and acts of omission:</b>
<p>Neglect is defined as the ongoing failure to meet a child's basic age-appropriate needs. Neglect is the most common form of child abuse.<sup>4</sup></p> <p>An act of omission is a form of abuse e.g. omitting to provide a child with food.</p> <p>Examples of neglect includes:</p> <ul style="list-style-type: none"> <li>• ignoring medical or physical care needs</li> <li>• failure to provide access to appropriate health care and support or educational services,</li> <li>• the withholding of the necessities of life, such as medication, adequate nutrition, and heating</li> <li>• providing age inappropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Losing weight or being hungry a lot</li> <li>• Unkempt or soiled clothes</li> <li>• Repeated medical needs that are not address appropriately</li> <li>• Taking care of younger siblings</li> <li>• Emotional changes such as becoming clingy or aggressive</li> <li>• Struggling to concentrate</li> <li>• Self-harm or depression</li> </ul>
<b>E) Domestic Abuse or witnessing Domestic Abuse</b>	<b>Some of the following signs may be indicators of domestic abuse:</b>
<p>Domestic abuse describes negative behaviours that one person exhibits over another within families or relationships. This is also called intimate partner abuse or intra-familial abuse.</p> <p>These patterns of behaviour can include threats, put-downs, isolation, violence, and control. Sometimes domestic abuse</p>	<ul style="list-style-type: none"> <li>• Children who are withdrawn, anxious, clingy, depressed,</li> <li>• Problems sleeping,</li> <li>• Soiling clothes,</li> <li>• Aggressive behaviour.</li> <li>• Inappropriate views of violence or punishment</li> </ul>

<sup>4</sup> [Neglect is also Child Abuse: Know All About It | NSPCC](#)

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<p>can be called domestic violence (Domestic Abuse Act 2021).</p> <p>Domestic abuse can take different forms, including:</p> <ul style="list-style-type: none"> <li>• Physical abuse: pushing, hitting, punching, kicking, choking, and using weapons.</li> <li>• Sexual abuse: forcing or pressuring someone to have sex (rape), unwanted sexual activity, touching, groping someone, or making them watch pornography.</li> <li>• Financial abuse: taking money, controlling finances, not letting someone work.</li> <li>• Emotional abuse / coercive control: making someone repeatedly feel bad or scared, stalking, blackmailing, constantly checking up on someone, playing mind games. Coercive control is now a criminal offence under the Serious Crime Act 2015.</li> <li>• Digital / online abuse: using technology to further isolate, humiliate or control someone.</li> <li>• Honour-based violence and forced marriage.</li> </ul> <p>If a child or young person under the age of 18 witnesses (including hearing it from another room) when domestic abuse occurs this is a safeguarding issue, and an alert must be made. When dealing with cases of domestic abuse, the consideration of the welfare of children must be paramount.</p>	<ul style="list-style-type: none"> <li>• Not wanting to go home</li> <li>• Being scared of loud noises</li> <li>• Low self esteem</li> </ul>
<p><b>F) Female genital mutilation (FGM)</b> <i>Known as 'female circumcision' or 'cutting'</i></p>	<p><b>Some of the following signs may be indicators of Female genital mutilation</b></p>
<p>Female Genital Mutilation is when a female (usually a child's) genitals are cut, injured, sewn, or changed without there being any medical reason to do so. This can result in life changing injury or death to the person. FGM is illegal in the UK. Some parents take their child abroad to a country where it is legal to perform FGM, however this is a criminal offence<sup>5</sup></p> <p>FGM can be referred to as many things but most commonly it is called 'cutting,' 'female circumcision' or Sunna, gudniin, halalays, tahir, megrez and khitan.</p> <p>Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.</p>	<ul style="list-style-type: none"> <li>• A female child is in a family where other females have undergone FGM.</li> <li>• The family is making preparations for the child to take a holiday, planning an absence from school.</li> <li>• The child talks of a "special ceremony" that is going to happen abroad. This may include conversation of them "becoming a woman."</li> </ul>

<sup>5</sup> [Female genital mutilation \(FGM\) - NHS](#)

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<p>There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.</p> <p>Victims of FGM are likely to come from a community that is known to practice FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.</p> <p>From October 2015, the new 'mandatory reporting' duty for professionals requires them to notify the police if they discover that an act of FGM appears to have been carried out on a girl who is under 18 (either if they have visually confirmed it or it has been verbally disclosed by an affected girl or also by someone else).</p>	<ul style="list-style-type: none"> <li>• Sudden or repeated failure to attend or engage with health services.</li> <li>• Frequently needing to use the bathroom or complaining of genital or urinary pain.</li> <li>• The above indicators are present, and family is also from a nation, region, or community in which FGM is most commonly practiced (Countries with the highest rate of FGM include Somalia, Egypt, Sudan, Sierra Leone, Eritrea, Gambia, and Ethiopia). However, FGM can be practiced by any community.</li> </ul>
<p><b>G) Child Sexual exploitation</b></p>	<p><b>Some of the following signs may be indicators of Child sexual exploitation</b></p>
<p>Child sexual exploitation (CSE) involves exploitative situations, contexts, and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.</p> <p>Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.</p> <p>What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.</p> <p>Sexual exploitation involves varying degrees of coercion, intimidation, or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying, and grooming.</p> <p>However, it also important to recognise that some children and young people who are being sexually exploited do not exhibit any external signs of this abuse.</p>	<p><b>Social</b></p> <ul style="list-style-type: none"> <li>• Going missing from home or care or school,</li> <li>• Being distant or estranged from the family</li> <li>• Being collected from home/school in unknown cars</li> <li>• Secretive mobile phone use or a secretive partner.</li> <li>• Being friends with significantly older people</li> <li>• Unexplained new clothes or gifts</li> <li>• Becoming involved in crime e.g. stealing</li> <li>• Inappropriate sexual behaviour</li> </ul> <p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Physical injuries,</li> <li>• drug misuse,</li> <li>• sexually transmitted infections, poor mental health</li> <li>• self-harm,</li> <li>• change in physical appearance</li> </ul>

<b>H) Radicalisation and Extremism</b>	<b>Some of the following signs may be indicators of radicalisation and extremism</b>
<p><b>Radicalisation</b> Radicalisation refers to the process whereby a person comes to support terrorism and forms of extremism leading to terrorism. Terrorism is the threat or use of violence to achieve an ideological aim.</p> <p><b>Extremism</b> Extremism is defined by the Government in the Prevent Strategy as ‘a 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.’</p> <p>Gaddum seeks to protect children and young people against the messages of all violent Radicalisation and extremism.</p> <p>The prevent duty can be downloaded at: <a href="https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty">https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty</a></p>	<ul style="list-style-type: none"> <li>• Identity crisis</li> <li>• Unmet aspirations-perceptions of injustice; feeling of failure</li> <li>• Criminality</li> <li>• Use of inappropriate language, usually targeted against a group of people.</li> <li>• Possession of violent extremist literature</li> <li>• Interest in violence, terrorism, war, or weapons.</li> <li>• Behavioural changes</li> <li>• The expression of extremist views</li> <li>• Isolation from pre-existing community or friendship groups</li> <li>• Talking about a new online or in-person group.</li> <li>• Refusing to engage with friends or family because they have different political or religious views.</li> </ul>
<b>I) Child Trafficking</b>	<b>Some of the following signs may be indicators of Child trafficking</b>
<b>J) Forced Marriage</b>	<b>Some of the following signs may be indicators of Forced Marriage</b>

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<p>Forced marriage (FM) where one or both parties do not agree to the marriage and where fear/coercion/duress or force is a factor.</p> <p>Forcing someone to marry is a criminal offence (under the crime and Policing act 2014) and something that can lead to lifelong suffering for the victim from physical abuse, sexual abuse, and servitude.</p> <p>It is illegal in the UK for anyone under 18 to get married. This includes legal and religious ceremonies. Forcing children to marry is child abuse.</p> <p>Any child can be forced into marriage, but girls are more commonly victims of forced marriage, representing 80% of forced child marriages. Disabled and LGBT children are also more likely to be at risk of forced marriage.</p> <p>An 'arranged' marriage is not the same as a forced marriage. An arranged marriage is when two adult people consent to being introduced to a potential spouse because they want to get married.</p>	<ul style="list-style-type: none"> <li>• Truancy from school</li> <li>• Extended periods of unauthorised absence for sickness or overseas family commitments</li> <li>• History of other siblings missing education and marrying early.</li> <li>• Talking about not wanting to start a new life in a different city or country.</li> <li>• Self-harm</li> <li>• Attempted suicide</li> <li>• Eating disorders</li> <li>• Depression</li> <li>• Isolation.</li> </ul>
<p><b>K) Peer Abuse and bullying (including cyber bullying).</b></p>	<p><b>Some of the following signs may be indicators of peer abuse and bullying</b></p>
<p>A definition of Bullying is 'behaviour by an individual or group usually repeated over time, that intentionally hurts another individual or group physically or emotionally.'</p> <p>There are many different types of bullying including:</p> <ul style="list-style-type: none"> <li>• Harassment</li> <li>• Denigration</li> <li>• Flaming</li> <li>• Impersonation</li> <li>• Outing and trickery</li> <li>• Cyber stalking</li> <li>• Exclusion</li> <li>• Blackmail and grooming</li> <li>• Spreading rumours</li> <li>• Threatening behaviour</li> </ul> <p>Peer abuse can also take the form of sexual abuse (see earlier section on sexual abuse)</p>	<ul style="list-style-type: none"> <li>• Children or young people may be reluctant to attend school</li> <li>• Not wanting to leave the house</li> <li>• Have unexplained cuts and bruises</li> <li>• Become withdrawn/ lack confidence</li> <li>• Change in appetite increase/ decrease or changing appearance to try to fit in</li> <li>• Low self esteem</li> <li>• Become withdrawn</li> <li>• Reluctance to let parents or other family members anywhere near mobiles/ laptops etc</li> <li>• Friends disappearing or being excluded from social events</li> <li>• Change in personality</li> </ul>

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	<ul style="list-style-type: none"> <li>Fresh marks on skin which could indicate self-harm and dressing differently e.g., wearing long sleeved clothing in summer</li> </ul>
<b>L) Children missing from home</b>	<b>Some of the following signs may be indicators that a child is at risk of going missing from home</b>
<p>Children who go missing from home are vulnerable to abuse and violence and need to be safeguarded. The risks of a child missing from home include:</p> <ul style="list-style-type: none"> <li>No means of support or legitimate incomes leading to high-risk activities</li> <li>Becoming a victim of abuse.</li> <li>Missing out education</li> <li>Increased vulnerability</li> </ul> <p>Wherein a child goes missing from a foster placement, a mandatory report to the police is required.</p>	<ul style="list-style-type: none"> <li>Arguments and conflicts (whether at home or in a placement)</li> <li>Poor family relationships</li> <li>Other forms of abuse and neglect</li> <li>Boundaries and control issues</li> <li>Isolating from friends and family</li> </ul>
<b>M) Fabricated or induced illness (FI)</b> <i>(used to be known as Munchausen's by proxy)</i>	<b>Some of the following signs may be indicators that a child is at risk of going missing from home</b>
<p>This is a rare form of child abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in a child.</p> <p>The parent or carer will then try to convince health care professionals that the child is ill and seek medical interventions that are not necessary.</p> <p>Some abusers might invent or exaggerate symptoms whilst others might actually cause harm to the child.</p> <p>Some abusers do this because they have psychological issues whilst others do so because they enjoy the attention that having a sick child may bring.</p>	<ul style="list-style-type: none"> <li>symptoms only appear when the parent or carer is present</li> <li>the only person claiming to notice symptoms is the parent or carer</li> <li>the affected child has an inexplicably poor response to medication or other treatment</li> <li>if one particular health problem is resolved, the parent or carer may then begin reporting a new set of symptoms</li> <li>the child's alleged symptoms don't seem plausible – for example, a child who has supposedly lost a lot of blood but doesn't become unwell</li> <li>the parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their</li> </ul>



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	<p>views about the child's treatment are challenged by medical staff</p> <ul style="list-style-type: none"><li>• the child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition – for example, they never go to school or have to wear leg braces even though they can walk properly</li><li>• the parent or carer has good medical knowledge or a medical background</li><li>• the parent or carer doesn't seem too worried about the child's health, despite being very attentive</li><li>• the parent or carer develops close and friendly relationships with healthcare staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged</li><li>• one parent (commonly the father) has little or no involvement in the care of the child</li><li>• the parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary)</li></ul>
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## 7. What to do if you are concerned about a child or a child discloses abuse

### 7.1. Following our Safeguarding Process

Immediate steps: There are immediate steps we all must take if concerned about the welfare of a child:

- Follow the Safeguarding Escalation Flow Chart
- Speak to your line manager or a Service Manager if you are concerned but not sure they have been addressed by the Safeguarding Escalation Flow Chart.
- Remember that where there are any concerns that a child may have been or is at risk of abuse, the child's needs must always come first, and the priority must always be to safeguard the child through in any way practicable.

### 7.2. Children making disclosures of abuse

If a child makes a disclosure to you, you **should**:

- Stay calm and try not to show shock
- Listen carefully rather than question directly
- Actively listen and thank them for telling you
- Tell the child that you are treating this information seriously
- Be aware of the possibility that evidence might be needed. This means in the event of a physical or sexual assault; the child's clothes may be required as evidence or the child may choose to undergo a Sexual Assault Forensic Exam (SAFE)
- Assure them that what has happened is not their fault
- Make sure they are not at immediate risk of further abuse – if they are, then consider informing the emergency services
- Make a record of the disclosure using the safeguarding internal reporting form.
- Follow Gaddum's internal escalation policy and procedure and take action based on the advice you are provided.

If a child makes a disclosure to you, you **should not**:

- Press the child for more details
- Stop someone who is freely recalling significant events – they may not tell you again
- Promise to keep secrets – you should explain that the information will only be shared with those who need to know
- Make promises you cannot keep (e.g. 'this will not happen to you again')

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- Contact the alleged abuser
- Be judgemental (e.g. asking why they did not run away)
- Pass on information to anyone who does not need to know.

## **7.3. Taking a child-affirming approach**

- You should work with children in a way that is 'child affirming,' this means affirming their experiences and feelings and focussing on their strengths.
- Thank the child for talking to you about their experiences and affirm their strengths e.g. "Thank you for telling me that, that was a very brave thing to do, and I am proud of you."
- Explain why you are taking action in a way that is age-appropriate e.g. "I am going to have to tell some adults about this because I want to keep you safe."
- Seek consent from the child as much as possible before acting to directly impact them. The safety of the child is always paramount but where appropriate to do so, you should seek consent. E.g. "I would like to tell your parents about this. Would you like to do this together?"
- Share decision making with children where appropriate. E.g. "We need to talk to your school about this because I need part of their job is to help keep you safe."

## **7.4. Working with families**

- Safeguarding children effectively requires thinking about the whole family unit and parents and carers are an essential part of keeping children safe.
- Families can have many different structures and may include 'kin-carers,' same-sex parents and single parents. When talking to children consider this diversity of experience and do not make assumptions about the child's family structure.
- If a child is at risk of abuse, you should, if possible, try and ascertain if other children or vulnerable adults may also be at risk.
- For further guidance, see the 'Think Child, Think Parent, Think Family' resources: Think child, think parent, think family: a guide to parental mental health and child welfare | BASW

## **7.5. Capacity and consent**

- Children aged 16 and above are considered to have capacity to make their own decisions unless proven otherwise.
- You must still safeguard children over 16 against harm and abuse.
- For more information, please read our Mental Capacity Policy.

## **8. When does a safeguarding concern become an incident?**

- 8.1. There may be times when a safeguarding concern is deemed to be an "Incident."
- 8.2. An incident is defined as an event that caused harm or had the potential to cause harm to clients/children, volunteers or staff or members of the public. This could include verbal or physical aggression or a breach of policy or procedure (such as confidentiality or data protection), whether by accident or intentionally.
- 8.3. An incident is 'something out of the ordinary or unexpected, with the potential to cause serious harm. This may be because it involves a large number of service users, it involves poor professional or managerial judgement, a service has failed, a service user has died under unusual circumstances or there is a perception that any of these has occurred.
- 8.4. Under such circumstances then both Safeguarding and Incident reporting processes must be followed in parallel and adhered to. If you require any guidance or support, you must speak to your line manager.

## **9. Local statutory procedures**

### **9.1. Introduction**

As already described, each service holds local versions of the reporting concerns flowchart, containing local variations to procedures (relating to local Safeguarding Partnerships procedures) and local Children's Services contact details. All staff and volunteers will receive induction and training on local procedures, as well as group procedures, as part of their mandatory induction.

### **9.2. Referrals to Children's Social Care**

- If a child is at risk or abuse or has been subject to abuse, this must be reported to the Local Authority's Social Care Services.
- Gaddum's services operate across a number of GM local authorities. Each local authority has their own Local Safeguarding Partnerships procedures. Please see Appendix 2 for information on how to raise a safeguarding across localities.
- Referrals to Children's Social Care should only be made when a child requires the intervention of statutory services to undertake an assessment of need under Section 17 (child in need) or Section 47 (child in need of protection) of The Children Act 1989.

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- Under Section 17 Children's Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through the provision of a range and level of services appropriate to a child's needs. It will often be the case that these children will have multiple needs, and their families will be known to a range of practitioners and agencies. Concerns regarding the children's welfare may not be immediate or life threatening. Section 17 referrals can usually only be completed without the consent of the parent or guardians if assessments and / or intervention have been refused by the family, or have been unsuccessful, and there are accumulating concerns regarding the children's welfare. Ideally there should be evidence of robust early intervention prior to a S17 referral, but this may not always be the case depending on parental consent and/or the nature of the concerns.
- Section 47 requires Children's Social Care to make enquiries to enable it to decide whether action is required to safeguard and promote the wellbeing of the child. The purpose is to determine whether the child is suffering, or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child's welfare.
- Children's Social Care act as the lead agency responsible for undertaking a Section 47 enquiry. There is a statutory duty on other agencies, such as police, health, and education to assist Children's Social Care to carry out their duties and responsibilities under Section 47.
- Gaining parental consent before making a referral to Children's Social Care is good practice. Where consent is not gained, an informed judgement must be made as to whether gaining consent will place the child at increased risk of harm. If this is the case, then the referral must state that consent has not been obtained and provide the rationale for this.
- Always follow Gaddum's Safeguarding Escalation Process when you have concerns.

## **9.3. Child Safeguarding Practice Reviews (SPRs)**

- Local Authority Children Boards always undertake a safeguarding practice review when a child or young person dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death, or they suffer significant harm.

The purpose of the safeguarding practice review is to:

- Find out if there are any lessons to be learned from the case about how local professionals and agencies work together to safeguard and promote the welfare of children and young people.
- Identify what those lessons are, how they will be acted on, and what is expected to change as a result of the SPR.
- Improve inter-agency working to better safeguard and promote the welfare of children and young people.
- If required Gaddum would provide an individual agency report for a SPR and will cooperate fully with implementing outcomes of the review including reviewing policy, practice, and procedures as required.

## **10. Safeguarding accountability, roles, and responsibilities**

- 10.1.** Safeguarding is everyone's responsibility, and all Gaddum staff members must comply with these policies and procedures at all times.
- 10.2.** Gaddum has a clear and singular safeguarding escalation process that covers both children and adults. It must be followed at all times and, if a staff member is in doubt – they must speak to their line manager or next safeguarding escalation lead.
- 10.3.** It is the responsibility of every staff member to follow the procedures within this policy if they are concerned about a child. All safeguarding issues should be recorded and reported through the safeguarding reporting procedures for Gaddum.
- 10.4.** Strategic Leadership responsibility for safeguarding across Gaddum rests with Lily Huggins, Head of Community.
- 10.5.** Gaddum's Quality & Governance Subcommittee oversees the risk management system and ensures services are delivered safely and to a high standard.

## **11. Key principles of safeguarding**

### **11.1. Integrated working multi-agency working**

11.1.1 Agencies and professionals need to work together to provide a seamless and comprehensive service to children and young people. Detailed guidelines for sharing information are contained within this policy. These are supported by local flowcharts which include local variations to procedures and local contact details.

11.1.2 Gaddum staff have a duty to participate in multi-agency processes. This duty applies regardless of whether or not a Gaddum member of staff is the lead for the case.

### **11.2. Shared responsibility**

11.2.1 Safeguarding and promoting the welfare of children and young people is everyone's business. If anyone suspects a child is being abused or at risk of being abused, then they have a legal duty to report it. Detailed procedures for reporting abuse or concerns are set out in a flowchart within this document and supported by local flowcharts which include local variations to procedures and local contact details.

### **11.3. Safe working practices**

11.3.1 We all have a duty to ensure that the services we deliver keep children and young people safe, and Gaddum has a range of frameworks in place to support staff to achieve this. These include:

- Health, Safety, and Risk Policy
- Local Authority Designated Officer and Persons in Positions of Trust (LADO and PiPoT)
- Information Governance Framework

### **11.4. Safer recruitment**

11.4.1 Safer recruitment is ensured through the rigorous application of the following policies and procedures:

- Recruitment Policy (which includes safer recruitment)
- Recruitment of Ex-Offenders and DBS Policy
- Criminal Convictions

11.4.2 Safer recruitment training is provided to recruiting managers at Gaddum.

## **12. Sharing information about safeguarding children**

### **12.1. Informing parents**

12.1.1 Parents will normally be informed if a concern is raised about their child. However, if the safety of the child or any other party would be compromised by

informing the parents (for example if they are suspected of being the abuser or being involved or complicit in the abuse), parents will not be informed.

## **12.2. Sharing information**

12.2.1 Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that a child is suffering or at risk of suffering harm. This information then enables early intervention and prevention work to be carried out.

12.2.2 Information which you might need to share could include information about:

- Children and their health, development, and exposure to possible significant harm
- Parents who may not be able to care adequately and safely for children
- Individuals who may present a risk to children

12.2.3 Confidential information may be shared with the consent of the person who provided it or to whom it relates. Confidential information may also be shared without consent under the following circumstances:

- If there is evidence or reasonable cause to believe that a child is suffering or at risk of suffering significant harm, or of causing significant harm to another child or serious harm to an adult.
- To prevent significant harm to children.

## **13. Safeguarding Induction, training, and one-to-ones**

### **13.1. Induction**

13.1.1 All Gaddum staff and volunteers receive a mandatory induction. The mandatory induction ensures all staff review our Safeguarding Policies and Processes. The mandatory induction also includes local information specific to the service, including local variations to safeguarding procedures, such as the reporting concerns flowchart.

### **13.2 Training**

13.2.1 All Gaddum staff and volunteers receive a policy briefing on induction into the charity. Staff and volunteers have mandatory training assigned to their post. For relevant posts this includes the appropriate level of safeguarding training required to fulfil their role. Safeguarding training is completed every year for all relevant staff and volunteers.

13.2.2 Staff and volunteers in roles involving direct and indirect contact with children, young people and families will receive additional safeguarding training through their Local Safeguarding Partnership training programme at the level appropriate for their role.

13.2.3 All staff in client facing roles also undertake the one day in house Safeguarding training provided by our Practice Education team.

### **13.3 Supervision**

13.3.1 All staff receive regular one to ones in accordance with our Supervision, Appraisal, and Training Policy. The frequency of one-to-ones is determined by the role: for staff with extensive contact with clients it will be at least every 4-6 weeks. Safeguarding is a mandatory agenda item in all one-to-one sessions.

13.3.2 This supervision provides an opportunity to raise concerns and identify solutions to issues arising, although staff should be clear that they can and should speak to their line manager about safeguarding issues at any time and should not wait for a One-to-one to do so. The one-to-one session also provides an opportunity to reflect on safeguarding practice and identify ways to improve individual performance in this area.

## **14. Allegations against staff and volunteers**

For allegations of child abuse against staff, trustees, volunteers, contractors, or other parties that work or volunteer for Gaddum, please refer to the Duty of Candour policy and the LADO & PiPoT Policy.

## **15. The use of Equipment owned by Gaddum**

15.1. Gaddum provides mobile phones, cameras, and recording equipment (where appropriate) for the use of staff, volunteers, and students within the course of their work with children and vulnerable adults. Staff may use their own devices in line with our 'Use of Personal Devices' policy.

15.2. The following rules are in place for use of this equipment:

- Equipment remains the property of the setting at all times and should not be taken off the premises except during outings
- Equipment must only be used for work related purposes
- Only equipment owned by the setting or by Gaddum may be used for work related purposes
- Equipment may be used to take appropriate and relevant images and recordings of children, for example observations, images for learning journals, recording special events
- Equipment must not be used to record injuries on a child for safeguarding concerns
- Images and recordings must be used in accordance with the Data Protection Act 2008.



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15.3 For additional guidance please see Gaddum's Use of Personal Devices (BYOD) policy.

## 16. Appendix

## 17. Appendix 1: Local Authority Safeguarding Boards

### **Manchester**

Children: [Manchester Safeguarding Partnership - CYP](#)

Adults: [Manchester Safeguarding Partnership - Adults](#)

### **Salford**

Children: [Professionals | Salford Safeguarding Children Partnership](#)

Adults: [Safeguarding forms | Salford Safeguarding Adults Board](#)

### **Heywood, Middleton & Rochdale**

Children: [Rochdale Safeguarding Partnership - CYP](#)

Adults: [Rochdale Safeguarding Partnership - Adults](#)

### **Stockport**

Children: [Stockport Safeguarding Partnership - CYP](#)

Adults: [Stockport Safeguarding Partnership - Adults](#)

### **Bolton**

Children: [Bolton Safeguarding Partnership - CYP](#)

Adults: [Bolton Safeguarding Partnership - Adults](#)

### **Bury**

Children: [Bury Safeguarding Partnership - CYP](#)

Adults: [Bury Safeguarding Partnership - Adults](#)

### **Wigan**

Children: [Wigan Safeguarding Partnership - CYP](#)

Adults: [Wigan Safeguarding Partnership - Adults](#)

### **Tameside**

Children: [Tameside Safeguarding Partnership - CYP](#)

Adults: [Tameside Safeguarding Partnership - Adults](#)

### **Oldham**

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Children: [Oldham Safeguarding Partnership - CYP](#)

Adults: [Oldham Safeguarding Partnership - Adults](#)

## **Trafford**

Children: [Trafford Safeguarding Partnership - CYP](#)

Adults: [Trafford Safeguarding Partnership - Adults](#)

## 17.1. Appendix 2: Gaddum Safeguarding Children Statement

Gaddum believes that everyone in our society has a right to live their life free from harm and abuse and that freedom of choice and self-autonomy is a fundamental human right.

The Safeguarding of Children and Young People is a vital part of our work with the children and adults with whom we have contact. Having safeguards in place and being aware of the needs of our service users not only promotes and protects their welfare but also enhances the confidence of trustees, staff, volunteers, parents/carers, Local Authorities, Health Authorities, and the general public in our work. We all have a duty of care to those we work with.

Because of the nature of our work, staff working for Gaddum are particularly well placed to identify situations where children and adults may be at risk.

At Gaddum we are guided by the principles set out in ***Working Together to Safeguard Children 2018***, which describes what children have said they want from safeguarding systems:

**Vigilance:** to have adults notice when things are troubling them.

**Understanding and action:** to understand what is happening, be heard and understood, and have that understanding acted upon

**Stability:** to be able to develop an on-going stable relationship of trust with those helping them

**Respect:** to be treated with the expectation that they are competent rather than not

**Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans

**Explanation:** to be informed of the outcome of assessments and decisions and given reasons when their views have not met with a positive response

**Support:** to be provided with support in their own right as well as a member of their family

**Advocacy:** to be provided with advocacy to assist them in putting forward their views.

Children should be made aware that it is their right to be safe from abuse. They should be given clear information on where to go for help if they need it.

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This child centred approach is in keeping with Gaddum's ethos of putting the service user at the heart of everything we do. This helps us to ensure safeguarding in our day-to-day practice.

## 17.2. Appendix 3: Levels of Safeguarding Training required by role

### Level 1

For those in contact with children and young people and with adults who are parents and carers. These people are in a position to identify concerns about the maltreatment of children, including those that may arise from the use of the Common Assessment Framework (CAF)/ Early Help Assessment. Therefore, as a minimum they need introductory training on how to work together to safeguard and promote the welfare of children.

### Level 2

The target audiences for these courses are those who work regularly with children and young people and with adults who are carers and who need a higher minimum level of expertise: a fuller understanding of how to work together to identify and assess concerns and to plan, undertake and review interventions.

### Level 3

The target audiences for these courses are those with a particular responsibility for safeguarding children who need to have a thorough understanding of working together to safeguard and promote the welfare of children, including in complex and/or serious cases.

### Level 4

The target audience for these courses are those with responsibility for assessing risk in safeguarding cases and managing complex work.

## 17.3. Appendix 4: Looked After Children Statement

Nationally, Looked After Children (LAC) significantly underachieve and are at greater risk of exclusion compared with their peers. We acknowledge that the service has a major part to play in ensuring that LAC are enabled to be healthy, stay safe, enjoy, achieve, make a positive contribution to society, and achieve economic wellbeing, in line with Every Child Matters.

Helping LAC succeed and providing a better future for them is a key priority for the service. This statement takes account of:

- DfES Statutory Guidance to Governing Bodies: "Supporting Looked After Learners" 2006.
- The Education (Admission of Looked After Children) (England) Regulations 2007.
- The Local Authority's duty under Section 52 of the Children Act 2004 to promote the education of looked after children (LAC).
- "Show Me How I Matter: a guide to the education of looked after children" LGA and IDEA publication 2006.

Gaddum's approach to supporting the educational achievement of LAC is based on the following principles:

- Having high expectations
- Promoting inclusion through challenging and changing attitudes
- Promoting attendance, early intervention, and priority action
- Targeting support
- Minimising exclusions
- Achieving continuity and promoting stability
- Listening to children
- Promoting a wider learning experience
- Promoting health and wellbeing
- Working in partnership with carers, parents (where appropriate), social workers, and other professionals

Gaddum is committed to helping every LAC to achieve the highest standards they can, including supporting aspirations and will undertake the following responsibilities:

- Ensure staff within services (as appropriate) receive relevant training and are aware of their responsibilities under this policy and related guidance.
- The Safeguarding Lead will have overall responsibility for ensuring that Gaddum teams work with and support LACs.
- Have high aspirations for the educational and personal achievement of LAC, as for all young people using Gaddum's services.
- Maintain LAC's confidentiality and ensure they are supported sensitively.
- Work to enable LAC to achieve stability and success within the service.
- Promote the self-esteem of LAC.

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- Have an understanding of the key issues that affect LACs.
- Be aware that a significant majority of LAC say they are bullied, so work to prevent bullying in line with the anti-bullying policy.