



Safeguarding Young People and Child Protection Procedures

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Safeguarding Young People and Child Protection Procedures

1. Purpose Statement

The purpose of this document is to set out the specific procedures which Nacro Trustees, staff, service users, students, volunteers, visitors, and contractors must follow to protect young people and children (including the children of adults who use our services).

Nacro is committed to and safeguarding and promoting the welfare of children and young people. Safeguarding is everyone's responsibility at Nacro, as such everyone who works with and for Nacro is obligated to share this commitment.

Nacro's overall approach to Safeguarding is set out in [Nacro's Safeguarding Policy Statement](#). This document explains how *Nacro's Safeguarding Policy* will be implemented, by providing clear guidelines and instructions on how to implement Nacro's safeguarding obligations.

2. Scope

These procedures apply to all Nacro services provided to young people under the age of 18. All Nacro stakeholders are obligated to follow the procedures noted in this document. Nacro stakeholders include but are not limited to:

- Nacro employees, including members of the Board of Trustees
- Sessional and agency workers
- Service Users
- Students
- Volunteers
- Visitors to Nacro locations
- Contractors and subcontractors.

Some of Nacro's operations are working with service users aged 16 – 24. This policy will be used for those 16- and 17-year-olds. For any safeguarding procedures related to service users over the age of 18, the *Adult Safeguarding Procedures* are to be followed.

3. References

Relevant Legislation and Regulatory Guidance:

- *The Children Act 1989 and 2004*
- *Protection of Freedoms Act 2012*
- *Children and Families Act 2014*
- *The Children and Social Work Act 2017*
- *United Nations Convention on the Rights of the Child*
- *Human Rights Act 1998*
- *The SEN Code of Practice 2014*
- *The Equality Act 2010*
- *Prevent Strategy 2011*
- *Counter Terrorism and Security Act 2015*
- *Rehabilitation of Offenders Act (1974)*
- *The Education Act 2002: Applicable to Education Directorate*
- *Working Together to Safeguard Children (first published 2006)*
- *Keeping Children Safe in Education (first published 2014)*

- *Ofsted: Inspecting Safeguarding in Early Years, Education and Skills Settings (Updated May 2019)*
- *Information Sharing 2018*
- *The Supported Accommodation (England) Regulations 2023*
- *Guide to the Supported Accommodation Regulations including Quality Standards 2023*
- *Guidance on Children Who Run Away from Home or Go Missing 2014*

All related policies and procedures are available online for Nacro staff and applicable third parties and business partners.

The current procedure is the online copy.

Any subject area mentioned in this procedure for which you cannot find an online policy or supporting procedure should be brought to the attention of Nacro Management.

4. Implementation

Colleagues are expected to refer to the following supporting documents published on OneSpace for further support and guidance around safeguarding Children and Young People:

- Working Together to Safeguard Children
- Keeping Children Safe in Education (KCSIE) - Please refer to the latest statutory guidance.

All colleagues working with children or young people should:

- Make sure you know the Children and Young People you work with as well as possible, to better spot any changes in behaviour or demeanour which may signal abuse or risk of abuse.
- Monitor the relationships amongst Children and Young People, to check for any signs of bullying, harassment, or abuse.
- Observe the relationship between adult service users and the children/young people they come in contact with, even if not directly providing services to the child/young person subject to the concern. Any concerns raised from this relationship and/or signs of abuse or neglect should be reported on behalf of the child by following the safeguarding procedures in this document.
- Consider whether anything you see or hear outside the workplace should be reported.
 - Information about events and issues happening in the local community, outside the centres and homes can be just as important as events happening in the workplace, as it can help form a context for safeguarding concerns.

Follow up any concerns by speaking with a DSO and recording your concerns in writing via the IMS2 System. See *Section 5 Sub-Section 1* of this procedure.

All staff will be held responsible for the adoption and the implementation of this procedure and associated policies as they apply to works/services contracted within their role.

This procedure will be reviewed regularly and revised if there are any changes in legislation, regulatory requirements, and best practice update or on receipt of new information as appropriate.

Training and Professional Development

- Nacro has a comprehensive training schedule which can be found on [OneSpace Safeguarding pages](#).
- Induction for all staff will provide training on safeguarding to all new employees and volunteers who are working with Children and Young People as soon as possible after they join the organisation.
- The induction face to face and on-line training on Nacro Learn covers:
 - Understanding safeguarding and child protection
 - The range of risks that Children and Young People face, including risks when using the internet and child-on-child abuse.
 - Information about role boundaries and professional propriety
 - Individual safeguarding responsibilities, including what to do if concerns about a Child or Young Person's welfare arise and whistle blowing.
- All new Staff, Trustees and Volunteers will be directed to Nacro's Safeguarding Policy statement and relevant procedures they need to be aware of.
- All colleagues working within Nacro's Education Directorate must complete the KCSIE mandatory module on Nacro Learn and confirm they have read and understood the requirements.
- All members of ELT and all Trustees are asked to complete an annual declaration to confirm that they have read part one of KCSIE.
- Safeguarding training will be refreshed annually at Directorate level.
- DSOs will provide regular briefings and training to staff to update them on any new requirements from government or information that emerges about local risks to Children and Young People.
- Nacro will ensure that DSOs and DSLs have Level 3 safeguarding training, and that this is renewed every three years as good practice measure.

5. The Procedure

1.0 Reporting a Concern

Should you have a concern about a young person you must:

- Report this as soon as possible to your line manager, to the DSO within 4 hours and via IMS2 (or Open Housing for CAS-2 colleagues) within 12 hours.
- You can also share behavioural concerns during daily briefings, and/or team meetings and supervision sessions to check if other staff have noticed these too. If this is the case, ensure that the logged concern is updated with this information.
- Refer to *Nacro's Incident Reporting Policy* for more details on incident reporting expectations and the definition of a serious incident.
- If you do not have access to IMS2 or OpenHousing, you must record the incident manually:
 - Complete an incident report form which can be found in *Appendix 9*. This must be completed as soon as possible after an incident has occurred, within 24 hours.
 - List the concerns on the Young Person Significant Events Chronology that can be found in *Appendix 5*.
 - Send a copy of the report to the line manager and the DSO within 24 hours.
 - The DSO or line manager will update IMS or OpenHousing with the incident as soon as possible (within 24 hours).

- Service user risk assessments should be updated and regularly reviewed and on closure of cases, and lessons learned undertaken.
- If no one is available (DSO, DSL, Line Manager, or member of the executive leadership team), contact the Local Authority Social Care or Children's Services team for advice and assistance.
- DSOs should monitor and review the chronologies of the children and young people they are working with on a regular basis.

1.1 External Reporting

1.1.1 LADO

If you have concerns about a staff members behaviour towards a child, please refer to the [Dealing with Allegations Against Staff and Volunteers Policy, Procedures and Guidance](#).

1.1.2 The Charity Commission

If you answer yes to ANY of the following you must inform your Directorate Safeguarding Lead and the Head of Assurance. They must report the incident to the Charity Commission without undue delay. This may be before an investigation has been completed if it is considered that the matter is of the appropriate severity, decided at meeting above).

- A beneficiary or other individual connected with the charity's activities has/alleges to have suffered serious harm.
- Allegation that a staff member has physically or sexually assaulted or neglected a beneficiary whilst under the charity's care.
- The Chief Executive of the charity has been suspended pending the outcome of an investigation into their alleged sexual harassment of a fellow member of staff.
- Allegation that a trustee, staff member or volunteer has been sexually assaulted by another trustee, staff member or volunteer.
- A staff computer is found to contain images of child pornography.
- An internal investigation has established that there is a widespread culture of bullying within the charity.
- A beneficiary or individual connected with the charity's activities has died or been seriously harmed; a significant contributory factor is the charity's failure to implement a relevant policy.
- Charity failed to carry out DBS checks which would have identified that a member of staff or trustee was disqualified in law (under safeguarding legislation) from holding that position.
- Repeated medication errors to beneficiaries in a care home indicating a systemic problem.
- Charity discovers that an employee or volunteer coming into contact with children or at-risk adults is on the sex offender's register.

1.1.3 Mandatory Reporting to the Department for Education (Education Directorate Only)

Nacro has a legal and contractual obligation to notify the Department for Education via the Customer Help Portal (education.gov.uk) in specific circumstances.

Required Notifications

1. Safeguarding Referrals

The Department must be notified when:

- A safeguarding concern related to sexual violence is referred to the Local Authority children's social care/adult social care, and/or the police.
- An allegation of abuse made against a teacher or other member of staff is referred to the designated officer(s) at the local authority (LADO)

2. British Fundamental Values and Prevent Duty Incidents Notification is required when:

- There is awareness of an incident or pattern of incidents that undermines:
- The promotion of British fundamental values, or
- The ability to comply with the Prevent duty.
- A referral is made regarding any member of Nacro Personnel to determine if they should be referred to a panel for assessment under *Section 36 of the Counter-Terrorism and Security Act 2015* regarding vulnerability to being drawn into terrorism

Responsibility

- The DSL for the Education Directorate is responsible for ensuring these notifications are made and, in their absence, the DDSL assumes this responsibility.
- All staff should be aware of these requirements and report relevant incidents immediately to the DSL or in their absence the DDSL via the Incident Management System.

1.1.4 Teaching Regulatory Authority (Incidents Within Education Only)

If you answer yes to ANY of the following you must inform your Directorate Safeguarding Lead and the Head of Assurance who then must notify TRA. This may be before an investigation has been completed if it is considered that the matter is of the appropriate severity, decided at meeting above).

- Does the incident involve a teacher (rather than other staff in Education)?
- Is the misconduct serious enough to potentially result in a prohibition order?
- Has the teacher been dismissed for serious misconduct?

Responsibility: Reported, coordinated, and filed by Head of Performance and Assurance

1.1.5 Disclosure and Barring Service

If you answer yes to all of the below, you must inform your Directorate Safeguarding Lead and the Head of Assurance. They must ensure a referral to the DBS is made.

- Was the person working in regulated activity?
- Has the internal investigation been completed?
- Has the investigation found the allegations to be true?
- Has the person been removed from regulated activity (through instruction or their own choosing)/Are there safeguarding concerns about the person?

2.0 What to do if a Child or Young Person Discloses a Safeguarding Issue

If a Child or Young Person discloses a safeguarding issue, you must follow the **Listen>Respond>Support>Report** procedure as outlined below:

2.1 Listen

- Listen to what the child/young person is saying.
- Make sure you do not make any promises to keep the information confidential.
- Do not ask leading or probing questions or try to investigate it further yourself– this will be done by safeguarding professionals.
- Only ask open questions to seek clarification e.g., tell me what happened?
- Listen to what they want to happen next, try to incorporate their wishes as best as you can.

2.2 Respond

- Reassure the individual they have done the right thing in speaking about what they are experiencing.
- Reassure the individual that whatever is happening to them is not their fault.
- Do not give views about the allegation(s) or the person about whom allegations are being made.
- Do not be judgmental, express your own emotions or jump to conclusions i.e., do not show shock at what you are being told.
- Assure the person disclosing the abuse that they will be taken seriously.

2.3 Support

- Tell the Child or Young Person you will need to share the information with the DSO or if the DSO is not available, your Line Manager. If your Line Manager is not available, you need to share the information with the next level manager.
- It is important you do not share this wider than these two roles at this point.
 - In incidents with a 24-hour service provision and a Staff handover requirement, the DSO and Line Manager (with the support of a Senior Manager) need to decide whether someone else in the Staff team needs to be made aware, to ensure the child or young person's safety.
 - The DSO and Line Manager will decide whether the matter needs to be escalated further.
- If, during a disclosure, it becomes clear the child or young person is likely to be unsafe if they leave the setting (or their current location/home) if they have come to you, you should not allow them to leave until plans have been made for their safety. You must contact the DSO or DSL to seek advice immediately.
- Ensure the victim is safe/not in immediate danger and consider whether there is a risk to the safety of anyone else.

2.4 Report

- If the child or young person is at immediate risk of harm or has been harmed, e.g., serious sexual or physical assault:
 - Call the police, and if necessary, an ambulance and alert the DSO or DSL immediately.

- Children’s Services/Social Care should also be informed by DSO, Line Manager or yourself, as agreed.
- Secure the scene, if appropriate to ensure that no forensic evidence is lost. Do not contaminate evidence and witnesses:
- Do not discuss the allegations of abuse with the alleged perpetrator or anyone other than the relevant Manager.
- Do not move or destroy articles that could be used in evidence.
- The LADO will need to be informed if the disclosure involves an allegation against a member of staff or volunteer.

3.0 What to Include in a Safeguarding Incident Report

- The time and date of the incident
- The child’s name, age and date of birth and ethnicity
- The child’s home address and telephone number
- Whether or not the person making the report is expressing their concern or someone else’s
- The nature of the allegation, incident, or concern
- A description of any visible bruising, other injuries or impacts on the child or young person.
- Any indirect signs, such as behavioural changes
- Details of witnesses to the incidents
- The names of any others present at the time of the disclosure
- The child or young person’s account (using his/her own words)
- A clear distinction between what is fact, opinion, and hearsay.
- Follow-up actions taken as a result of a concern, allegation or incident being filed, and should be recorded on the system – this includes where a referral has been made to relevant authorities and the outcome detailing who they spoke to.
- Whether the parent, carer, child, or young person is aware of the referral being made.
- If anyone else been consulted
- If anyone has been alleged to be the abuser
- All concerns, discussions with external agencies detailing full names, job title dates and times and decisions made, and the reasons for those decisions. The outcome must be recorded in writing.

4.0 What to Include in a Chronology and/or Support Notes

- Every action (phone calls, email, meetings) must be recorded in the chronology or support notes.
- Do not destroy any handwritten notes made at the time of the incident in case they are needed by the courts. Please scan a copy and attach to the chronology or incident report or transcribe information from handwritten notes into the incident report.
 - Handwritten notes must then be securely disposed of, in accordance with [Nacro’s Asset Classification, Labelling and Handling Policy](#).
- Copies of records and referrals must be kept in line with [Nacro’s Data Protection Policy](#).
- If you are not sure what to do, please contact a DSO and DSL.
- To ensure the trust, security, and privacy of information Nacro processes as part of our safeguarding procedures, you must comply with Nacro’s policies and procedures for information sharing, data protection and confidentiality, which can be found [here](#).

5.0 Information on Frequent Safeguarding Concerns

5.1 Child on Child Abuse

Nacro recognises safeguarding issues can manifest themselves via child-on-child abuse and that children sometimes display abusive behaviour themselves and that such incidents or allegations must be referred on for appropriate support and intervention. Such abuse will not be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. This abuse could for example include:

- i. Bullying (including cyberbullying).
- ii. Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- iii. Sexual violence, such as rape, assault by penetration and sexual assault.
- iv. Sexual harassment, such as sexual comments, remarks, jokes, and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- v. Upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm (this is now a criminal offence).
- vi. Sexting (also known as youth produced sexual imagery).
- vii. Initiation/hazing type violence and rituals.

5.2 Child on Child Sexual Violence and Sexual Harassment

All reports of child-on-child sexual violence and sexual harassment will be taken seriously. The victim will be made aware of this, along with reassurance that steps will be taken to keep them safe and well supported. Reports of child-on-child sexual violence and sexual harassment should be reported to the Designated Safeguarding Officer, in line with local procedures for all other safeguarding concerns. As with all other reports of a safeguarding nature, confidentiality cannot be promised at this stage. Local procedures for referring concerns to appropriate external agencies also apply, to keep the victim safe. The Designated Safeguarding Officer will act as the main point of contact for Nacro with Police, Social Care and any other services supporting the victim.

When dealing with allegations and incidents of sexual violence and sexual harassment, it is recognised that some situations are statutorily clear:

- i. A child under the age of 13 can never consent to any sexual activity.
- ii. The age of consent is 16.
- iii. Sexual intercourse without consent is rape.
- iv. Rape, assault by penetration and sexual assault are defined in law.
- v. Creating and sharing sexual photos and videos of under-18s is illegal (often referred to as sexting). This includes children making and sharing sexual images and videos of themselves.

Nacro will always respond if informed that young people have been involved in ‘sexting’ (youth produced sexual imagery). *The UK Council for Child Internet Safety (UKCCIS) guidance, “Sexting in schools and colleges: responding to incidents and safeguarding young people”* will be used to guide Nacro’s response on a case-by-case basis.

5.3 Neglect or Acts of Omission

Neglect is the persistent failure to meet the child’s basic needs and is likely to result in the serious impairment of the child’s health or development. Neglect may occur

during pregnancy as a result of maternal substance user. Neglect can be hard to spot. Broadly speaking, there are four types of neglect.

Physical Neglect - a child's basic needs, such as food, clothing, or shelter, are not met or a child is not properly supervised or kept safe. For example, children who are rough sleeping with parents.

Educational Neglect - a parent prevents their child being given an education.

Emotional Neglect - a child does not get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating, or isolating them.

Medical Neglect - a child not given proper health care. This includes dental care and refusing or ignoring medical recommendations.

5.3.1 Housing/Justice & Health Services

Although the majority of services Nacro provides in Housing and Justice & Health is for adults, many of our service users have children.

Some service users will have contact and be involved in parenting their children. Some service users may be apart from their children and seeking to be reconnected to them, some may not.

For some service users, it will not be possible for them to reconnect with their children until the children turn 18.

During initial assessments, staff should ask all service users in their service if they are parents and if they have contact with their children aged under 18 and record this. Circumstances may change so that service users may begin to have contact with their children, so ask periodically.

Be alert to the potential safety concerns that children may experience if they are exposed to witnessing harm to another (including hearing or seeing domestic abuse) or being in the presence of adults who use substances or have poor mental health, including the possibility of neglect.

Service Users should also be asked about pregnancy when they join the service.

Pregnancy can be a period of increased safety concerns for the women and unborn children whose mothers have complex needs are at increased risk of harm, in-utero and once born. Acknowledge service user's fears and be clear on when information will need to be shared and empower service users to share and self-disclose.

Pregnant service users may be aged under 18 themselves and it will be necessary to separately assess if a safeguarding referral to Children's Social Care is required for the pregnant young person.

Safety concerns to the pregnant woman can include but are not limited to:

- Increased physical vulnerability during pregnancy, vulnerable and socially excluded groups are overrepresented in maternal deaths.
- Financial and sexual exploitation
- Increased likelihood of experiencing domestic abuse
- Effect of pregnancy upon maternal mental health

Safety concerns to the unborn child can include but are not limited to:

- Impact of adverse maternal situations e.g., stress, poor nutrition, maternal substance use.
- Substance use may increase during pregnancy due to guilt over using.
- Women with complex needs may not engage well with services including ante-natal care and local authority safeguarding teams.
- Likelihood of experiencing domestic abuse increases in pregnancy which can have a significant impact upon an unborn child.

Once born, there is an increased risk of neo-natal mortality in children who do not have somewhere permanent to live or where living conditions are poor.

Concerns should be shared with prospective parent/s and consent obtained to refer to Local Authority Children's Social Care unless obtaining consent in itself may place the welfare of the unborn child at risk e.g., if there are concerns that parents will avoid contact with investigative agencies.

The referrer should clarify as far as possible their concerns in terms of how parent's circumstances and/or behaviour may impact on the baby and what safety concerns are predicted. A referral must be made as soon as possible after concerns are identified to:

- Enable the early provision of support services.
- Provide sufficient time for a full assessment and make adequate plans for the baby's protection.
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments.

Due to capacity, many Children's Social Care Departments will not allocate a referral for assessment prior to 16-20 weeks of pregnancy. Nacro staff will still make safeguarding referrals as soon as it is identified that an unborn child is experiencing or at risk of experiencing significant harm, irrespective of local working practice.

5.4 Children Absent from Education

All staff should be aware that children and young people absent from education, particularly, and/or for prolonged periods could indicate a safeguarding concern. This may include abuse and neglect such as sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, 'honour'-based abuse, or risk of forced marriage. Early intervention is essential to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future.

5.4.1 Attendance and Safeguarding

Our provision plays a key part in keeping young people safe, and teachers have a responsibility to report absence which becomes a concern. The length of absence which triggers concern will be different for everyone, and any teacher concerned about a young person's safety or wellbeing must report this to their line manager/centre safeguarding officer.

5.4.2 Persistent Non-Attendance

Some student's attendance may not improve despite all interventions, including change of programme size and/or focus. It is a clear safeguarding risk to

maintain these students as being active within Education. Statutory agencies including local authorities will assume they are being accounted for whereas in fact their whereabouts and activities are not being tracked or supported by any professional and they should be added to NEET lists. All withdrawals due to non-attendance should be approved by the assistant principal.

In line with recording procedures a learner absence log should be completed to monitor interventions/support.

Within Education it is important that staff are familiar with and follow the procedures detailed within the *Attendance and Punctuality Strategy* which can be found on Nacro's OneSpace intranet site.

5.4.3 Children Missing from Supported Housing Services

Where Nacro houses 16 and 17-year-olds in young people's supported housing services, we have a duty to ensure their safety and wellbeing is regularly monitored. As with being missing from education, being missing from home could indicate a safeguarding concern, even if the absence is explained.

Nacro Housing staff should follow the [Minimum Service User Contact Procedure](#) and should a child or young person not be in contact or contactable within the expectations of the *Minimum Contact Procedure*, Nacro staff should follow the *Young People Missing from Housing Services Procedure*.

5.5 Looked After Children and Previously Looked After Children

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer.

Each UK nation has a slightly different definition of a looked after child and follows its own legislation, policy, and guidance. But in general, looked after children are:

- Living with foster parents
- Living in a residential children's home or
- Living in residential settings like schools or secure units.

Each DSO must ensure that they:

- Have up to date details of Children and Young People's Social Workers and Key Workers. Through information gained at the referral and application stage or through external agency involvement that occurs after they have joined Nacro.
- Work closely with the DSL to ensure any safeguarding concerns regarding looked- after and previously looked-after children and young people are quickly and effectively responded to.

Nacro Education services will ensure that:

- Identify an appropriately trained staff member to take the lead responsibility in promoting the educational achievement of students within this cohort.
- Ensure they participate in multi-agency working to safeguard students from within this cohort.

5.6 Child Criminal Exploitation or County Lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity. Drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to

suburban and rural areas, market, and seaside towns. The key to identifying potential involvement in county lines are missing episodes when the victim may have been trafficked for the purpose of transporting drugs. In these instances, a referral to the National Referral Mechanism will be considered.

Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years.
- Can affect any vulnerable adult over the age of 18 years.
- Can still be exploitation even if the activity appears consensual.
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.
- Can be perpetrated by individuals or groups, males or females, and young people or adults.
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

In the event of child criminal exploitation or county lines the DSO should contact 101.

5.7 Serious Violence

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by or are involved with individuals with criminal networks or gangs.

In the event of serious violence, the DSO should contact 101.

5.8 Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. All concerns with regards to forced marriage should be reported to the DSO in line with Nacro's procedures. The Designated Safeguarding Officer will liaise with external agencies as appropriate to support the victim.

It is important to make a clear distinction between an arranged marriage, to which both parties give their free consent, and a forced marriage. The former is a perfectly legitimate practice in many cultures around the world, while the latter is a criminal offence.

5.9 Female Genital Mutilation (FGM)

Section 5B of the *Female Genital Mutilation Act 2003* and Section 74 of the *Serious Crime Act 2015* places a mandatory duty on teachers along with social workers and healthcare professionals to report to the police where they discover that FGM appears to have been carried out on a girl under 18 or where a girl discloses that she has undergone FGM.

Nacro's response to FGM will take into account the government guidance, "multi-agency statutory guidance on female genital mutilation" April 2016. There will be a considered safeguarding response towards any girl who is identified as being at risk of FGM (e.g., there is a known history of practicing FGM in her family, community, or country of origin) which may include sensitive conversations with the girl and her family, sharing information with professionals from other agencies and/or making a referral to Children's Social Care.

If the risk of harm is imminent there are a number of emergency measures that can be taken including police protection, an FGM protection order and an Emergency Protection Order.

5.10 Contextual Safeguarding

'Contextual Safeguarding' has been developed by Carlene Firmin at the University of Bedfordshire over the past six years to inform policy and practice approaches to safeguarding adolescents. Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Further information can be found at the link below from the Contextual Safeguarding Network: <https://www.contextualsafeguarding.org.uk/media/vvdf2fma/what-is-contextual-safeguarding.png>

In the context of Nacro's work, staff (and DSOs in particular) need to be aware of the wider relationships of young people, who they associate with outside the home and the environments they frequent and be alert to the risks that these relationships and/or environments may pose in terms of abuse, particularly child-on-child abuse.

6.0 Carrying Out an Initial Risk Assessment

An initial risk assessment must be completed for every new Child or Young Person participating in Nacro's services. If you are involved in admitting or registering a new child or young person for services, you should follow *Nacro's Safeguarding Risk Assessment Procedures* relevant to your directorate (Education, Housing, Justice, and Health) which can be found on OneSpace.

7.0 What to Look Out For

On a day-to-day basis, staff and volunteers should maintain a vigilant eye on Children and Young People they are working with. You should be alert to any changes in behaviour or demeanour no matter how small. These changes include:

- Change in mood
- Change in dress or clothes
- Being hungry
- Being dishevelled
- Clothes not being clean or in a good state
- Lateness and non-attendance to appointments or lessons

- Arriving at the centre or living in a home not having washed regularly
- Suddenly having expensive clothes and other items such as jewellery, phones etc.
- Being in pain
- Having bruises or trying to hide bruises or cuts that are not normal
- Using discriminatory language in relation to other religious or ethnic groups
- Suddenly becoming more religious or dogmatic about religion or faith
- Goes missing or regularly runs away
- Drug taking and/or alcohol misuse
- Absent from education
- Involvement or discussion about violence
- Consensual and non-consensual sharing of nude and semi-nude images and/or videos.
- References and signs of:
 - Child on child abuse
 - Serious violence
 - Radicalisation and extremism
 - Sexual violence
 - Sexual harassment
 - “Honour” based violence/abuse
 - Child criminal exploitation (CCE)
 - Child sexual exploitation (CSE)
 - Domestic abuse
 - Female genital mutilation (FGM).

8.0 Professional Curiosity

‘Professional Curiosity’ is a term used about enquiring deeper and using proactive questioning and challenge. In practice, professional curiosity is aligned to multi-agency working, collating information from different sources and applying different perspectives.

- This may involve sharing concerns about behaviours during daily briefings, and/or team meetings and supervision sessions to check if other staff have noticed these to.
- It is good practice to liaise with and share information with other professionals to support early identification and any emerging problems, as soon as they arise.

9.0 Concerns or Allegations Against Staff or Volunteers

Nacro has a specific policy for dealing with allegations, against staff, volunteers, Directors and Trustees, contractors, and visitors. If you have a concern or need to report an allegation, please refer to the ‘*Dealing with Allegations Against Staff and Volunteers Policy, Procedures and Guidance*’, which can be found here: [Dealing with Allegations Against Staff and Volunteers’ Policy, Procedures and Guidance - OneSpace](#)

10.0 Nacro’s External Escalation Procedure

If there is a concern that another agency does not take on board the concerns highlighted by Nacro or does not act on a referral in a timely manner, escalation should be followed as below once authorised by the DSL. It is not possible to specify a timeframe to cover every case, however, the escalation should be timely and without unnecessary delay:

10.1 Early Help and Preventative Measures

Prevention is essentially support that aims to prevent problems by building resilience, increasing protective factors, and reducing risk factors facing Children and Young People and their Families.

Early Help (also referred to as '**Early Intervention**') includes:

- Help provided in critical early years of a Child's and Young Person's life, when fundamental building blocks of future development are laid, and to:
- Helping Children/Young People and their Families respond as soon as possible when difficulties emerge, to prevent problems escalating or becoming entrenched.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help.
- Undertake an assessment of the need for early help.
- Provide targeted early help services to address the addresses needs of a child and their families which focusses on activity to significantly improve the outcomes for the child.

10.2 Ofsted and Education

- Director of Education to decide whether incident is reportable. Please follow up to date guidance on the below government website.

<https://www.gov.uk/government/organisations/ofsted/about/complaints-procedure#complain-about-further-education-or-apprenticeships>

Housing

All supported accommodation services regulated by Ofsted must report the following incidents to Ofsted:

- If a child dies
- A referral about a staff member under *Section 35 of the Safeguarding Vulnerable Groups Act 2006*.
- A child is involved in or subject to or is suspected of being involved in or subject to, sexual exploitation or child criminal exploitation.
- An incident requiring police involvement occurs in relation to a child and you consider that incident to be serious.
- An allegation of abuse against the service or a member of staff.
- If a child protection enquiry is instigated or concludes.
- An incident involving the use of a measure of restraint on a child.
- There is any other incident relating to a child which the registered person considers to be serious.

This responsibility to determine if an incident should be reported is delegated to the Area Manager/ Service Lead of the Ofsted service. They are supported in this decision making by the Quality and Safeguarding team.

10.3 Referrals to Children's Social Care and Child Protection Plans

- If there is risk of harm to a Child or Young Person, or if harm has occurred, a referral to the appropriate local children's social care team will be made that deal with child protection.

- The Child or Young Person and the parents or Carers will be told by the DSO that a referral is being made, unless to do so would increase the risk to the child or Young Person.
- Any Child or Young Person subject to a child protection plan will have a named key worker (usually the social worker), these details should be listed in the Child or Young Person's file and kept updated. All concerns about the Child or Young Person will be directed to the key worker who is responsible for overseeing the Child or Young Person.
- The DSO is responsible for obtaining a copy of the multi-agency plan if one is drawn up following a case conference.
- Any staff members involved with a Child or Young Person, who becomes the subject of a case conference or multi-agency meeting co-ordinated by children's services, could be required to attend meetings to on behalf Nacro.
 - The member of staff may be required to produce a report outlining Nacro's involvement and any recommendations felt necessary to support the Child and Young Person.
 - Support from the DSL will be given for the report's preparation and submission.
- If Nacro is working with a Child or Young Person who is subsequently found to be currently (or recently) the subject of a plan, the member of staff working with the Young Person must ask the DSO for a copy of the plan. Similarly, if any multi-agency meetings have taken place, then copies of the notes of meetings must be requested.

10.4 Referring Child Protection Reports to Educational Establishments

As part of *Keeping Children Safe in Education (KCSIE) guidance*, Nacro must share Child Protection reports with educational establishments within 5 days of the child protection plan starting.

DSO are responsible for sharing the children protection plan with all respective educational establishments within 5 days of the child protection plan being defined.

10.5 Individual Contracts (Cross-Directorate)

Contracts should be checked for what the individual requirements are where there has been a safeguarding incident, thresholds for reporting may vary and so each service must be aware what needs to be reported.

Responsibility: Reported, coordinated, and filed by Designated Safeguarding Lead. Further guidance on how Nacro reports serious safeguarding incidents is included in *Appendix 1*.

11.0 Mental Capacity, Consent, and Sharing Information

11.1 Mental Capacity Act 2005

Safeguarding activity must be compatible with the *Mental Capacity Act 2005* and with the Deprivation of Liberty Safeguards (DOLS). The Mental Capacity Act applies to people aged 16 or above.

The presumption is that the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken.

Issues of mental capacity and the ability to give informed consent are central to decisions and actions in safeguarding. Therefore, all interventions need to take account the ability of the service user to make informed choices about the way they want to live and the risks they want to take.

The *Mental Capacity Act* does not apply to under 16s. To decide whether a child under 16 can consent to their own medical treatment, they must have an assessment referred to as 'Gillick Competence'.

The *Mental Capacity Act* mostly applies to "young people" aged 16-17 who may lack the capacity to make decisions, with three exceptions:

- Only those aged 18 and over can make a Lasting Power of Attorney (LPA).
- Only people aged 18 and over can make an advance decision to refuse medical treatment.
- The Court of Protection may only make a statutory will for a person aged 18 and over.

The *Mental Capacity Act 2005* does not generally apply to those under the age of 16. However, there are two exceptions:

1. The court of protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions and is likely to still lack capacity to make financial decisions when they reach the age of 18.
2. Offences of ill treatment or wilful neglect of a person who lacks capacity can also apply to victims younger than 16.

All decisions taken in the safeguarding process must comply with the **five principles** outlined in the *Mental Capacity Act 2005*:

1. **Principle 1: A Presumption of Capacity**
Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. **Principle 2: Individuals Being Supported to Make Their Own Decisions**
Adults must be given all practicable help before they are deemed as not being able to make their own decisions. If lack of capacity is established, it is still important to involve the individual as far as possible in making decisions.
3. **Principle 3: Unwise Decisions**
People have the right to make what others might regard as an unwise or eccentric decision. You must not treat someone as lacking capacity for that reason.
4. **Principle 4: Best Interests**
If a person has been assessed as lacking capacity, then any action taken, or any decision made, for or on behalf of that person must be made in their best interests.
5. **Principle 5: Less Restrictive Option**
Someone deciding or acting on behalf of a person who lacks capacity must consider a decision or act that would interfere the least with the person's rights and freedoms of action or whether there is a need to decide or act at all. Any intervention should be proportional to the circumstances of the case.

11.2 Assessment of Mental Capacity is Undertaken by Health Care Professionals

This follows a two-stage process:

Stage 1: Does the person have an impairment of the mind or brain (temporary or permanent)?

Stage 2: Is the person able to:

- Understand the decision they need to make and why they need to make it?
- Understand, retain, use, and weigh information relevant to the decision?
- Understand the consequences of making, or not making, this decision?
- Communicate their decision by any means (i.e., speech, sign language)?

Failure on one point will determine lack of capacity. Wherever practicable, staff should seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry.

It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

11.3 Informed Consent

It is essential in safeguarding to consider whether the service user over 16 years old can make decisions to give informed consent to share information and raise a safeguarding concern.

If they are, their consent should be sought unless doing so would:

- Place an adult at increased risk of serious harm.
- Prejudice the prevention, detection, or prosecution of a serious crime.
- Lead to unjustified delay in making enquiries about significant harm or serious harm.

In these cases, you can share information without consent:

- In the best interest of a person lacking capacity (to understand the risks they face or capacity to understand the safeguarding process).
- In the public interest (You are trying to balance a person's right to privacy with their right to life, right to be free from torture, inhuman and degrading treatment, right to liberty and right to autonomy).

If consent to abuse or neglect was given under duress or coercion, for example because of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded. There are limits (defined in common law) to what a person can give consent to, so even if there appears to be consent, you should use your professional judgement making and seek guidance internally and/or from the Local Authority Safeguarding Team.

Effective information sharing is an intrinsic part of any frontline practitioners' job when working with Children and Young People and is vital in identifying and tackling all forms of abuse and neglect, and in promoting children's welfare, including their educational outcomes. Sharing information as early as possible helps to identify, assess, and respond to risks or concerns about the safety and welfare of Children, and Young People whether this is when problems are first emerging, or where a child is already known to the local authority children's social care.

The *GDPR* and *Data Protection Act 2018* does not prevent, or limit, the sharing of information for the purposes of keeping Children and Young People safe and includes 'safeguarding of Children, Young People and individuals at risk' as a

condition that allows practitioners to share information without consent information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child or Young Person at risk.

If the child is under 16 and can understand the significance and consequences of making a safeguarding referral to the local authority, they should be asked their view.

However, it should be explained to the child that whilst their view will be taken into account, staff will take whatever action is required to ensure the child's safety and the safety of other children, as they have a professional responsibility to do so.

Concerns about the welfare of a child should be referred to the police/local authority regardless of consent of the child or whichever adult(s) holds parental responsibility. Children aged 16-17 are deemed to have capacity with regard to information sharing and their permission should be obtained. However, where there is doubt that the person lacks the ability and capacity to give informed consent, a mental capacity assessment should be carried out.

Section 175 of the Education Act 2002 gives clear powers to share information for these purposes. In line with the government's information sharing advice for safeguarding practitioners the following principles will be followed:

The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child or Young Person.

Necessary and proportionate. When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the *GDPR* and *Data Protection Act 2018*, and you should consider the impact of disclosing information on the information subject and any third parties.

Information must be proportionate to the need and level of risk. Relevant only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.

Adequate information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely Information is essential to safeguarding to reduce the risk of missed opportunities to offer support and protection to a child or Young Person. Timeliness is key in emergency situations, and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Secure. Wherever possible, information should be shared in an appropriate, secure way.

The key tool used within Nacro for recording safeguarding information is the Nacro IMS2 system or Open Housing for CAS-2. All concerns and incidents should be recorded on this system. Confidential information and records will be held securely and only available to those who have a right or professional need to see them. We will hold records in line with our records retention schedule.

12.0 Working in Partnerships with Others

Safeguarding and promoting the welfare of Children and Young People/service users, and especially protecting them from significant harm, depends on effective joint working between agencies and professionals that have different roles and responsibilities.

The three key statutory partners we must work closely with are:

- The local authority children's social services – this includes the LADO
- The Police
- Health partners

To ensure and promote effective joint working, there needs to be constructive relationships between individual workers, promoted and supported by those in the most senior roles within Nacro and across other organisations Nacro works with.

Individual service delivery projects across Nacro must establish links with other agencies (community or statutory) to ensure effective practices. This will include having named contacts, joint working protocols, information sharing protocols and presence on local forums. The Local Safeguarding Partnership for each area will be able to offer assistance in making the right contacts.

Often, working partnerships with local voluntary sector organisations is an effective way to secure and provide tailored support to Children and Young People at risk of harm or who have experienced harm.

13.0 Working with Parents and Carers

It is important to recognise the responsibility of the Parents and Carers for the protection of any Child or Young Person that Nacro comes into contact with. This might include:

- Knowing who the Parents/Carers or others with parental responsibility of the Child and Young Person and have an up-to-date record of contact their details.
- Assisting Parents and Carers to ensure that they can identify staff working for Nacro.
- Obtaining Parental consent for activities using the appropriate Nacro standard form.
- Ensuring that communications with Parents/Carers take account of language or communication differences.
- Advise Parents and Carers about Nacro's complaints process and how to use it.
- Conducting periodic surveys about specific issues with Parents and Carers using Nacro's service involvement feedback process.
- Involving Parents and Carers in developing policies that promote safeguarding through Nacro's service user's own involvement process.
- Providing support and guidance to Parents and Carers and signposting them to services where they too need help and support.

13.1 Closing a Child Safeguarding Concern

The local authority will close a concern when relevant action has been taken to address the abuse, even if the abuse is ongoing. It will typically be close after the process of reporting, external referral, multi-agency meetings and creating an action plan has taken place. Only the local authority/police should decide when to conclude an investigation.

After the concern is closed, ongoing support arising from the concern should be recorded under the relevant action headings on the Service User's risk assessment/Safety Plan.

A new concern should then be raised if circumstances change or a new incident occurs, even if it is a continuation of the previous abuse. The new concern should refer to the previous case.

Closing a case prompts the Manager to consider each case and reflect on practice. It is not intended to signify that a solution has been reached or that the abuse has ended.

At times, a safeguarding concern may be closed with no further action. If this happens, and it is felt that further action is needed, staff should take the following steps:

- Ask for a full written explanation as to why the safeguarding concern has been closed with no further action being taken.
- Review the information in the concern for completeness and clarity. Was there something important which was omitted and were the concerns explicitly stated?
- Did the local authority have a full and proper understanding of the safety concerns involved?
- Pass any further relevant information to the local authority such as information missing from the original enquiry or additional information which is now available.
- Review the local authorities practice and decision against relevant procedures for that local authority (often called threshold and/or criteria documents). They are usually published online. If not, staff should request a copy.

If the above steps are taken and there is no change, contact the local authority's lead for Safeguarding Children, or if there is no one in that position, another manager within the organisation.

If the disagreements remain unsolved, a complaint can be made to the relevant local authority complaints officer.

6. Review

This procedure will be reviewed at least annually, as well as 'ad hoc' based on regulatory or organisational changes, or any other event that may require an update to the procedure.

Procedure History

Revision	Date Approved	Changes Made	Author/Reviewer/Authoriser
11	11/09/2024	Authorised	National Safeguarding Board
11.1	08/01/2024	Cosmetic changes – Updated links and references	N Ali
12	08/01/2025	Annual Review	Head of Performance and Assurance
13	08/01/2026	Annual Review	Head of Performance and Assurance

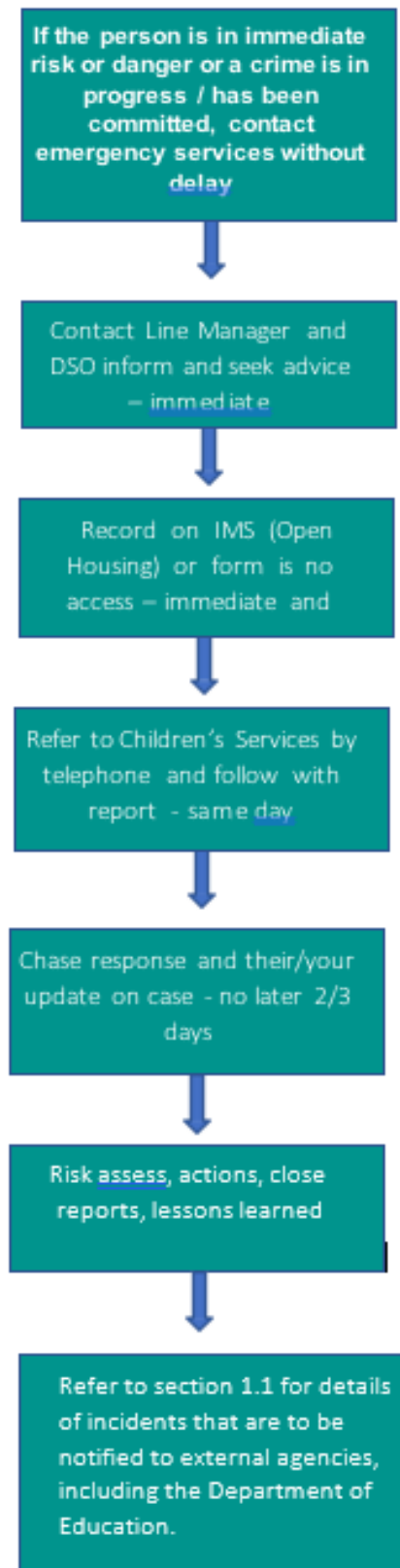
Appendix 1 – Types of Abuse and Indicators

Information on the types and indicators of abuse is below, this list is not exhaustive.

Type of Abuse	Who it Affects	Physical Indicator	Behavioural Indicator
Physical	Children, young people, and adults at risk	Unexplained bruising marks or injuries Bruises which reflect hand marks Cigarette burns Bite marks Broken bones Scalds	Fear of the perpetrator being contacted Aggressive or angry outburst Running away Fear of going home Flinching Depression Keeping arms/legs covered Reluctance to change clothes e.g., wearing long sleeves in hot weather Withdrawn behaviour
Emotional	Children, young people, and adults at risk	Developmentally delayed Sudden speech disorders Loss of appetite/Loss of weight Disturbed sleep Starting to drink alcohol, or take substances, or increased substance abuse	Neurotic behaviour e.g., hair twisting, rocking, etc. Unable to play/take part Fear of making mistakes Sudden speech disorders Self-harm or mutilation Fear of parents being contacted
Neglect	Children, young people, and adults at risk	Constant hunger, stealing food Unkempt state Weight loss/Underweight Inappropriate dress Untreated physical illnesses Constantly tired	Withdrawn Stealing food or other necessities Looking in bins for food or taking others' leftover food Making excuses for not going out with friends, or peers, or wanting to attend extra-curricular activities
Sexual – Including CSE	Children, young people, and adults at risk. (It is rare to see indicators of this nature in adults, however there are often halted discussions which are precursors to disclosure)	Pain/Itching in the genital area Bruising/Bleeding near genital area STIs Vaginal discharge/Infection Stomach pains Discomfort when walking/sitting Pregnancy	Sudden change in behaviour Nightmares Unexplained sources of money Sexual drawings/language Bed wetting Self-harming behaviour Secrets which cannot be told to anyone Behaving beyond their age Going Missing

<p>Criminal Gangs</p>	<p>Children, young people, and adults at risk.</p>	<p>Money, clothes, or accessories which they are unable to account for Appear more tense and watchful Tired</p>	<p>Going missing and travelling to seaside or market town An increase in possession with intent to supply offences outside your area New associates who are unfamiliar or known to be involved in criminal activity Being secretive</p>
<p>Discriminatory Abuse</p>	<p>Children, young people, and adults at risk.</p>	<p>Possible signs of physical abuse such as bruising and other marks or signs of physical abuse Signs of stress or distress even</p>	<p>Becoming withdrawn or aggressive Loss of confidence Low self-esteem Lack of interest in participating in activities Attendance drops if in an educational institution or lack of attendance at arrangement meetings to check on welfare</p>
<p>Radicalisation or extremism – This is any belief or ideology which advocates, or promotes violence and includes extreme religious beliefs, far right extremism as well as animal or climate extremists.</p>	<p>Children, young people, and adults at risk.</p>	<p>Change in dress/appearance Change in who they associate with or their friendship group</p>	<p>Isolating themselves from family and friends Feeling persecuted or that their life chances have been taken away by specific groups Embracing conspiracy theories Increased levels of anger or aggression Unwilling or unable to listen to the views of others Disrespectful attitude towards others not of the same faith or because of their ethnicity/faith/religion Spending a lot of time on the internet or mobile phone Accessing particular websites/internet that promotes extremism Change in the language they use</p>

Appendix 2 – Flowchart to Respond to Safeguarding Concerns

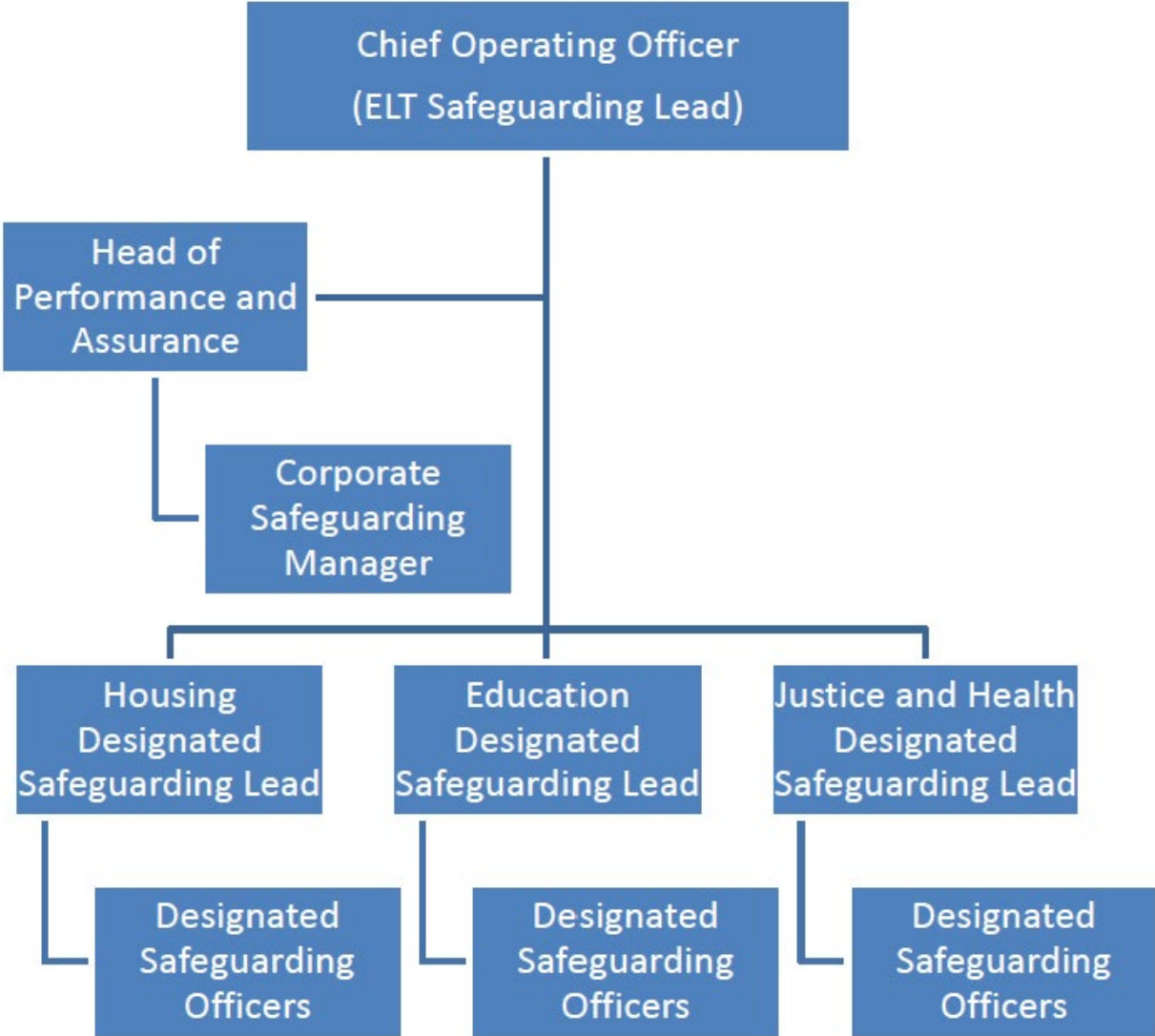


Appendix 3 – Flowchart to Respond to Safeguarding Concerns



Appendix 4 – Nacro’s Safeguarding Structure Chart

Each directorate has an operational lead (Or Designated Safeguarding Lead) and designated safeguarding officers (DSOs) as deputies. There is also a corporate safeguarding co-ordinator and a safeguarding team from the Executive Leadership Team. This does not alleviate responsibility for safeguarding from managers.



Appendix 5 – Significant Events Chronology

Nacro's managers and staff must use the significant events chronology to record basic factual events which will help build a picture of both what is happening for a young person/service user and the impact of those events.

The chronology must be held at the front of the young person/service users file, and basic factual events such as those outlined below should be recorded.

If it is necessary to document fully all the information as the chronology requires only that the basic factual event be recorded. It will be important each time an entry is made for the worker to review previous entries to ensure that no emerging concerns are being ignored and there has been full consideration of the risk of significant harm.

Please record service user information in date order of significant events and observations. Events should be recorded bearing in mind the impact of any incident that could affect the welfare, health and well-being of a young person/service user or increase the risk of significant harm to that young person/service user.

Events to be recorded should cover the following:

- New additions/changes to the family, i.e., birth of siblings, changes of partners of parents
- New relationships/friendships (to family OR individual young person/service user)
- Change of address
- Change of GP
- Health problems of household/family members
- Illness
- Mental health issues
- Accidents
- Incidents (including self-harming)
- Absenteeism
- Withdrawal from services (other agencies)
- Unemployment
- Offending/reoffending
- Use of drugs/alcohol
- Appearance

This list is not exhaustive, and any other event not listed should also be recorded if a concern is raised. This information should be documented accurately and concisely as it may be shared with other agencies, used in case conferences and/or a court of law.



Significant Events Chronology¹

Name:		Address:	
Date of Birth:		Family Members:	
Next of Kin Name and Contact Details:		GP Address and Contact Details:	
Social Worker and Contact Details (Tel. No./Email):		Other Agency Involvement and Contact Details (Tel. No./Email):	

Date	Significant Event	Comments/Actions	External Agency – Contact Notes	Where Else Recorded	Print Name

¹ This form is to be used only when staff have no access to the IMS or CAS-2 OpenHousing Systems
 Safeguarding Young People and Child Protection Procedures



Appendix 6 – Radicalisation and Extremism Referral Process

Further education providers are required to safeguard and promote the welfare of children, young people, and vulnerable adults. If you are concerned a child, young person or young adult is at risk of radicalisation, you must follow the guidance outlined in *Nacro's Prevent Policy* which can be found [here](#).

Appendix 7 – Glossary of Terms

Care Order – A court order under *Section 31 of the Children Act 1989* placing a child in local authority care to protect the child from harm they are suffering or may suffer, whilst under the care of his/her parent (and/or being beyond a parent's control).

Child in Need (CIN) – Is a child assessed to have need of services under *Section 17 of the Children Act 1989*.

Child Protection – Refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. This is enshrined within *Section 47* (see below) of the *Children Act 1989*.

Child Protection Case Conference – A multi-agency meeting to establish whether the child should become the subject to a child protection plan.

Child Protection Plan – For all those children who have been identified at a child protection conference as being at a continuing risk of significant harm, a Child Protection Plan will be created. This is a plan setting out what steps and provisions are needed to safeguard a child's welfare and minimize all risks of harm to a child.

Child Protection Register (CPR) – In April 2008, the Child Protection Register ceased to exist. The term now used is 'children subject to a Child Protection Plan'. Contact Order A legally binding order requiring the resident party/parent to make the child available for contact with the person named in the Order.

Common Assessment Framework (CAF) – The CAF is a four-step process whereby practitioners can identify a child's or young person's needs early, assess those needs holistically, deliver coordinated services and review progress. The process is entirely voluntary and informed consent is mandatory, so families do not have to engage and if they do, they can choose what information they want to share. Children and families should not feel stigmatised by the CAF; indeed, they can ask for a CAF to be initiated. The CAF process is not a 'referral' process but a 'request for services'.

Contact – Is a contact made with the MASH (by member of the public or a professional), that has not been evaluated and confirmed as a "referral" (see below for MASH).

Core Group – Is the group of key professionals involved in monitoring the progress of child protection plans between child protection conferences.

Early Help – Is the provision of support to children and families by universal services or integrated teams (see below for Integrated Team).

Emergency Protection Order (EPO) – A court order under *Section 44 of the Children Act 1989* giving Children's Social Care the power to protect a child from harm by removing the child to suitable accommodation or preventing a child from being removed (e.g., from hospital).

Eco Map – Is a diagrammatic representation of relationships within a family network and with a child – as defined by the subject (usually the child).

Genogram – Is a diagrammatic representation of a family's genetic relationships. A "Family tree" contains also the non-genetically connected family relationships and may be used to

record family relationship trends/patterns e.g., children living away from family, miscarriages/abortions, etc.

Integrated Team – Is a term used to show that Health and Social Services are working together in an area as a single team.

Interim Care Order (ICO) – Time limited court order which places a child in care of the local authority under the *Children Act 1989* to be renewed by the court after no more than 8 weeks and then every 4 weeks.

LADO – Local authority designated officer.

LSCB and Local Partners – *Section 13 of the Children Act 2004* required each Local Authority to establish a Local Safeguarding Children Board for their area and specified the organisations and individuals (rather than the local authority) that should be represented on LSCBs. *Working Together to Safeguard Children 2018* set in legislation that three safeguarding partners (Local Authority, Chief Officer of Police, and Clinical Commissioning Groups) must work together with relevant agencies to safeguard and protect the welfare of children in a local authority area. This arrangement has replaced the pre-existing legislation for Local Authorities to have Local Safeguarding Children Boards (LSCBs).

“Looked After Child” (LAC) – Is any child/young person who is either voluntarily placed (under *Sec 20 Children Act 1989*), or placed under a Care Order (*Sec 31 Children Act 1989*) with foster carers, kinship carers, in residential provision, or whilst subject to a Care Order is residing with a parent/s.

MAPPA – Multi-Agency Public Protection Arrangements (MAPPA) is the name given to arrangements in England and Wales for the "responsible authorities" tasked with the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.

MARAC – Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high-risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC and ensuring that whenever possible the voice of the victim is represented by the Independent Domestic Violence Adviser (IDVA), a risk focused, coordinated safety plan can be drawn up to support the victim.

M.A.S.H. – The Multi Agency Safeguarding Hub, which receives all new contacts and referrals passed from Care First, gathers initial agency information to determine how to respond to a contact or referral. (Local Authorities may have different front door arrangements).

Multi Agency Planning Discussion – Is the discussion convened by the assessing Social Worker to determine what actions/supports/assessments are required to best meet the needs of a child.

Parental Responsibility (PR) – The legal rights and responsibilities automatically acquired by a mother and gained by a father whose name is added to the child's birth certificate. Other people may gain PR by court order (Residence Order, Special Guardianship, Adoption, and Parental Responsibility) – including the local authority, which may acquire PR via a Care Order.

Public Law Outline (PLO) – Public law cases relate to local authority intervention to protect children where there are child welfare issues – legal and local authority processes followed prior to possible public law applications (which includes a “PLO” meeting convened with parents/carers and their lawyers to share concerns and agree/determine any interventions).

Sec 47 – Section of the *Children Act 1989* under which enquiries and actions may be taken by the local authority when a child is deemed to be suffering or likely to suffer, significant harm.

Significant Harm – As referred to, but not defined, under *Sec 31 Children Act 1989* (“harm” defined as being “ill treatment” or the impairment of health or development).

Social Care (Specialist Services) – The department of local authority Children and Young People’s Services that undertakes its statutory duties in respect of children in need and those in need of protection.

Statutory Assessment – Statutory Assessment is sometimes referred to as the “statementing process” as it may result in a statement of special educational needs for a child.

Strategy Discussion – The formal discussion (or meeting) convened by social care under statutory guidance (*Working Together 2013*) which determines the nature of enquiries and actions where a child is believed to be suffering, or at risk of suffering, significant harm.

(T.A.C.) Team around the Child – The team that provides, commissions and coordinates services to help children and families requiring additional support but have not met the threshold for services under *Sec 17 Children Act 1989*.

Appendix 8 – List of Abbreviations

CAS2	Central Accommodation Service
DSL	Designated Safeguarding Lead
DSO	Designated Safeguarding Officer
ELT	Executive Leadership Team
ESFA	Education and Skills Funding Agency
FGM	Female Genital Mutilation
GDPR	General Data Protection Register
GP	General Practitioner
HBV	Honour based violence
HR	Human Resources
ID	Identification
IMS	Incident Management System
LADO	Local Area Designated Officer
MASH	Multi-agency Safeguarding Hub
NSSL	National Strategic Safeguarding Lead
SEN	Special Educational Needs
TAC	Team around the child
TAF	Team around the family
TRA	Teaching Regulatory Authority



Appendix 9 – Safeguarding Information Sheet for Service Teams
Information about your local team and safeguarding leads.

Role	DSO
Name	
Email Address	
Phone Number(s)	
Location/Address	
Role	Area DSO/Service Lead (Housing)
Name	
Email Address	
Phone Number(s)	
Location/Address	
Role	Directorate DSL
Name	
Email Address	
Phone Number(s)	
Location/Address	
Role	Corporate Safeguarding Administrator
Name	
Email Address	
Phone Number(s)	
Location/Address	
Role	LADO
Name	
Email Address	
Phone Number(s)	
Location/Address	