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SAFEGUARDING POLICY

Date: 9th October 2025

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Management

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1. Introduction

Child Protection Policy Statement

1.1 Active Hope Ltd takes very seriously its duty towards all the children who have been entrusted to its care and seeks to provide an environment where all children are safe, secure, valued, respected, and listened to.

1.2 Active Hope Ltd believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice that protects them.

1.3 We recognise that:

- The welfare of the child is paramount.
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse. This policy applies to all children and young people.
- Working in partnership with children, young people, their parents and carers and other agencies is essential in promoting young people's welfare.
- As an organisation, all staff receive training and development in Safeguarding at least annually.

1.4 Purpose of Policy:

- To provide protection for all children and young people who receive Active Hope services, including the children of adults involved.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing or be at risk of harm.

1.5 This policy applies to all staff, including senior managers and boards of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone acting on behalf of Active Hope Ltd.

1.6 This policy follows the statutory government guidance *Working Together 2018 to Safeguard Children, Keeping Children Safe in Education 2018* and *What to do if you're worried a child is being abused: 2015.*

1.7 All agencies in Warrington follow the same safeguarding Procedures, which should be regarded as instructions to staff.

1.8 We will review our child protection policy and protocol at least annually to ensure they are still relevant and effective.

2. Definitions & Principles

2.1 A child is any person who has not yet had their eighteenth birthday. Social Work Teams will also act to protect unborn children and offer ongoing support, up to 25 years, to some children who have been in care.

2.2 Government's specific ambition for children is that they will achieve the "Every Child Matters" key outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

3. Scope of Services & Involvement with Children

3.1 Children working with Active Hope may access outdoor learning including a wooded area and waterways, and overnight residential camping. Specific risk assessments are in place for these areas. All sessions are run by Active Hope staff who follow our safeguarding procedures, as in section 6.7. Groups of children participating in our work are always supervised by at least two adults (of Active Hope staff and school staff).

4. Definitions of Abuse

4.1 The following definitions of abuse are set out in statutory government guidance and provide the framework for responding to risk to children.

4.2 Abuse and neglect are forms of maltreatment. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.

Physical Abuse

4.3 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

4.4 Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child - see definition of *Fabricated or Induced Illness.*

Emotional Abuse

4.5 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

- Imposing age or developmentally inappropriate expectations 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.
- Seeing or hearing the ill-treatment of another.
- Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
- Exploiting and corrupting children.

4.6 Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

4.7 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.

4.8 Sexual abuse includes abuse of children through sexual exploitation.

4.9 Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under *Section 5 Sexual Offences Act 2003*.

4.10 Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

4.11 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.

4.12 Neglect may occur during pregnancy as a result of maternal substance abuse.
Once a child is born, neglect may involve a parent 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 care-givers, and watching of inappropriate age certificated films/games)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

5. Further Definitions

5.1 As well as the definitions above, there are circumstances which can be indicative of abuse, or constitute abuse and are in any case, damaging to children. You should be aware of the need to act on concerns about the following.

Domestic (Family) Violence

5.2 Domestic or Family Violence adversely affects children, whether or not it is significant enough to warrant action under Child Protection Procedures.

5.3 When a member of staff becomes aware that a child may be living in a household where there is emotional, physical or sexual violence, they should attempt to find out whether the family are receiving help and should consider contacting the referral or advice lines below.

Harassment and Bullying

5.4 Staff should be aware of and act in accordance with the charity's Harassment and Bullying Policy.

5.5 Bullying is not acceptable behaviour. Staff members witnessing a child being bullied or receiving complaints over bullying have a duty to do whatever is within their power to stop the situation, while avoiding putting themselves or the child in danger.

5.6 Staff should always discuss instances of bullying with a senior manager. This should occur immediately if the situation is beyond their ability to deal with.

5.7 It is important to be aware of the possible use of weapons to covertly, or overtly threaten. All actual or threatened use of weapons or threat of physical force must be reported to the Police.

Children Who Go Missing From Care and Home

5.8 The Child Protection Procedures define a child as 'missing' if their whereabouts are unknown, whatever the circumstances of their disappearance.

5.9 Children who go missing place themselves at risk of substance abuse, exploitation and addiction. Missing children should be reported to the local Police Missing Persons Unit.

Children Missing From Education (CME)

5.10 A Child Missing from Education is defined by the DfE as "a child of compulsory school age who is not on a school roll, nor being educated otherwise (e.g. privately or in alternative provision) and who has been out of any educational provision for a substantial period of time (usually four weeks or more)." In Warrington, referrals for CME are accepted after 10 working days of reasonable checks being carried out by the educational provider and their Designated Safeguarding Lead.

5.11 In Warrington, the main reasons behind Children Missing from Education are those who fail to start at an appropriate education provision either at the start of the new academic year or following a mid-year transfer, becoming lost from school rolls, or failure to register at a new school when moving in or out of the Borough.

Contact for CME Team: *David Sampson*
Email: *dsampson@warrington.gov.uk*
Telephone: *01925 442261*

Child Sexual Exploitation (CSE)

5.12 Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, drugs, alcohol, gifts or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organized crime involving gangs and groups.

5.13 Exploitation is marked out by an imbalance of power in the relationship and involves varying degrees of coercion, intimidation and sexual bullying including cyberbullying and grooming.

5.14 It is important to recognize that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognize it as abuse. Young people who go missing can be at increased risk of sexual exploitation and so procedures are in place to ensure appropriate response to children and young people who go missing, particularly on repeat occasions.

5.15 Schools will refer to the Multi-Agency Safeguarding Hub (MASH) if there is a concern that a young person may be at risk.

Child Trafficking

5.16 Child trafficking is the recruitment and movement of children for the purpose of exploitation; it is a form of child abuse. Children may be trafficked within the Country, or from abroad. It overlaps with Sexual Exploitation and Private Fostering. Children may be trafficked for:

- Sexual exploitation
- Labour exploitation
- Domestic servitude
- Cannabis cultivation
- Criminal activity
- Benefit fraud
- Forced marriage
- Moving drugs.

Private Fostering

5.17 Private Fostering arrangement is one that is made privately between two parties without the involvement of the Local Authority for a child under the age of 16 (18 if disabled). This arrangement would be with someone who is not a parent or close relative, and lasts 28 days or more.

5.18 Private Fostering is used as a form of childcare by parents who are not able to take care of their child on a day to day basis, for whatever reason. However, unreported Private Fostering Arrangements can be used in order to exploit children.

5.19 The Law requires that the Local Authority should be informed at least six weeks in advance of a Private Fostering arrangement or 48 hours after the arrangement has been made if in an emergency. Social Workers will:

- Check the suitability of the Private Foster Carers through checks and assessment;
- Make regular visits to the child and monitor the standard of care; and
- Ensure that Private Foster Carers and birth families have all the necessary information and advice they require.

Forced Marriages

5.20 No faith supports the idea of forcing someone to marry without his or her consent. This should not be confused with arranged marriages between consenting adults.

Under-age Marriages

5.21 In England, a young person cannot legally marry or have a sexual relationship until they are 16 years old or more.

Female genital mutilation (FGM)

5.22 Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. It is a surprisingly common form of abuse in the UK. FGM is carried out on children between the ages of 0–18, depending on the community in which they live. It is extremely harmful and has short and long term effects on physical and psychological health.

5.23 FGM is internationally recognized as a violation of the human rights of girls and women, and is illegal in most countries, including the UK

5.24 Active Hope takes these concerns seriously and staff will be made aware of the possible signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk, is imminent, or has already taken place will be dealt with under the child protection procedures outlined in this policy

5.25 Since 31 October 2015 it is a legal requirement to report known cases of FGM (visually identified or verbally disclosed) to the police under the FGM Mandatory Reporting Duty. Any such disclosures will be referred to the police by contacting them on the 101 number. This duty does not apply in relation to “at risk” or suspected cases. In these cases the Designated Safeguarding Lead will make appropriate and timely referrals to MASH if FGM is suspected. In these cases, parents will not be informed before seeking advice. The case will still be referred to MASH even if it is against the child’s wishes.

Ritualistic Abuse

5.26 Some faiths believe that spirits and demons can possess people (including children). What should never be condoned is the use of any physical violence to get rid of the possessing spirit. This is physical abuse and people can be prosecuted even if it was their intention to help the child.

Safeguarding Children and Young People Vulnerable to Violent Extremism (PREVENT DUTY)

5.27 Protecting children from the risk of radicalisation should be seen as part of all organisations' wider safeguarding duties. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. As with managing other safeguarding risks, organisations should be alert to changes in children's behaviour that could indicate that they are in need of protection.

5.28 Active Hope staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. This may include making a referral to the *Channel* programme(counter-terrorism) (*Keeping Children Safe in Education, Department for Education, 2018)*

5.29 Our safeguarding policy therefore complies with the organisation's duty under *Section 26 of the Counter Terrorism and Security Act 2015* in accordance with the Department of Education advice for schools specific guidance for schools.

6. What To Do If You Are Concerned That a Child Is Being Abused

Responding To Patterns of Concern

6.1 If you recognise signs of abuse keep a written record of any physical or behavioural signs or symptoms. Report them, with immediate effect, to your DSL.

The Role of the Agency Prior To Referral

6.2 Normally the DSL or someone in your agency should ask the parents for their explanation of your concerns and tell them that you are going to make a referral to Children's Social Care. Members of the Children's Workforce have a duty to act on child welfare concerns and their anonymity cannot be preserved.

6.3 However, you must not talk to the parents about concerns where it would jeopardise the child's safety, for example:

- There are concerns about Sexual Abuse
- The child appears very frightened of their parents and fears reprisals

Early Help Pathways

6.4 *Working Together to Safeguard Children (2018)* sets out a clear expectation that local agencies will work together and collaborate to identify those children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later, when any problems, for example neglect, may have become more entrenched. The importance of using a child centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and the views of the individual child in their family and community context.

Details of the services available and how they can be accessed are available online at:

Web: *http://www.mylifewarrington.co.uk/earlyhelp*
Email: *earlyhelpsupport@warrington.gov.uk*
Phone: *01925 443136*

The Multi-agency Safeguarding Hub (MASH)

6.5 MASH is the Local Authority's 'front door' to manage all safeguarding referrals and to consider the most appropriate support available for families in need of help. The MASH team is made up of: Children's Social Care, Police Public Protection Desk, Health, Education, Youth Offending Service, Early Help and Youth Services, Probation and Housing.

6.6 MASH operates a safeguarding consultation line to provide safeguarding advice and consultation to professionals and can be found at:

https://www.warrington.gov.uk/mars

For all other enquiries use *01925 443400/ 442468*
[Out of Hours: *01925 444400*]

Recording

6.7 When staff become aware of possible abuse or concern, they must make a full written record onto a **yellow safeguarding concern form**, obtained from the DSL as soon as possible and always within 24 hours of the situation arising. If escalated, an external Referral form will need to be completed, and actioned.

6.8 Recording should include:

- As much information as possible about the incident of concern i.e. what lead up to it, what was heard or witnessed, staff member's responses, location of the event, date, time and details of anyone present
- Any action taken by the member of staff as a result of the incident.
- Other relevant background information.

6.9 When you record:

- Distinguish between fact and opinion eg. in my professional opinion
- Try to describe what happened fully but succinctly
- Make the recording legible
- Sign and date the recording and ensure your name and designation are clearly typed or printed.

6.10 It may be a good idea to record what you have seen on a body map (on the reverse of yellow concern form) for an accurate record that cannot be misinterpreted. Body maps may also be useful for your first aid records.

6.11 You should record only what you can see without removing additional clothing.

6.12 All records of child protection issues will be kept in a central, lockable, non-portable cabinet.

6.13 Active Hope adopts a successful working practise with it's schools, and any incident or disclosure is reported to their DSL to action.
It is the responsibility of Active Hope's DSL to ensure care is passed on to the school, actioned, and followed up appropriately.

Referral Time Scales

6.14 Referrals following specific incidents should be made within 24hours. Where concern has built over a period of time, referral may be delayed. However, you must avoid long delays, based on the fact that you cannot obtain a Manager or Designated Officer's agreement within the time scales above. If such a delay is likely, you must make the referral yourself.

What To Put In Your Referral

6.15 You should give as much of the following information as possible:

Your Details:	Name, designation and contact details Date and time of referral
Subject Child(ren):	Address, name, DOB
Family Details:	Address (s), names (including any aliases), (DOBs or ages) & the relationship to the subject child(ren) of ALL members of the household (& family if situation is complex, family members at other addresses) Details of regular household visitors, if known
Summary of Concerns:	What you have seen or heard to make you concerned Anything you have done in response to this Your assessments and opinions, specified as such
What You Think Should Happen:	Detail your opinion

Emergencies

6.16 If you believe a child is in immediate physical danger you should call the Police on 999.

6.17 If a child is injured or showing signs of illness, you should seek medical assistance and try to contact the child's carers, who will normally be able to consent to treatment. Depending on your degree of concern you may want to contact the Warrington Ambulance Service immediately.

6.18 Dependent on age and understanding, the child may be able to consent to treatment, or medical staff may decide that the emergency is such that consent should be over ridden.

6.19 It is your responsibility to access help and try to access the child's parent or carer, not to determine consent issues.

Disagreements About The Need For Referral

6.20 If staff and managers disagree about the need for a referral, they should seek advice. If the matter cannot be resolved, members of staff can make a referral in their capacity as a citizen.

Dissatisfaction With The Response To Referral

6.21 If you are dissatisfied with the outcome of your referral and particularly if you are concerned that a child may be left at risk, you must ask to talk to one of the managers in the service. If you continue to be concerned you may ultimately need to speak with the Service Manager or Service Lead - at the Multi-Agency Safeguarding Hub.

7. How To Respond To a Child Telling You About Abuse

7.1 Sometimes you will be concerned about abuse because of what a child says to you.
If this happens you **should**:

- Stay calm and reassuring. Respond with tact and sensitivity and do not make judgements.
- Find a quiet place to talk and allow the child to speak in their own time (this should still be in the open but away from the crowd and you should tell someone else where you are going and with whom).
- Believe in what you are being told; take allegations or suspicion of abuse seriously.
- Listen, possibly confirm details but do not press for information or ask leading questions as this may void any disclosure you receive in a court case or investigation.
- Make brief notes using the person's own words. Do not interpret what has been said or make assumptions.
- Say that you are glad that the child told you.
- Acknowledge that the child may have angry, sad or even guilty feelings about what happened, but stress that the abuse was not the child's fault.
- If necessary, seek medical help and contact the police or social services.
- Ensure the safety of the child and that they are away from the alleged abuser.
- Follow procedures for reporting allegations and suspicions to the Designated Safeguarding Lead

Do not:

- Promise confidentiality, but do discuss with the child who you need to tell.
- Investigate the allegation yourself and do not contact the parents/carers until advised to do so by the local authority/officer in charge of the allegation.
- Make personal comment about the abuser or anyone involved.
- Say that you will do your best to protect and support the child.

Acknowledge to yourself:
That you may need help dealing with your own feelings and your employer/organisation should provide additional support this could include a follow up session, time off or counselling.

8. Suspicions About Members of Staff

8.1 Introduction

It is essential that any allegation of abuse made against a member of staff or volunteer is dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

8.2 What Is Meant By an Allegation Against A Member of Staff

You should be concerned if you believe that a member of staff has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children

8.3 This part of the guidance applies whether the child is someone with whom the member of staff is acquainted through their work, is a family member, friend, or stranger. As well as the safety and wellbeing of the subject child and other involved children, it is important to consider the staff member's long term attitude, access and level of risk to children.

8.4 This part of the guidance applies to all staff whether the member of staff is paid, a volunteer, a permanent, or an agency member of staff. It includes anyone who has access to children, or data about them.

8.5 If the DSL/DDSL have any implication in a concern, the issue must be escalated to the Trustees responsible for the management of safeguarding.

9. Role of the LADO

9.1 Where there is reason to suspect that the individual of concern may be unsuitable to work with children, the matter must be reported to the Local Authority Designated Officer, who will decide where the threshold for investigation under Child Protection procedures is met and will make arrangements to coordinate activity. Once it is clear that the individual should be referred, this should occur without delay, so that an agreement can be made about immediate action and what information can and cannot be shared.

The Warrington LADO contact details:
Telephone Number: *01925 442079*
E Mail: *LADO@warrington.gov.uk*

Action

9.2 If you are concerned that a member of staff may have abused a child you must:

- Ensure that the child or young person is safe
- Make a written note of the concerns ensuring names and times are clearly recorded. Do not speak to the child, young person or the member of staff in respect of the allegation
- Talk immediately to your Designated Safeguarding Officer and decide who is going to discuss the matter with the LADO
- If your concern relates to the Designated Safeguarding Lead, discuss with the LADO in Children's Quality Assurance immediately
- Where a member of staff has obviously assaulted a child or young person the Police should be informed.

9.3 In deciding whether to take immediate action in respect of the member of staff against whom the allegation was made, it will be necessary to balance any ongoing risks to children, against the risks of alerting the member of staff in such a way that they may silence children, or destroy evidence.

9.4 A member of staff may be suspended with immediate effect by their manager if there are grounds for concern. However, the LADO should be consulted before action is taken.

What Happens After Referral

9.5 Following referral to the Contact Centre/ Assessments, the Team will forward the matter to Children's Quality Assurance, who will:

- Undertake checks on those involved
- Decide whether an multi agency Allegations Strategy Meeting is required
- If a multi agency meeting is required, convene it, normally within 2 working days
- Provide advice and guidance to employers
- Track the different processes to their conclusion including any criminal investigation.

Management Oversight and Supervision

9.6 Case Supervision is vital to sound Child protection Practice. Supervision is a formal process, in which the supervisor helps the practitioner to review and reflect on their work with the child about whom there are child protection concerns and their family. It is important that the supervisor is able to:

- Relate child protection procedures and what works in child protection practice to the particular case
- Help the practitioner think about the way in which the relationships between the child the family and the professional group, affect them and their work
- Challenge and check

9.7 Sometimes Case Supervision will be undertaken by the person who has overall responsibility for the individual's workload, performance and development. In very small organisations, or organisations which are unused to safeguarding and child protection, this may not be possible. Where management and supervision are separate, the supervisor and manager must liaise. It may be necessary for such organisations to negotiate together to obtain supervision support.

10. Confidentiality and Information Sharing

10.1 Information may be shared to protect a child or vulnerable person, or to prevent a crime. Early sharing of information is the key to providing effective early help where there are emerging problems. The *Data Protection Act* is not a barrier to sharing information, but provides a framework to ensure that personal information about living persons is shared appropriately.

10.2 When working with children, guarantees of absolute confidentiality must not be given. Those working with children should tell them that information will be shared if it is necessary to keep a child or vulnerable adult safe.

10.3 Staff should be open and honest with the child (and their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

10.4 Staff should seek advice if they are in any doubt.

10.5 Staff should follow the normal rules for safe data storage and transfer (refer to **Privacy Policy** and **Internet, Email and Social Media Usage Policy**)

10.6 Recording should include the decision and the reasons for it – whether it is to share information or not. It should include what was shared, with whom and for what purpose.

11: Continuing Work following a Referral to Children's Social Care (CSC) in Warrington

11.1 A member of staff may be asked to remain involved with a child or a process, following referral to CSC. They may be asked to:

- Continue their normal level of contact with the child and report back to the Social Worker, if there is one
- They or their manager may be asked to attend a Child Protection Conference
- A manager in the service may be asked to take action in relation to a member of staff about whom there have been allegations.

12. Appendix I

12.1 **Fabricated or induced illness** (FII) is a rare form of child abuse. It happens when a parent or carer exaggerates or deliberately causes symptoms of illness in the child.
The parent or carer tries to convince doctors that the child is ill, or that their condition is worse than it really is.
The parent or carer does not necessarily intend to deceive doctors, but their behaviour is likely to harm the child. For example the child may have unnecessary treatment or tests, be made to believe they're ill, or have their education disrupted.
FII used to be known as "Munchausen's syndrome by proxy" (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves).