Safeguarding Children Overarching Policy & Procedure

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Safeguarding Children Policy & Procedure Summary

This summary sets out the key things every Hft colleague must know about safeguarding. All staff must read this section first, and then the full policy.

Important overarching principles of Safeguarding

- Safeguarding is everyone's responsibility.
- All staff must read this Policy & Procedure in full.
- All staff must complete safeguarding training and refresh it when required.

Reporting safeguarding concerns

- All staff must report safeguarding concerns immediately, whether they are current or historic. Doing nothing is not acceptable.
- Report concerns directly to Line Manager or via InPhase.
- Record all safeguarding concerns factually and promptly.
- Safeguarding concerns can also be reported as a Whistleblowing Alert – Click this link to make an alert. Also see the Whistleblowing and Speaking Up Policy in the Library.

Managing safeguarding concerns

- If someone is in immediate danger or a crime is happening, call 999 (or 101 if not urgent).
- Keep children and others safe.
- Do not promise confidentiality.
- Do not remove or clean up evidence e.g. Injuries, clothing.
- In cases of recent sexual assault: call Police immediately and support the person not to wash, so evidence is preserved.
- If you are unsure what to do, always ask your Line Manager or Designated Safeguarding Lead.
- All safeguarding concerns must be investigated by the Designated Safeguarding Lead.

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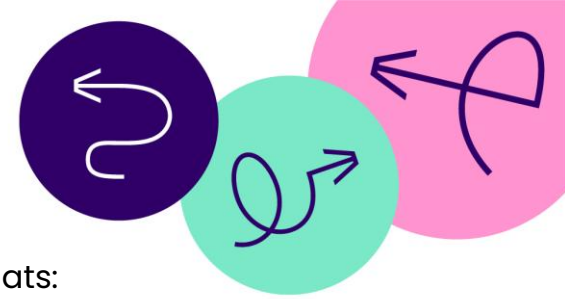
Purpose & Policy Statement

This Policy & Procedure sets out Hft's responsibilities for safeguarding and promoting the welfare of children and young people, in line with the Children Act 1989 and 2004, Working Together to Safeguard Children (2025), the Equality Act 2010, the Human Rights Act 1998, the Charities Act 2011, the Counter-Terrorism and Security Act 2015, and other relevant legislation and guidance.

Hft is committed to providing safe, high-quality and, where relevant, child-centred services, and to taking reasonable and proportionate action to prevent abuse, neglect and exploitation and respond promptly when safeguarding concerns arise. Under Section 11 of the Children Act 2004, Hft has a duty to safeguard and promote the welfare of children, including protecting them from harm, upholding their rights and ensuring their voices and experiences are heard.

Hft works in line with Local Safeguarding Children Partnerships (LSCPs) and relevant regulatory guidance, including Ofsted and the Care Quality Commission (CQC), and is committed to effective multi-agency safeguarding practice. Systems are in place to record and monitor concerns, incidents and complaints, enabling risks to be identified and learning used to improve practice.

This Policy & Procedure is available in accessible formats. All staff, agency workers and volunteers receive safeguarding training appropriate to their role, and Hft promotes openness through its Whistleblowing and Speaking Up Policy so concerns about safety or wellbeing can be raised without fear of reprisal.



Accessible & Alternative Formats

This document is currently available in the following formats:

- Written.
- Easy Read.

This document may be available in audio format depending on device settings and the program used to open it.

If this policy requires converting into an accessible or alternative format, contact hftgovernance@hft.org.uk and a conversion will be completed within 10 working days.

Scope

This Policy & Procedure applies to all staff working for Hft, including all contractors, volunteers and agency staff, from frontline staff to the Board of Trustees.

Definitions

Please see the Policy Definitions Glossary for all terms specific to Policy documents. Terms should be clear in the policy wording; however, this glossary is provided for the avoidance of doubt.

Safeguarding Children Overarching Policy

Aims

The central purpose of this Policy & Procedure is to set out for all relevant parties the:

- principles and values underlying Hft's approach to the safeguarding of children and young people,
- ways in which the Organisation will do this,
- steps Hft will take to avoid abuse/harm taking place,
- actions Hft will take to deal with abuse/harm if it occurs,
- methods the Organisation will use to learn from incidents of abuse to prevent reoccurrence.

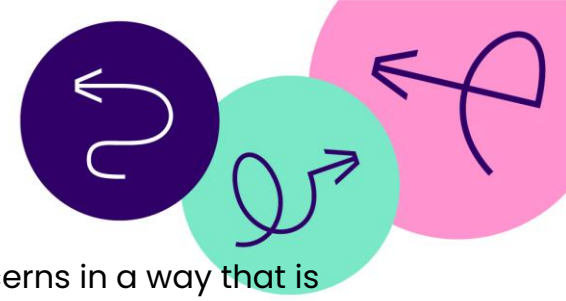
Framework & Commitment

Hft shares and is committed to the vision of Local Safeguarding Children Partnerships (LSCPs), which is to safeguard and promote the welfare of children and young people, preventing abuse and neglect wherever possible and responding effectively when concerns arise.

Hft recognises that safeguarding is everyone's responsibility. This principle is central to the organisation's values and informs all practice across services that support or come into contact with children, young people and families.

Hft acknowledges that local safeguarding arrangements are guided by national government strategy and statutory frameworks which promote the following core principles:

- Empowerment — ensuring that children and young people are listened to, their voices are heard, and their wishes, feelings and lived experiences inform decisions that affect them.
- Protection — providing support and representation for those who are experiencing, or who may be at risk of, harm, abuse or neglect.
- Prevention — identifying risk factors early and taking action before harm occurs through proactive safeguarding practice and effective multi-agency working.



- Proportionality — responding to safeguarding concerns in a way that is proportionate to the level of risk and respectful of children's rights and family circumstances.
- Partnership — working collaboratively with families, professionals and community services to deliver effective, child-centred safeguarding outcomes.
- Accountability — ensuring that safeguarding practice, decision-making and governance arrangements are transparent, evidence-based and open to scrutiny.

These principles underpin all safeguarding activity within Hft and align with the statutory guidance set out in Working Together to Safeguard Children (2025).

Understanding Abuse and Harm

Abuse is any action or failure to act that causes (or risks causing) harm to a child or young person. It can be deliberate or careless, one-off or repeated, and can be committed by anyone (staff, family, peers, strangers, online contacts).

Harm includes physical injury, emotional distress, sexual abuse, neglect, or serious impairment of health or development.

Staff do not need proof, reasonable suspicion is enough to act.

Threshold for referral to Children's Social Care (the "significant harm" test)

A referral must be made when there is reasonable cause to suspect a child:

- is suffering, or is likely to suffer, significant harm; and
- the harm/risk arises from abuse, neglect or exploitation; and
- parents/carers are unable or unwilling to protect the child.

Concerns that do not meet the significant-harm threshold may still need Early Help or Section 17 support.

All concerns must be reported immediately.

Doing nothing or delaying is a serious breach of this policy and may place a child at continued risk.

Preventing Abuse and Harm

Hft prevents abuse and harm by:

- Operating safe recruitment and vetting processes (full details in Safe Recruitment Policy)
- Delivering mandatory safeguarding training and regular updates
- Promoting a culture where everyone feels safe to raise concerns (see Speaking Up / Whistleblowing Policy)
- Maintaining clear reporting and recording systems (InPhase)
- Sharing information promptly and proportionately with Local Authorities, LADO and police when required
- Empowering children and young people to recognise unsafe situations and know how to get help
- Regularly reviewing practice, incidents and trends to drive improvement

Categories & Indicators of Abuse

There is detailed information at the end of this document on Categories & Indicators of abuse.

See Appendix 2 – Categories of Abuse.

See Appendix 3 – Indicators of Abuse.

Prevent Duty

The Counter-Terrorism and Security Act 2015 places a statutory duty on certain bodies, including charities, education providers, and care organisations, to have due regard to the need to prevent people from being drawn into terrorism or extremist activity. This is commonly known as the Prevent Duty.

Hft is required to demonstrate that effective arrangements are in place to safeguard children and young people from radicalisation, extremism and terrorism, and to ensure that staff are trained and equipped to recognise and respond to concerns appropriately.

All staff, volunteers and agency workers must complete Prevent training as part of their mandatory induction and ongoing safeguarding development. Training enables staff to identify early signs of radicalisation, understand referral pathways, and contribute to a proportionate safeguarding response.

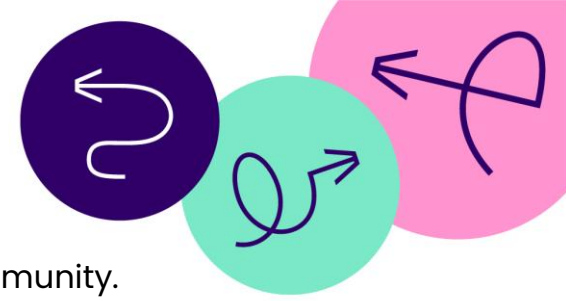
See Appendix 4 - Possible Indicators of Radicalisation

Identifying Perpetrators of Abuse/Harm

Hft recognises that abuse or harm to children and young people can be committed by a wide range of individuals, including those who hold positions of trust or responsibility for their care. The organisation accepts its duty to protect children from all potential sources of harm, both within and outside its services.

Perpetrators of abuse may include, but are not limited to:

- Parents, carers or family members, including extended relatives, guardians or partners of parents.
- Members of staff or management within Hft services, including those in positions of authority or trust.
- Volunteers, contractors or agency workers involved in Hft activities or services.
- Visiting professionals, such as health, education, or social care practitioners.
- Peers or other children and young people, including those in the same setting (peer-on-peer abuse).
- Individuals known to the child, such as friends, neighbours, or acquaintances.



- Strangers, including those met online or in the community.
- Organised groups or individuals who deliberately target or exploit children for criminal, sexual, financial, or ideological purposes.

Hft maintains a zero-tolerance approach to all forms of abuse and exploitation. All allegations, suspicions or information suggesting that a child has been harmed, or is at risk of harm, must be reported and investigated immediately in accordance with this Policy & Procedure.

People in Positions of Trust (PiPoT) – Allegations against staff, volunteers or anyone working with children

Any concern that a person working for or on behalf of Hft (at any level) has:

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against or related to a child; or
- behaved in a way that indicates they may pose a risk of harm to children

must be treated as a safeguarding emergency.

What staff must do

- Report immediately to the Designated Safeguarding Lead (DSL) or most senior person on shift (never to the person concerned).
- Do not speak to the individual or carry out any investigation yourself – this could contaminate evidence or increase risk.
- Continue to keep the child safe until instructed otherwise.

What the DSL / senior manager MUST do

- Immediately remove the person from contact with children (this may include asking them to leave site or suspension).
- Contact the Local Authority Designated Officer (LADO) within one working day (or immediately if the child is at risk of serious harm).
- Contact the police if a crime may have been committed.

- Inform the relevant Quality Lead and People Services (HR) on the same day.
- Make referrals to the Disclosure and Barring Service (DBS) if the harm threshold is met.
- Record everything on InPhase.

See Appendix 5 – PiPoT Flowchart (one-page visual).

General allegations or concerns about a child (not involving Hft staff/volunteers) are managed through the normal safeguarding Procedure (no LADO involvement unless the perpetrator works with children elsewhere).

Children's Capacity, Consent and Voice

- The child's welfare is always paramount (Children Act 1989).
- Children and young people must be listened to, their views respected and taken seriously, and they must be involved in decisions that affect them in a way that is appropriate to their age, understanding and communication needs (Article 12 UNCRC; Working Together June 2025).
- Staff must seek the child's consent wherever possible, but safeguarding action must never be delayed or prevented because consent is refused or withheld.
- When assessing a child's ability to make a specific decision, staff must consider Gillick competence / Fraser guidelines. Young people aged 16–17 are presumed to have capacity, but safeguarding duties still override refusal if there is risk of abuse or exploitation.
- All decisions (including any taken without consent) and the child's wishes, feelings and views must be clearly recorded.

Making Safeguarding Child-Friendly and Accessible

Every service that supports children must display and actively share clear, age-appropriate information showing children and young people:

- How to raise a concern or get help
- Contact details for the Designated Safeguarding Lead
- Local Children's Social Care / LSCP contacts
- Independent helplines (e.g. Childline 0800 1111, NSPCC)

Staff must use Easy Read, visual aids, interpreters or any other communication support needed so that every child can understand their rights and how to speak up.

Children must be kept informed (in a way they can understand) about what is happening and the outcome of any safeguarding process that involves them, with advocacy offered when appropriate.

Communicating with children

All staff must use language, methods and materials that match the child's age, understanding and communication needs. This includes:

- Simple, honest explanations of what is happening
- Easy Read, pictures, Makaton, Talking Mats or communication aids
- Checking the child has understood and giving them time to respond
- Offering an advocate or trusted adult if the child wants one
- Never using jargon or adult-focused language when speaking to a child.

Explaining safeguarding to children – what we say and show

Situation	What staff say (example script – use your own words if they feel natural)	What staff must give / make available
First visit / welcome conversation	"Safeguarding means we've got your back. If anything or anyone ever makes you feel unsafe, worried, pressured, or hurt – even online or someone you know – you can tell any of us, anytime. We'll listen and sort it out with you."	Names/photos of their Designated Safeguarding Lead & deputy. Childline 0800 1111 & The Mix 0808 808 4994. Simple line: "You can talk to ANY Hft worker"
When a concern is raised (by or about the young person)	"Thanks for telling us – you've done the right thing. We're now making sure you're safe and stopping it happening again. You can choose who you want with you when we talk, and we'll keep explaining everything clearly, step by step."	An Easy Read / plain-English "What happens next" sheet (digital or printed). Offer an independent advocate if they want one.

Staff must record on InPhase how the young person was told about safeguarding and kept informed (including any aids, advocacy, or contact card given).

Safeguarding responsibilities

While safeguarding is everybody's responsibility, there are some clear lines of responsibility and accountability that must be drawn.

Role	**Key Safeguarding Duties**
All staff, volunteers & contractors	Act immediately on any concern. Report without delay. Promote children's safety and wellbeing.
Support Workers / Team Leaders / Deputies	Follow this Policy & Procedure. Report concerns promptly. May assist DSL with investigations under direction.
Registered/Service Managers (usually the DSL)	Lead on reporting, investigating and managing concerns. Record on InPhase within 24 hours. Make statutory referrals/notifications.
Regional Service Managers	Oversee safeguarding in their region. Support and mentor managers. Lead or oversee high-threshold investigations.
Head of Care & Support	Provides operational oversight of serious incidents. Ensures policy implementation.
Deputy Director of Quality & Inclusion	Reviews high/serious incidents. Ensures learning is embedded. Commissions Serious Incident Reviews when required.

Reporting and Responding to Safeguarding Concerns

Safeguarding is everyone's responsibility. Every member of staff, volunteer and contractor has a personal duty to act immediately on any concern, suspicion or disclosure that a child or young person is experiencing, or is at risk of, abuse, neglect or exploitation – whether current or historic. Doing nothing is never an option.

All concerns must be reported and managed in accordance with the detailed step-by-step Procedure in this document below.

In summary, staff must:

- Take immediate action to keep the child safe (including calling 999 if the child is in danger or a crime is taking place).
- Listen carefully to any disclosure without promising confidentiality.
- Report the concern to a Line Manager or Designated Safeguarding Lead (DSL) immediately and record it on InPhase no later than 24 hours after identification.
- Never investigate the concern themselves: this is the responsibility of the DSL or senior manager.
- Protect evidence where a crime may have occurred (e.g. advise the child not to wash or change clothes after sexual assault).

Concerns involving Hft staff, volunteers or anyone in a position of trust must be reported immediately to the DSL, who will contact the Local Authority Designated Officer (LADO) as required.

Failure to report a concern or any delay will be treated as a serious breach of this policy and may lead to disciplinary action.

Managing and Investigating Safeguarding Concerns

All safeguarding concerns will be taken seriously and investigated proportionately. The Designated Safeguarding Lead (always the Registered/Service Manager) is responsible for overseeing the management and investigation of concerns, with support from senior colleagues for high-risk or complex cases.

Full details of immediate actions, recording requirements, threshold decisions, statutory notifications, specific concern types (e.g. PiPoT, historic abuse, domestic abuse), investigation steps, multi-agency working, information-sharing and escalation are set out in the Procedure below.

Internal investigations may be paused if the Police or Local Authority are conducting enquiries, but immediate safety actions will always continue.

Lessons learned from every concern will be recorded on InPhase, shared with relevant staff and used to improve practice.

All actions, decisions and communications must be clearly recorded on InPhase to provide a full audit trail.

Working with Local Authorities and Multi-Agency Partners

Hft fully aligns its safeguarding practice with Working Together to Safeguard Children (June 2025), Local Safeguarding Children Partnership (LSCP) arrangements in every area we operate, and the separate Wales safeguarding policy where applicable.

Making referrals

Where there is reasonable cause to suspect a child is suffering or is likely to suffer significant harm, the Designated Safeguarding Lead (or deputy) must refer to the relevant Local Authority Children's Services without delay (normally within 24 hours), using the local procedure (online form, MASH telephone referral, secure email, etc.).

All referrals and related communications must be recorded on InPhase, including confirmation of receipt where provided.

Multi-agency working

Hft is committed to effective partnership working. Designated Safeguarding Leads and managers will:

- Attend strategy discussions, child protection conferences, core groups and other requested meetings
- Share information promptly and proportionately to protect the child
- Contribute to assessments, plans and reviews, ensuring the child's voice is central
- Record all actions and outcomes accurately on InPhase

Section 47 enquiries

When the Local Authority leads a Section 47 enquiry, Hft will:

- Fully co-operate and provide requested information promptly
- Continue to keep the child safe
- Follow any agreed actions and attend meetings as required

Full details of referral processes, thresholds and multi-agency responsibilities are set out in the Procedure

Statutory Notifications – CQC and Ofsted

Hft is primarily registered with the Care Quality Commission (CQC) to provide regulated activities for adults. Most services are therefore not registered to provide regulated activities for children.

However, whenever a child (under 18) receives a regulated activity from Hft (e.g. personal care, respite, or short breaks that Hft is registered to deliver), the following notification rules apply:

- CQC must be notified without delay (and within 24 hours) of any allegation or incident of abuse or alleged abuse involving that child while they are receiving the regulated activity. This is done via the CQC online portal by the Registered Manager/DSL.

- Ofsted must be notified within 14 days if Hft provides any children's social care service (e.g. children's home, fostering, adoption service) and a serious event occurs (including safeguarding incidents). This is rare for Hft but must still be followed where applicable.

In the majority of Hft services (adult learning disability/autism settings where children only visit or have occasional contact), the incident is not a notifiable event to CQC because no regulated activity for children is being provided. The concern is still recorded on InPhase, referred to Children's Social Care, and (if serious) reported to the Charity Commission.

If staff are unsure whether the child was receiving a regulated activity, they must ask their Registered Manager immediately.

Severity Matrix

Hft uses the Severity Matrix set out in the Incident Management Policy & Procedure to categorise all safeguarding concerns (Low/Medium/High/Serious).

Staff must apply the correct rating on InPhase; this determines investigation timelines and escalation requirements.

Full definitions and examples are in the Incident Management Policy & Procedure.

Confidentiality & Information Sharing

Hft shares information when necessary to protect a child, in line with Working Together 2025 and data-protection law.

Staff must:

- Share proportionately and only with those who need to know
- Seek consent where possible and safe
- Share without consent if a child is at risk of significant harm or a crime may have been committed
- Record every sharing decision and rationale on InPhase
- The child's welfare is always the paramount consideration.

Safe Recruitment Practices

Hft takes great care in the recruitment, selection and vetting of staff and volunteers to ensure that only individuals who are suitable to work with children and young people are appointed.

All candidates are subject to rigorous pre-employment checks in accordance with legislation, national guidance and Hft's Safe Recruitment and Selection Policy. This includes:

- Verification of identity and employment history;
- References from appropriate and verified sources;
- Disclosure and Barring Service (DBS) checks for all employees engaged in regulated activity with children or young people;
- Checks against the Children's Barred List and, where relevant, the Adults' Barred List;
- Additional checks for candidates who have lived or worked overseas; and
- Confirmation of the right to work in the UK.

Hft cooperates fully with all national and local initiatives that support the sharing of information about individuals who are found to be unsuitable to work with children. Where an employee's conduct or dismissal meets the referral threshold, Hft will make a mandatory referral to the DBS.

These measures are in place to maintain the highest possible standards of safety, integrity and professionalism across all Hft services that work with or support children and young people.

Lessons Learnt or To Be Learnt

Hft learns from every safeguarding concern. After each investigation, managers record key findings in InPhase.

Themes and trends are reviewed by the Head of Quality Transformation & Clinical Excellence and reported to senior leaders. Learning is shared with teams, and where appropriate, with the Person We Support and their representative.

Policies, training, and practice are updated to prevent recurrence, and progress is checked through supervision, audits, and service reviews.

Lessons learnt from Serious Safety Incidents are shared widely across the Organisation. See Incident Management Policy.

Duty of Candour, Charity Commission & Whistleblowing

Duty of Candour

When a safeguarding incident causes or could cause significant harm, the child (or their representative) must be told what happened, what is being done, and offered an apology where appropriate – without delay and within 48 hours. All steps must be recorded and delivered accessibly.

Charity Commission Reporting

Serious safeguarding incidents that impact children, staff or Hft's reputation must be reported promptly via the Charity Commission online portal.

Whistleblowing & Speaking Up

Safeguarding concerns raised via whistleblowing routes or the Freedom to Speak Up Guardian must still be reported and managed under this Policy & Procedure in addition to the Speaking Up Policy.

Training & Monitoring

All staff will be trained in safeguarding.
Staff will receive different levels of training dependent on their role and responsibilities. Training is tailored to Hft's cohort of People We Support, primarily being adults with learning disabilities and autism.

Basic requirement – Support / Operational staff

- Safeguarding Children E-learning. Refreshed as required.
- Safeguarding Course – 3 hours. Classroom or Virtual. Delivered by internal trainer. Refreshed every 3 years.

Basic requirement – Managers

- Safeguarding Children E-learning. Refreshed as required.
- Safeguarding for Managers Course. Classroom or Virtual. Refreshed every 3 years.

Local Authority Training Requirements

Some Local Authorities place additional or specific requirements regarding safeguarding training, in which case those staff members will receive additional training that is organised and managed locally.

Monitoring

Staff adherence to training is monitored through frequent audit and review at various levels of the Organisation, working together, observations, supervision and appraisal.

Training data and compliance is monitored through systems and dashboards operated by the Learning & Development department.

Where practice falls short of the expectations set out in the training provided, or the terms of this Policy & Procedure, staff may face disciplinary action and/or mandatory re-training.

Other Contacts and Sources of Assistance

In addition to notifying the safeguarding authority, children, young people, families, staff and volunteers can contact the following agencies, which form part of Hft's safeguarding network. These provide confidential advice, support and reporting options for child safeguarding concerns.

See table overleaf.

Name of service	Details
The Care Quality Commission	Online form Telephone: 03000 616161
NSPCC Helpline (for adults concerned about a child)	Phone: 0808 800 5000 (Mon–Fri 10am–4pm) Email: help@nspcc.org.uk (24/7) Website: www.nspcc.org.uk/keeping-children-safe/reporting-abuse/nspcc-helpline/
Childline (for children and young people)	Phone: 0800 1111 (24/7, free) Online chat/counselling: www.childline.org.uk
The Mix (for young people aged 13–25)	Phone: 0808 808 4994 (24/7) Website: www.themix.org.uk (live chat and email support)
Samaritans (for emotional distress or suicidal thoughts)	Phone: 116 123 (24/7) Website: www.samaritans.org
Victim Support (for children/young people affected by crime)	Phone: 08 08 16 89 111 (24/7) Website: www.victimsupport.org.uk

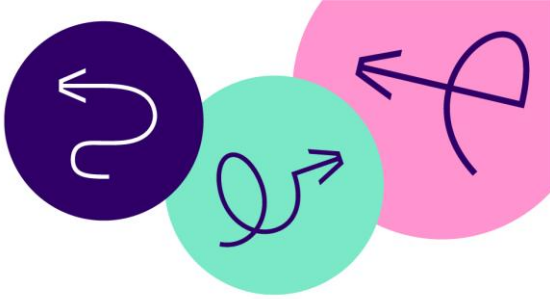
These contacts are in addition to local Children's Social Care, police (999 for emergencies, 101 for non-emergencies) and the Local Safeguarding Children Partnership (LSCP). Staff should always follow Hft's reporting procedures first, but individuals can contact these directly for immediate support.

Safeguarding Children Procedure

This procedure outlines the step-by-step actions Hft staff must take when a safeguarding concern is disclosed, witnessed, or suspected, ensuring compliance with the Safeguarding Children Overarching Policy & Procedure and relevant legislation (Children Act 1989 and 2004, Working Together to Safeguard Children 2025, and related statutory guidance).

1. **Keep the child safe immediately**
    - If the child is in danger right now or a crime is happening, call 999.
    - If urgent but not an emergency, call 101.
    - Separate the child from any risk if it is safe to do so.
    - Preserve evidence (e.g. after sexual assault, support the child not to wash or change clothes).
    - Report on InPhase ASAP.
2. **Listen and support**
    - Listen carefully without asking leading questions.
    - Reassure the child they have done the right thing by telling you.
    - Never promise to keep it a secret.
    - Ask who they would like with them for support.
3. **Report the concern straight away**
    - Tell your Line Manager or the Designated Safeguarding Lead (DSL) on the same shift. Do not wait for the next shift.
    - If the concern is high or serious risk (Red/Amber on the Severity Matrix), the DSL will report this upwards to Regional Service Manager.
4. **Record the concern**
    - Log it on InPhase within 24 hours (sooner if serious) if not already logged using the child's own words wherever possible.
    - Apply the correct Severity Matrix rating (Green–Red).

5. **Decide if it meets the "significant harm" threshold (DSL/Manager)**
    - If yes, refer to Local Authority Children's Social Care within 24 hours using the local referral route.
    - If no, record the reason on InPhase and consider Early Help or other support.
6. **Make statutory notifications (DSL only)**
    - Local Authority Children's Social Care – when significant harm threshold is met (within 24 hrs).
    - Police – if a crime is suspected.
    - LADO – if the allegation is against a member of staff or volunteer (within 1 working day).
    - CQC – only if the child receives a regulated activity from Hft (see Policy section "Statutory Notifications – CQC and Ofsted").
    - Charity Commission – serious incidents affecting a child, staff or reputation (without delay).
    - DBS – mandatory referral if harm threshold met and person dismissed or left.
7. **Investigate (DSL/Manager)**
    - Start within 24 hours and follow the Severity Matrix timelines.
    - Pause your own investigation if Police or Local Authority are leading, but continue safety actions.
    - Keep the child informed in a way they can understand.
    - Record everything on InPhase, identify learning, and close the report when resolved.
8. **Escalate if needed**
    - If the concern is not being dealt with properly, contact the Head of Quality Transformation & Clinical Excellence or use the Whistleblowing route.



Quick extras for specific concerns

- Domestic abuse present: complete Safe Lives DASH risk checklist. Score 14+ then refer to MARAC. The child is a victim in their own right.
- Historical abuse reported: record the disclosure. If anyone is still at risk, refer to Children's Social Care and/or Police. Offer therapeutic support.
- Allegation against staff/volunteer (PiPoT) made: follow the PiPoT flowchart in Appendix 5. Never investigate yourself.

Impact Assessment

There are significant changes between this version of the Safeguarding Children Policy & Procedure and the last, and while this has served to streamline or simplify the policy, it does not significantly impact day-to-day operations.

Changes summary:

- Reduction in length and repetition.
- Improvements in structure due to new Policy template.
- Inclusion of Severity Framework.
- Simplification of Procedure and removal of non-procedural information.
- Enables removal of Thresholds Guidance document.

The update clarifies Hft's requirements and obligations regarding safeguarding adults and explains the responsibilities under the Health & Social Care Act 2008 further. This is a core policy that must be understood and applied by all staff working for Hft. The risk to People We Support is high if the policy is not adhered to, and compliance will continue to be monitored through audits, training, observation, supervision and appraisal.

Equality Assessment

There are no known or visible barriers under the Equality Act 2010 or related principles that would prevent People We Support from receiving care and support in line with this policy.

The policy is available in written and Easy Read format, which supports many People We Support to better access this document.

If a different accessible format is required for someone to access the Policy, this will be made available within 10 working days of the request.

Staff are expected to support people to understand the policy where required, using any relevant format, ensuring equitable access and application across all protected characteristics.

Hft will involve People We Support in reviewing safeguarding materials to ensure accessibility and relevance.

Appendix 1 – Safeguarding Children Flowchart

A child (under 18) is experiencing or at risk of abuse, neglect or exploitation, and there is reasonable cause to suspect they are suffering, or are likely to suffer, significant harm.

High & Serious Risk Concerns Identified TAKE IMMEDIATE ACTION

Allegation of abuse, significant but not life-changing harm; significant safeguarding risk; prolonged psychological harm.

Death; life-changing harm; confirmed abuse/neglect; credible systemic failure.

Record on inPhase.

- **Contact the Police – 999 (immediate danger/crime in progress) or 101 (non-emergency)**
- **Listen to the child's views and wishes** about the concern and what happens next (age & understanding appropriate)
- **Immediate safety actions** (remove/ reduce risk, preserve evidence if needed)
- **Contact your Line Manager / DSL immediately** (For high/extreme risk also contact National Safeguarding Lead same day)
- **Report the concern on InPhase as soon as possible and within 24 hours**
- **Make a safeguarding referral to Local Authority Children's Social Care within 24 hours** if the "significant harm" threshold is met
- **Referral to LeDeR** only if the child has a learning disability/autism and has died (otherwise not applicable)

Medium Risk Concerns Identified

Allegation of abuse, moderate harm requiring treatment; near miss with high learning value eg. Choking episode resolved; wrong medicine given but intercepted.

Record on inPhase.

- Call emergency services / GP if the child needs urgent medical help
- If domestic abuse is involved → complete a **SafeLives DASH Risk Checklist**
- If DASH score 14+ → refer to local **MARAC**
- Contact an **Independent Domestic Violence Advocate (IDVA)** or children's domestic abuse service where available
- Immediate **safety planning** with the child and non-abusing parent/carer
- Report concern on **InPhase** as soon as possible and within 24 hours
- Make safeguarding referral to **Local Authority Children's Social Care** within 24 hours where the "significant harm" threshold is met (The child is always a victim in their own right when exposed to domestic abuse)

Low Risk Concerns Identified

A one off incident where the threshold for a safeguarding enquiry is unlikely to be met.

Record on inPhase.

Decision not to refer: Clearly record on InPhase (and in the child's file if there is one) why the "significant harm" threshold is not met and no referral to Children's Social Care is being made.
Update the InPhase incident record with the decision and full rationale.
Explain to the child (in an age-appropriate way) what has been decided and why, and check they feel okay with this.
Consider signposting or other support – e.g. Early Help, universal services, school nurse, GP, Childline, or local youth service.
Ensure the concern is still fully recorded on InPhase within 24 hours.

Sharing information

You must always consider the child's views and wishes about sharing information, but you never need the child's consent to share when you believe they are suffering or likely to suffer significant harm.
Seek the child's views and, where possible, their assent.
Record what the child says and how they were supported to understand.
If sharing is needed to keep the child (or another child) safe, share without delay – the child's welfare is paramount.
If the concern does not meet the significant-harm threshold, consider whether parental consent is needed or whether Early Help can be offered with agreement.

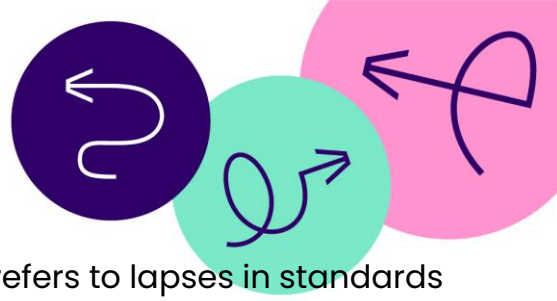
Record & share
Log everything on InPhase.
Share only what's needed with:
Children's Social Care / Police / LADO / CQC (if regulated activity) / Placing authority / GP / school/ other professionals / National Safeguarding Lead

Appendix 2 - Categories of Abuse

These categories form part of Hft's shared language around Safeguarding and are used as a basis for developing training and guiding practice. Definitions are provided to support staff understanding of the different types of abuse that may affect children and young people.

- **Physical abuse:** e.g. hitting, pushing, pinching, shaking, scalding, misuse of medication, misuse or illegal use of restraint or inappropriate physical sanctions. Physical abuse may also occur when a parent or carer fabricates or induces illness in a child (known as Fabricated or Induced Illness).
- **Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence. This may include physical contact (e.g., assault by penetration, touching) or non-contact activities (e.g., involving a child in looking at or producing sexual images, watching sexual acts, or being groomed online).
  Children and young people who are sexually exploited do not always recognise that they are being abused.
- **Child Sexual Exploitation (CSE):** A form of sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity in exchange for something the victim needs or wants, or for the gain of the perpetrator. CSE may involve physical contact or occur entirely online.
- **Child Criminal Exploitation (CCE):** Occurs when a child or young person is coerced, controlled or manipulated into criminal activity, such as drug distribution (county lines), theft, or violence. Exploitation often involves threats, debt bondage, grooming, or violence. The victim may appear to act voluntarily but is being exploited.
- **Emotional abuse:** The persistent emotional maltreatment of a child that causes severe and long-term effects on emotional development. This may include conveying to a child that they are worthless, silencing them, limiting normal exploration, bullying, rejection, or exposure to domestic abuse. Emotional abuse is present in all other forms of abuse.

- **Psychological abuse:** Includes intimidation, threats of harm, humiliation, blame, manipulation, verbal abuse, cyber-bullying, isolation, or the unreasonable withdrawal of emotional support. In children, this may manifest as fearfulness, withdrawal, or behavioural changes.
- **Neglect and acts of omission:** The persistent failure to meet a child's basic physical and/or psychological needs likely to result in serious impairment of health or development. Neglect may include failing to provide food, clothing, shelter, supervision, education, or medical care, or failing to protect from physical and emotional harm. It can occur before birth as a result of maternal substance misuse or poor antenatal care.
- **Exposure to Domestic Abuse:** Children who witness or experience domestic abuse are recognised in law as victims in their own right. Exposure can result in trauma, emotional distress, and developmental harm. Domestic abuse includes controlling, coercive or threatening behaviour, violence or abuse between adults who are, or have been, intimate partners or family members.
- **Discriminatory abuse:** Includes harassment, insults or unfair treatment because of race, gender, disability, religion, sexuality, or any other personal attribute. Children may also experience discrimination due to family circumstances, socio-economic status, or language barriers.
- **Financial and material abuse:** The use of a person's property, assets, income, funds or resources without their informed consent or authorisation or due to coercion. Financial abuse is a crime. It includes theft, fraud, internet scamming, coercion to take extortion loans and threats to recover debt, undue pressure in connection to wills, inheritance or financial transactions, or misuse or misappropriation of property, possessions or benefits, misuse of Enduring Power of Attorney, Lasting Power of Attorney, Deputyship or appointeeship.
- **Organisational / institutional abuse:** includes neglect and poor care practice within an institution or specific care setting such as a hospital, care home, supported tenancy or day centre for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.



- **Poor practice and neglect or abuse:** Poor practice refers to lapses in standards of care that may not always require a safeguarding response, such as one-off incidents that cause no harm and can be addressed by defined actions to prevent recurrence. However, when poor practice is repeated, affects multiple adults, or results in serious harm or risk of harm, it may cross the threshold into neglect or abuse. This can arise from individual actions or from wider organisational structures, policies, and practices that allow ill treatment to occur.
- **Fabricated or Induced Illness (FII):** A rare but serious form of abuse where a parent or carer exaggerates or deliberately causes symptoms of illness in a child. This can result in unnecessary medical interventions and significant harm. Staff must seek immediate advice from the Designated Safeguarding Lead and make a referral to Children's Social Care.
- **Child Missing or Absent from Care/Home:** Repeated or prolonged absence can indicate underlying abuse, neglect, or exploitation. Children who go missing are at heightened risk of CSE, CCE, trafficking and other forms of harm. All episodes must be reported and addressed in line with local authority procedures.
- **Modern slavery and trafficking:** Encompasses child trafficking, forced labour, debt bondage, servitude and exploitation for criminal or sexual purposes. Children may be trafficked within the UK or internationally. Any child suspected of being trafficked must be referred to the police and the National Referral Mechanism (NRM).
- **Female Genital Mutilation (FGM):** The partial or total removal of external female genitalia for non-medical reasons. It is illegal in the UK and constitutes a serious form of child abuse. All known or suspected cases of FGM in a girl under 18 must be reported to the police.
- **Forced marriage:** Occurs when one or both parties are married without their free and full consent. Forced marriage is a criminal offence and can affect both boys and girls. Cases involving children require immediate referral to the police and Children's Social Care.

- **Radicalisation and Extremism:** Where a child or young person adopts serious political, religious, or social views, sometimes as a result of grooming. Concerns should be addressed under the Prevent Duty, and referrals made via the local Channel process.
- **County Lines Exploitation:** A form of criminal exploitation where gangs or organised networks use children to move or store drugs and money. Victims may be threatened, coerced or groomed. Signs include unexplained travel, money, or association with older individuals.
- **Online abuse / cyber-bullying:** The use of technology, including social media, gaming, or messaging; to harm, exploit or harass a child. This can include grooming, image sharing, sextortion, or exposure to harmful content. Online abuse often overlaps with other forms of exploitation.
- **Bullying (including peer-on-peer abuse):** Behaviour by one or more individuals that intentionally hurts another, physically or emotionally. It can be face-to-face or online and may include name-calling, exclusion, intimidation, or physical aggression. All incidents must be addressed under safeguarding procedures.
- **Self-neglect (in children and young people):** Children and young people may present with behaviours or circumstances that resemble self-neglect, such as poor personal hygiene, unsafe living conditions, refusal of care, or persistent non-attendance at school.

  While true self-neglect is rare in children, such situations often indicate underlying neglect, abuse, trauma or a lack of parental care rather than an autonomous choice by the child.

  Professionals must consider the child's developmental stage, capacity, and level of parental responsibility or supervision when assessing these situations.

  Concerns must always prompt a holistic assessment involving Children's Social Care, education, and health professionals. In some cases, environmental factors such as hoarding, chronic neglect, or poor home conditions may necessitate multi-agency involvement, including Environmental Health or Fire and Rescue services, to ensure the child's safety and wellbeing.

- **Hate crimes and identity-based abuse:** Children and young people can experience abuse or harassment motivated by prejudice, discrimination or hostility towards their race, religion, disability, gender identity, sexuality or any other protected characteristic.

  This includes bullying, verbal or physical assault, exclusion, online abuse, or damage to property motivated by bias.
  The Metropolitan Police Service defines a hate crime as any incident that is perceived by the victim, or any other person, to be motivated by prejudice or hostility—a definition that applies equally to children. Such incidents can cause significant emotional and psychological harm and may also indicate broader safeguarding or community safety concerns.

  All allegations or suspicions of hate-related abuse must be reported and investigated under safeguarding procedures and, where appropriate, referred to the police and relevant community or equality support agencies.

Appendix 3 - Indicators of Abuse

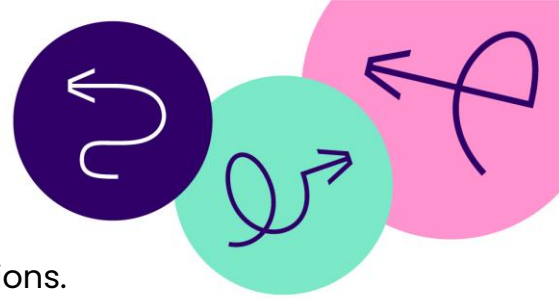
Children and young people who are being, or have been, abused may not always be able or willing to disclose what has happened to them. Some may be too young to understand that what they are experiencing is abuse, while others may be fearful, coerced, or unable to communicate their experiences.

Staff and volunteers must therefore remain vigilant for changes in behaviour, appearance, or circumstances that may suggest a child is at risk of harm. Abuse should never be assumed, and there may be alternative explanations for certain signs; however, any concern or noticeable change must always be explored and recorded.

The following list is not exhaustive but represents commonly recognised indicators of abuse or neglect. These indicators may occur in isolation or in combination and should always prompt further assessment and discussion with the Designated Safeguarding Lead (DSL).

Possible indicators of abuse may include:

- Reluctance or refusal to be alone with, or in the presence of, certain individuals.
- Unexplained bruises, injuries, burns, bite marks, or fractures.
- Bruising, bleeding, irritation, or discomfort in the genital area.
- Signs of sexually transmitted infections or pregnancy in a young person.
- Unexplained changes in behaviour, mood, or personality (e.g., becoming withdrawn, anxious, fearful, aggressive, or clingy).
- Sudden loss of confidence, low self-esteem, or depression.
- Unexplained absences from education or frequent lateness.
- Reluctance to return home or to a specific place.
- Difficulty walking or sitting, or torn, stained, or bloody clothing.
- Running away from home or care placements.
- Sudden weight loss or gain, or signs of malnutrition.
- Inappropriate sexualised behaviour, language, or knowledge for age.
- Self-harming behaviours, substance misuse, or suicidal thoughts.



- Frequent unexplained injuries or medical presentations.
- Being observed to be excessively tired, unkempt, or persistently hungry.
- Possessions going missing or unexplained new items, money, or gifts (potential signs of exploitation).
- Deterioration in physical appearance or personal hygiene.
- Disruptive, aggressive, or risk-taking behaviour.
- Withdrawal from friends, activities, or social interaction.
- Changes in school performance, attendance, or concentration.
- Living conditions that are unsafe, unhygienic, or unsuitable.
- Disclosure of abuse by the child or by another person.

Important:

The presence of one or more indicators does not automatically mean abuse has occurred. However, any observed or reported sign must be recorded and reported in accordance with this Policy & Procedure, to ensure that appropriate assessment and safeguarding action can take place.

Appendix 4 - Possible indicators of radicalisation

Children and young people may be vulnerable to radicalisation through exposure to extremist ideologies, online material, grooming, or coercion. The following behaviours should be considered in context; on their own they do not necessarily mean a person is being radicalised, but several indicators occurring together may be cause for concern:

- Increasingly serious views about another group, community, or section of society.
- Intolerance of others' opinions or rejection of moderate or alternative viewpoints.
- Sudden or unexplained interest in religion, politics, or ideology.
- Noticeable changes in appearance or dress that suggest alignment with a specific cause or group.
- Loss of interest in school, hobbies, or usual activities.
- Withdrawal from family, friends, or previous social circles.
- Increased use of online forums or social media associated with extremist content.
- Expressing support for the use of violence to achieve political or ideological goals.
- Fixation on conspiracy theories or extremist narratives.
- Attendance at protests, meetings, or events connected to extremist groups.
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Further information about Channel and Prevent multi-agency guidance is available here:

https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance

Appendix 5 – PiPoT Flowchart

Hft – PiPoT Concern Management Flow Chart	
1	Concern raised → Report immediately to DSL/senior manager (never to the person)
2	DSL removes person from contact with children
3	Same day: DSL contacts LADO + Police (if crime suspected) + Relevant Quality Lead + People Services
4	LADO advises on next steps (investigation, suspension, strategy meeting)
5	Record on InPhase → DBS referral if harm threshold met
6	Outcome and learning shared (anonymised where needed)