

RASA SAFEGUARDING CHILDREN POLICY AND PROCEDURE

RASA Merseyside Safeguarding Statement

RASA is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment.

We have policies and procedures in place that contribute to our safeguarding commitment, including our Safeguarding Adults Policy and Procedure, and Safeguarding Children Policy and Procedure.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a child's welfare. We will ensure that our concerns about our child clients are discussed with his/her parents/carers first unless we have reason to believe that such a move would be contrary to the child's welfare.

Safeguarding Children Policy and Procedure

Introduction

RASA are committed to providing confidential services to women, men, young people and children who have or are experiencing sexual violence. RASA Merseyside aims to ensure that staff and/volunteers who have contact with vulnerable persons (children and/or adults) and, who in the course of their work, may become aware of situations where there is a risk of, or actual abuse, are able to act competently and confidently to protect that individual from further abuse or harm.

This policy is underpinned by the policies and procedures devised by Sefton/ Liverpool/ Wirral Local Safeguarding Partnerships.

1. Purpose

This policy aims to ensure that no act or omission by staff or the services they provide puts a service-user at risk; and that systems are in place to proactively safeguard and promote the welfare of children and to protect them from abuse. The policy recognises that safeguarding children is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if children are to be protected from harm.

This policy also sets out how staff should be alert to signs of abuse and takes appropriate action to safeguard children.

2. Definition

- 2.1 A child is defined as anyone who has not yet reached their 18th birthday (Children Act 1989 and 2004). The fact that a child has reached 16 years of age is living independently or is in further education, is a member of the armed forces, is in hospital, prison or a young offender's institution does not change his or her status or entitlement to services or protection under the Children Act 1989 and 2004. Young people who are in this category as well as younger adolescents often fall through the net of services, not seen as an adult but no longer a child; they are often very vulnerable. Whilst 'unborn children' are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice Working Together to Safeguard Children (2018).

3. Abuse of Children:

For children's safeguarding, the definitions of abuse are taken from *Working Together to Safeguard Children* (2018)

Abuse and neglect Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or by a stranger for example via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse May involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are

worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (Department for Education, 2017).

Child Criminal Exploitation (CE)

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology (Taken from County Lines Guidance, Home Office, 2018).

On-Line Abuse

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

Female Genital Mutilation (FGM)

FGM is a criminal offence in the UK and the *Female Genital Mutilation Act 2003* makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers);
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Contextual Safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered (Working Together to Safeguard Children, 2018).

Radicalisation and Prevent

Prevent is part of the UK counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism. **Prevent** will address all forms of terrorism but continue to prioritise according to the threat they pose to our national security. At present, most resources and efforts will continue to be devoted to stopping people becoming terrorists or supporting terrorism. There is a commitment to protecting freedom of speech in this country. But preventing terrorism will mean challenging extremist (and non-violent) ideas that are also part of a terrorist ideology. **Prevent** will also mean intervening to stop people moving from extremist groups or from extremism into terrorist-related activity.

Forced Marriage and Honour Based Violence

RASA understand forced marriage and honour-based violence to be a form of abuse and a breach of human rights. It is, therefore, important to safeguard any child, young person or adult subjected to a forced marriage or honour based violence. Forced marriage refers "a marriage conducted without the valid consent of one or both parties, where some element of duress is a factor" (Pan Merseyside Forced Marriage Protocol, 2019). The National Police Chiefs' Council (NPCC) define honour-based abuse as:

'an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and / or community for alleged or perceived breaches of the family and / or community's code of behaviour' (NPCC 2015).

Modern Slavery

Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking (the of which comes from the Palermo Protocol).

These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

It is possible to be a victim even if consent has been given to be moved.

Children cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence.

5. Statement Principles

RASA are committed to protecting and promoting the wellbeing of children at risk.

6. Race, Ethnicity and Culture

In keeping with RASA's Equality and Diversity Policy all service-users will be provided with services without reference to race, colour, class, nationality, ethnic or national origins, sexual orientation, religion, age, disability, marital status or any other form of discrimination which hinders the promotion of equal opportunities.

7. Specific related Issues

7.1 The people ultimately accountable for safeguarding and promoting the welfare of all service-users of RASA is the Lead Designated Safeguarding Officer and the Deputy Designated Safeguarding Officer. The contact details are as follows:

- Lorraine Wood (Lead Designated Safeguarding Officer)
Lorraine.wood@rasamerseyside.org, mobile: 07760764421

- Sarah Wood (Deputy Designated Safeguarding Officer)
Sarah.wood@rasamerseyside.org, mobile: 07436 800 150
- 7.2 It is the responsibility of the Designated Safeguarding Officer to ensure staff are competent to comply with this Policy and its contents. All relevant staff will undertake safeguarding training in accordance with local LSCB/ LSCP procedures. In addition, in-house training is provided on a regular basis.
- 7.3 RASA operates a safer recruitment procedure which ensures all staff and volunteers undergo a DBS check in accordance with the Agency's *Enhanced DBS Policy*. All staff and volunteers have an enhanced check as they may work with adults and children. All staff and volunteers go through a recruitment process that involves initial training, induction, with regular reviews and monthly line management. Staff and volunteers working as therapists will also receive monthly clinical supervision.
- 7.4 RASA is committed to the highest possible standards of openness, probity, and accountability. RASA expect employees and/or volunteers, who have serious concerns about any aspect of RASA's work to come forward and voice those concerns without fear of victimisation, subsequent discrimination, or disadvantage and in accordance with the agency's *Whistleblowing Policy & Procedure*. The policy is used when concerns are raised relating to:
- Financial malpractice or impropriety.
 - Failure to comply with a legal obligation.
 - Dangers to Health & Safety or the environment.
 - Criminal activity.
 - Improper conduct or unethical behaviour including issues of child and vulnerable adult protection.
 - Attempts to conceal any of these.

On receipt of a complaint of malpractice, the member of staff who receives and takes note of the complaint, must pass this information as soon as is reasonably possible, to the appropriate designated investigating officer as follows:

- Complaints of malpractice will be investigated by the Operations Manager unless the complaint is against any member of the Operational Management Team. In such cases, the complaint should be passed to the **RASA** Management Committee for referral.
- In the case of a complaint, which is any way connected with but not against the Operations Manager or the Operations Management Team, the Operations manager will nominate the Chair of the Management Committee to investigate.
- Complaints against the Chair should be passed to the Operations Manager who will investigate.
- The complainant has the right to bypass the management structure and take their complaint direct to the Chair. The Chair has the right to refer the complaint back to the Operations Manager if she feels that the Operations Manager, without any conflict of interest, can more appropriately investigate the complaint.

If there is evidence of criminal activity, then the investigating officer should inform the police. RASA will ensure that any internal investigation does not hinder a formal police investigation. When there are concerns relating to a worker who works with children the Local Authority Designated Officer (LADO) should be made aware. Prior to this, seek advice and guidance from the Designated

Safeguarding Officer. The LADO should be alerted to all cases in which it is alleged that a person who works with children has:

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

For more details on how to refer to LADO:

- **Liverpool:**
For more information on the Liverpool LADO and to access Liverpool LADO forms and details on how to make a referral: <https://liverpoolscp.org.uk/scp/local-authority-designated-officer-lado/what-is-the-lado-and-what-do-they-do>.
- **Wirral:**
For more information on the Wirral LADO and details on how to make a referral:
<https://www.wirral safeguarding.co.uk/professionals/lado-allegations/>
- **Sefton:**
For more information on the Sefton LADO and details on how to make a referral:
<https://seftonscp.org.uk/scp/professionals/managing-allegations-local-authority-designated-officer>

7.5 RASA ensures that all staff and service-users of the agency understand the correct procedure if an allegation is made against a person who works for the agency in accordance with the agency's *Allegations against Staff Policy & Procedure*

In the instance that a concern is raised against a member of staff, the following will apply in line with *Allegations against Staff Policy & Procedure*:

Where a service user has a grievance or complaint about a member of staff or the service, they will be asked to put this in writing. No action will be taken unless the complaint is in writing. The letter should include:

- Details of the complaint
- Date and time of incident
- Details of any witnesses to the incident

Should the complainant have literacy difficulties, an advocate can act on their behalf or assist them in making the complaint.

Unless there is a good reason for not doing so, a complaint should be raised within one month of the incident to which it refers. The letter should be addressed to the Clinical Lead, and in her absence, the Operations Manager, Lorraine Wood.

The clinical lead will communicate the results of the enquiry to the complainant with 21 days. All time limits will be met unless this is not possible due to annual leave in which case the complainant will be contacted at the earliest opportunity.

7.6 RASA ensures all staff and volunteers take preventative measures to ensure both their own safety, and the safety of others. All staff should adhere to RASA Code of Conduct which documents the responsibility of the professional in their manner and behaviour, and asks all staff to adhere to the lone working policy. Lone workers in outreach centres and other work-based premises, including working from home, should:

Where there is a situation where members of staff are in a working alone scenario, they should where possible ensure most/all the following are adhered to:

1. Ensure you have control of the access to the building/room
2. Only give access to others if you are sure that you know who they are
3. Arrange for someone to telephone you at a predetermined time to check you are ok
4. Check on means of escape from the building in an emergency
5. Check access to a telephone
6. Try to plan appointments etc. so that other people are in the building with you
7. Keep valuables – handbags, cases, equipment etc. out of site
8. If you are assaulted or threatened contact the police immediately on 999
9. If you are verbally abused or receive indecent telephone calls report the matter immediately.
10. In all instances complete an incident form
11. Never provide a service user with your home address or telephone number.

8. Responsibility and Referral Process

- 8.1 In the first instance, concerns raised about a child at risk should be brought to the immediate attention of the Designated Safeguarding Officer (in her absence the Deputy Safeguarding Officer who will ensure immediate safety has been considered).
- 8.2 For procedures for Safeguarding Children see Appendix D.

When sharing information, only share on a need-to-know basis (see Confidentiality Policy, Information Sharing Policy, and Data Protection Policy).

9. Implementation and Dissemination

RASA will ensure all staff/volunteers will be issued with current policies and procedures as part of their induction into the agency. Revised/new policies and procedures will be issued to staff/volunteers within 5 working days of being approved by the Board of Trustees.

10. Monitoring and Compliance

RASA will ensure that all staff are utilising the policy and are fully conversant with its contents through monthly formal supervision and monthly group supervision. Informal supervision is continuous and available on a day-to-day basis.

12. Legislation and Guidance

Children Act 1989, 2004
Working Together 2010, 2013, 2015, 2018
Sefton, Wirral and Liverpool Local Safeguarding Children Board
Female Genital Mutilation Act 2003
RAPE Crisis National Service Standards
Prevent Duty Guidance 2015
Modern Slavery Act 2015
Criminal Exploitation of Children and Vulnerable Adults: County Lines 2018

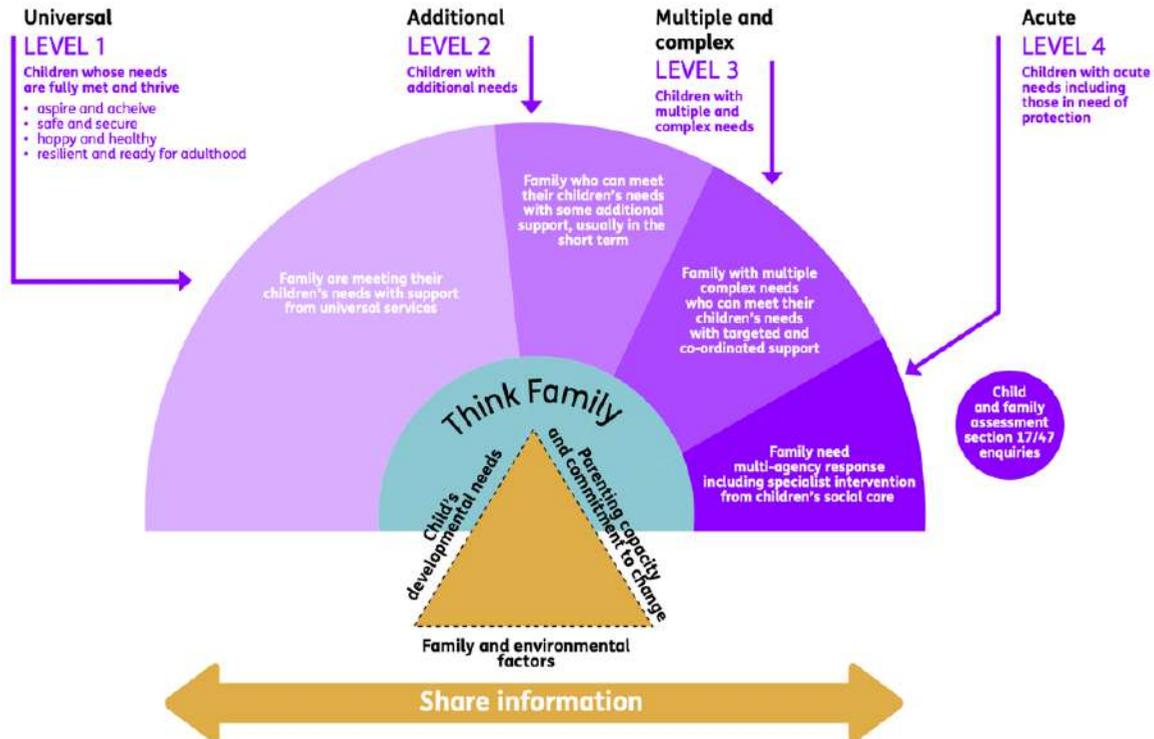
13. Appendices:

- A. Sefton LSCB Continuum of Need
- B. Wirral LSCB Continuum of Need
- C. Liverpool LSCB Continuum of Need
- D. Children's Safeguarding Flowchart

This Policy is to be used in conjunction with:
RASA Under 18s Self Harm and Suicide Policy
RASA Forced Marriage and Honour Based Violence Policy
RASA Female Genital Mutilation Policy
RASA Managing Allegations Policy
RASA Whistle Blowing Policy
RASA Information Sharing Protocol
RASA Confidentiality Policy
RASA Data Protection Policy
RASA Code of Conduct
RASA Lone Working Policy

Safeguarding: Across the Continuum of Need

The safeguarding 'windscreen' illustrates that safeguarding is everyone's responsibility and takes place across the continuum of need from universal services through to statutory interventions. Understanding needs across the continuum and how they relate to the appropriate action to be taken, ensures that the response to identified needs supports children to achieve their potential, at the right time and in the right way.



Appendix A

Appendix B

Thresholds of Need Table



Level		At this Level I...	How you can Support me and my Family	Services who can Help me and my Family
Universal	Level 1	...am thriving without the need for additional support. All of my needs are being met by my family and from Universal Services including my doctor, school, dentist and school nurse.	Make sure I am registered at the GP and attend all my routine health appointments. Make sure I am registered at nursery/school/college and attend regularly, and that I am reaching all my milestones. Ensure my parents/carers are aware of additional services and community groups	Examples of services include: Children's Centres, GP surgeries, dentists, pharmacies, opticians, health visitors, schools and school nurses, youth services and voluntary/ community organisations are good sources of advice & help.
	Level 2	...would benefit from some additional support to help me thrive for example from the speech and language service or family support services.	Support my family to take part in activities and experiences that will build on our strengths and help us address my needs. If you can't support our need please signpost us on to appropriate support. Consider whether a referral to Community Matters is needed or if an Early Help assessment is required. Don't wait before offering support.	Examples of services include: Level 1 services and youth support service, family nurse partnership, CAMHS, Response service, Education Welfare service, services through Early Help and Community Matters
Multi-agency Support	Level 3	...have multiple needs and I won't achieve positive outcomes without co-ordinated support from a number of agencies led by one professional. My family is struggling to affect change without the support of services.	As I might need some co-ordinated support please refer me and my family into children's services and complete an Early Help assessment and plan. Make sure all agencies who can help us are invited to meetings and contribute to the plan. If specialist assessments are needed do these too.	Examples of services include: Level 1 & 2 services, Early Help, Community and Family Matters and family intervention service, CAMHS, Catch22, Barnardo's
	Level 4	...have a high level of needs which are unmet and I won't achieve a reasonable standard of health or development without the provision of services. Without support my development is likely to be significantly impaired and I might be at risk or suffering significant harm and require help and protection	I need support co-ordinated by a social worker to keep me safe. Please refer me and my family into children's services and complete a Social Care assessment . If I am at risk of or suffering significant harm take action immediately to keep me safe and hold a strategy discussion without delay.	Examples of services include: Level 1-3 services and integrated front door (0151 606 2008),and children's social care, drug and alcohol services, Channel Panel, adolescent crisis team, Catch22, Specialist CAMHS, Family Safety Unit

Level descriptors for each of the 4 levels of need are on pages 5-8.



Appendix C

Safeguarding Across the Continuum – Levels of Need and Response



Universal services support needs at all levels

CONSENT - It is important that parental consent is obtained when making a referral for a child in need. However, consent is not required for a child requiring protection.

Contact **Careline** for concerns that a child has suffered or is likely to suffer significant harm **0151 233 3700**

Practitioners must escalate to resolve any areas of professional disagreement. See LSCB Escalation Policy.

Responding to Need – Safeguarding is Everyone’s Responsibility

‘Nothing is more important than children’s welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified. Everyone who comes into contact with children and families has a role to play’ Working Together 2018

Effective safeguarding arrangements are underpinned by two key principles;

- **Safeguarding is everyone’s responsibility:** for services to be effective each professional and organisation should play their full part
- **A child centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children

Everyone who works with children – including teachers, GP’s, nurses, midwives, health visitors, early years professionals, youth workers, police, accident and emergency staff, paediatricians, voluntary and community workers and social workers – has a responsibility for keeping them safe.

Responding to Need - ‘Safeguarding Windscreen’ and Levels of Need ‘Level Indicators’

Liverpool Safeguarding Children Board (LSCB) ‘Safeguarding Windscreen’ and Levels of Need ‘Level Indicators’ are made available so that;

- Everyone who works with children, young people and their families better understand the needs of children.
- All who work with children and their families understand the most appropriate action intervention that is to be taken in response to a child’s identified needs.

Responding to a child’s needs at the earliest opportunity and in the right way will support their needs and prevent them from escalating

The ‘Safeguarding Windscreen’ illustrates that safeguarding is everyone’s responsibility and takes place across the continuum of need from universal (Level1) through (Levels 2 & 3) to statutory intervention (Level 4). Understanding needs across the continuum and how they relate to the appropriate action to be taken, ensures that the response to identified needs supports children to achieve their potential.

Level 1 – child’s needs are met through access to universal services

Level 2 – child has additional or emerging needs which may require support. Consider an Early Help Assessment (EHAT) – see link [Click Here for EHAT Guidance](#)

Level 3 – child has complex or multiple needs that require targeted support. Initiate an Early help Assessment (EHAT) – see link [Click Here for EHAT Guidance](#)

Level 4 – child with significant welfare concerns. Social work led specialist intervention (Child In Need S17) (Child Protection S47). MARF required

[LSCB Multi Agency Referral Form \(MARF\)](#)

Indicators should be used in conjunction with single and multi-agency safeguarding children procedures, best practice guidance and protocols for specific issues or concerns.

Indicators do not replace children’s assessments but can be used to aid the identification of strengths and protective factors for a child at the earliest opportunity, as well as any additional unmet needs of welfare concerns. **NOTE: LEVELS OF NEEDS INDICATORS ARE TO BE USED AS GUIDANCE ONLY**

Where a professional is unsure of the most appropriate response to identified needs, discussion with managers or a designated safeguarding lead will support the most appropriate action to be taken. Advice and guidance should always be sought to ensure appropriate action is taken.

Safeguarding Procedure Flowchart for Children – Appendix D

Concern for child or young person is identified – bring to the attention of the Designated Safeguarding Officer (Lorraine Wood) in her absence the Deputy Safeguarding Office (Sarah Wood).



If it is considered that a child is potentially a child in need (as defined in Section 17 of the Children Act 1989) or if the child is considered at risk of significant harm (as defined in Section 47 of the Children Act 1989) a referral should be made by phoning Children's Services Social Care and speaking to an operator. After the phone call, you should complete the relevant Multi Agency Referral Form (MARF) for the area that the child resides in. Details for local social care are:

Wirral Integrated Front Door Team: Mon-Fri, 9:00am – 5.00pm Tel: **0151 606 2008**

Outside of these hours Tel: **0151 677 6557**

Email: IFD@wirral.gov.uk

<https://www.wirralsafeguarding.co.uk/concerned-about-a-child/>

Sefton MASH Team: 0151 934 4013 / 4481

<https://www.sefton.gov.uk/social-care-and-health/children-and-young-people/report-a-child-or-young-person-at-risk/information-for-professionals/>

Liverpool Careline: 0151 233 3700

<https://liverpool.gov.uk/children-and-families/childrens-social-care/keeping-children-safe/children-at-risk/>

If the child is at immediate risk, phone 999.



If a decision is made to refer a child to Children's Social Care Services, the family concerned will be informed of this decision and offered support throughout the process, unless this would place the child at significant risk.



Clearly document the nature of your concerns on the individual's/family's file and record the date of the referral. Referral must be recorded in Safeguarding Referral Log

Contact Children's Social Care Services if a response has not been received within the same working day.

Clear notes should be kept on file concerning the progress of the referral and discussions that may have taken place with the child, parent, other agencies and Children's Social Care Services, together with actions taken.



Ensure that the family are kept fully informed of progress at all stages and every effort should be made to minimise distress to the child.