

27. Child Protection & Vulnerable Adults Safeguarding Policy

Version Number	Amendments Made	Date
1	Updated Safeguarding Leads, Safeguarding Reporting Links, KCSIE version, completely reformatted the document and added internal processes.	30/9/24

Approved by	Dr Mike Scanlan
Date of Issue	October 24
Next Review due (date)	September 25

Within The Lowdown the named personnel with designated responsibility for safeguarding are:

Designated Safeguarding TRUSTEE	Designated Safeguarding Lead	Deputy Designated Safeguarding Lead, if required
Dr Mike Scanlan	Rachel Welsh (Counselling and Wellbeing) Helen Heng (Support Services)	Rebecca Kings Ryan Parkinson Becky Truman Meghan Wright Kelly Emmanuel

The named personnel with Designated Responsibility regarding allegations against staff are:

Designated Senior Manager	Deputy Designated Senior Manager	Chair of Trustees (In the event of an allegation against the Senior Manager)
Sharon Womersley	Laura Simms	Stephen Edmonds

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1. Aim of Policy

- To inform clients, staff, parents/carers, volunteers, students, trustees, and funders about The Lowdown’s responsibilities for safeguarding children, young people, and vulnerable adults.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out.
- To ensure that appropriate action is taken in a timely manner to safeguard and promote children and vulnerable adults’ welfare.

2. Definitions

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children’s health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Child protection is part of this definition and refers to activities undertaken to prevent children from suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. *Appendix 3 explains the different types of abuse.*

Neglect is a form of abuse and 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. *Appendix 3 defines neglect in more detail.*

Children includes everyone under the **age of 18**.

Vulnerable adults include everyone aged 18 or over who is or may need services by reason of mental or other disability, age, or illness; and who is or may be unable to take care of themselves or unable to protect themselves against significant harm or exploitation. Any concerns relating to vulnerable adults should be reported in accordance with Northamptonshire Adult Safeguarding Board (NSAB) procedures: www.northamptonshiresab.org.uk

3. Legislation and Statutory Guidance

This policy is based on statutory guidance, **Keeping Children Safe in Education 2024** and **Working Together to Safeguard Children 2021**.

This policy is also based on the following legislation and statutory guidance: -

- **The Children Act 1989 and The Children Act 2004 amendment**-[Section 11](#) of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- Section 5B (11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the **Serious Crime Act 2015**, which places a statutory duty to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18.
- **Statutory guidance on FGM**, which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM.
- **The Rehabilitation of Offenders Act 1974**, which outlines when people with criminal convictions can work with children.
- **The Safeguarding Vulnerable Groups Act (2006)** explains vetting and barring checks and defines 'regulated activity' to help prevent people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.
- **Statutory guidance on the Prevent duty**, which explains schools' duties under the Counterterrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism.
- **Sexual Offences Act (2003)**.

- The Childcare (Disqualification) Regulations 2009 (and 2018 amendment) and Childcare Act 2006, which set out who is disqualified from working with children (All schools with pupils aged under 8).

The Lowdown complies with this guidance and the procedures set out by Northamptonshire Safeguarding Children Partnership (NSCP) - www.northamptonshirescb.org.uk, and Vulnerable Adults www.northamptonshiresab.org.uk.

4. Equality Statement

Some children and young people have an increased risk of abuse, and additional barriers can exist for some young people with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children and young people's diverse circumstances. We ensure that all children and young people have the same protection, regardless of any barriers they may face. We give special consideration to children and young people who:

- Have special educational needs or disabilities.
- Are young carers.
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality.
- Have English as an additional language.
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence.
- Are at risk of Female, Genital Mutilation (FGM), sexual exploitation, forced marriage, or radicalisation.
- Are asylum seekers.

5. Roles and Responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff, volunteers, students, and trustees of The Lowdown and is consistent with the procedures of Northamptonshire Safeguarding Children Partnership.

This policy and procedure apply to all Lowdown activities including those carried out off site.

Acknowledgement that you have read the policy will be recorded in Breathe HR.

5.1 All Staff, Volunteers and Students

All DSL's will read and understand [Part 1 and Annex A KCSIE 2024](#) of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education 2024](#), and review this guidance at least annually.

All will be aware of:

- Our policies which support safeguarding, include the code of conduct and the role of the designated safeguarding lead (DSL).
- How to raise the concern in the My Concern System
- The early help process and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment.
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play.
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation. Appendix 3 of this policy outline in more detail how staff, volunteers and students are supported to do this.
- Criminal Exploitation including Gangs and County Lines:

Northamptonshire is within the top ten counties in the country with identified county lines practices while both acute trusts in the county are seeing a rise in young people presenting with knife and gun injuries. County lines is the organised criminal distribution of drugs from the big cities into smaller towns and rural areas using children and vulnerable people.

The Lowdown utilises the definition of child criminal exploitation provided by the Home Office:

“Child Criminal Exploitation 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 into any criminal activity (a) in exchange for something the victim needs or wants and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or c) through violence or the threat of violence. 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.”

The influence of county lines is nationwide. Boys, typically 15 and 16, but sometimes younger, travel by coach, train, and taxi into rural or coastal area, with only a 'burner', or disposable phone, often stolen, and a stash of drugs. For the gang's security each runner only knows one other phone number along the delivery chain.

The drug runner needs a place to stay and to do this the gang will take over the home of a vulnerable person, often after following them home. This is known as “cuckooing”. Once in the property, drugs and weapons can be stored there along with a possible venue for dealing drugs and the sexual exploitation of girls and young women.

- Modern Slavery and Trafficking:

Modern slavery is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal gain. Traffickers and slave drivers' trick, force and/or persuade children and parents to let them leave their homes. Grooming methods are used to gain the trust of a child and their parents, e.g. the promise of a better life or education, which results in a life of abuse, servitude and inhumane treatment.

The term Modern Slavery captures a whole range of types of exploitation, many of which occur together. These include but are not limited to:

- Sexual exploitation:

This includes but is not limited to sexual exploitation and sexual abuse, forced prostitution and the abuse of children to produce child abuse images/videos.

- Please use the full suite of documents and guidance contained within the NSCP webpages - including the Neglect Tool Kit <http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/publications/neglect-toolkit/>.
- Child protection body map - should be used to record information about physical injuries, particularly if it is felt that the injury is non-accidental or thought to be following a pattern, see Appendix 5. The body map provides a visual record of physical abuse and helps professionals to work together when deciding whether there is a safeguarding concern.

5.2 The Designated Safeguarding Lead (DSL)

Our DSL's as listed on page 2.

The DSL takes lead responsibility for child protection and wider safeguarding.

The DSL will be available during office & opening hours for anyone to discuss any safeguarding concerns.

When the DSL is absent, the named deputy will act as cover. See Table on page 3.

If the DSL and/or deputy(s) are not available, the concerned person should refer to the Northamptonshire MASH Team directly. Guidance for completing the MASH referral form: https://northamptonshire-self.achieveservice.com/en/service/Make_a_children_s_referral_to_Northamptonshire_s_MASH

[Any deputies will be trained to the same standard as the designated safeguarding lead.](#)

The DSL will be given the time, funding, training, resources, and support to:

- Provide advice and support to other staff, volunteers and students on child welfare and child protection matters

- Refer suspected cases, as appropriate, to the relevant body (local authority children’s social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff, volunteers and students who make such referrals directly in the absence of the DSL or DSL Deputy
- Ensure that all staff engaging with young people directly attend clinical supervision, and any risk/possible safeguarding issues are discussed, and appropriate plans developed.
- Ensure counsellors and café workers receive training on Gillick Competence and Fraser Guidelines balancing children’s rights with the responsibility to keep them safe <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

The DSL will also keep the CEO and Safeguarding Trustee informed of concerns as appropriate.

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead; this lead will provide data to inform the Senior Management Team to provide ‘quality assurance’ and Safeguarding Trustee.

The full responsibilities of the DSL are set out in their job description.

The Designated Safeguarding Lead should undergo formal training every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed, (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually.

5.3 The Lowdown Management Committee

The CEO and the Boards of Trustees should ensure that an appropriate senior member of staff is designated to take lead responsibility for child protection and the protection of vulnerable adults, DSL. This person should have the status and authority within the agency to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The Lowdown Designated Safeguarding Leads will review all documentation annually.

The CEO will monitor the effectiveness of this policy in conjunction with the DSL’s.

The chair of Trustees will act as the ‘Case Manager’ if an allegation of abuse is made against a senior staff member, where appropriate (see appendix 2).

5.4 The Lowdown Senior Management Team

The Senior Management Team is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff), volunteers and students are informed of this policy as part of their induction and receive mandatory safeguarding training.

- Ensuring that the DSL has appropriate time, funding, training, and resources, and that there is always adequate cover if the DSL is absent.
- Ensuring that all staff, volunteers, and students undertake appropriate safeguarding and child protection training and update this regularly.
- Acting as the 'Case Manager' if an allegation of abuse made against another member of staff, volunteer, or student where appropriate (see appendix 2).

6. When to be Concerned

6.1 Children who may require early help

All staff, volunteers and students should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating.

This also includes staff, volunteers & students monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services if the child's situation does not appear to be improving. The concerns should be recorded in MyConcern The Lowdown's safeguarding recording system. All MyConcern reference numbers are recorded in lamplight.

Early Help Links:

Follow this link: <http://www.northamptonshirescb.org.uk/social-care/early-help/#:~:text=To%20contact%20the%20Early%20Help%20Support%20Service%20for,if%20following%20the%20recorded%20instructions%29%20%20Email%20earlyhelpsupport%40northamptonshire.gov.uk> to access Northamptonshire's information and support for professionals regarding Early Help.

Staff, volunteers, and students working within The Lowdown should be alert to the potential need for early help for children also who are more vulnerable. For example:

- **Children with a disability and/or specific additional needs.**
- **Children with special educational needs.**
- **Children who are acting as a young carer.**

- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence.
- Children who are showing early signs of abuse and/or neglect.

6.2 Children with Special Educational Needs and Disabilities

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- Assumptions that indicators of possible abuse such as behaviour; including for example: ADHD or other specific behavioural problems/diagnosis, mood and injury relate to the child's impairment without further exploration.
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying - without outwardly showing any signs.
- Communication barriers and difficulties.
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child).
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- A disabled child's understanding of abuse.
- Lack of choice/participation.
- Isolation.

Directory of Services for Children with Disabilities:

[SEND Local Offer directory | West Northamptonshire Council \(westnorthants.gov.uk\)](#)

Northamptonshire's Local Offer:

[SEND Local Offer directory | West Northamptonshire Council \(westnorthants.gov.uk\)](#)

6.3 Managing Referrals and Cases

The DSL or Deputy DSL or any member of staff in their absence shall:

- Refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern. Safeguarding Referrals must be made in one of the following ways:
- Telephone contact to the Multi-Agency Safeguarding Hub (MASH): 0300 126 7000 (Option 1)

- E-mail to: MASH@northamptonshire.gcsx.gov.uk
- Use the online referral form found at: https://northamptonshire-self.achieveservice.com/en/service/Make_a_children_s_referral_to_Northamptonshire_s_MASH
- In an emergency outside office hours, contact children's or adults social care out of hours team on 01604 626938 or the Police.
- If a young person is in immediate danger at any time, left alone or missing, contact the police directly and/or an ambulance using 999.

In appendix 4 there is a summary of the procedure to follow for Level 1, 1a and 2 safeguarding concerns.

6.4 Peer on Peer Abuse

The Lowdown is an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's and Adult Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others.

We recognise that young people are capable of abusing their peers. Abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". However, this child protection and safeguarding policy will apply to any allegation that raises safeguarding concerns. This might include where the alleged behaviour:

- Is serious and potentially a criminal offence.
- Could put other young people at risk.
- Is violent.
- Involves young people being forced to use drugs or alcohol.
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- Whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to young people by abusive and bullying behaviour of other young people, which may be physical, sexual, or emotional and can include gender-based violence/sexual assaults,

sexting, domestic abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

Guidance on responding to and managing sexting incidents can be found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647389/Overview_of_Sexting_Guidance.pdf

6.5 Self-harm and Suicidal Ideation

Due to the nature of concerns young people bring to the organisation the Lowdown recognises that self-harm and suicidal ideation are commonly used as coping mechanisms for our service users. The Lowdown strives to create a safe environment where this method of coping can be explored, and root causes worked through. It is important that our staff feel empowered to manage the risk when working with young people coping in this way to ensure that suicidal ideation that moves into suicidal intent, suicidal ideation with a plan and self-harm that requires medical attention or presents a risk to life is recognised and managed to ensure the safety of the young person. The consistent reporting of safeguarding concerns recorded on MyConcern ensures that patterns of behaviour and movement towards crisis can be monitored and shared with the appropriate people whether this be internally or to external organisations. Annual safeguarding training is received by all staff around self-harm and suicidal ideation and managing the risks they present.

6.6 Limits of service

The Lowdown recognises that some young people's complexity and level of need is not best served by the range of services the organisation has to offer. In recognition of this, a limits of service document (see appendix) is used to consider the suitability at the assessment stage or at point of access. Should a young person be declined support from Lowdown services efforts would be made to ensure support from more appropriate services.

7. Dealing with a Disclosure

If a child/vulnerable adult discloses that he/she/they has been abused in some way, the member of staff/volunteer/student should:

- Listen to what is being said without displaying shock or disbelief.
- Accept what is being said.
- Allow the young person to talk freely.
- Reassure the young person, but not make promises which it might not be possible to keep.
- Never promise a young person that you will not tell anyone - as this may ultimately not be in the best interests of the young person.
- Reassure them that what has happened is not their fault.
- Stress that it was the right thing to tell.
- Listen, only asking questions when necessary to clarify.

- Not criticise the alleged perpetrator.
- Explain what has to be done next and who must be told.
- Make a written record in MyConcern (see 10. Record Keeping).
- Pass the information to the Designated Safeguarding Person without delay. Alternatively, if appropriate, make a referral to children's or adults social care and/or the police directly, and tell the DSL as soon as possible that you have done so.

8. Concerns about a Staff Member, Volunteer or Student

If you have concerns about a member of staff, volunteer or student speak to the senior manager.

If you have concerns about the senior manager speak to the Chair of Trustees for each individual agency or the Designated Officers in the Local Authority (DOLA) contactable on 01604 362993, <http://www.northamptonshirescb.org.uk/health-professionals/taking-action/designated-officer/>

You can also discuss any concerns about any staff member, volunteer, or student with the DSL or Senior Manager.

The DSL or Senior Manager, (Chair of Trustees, in case of concern about the senior manager) will also inform the designated officer for the local authority.

Where appropriate, The Lowdown CEO will inform the Commissioner of the allegation and actions taken, within the necessary timescale.

For referrals regarding adults and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/health-professionals/taking-action/designated-officer/>

Local Authority Designated Officers

An allegation is any information which indicates that a member of staff/volunteer/student placement may have:

- Behaved in a way that has or may have harmed a young person.
- Possibly committed a criminal offence against/related to a young person.
- Behaved towards a young person or young people in a way which indicates she/he/they will pose a risk of harm if they work regularly or closely with young people.

This applies to any young person the member of staff/volunteer/student has contact within their personal, professional or community life.

What a staff member, volunteer or student should do if they have concerns about safeguarding practices within the organisation:

- All staff, volunteers and students should feel able to raise concerns about poor or unsafe

practice and potential failures in the organisation’s safeguarding arrangements.

- Appropriate whistle blowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the organisation’s senior leadership team.

If staff members, volunteers or students have concerns about another staff member then this should be referred to the organisation’s senior manager. Where there are concerns about the senior manager, this should be referred to the Chair of Trustees. In the absence of the Chair of Trustees, the alternative Trustee should be contacted.

The Chair and Alternative Trustee in the organisation are:

Chair of Trustees	Telephone Number	Alternative Trustee	Telephone Number
Steve Edmonds	07976 921 986	Dr Mike Scanlan	07738 148439

In the event of allegations of abuse being made against the Senior Manager, where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Designated Officer (also known as DOLA). <http://www.northamptonshirescb.org.uk/health-professionals/taking-action/designated-officer/>.

Staff may consider discussing any concerns with the Designated Safeguarding Lead if appropriate and make any referral via them.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/he/they should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a ‘need to know’ basis only.

Actions to be taken include making an immediate written record of the allegation using the informant’s words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated, and immediately passed on to the Senior Manager. The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Senior Manager/Chair of Trustees will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer (also known as DOLA):

Email : LADOConsultations@NCTrust.co.uk

- Andy Smith - 07850 854 309 / Sheila Kempster - 07831 123 193 / Francesca Hamilton 07443 348415

For referrals regarding adults and other information on the role of the Designated Officer follow the link below:

[Designated Officer \(formerly LADO\) - Northamptonshire Safeguarding Children Board \(northamptonshirescb.org.uk\)](http://northamptonshirescb.org.uk)

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer **without delay**.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the organisation's internal procedures.

The Senior Manager should, as soon as possible, **following briefing** from the Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer/through the whistle blowing procedure or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them:

- Multi-Agency Safeguarding Hub: 0300 126 7000 (Option 1)
- Andy Smith - 07850 854 309 / Sheila Kempster - 07831 123 193 / Francesca Hamilton 07443 348415
- NSPCC whistle blowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

9. Safer Working Practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/ code of conduct and Safer Recruitment document.

The document seeks to ensure that the responsibilities of the organisation's leaders towards young people and staff are discharged by raising awareness of illegal, unsafe, unprofessional, and unwise behaviour.

10. Record Keeping

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in MyConcern. If in doubt about recording requirements staff, volunteers and students should discuss it with the Designated Safeguarding Lead.

When a young person has made a disclosure, the member of staff/volunteer/student should:

- Record as soon as possible after the conversation in My Concern.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child.

- Complete the body map diagram in appendix 5 to indicate the position of any injuries if deemed appropriate.
- Complete and copy and paste either the completed actions taken form for suicidal ideation or intent and self-harm, see appendix 6 or the non-suicidal ideation / intent and self-harm actions taken form, see appendix 7.
- Record statements and observations rather than interpretations or assumptions.
- Add the MyConcern reference to the young person's record in lamplight.

All records should be made available to the Designated Safeguarding Lead via My Concern promptly. No copies should be retained by the member of staff/volunteer or student.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed appropriately.

Confidential information and records will be held securely and only available to those who have a right or professional need to see them. These records of concern will be kept for a period of 40 years.

11. Confidentiality

Safeguarding children and young people raises issues of confidentiality that must be clearly understood by all staff/volunteers/students in The Lowdown. The protection of children and adults from abuse is a major social priority. This requires effective sharing of information about those at risk between agencies involved. Guidance can be found in the following document:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf

- All staff have a responsibility to share relevant information about the protection of children and adults with other professionals, particularly the investigative agencies (Children's, Adults Services and the Police).
- Staff, volunteers and students should never promise a young person that they will not tell anyone about an allegation, as this may not be in the young person's best interests (full explanation of confidentiality will be discussed with all clients at their first session or at the point of potential disclosure).
- Staff/volunteers/students who receive information about young people and their families in the course of their work should share that information only within appropriate professional contexts.
- Timely information sharing is essential to effective safeguarding.
- Information must only be shared on a 'need-to-know' basis, but you do not need consent to

share information if a young person is suffering, or at risk of, serious harm.

- The Lowdown complies with the mandatory requirements to share information, using secure and confidential systems and procedures. It holds the required information sharing agreements and policies with ICB and Reach partnership agencies. (See The Lowdown's GDPR Policy and Information Sharing Agreement with Reach Youth Support agencies and service contract documents with ICB).
- Mike Scanlan, Chair of the Services Committee is the Caldicott Guardian (CG), representing and championing confidentiality and data protection of information within the organisation and partner agencies to ensure that personal information about those who use the service is used legally, ethically and that confidentiality is maintained.
- This role has been registered with the CG Register and is available on The Lowdown website and communicated to the staff/volunteers and students.

12. The Lowdown Procedures

Please see Appendix 2: What to do if you are worried a child is being abused flowchart.

If our staff, volunteers, or students have any concerns about a child's welfare, they should act on them immediately.

They should follow this policy and speak to the DSL (or deputy).

Options will then include:

- managing any support for the child or adult using the organisation's support processes (refer to school DSL if working on school premises, making note to follow up to ensure appropriate action being taken).
- support an early help assessment.
- raising the concern with a trusted adult.
- a referral for statutory services, for example as the child or adult might be in need, is in need or suffering or likely to suffer harm.

The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of MASH or NSAB, or in these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

No-one should assume a colleague, or another professional will act and share information that might be critical in keeping children or adults safe. They should be mindful that early information sharing is vital for effective identification, assessment, and allocation of appropriate service provision.

The staff member, student or volunteer must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Particular attention will be paid to the who has been identified as being the subject of a child protection plan and a written record will be kept in MyConcern.

Layers of Safety

In addition to the personal responsibility placed on all staff to report and manage safeguarding concerns and for DSL's as listed on page 2 to monitor and support with said concerns, the Lowdown has robust layers of reviewing safeguarding concerns to ensure the safety of all young people accessing our services. All counsellors are encouraged to discuss any concerns with their shift manager and all other services have a DSL attached to their service as a first point of call for discussions. Weekly team meetings are attended by the Counselling and RE:Start teams and weekly catch ups attended by service leads with their line manager in order to discuss any safeguarding concerns. A weekly Safeguarding meeting is held by the CEO and both designated safeguarding leads to share safeguarding concerns that cross services, ensure consistent and robust reporting of all concerns, ensure that concerns were managed correctly and discuss the more complex concerns. A Deep Dive Safeguarding review is completed by the designated safeguarding trustee quarterly and a report produced to ensure the quality and consistency of the management of safeguarding concerns.

The Designated Safeguarding Lead is responsible for making the organisation's senior leadership team aware of trends in behaviour that may affect children and young people's welfare. If necessary, training will be arranged.

13. Communication with Parents/Carers

The Lowdown will ensure this Policy is available publicly via their website.

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure. This contact will be undertaken as early as possible, following the disclosure. The Lowdown will make every effort to contact carers/parents using the contact details available to them, but will not delay a referral to Social Care, if appropriate. The referral will be followed up with contact to parents, informing them of the referral. However, before informing the parents we assess risk this would potentially pose on the child, especially if the disclosure is about the parent and seek guidance from MASH. If we believe that notifying the parents would increase the risk to the child or adult, we will discuss this with the local authority children's social care before doing so.

Other staff/volunteers/students will only talk to parents about any such concerns following consultation with the DSL.

Should third party information be shared a note of it would be passed on to MASH or NSAB depending on content of disclosure. We would not inform any parents as to allegations made about third parties as this would be done by MASH or NSAB as we are not allowed to investigate.

Refer to Advice for practitioners providing safeguarding services to children, young people, parents and carers <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

14. Useful Links

[NSPCC: 0808 800 5000](tel:08088005000)

[Childline: 0800 1111](tel:08001111)

[Child Exploitation and Online Protection \(CEOP\): 0870 000 3344](tel:08700003344)

<https://www.ceop.police.uk/safety-centre/>

Online safety training and advice contact: e-safety@northamptonshire.gov.uk

15. Related Policies

4. Equal opportunities policy

20a. Data Protection Policy

20b. Confidentiality and Information Sharing Policy

20c. Data Security Policy

20d. Data Quality Policy

20e. Privacy Notice Employees

20f. Privacy Notice Students and Volunteers

20g. Privacy Notice Service Users

20h. Record Keeping Policy

20i. Document Retention Policy

20k. Privacy Policy

21. Whistleblowing policy

28. Safeguarding Code of Conduct Policy

16. Implementation, Monitoring and Review of this Policy.

The policy will be reviewed annually by The Lowdown Deputy Safeguarding Leads, CEO and Safeguarding Trustee. It will be implemented through The Lowdown's induction and training programme, and as part of day-to-day practice. Compliance with the policy will be regularly reviewed by the DSL, CEO, and deputy safeguarding leads through MyConcern and reference number stored in Lamplight. In addition, the Safeguarding Trustee will carry out quarterly checks to ensure safeguarding is being managed effectively.

Appendix 1 Keeping Children Safe in Education

APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2024)

Part One: Information for all staff/volunteers/Placement Students

Annex A: Further information

KEEPING CHILDREN SAFE IN EDUCATION (DfE 2024)

[KCSIE 2024 Part 1](#)

It is essential that all staff/volunteers and students have access to this online document

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Part 1 and Annex A, which provides further information on:

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child sexual exploitation
- Child criminal exploitation: county lines
- Domestic abuse
- Homelessness
- So-called 'honour-based' violence
- Preventing radicalisation
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools and colleges

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

Staff are asked to sign through Breathe HR to say they have read these sections and should subsequently be re-directed to these online documents again should any changes occur.

Appendix 2 What to do if you are worried a child is being abused

APPENDIX 2: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2023)

Flowchart

[Report a concern - Help and protection for children \(nctrust.co.uk\)](https://www.nctrust.co.uk)

Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation
- Know what systems are in place regarding support for safeguarding e.g. induction, code of conduct and the role of the Designated Safeguarding Lead (DSL).

Question behaviours

- Talk and listen to the views of children, be non-judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice, refer to the Designated Safeguarding Lead or CEO if the concerns is about the Designated Safeguarding Lead, or CEO report to Chair of Trustees or contact DO (Designated Officer also known as LADO) to report a concern about an adult working with children and young people - Help and protection for children (nctrust.co.uk)
- Utilise whistleblowing procedure.

Ask for help

- Record and share information appropriately with regard to confidentiality.
- If staff members have concerns, raise these with the agency's Designated Safeguarding Lead (DSL)
- Responsibility to take appropriate action, do not delay.

Refer

- DSL will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to MASH on 0300 126 7000 (Option 1) or call the police

Appendix 3 Indicators of Abuse and Neglect

APPENDIX 3: INDICATORS OF ABUSE AND NEGLECT

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

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 is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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.
- 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. All people commit acts of sexual abuse, as can other children.

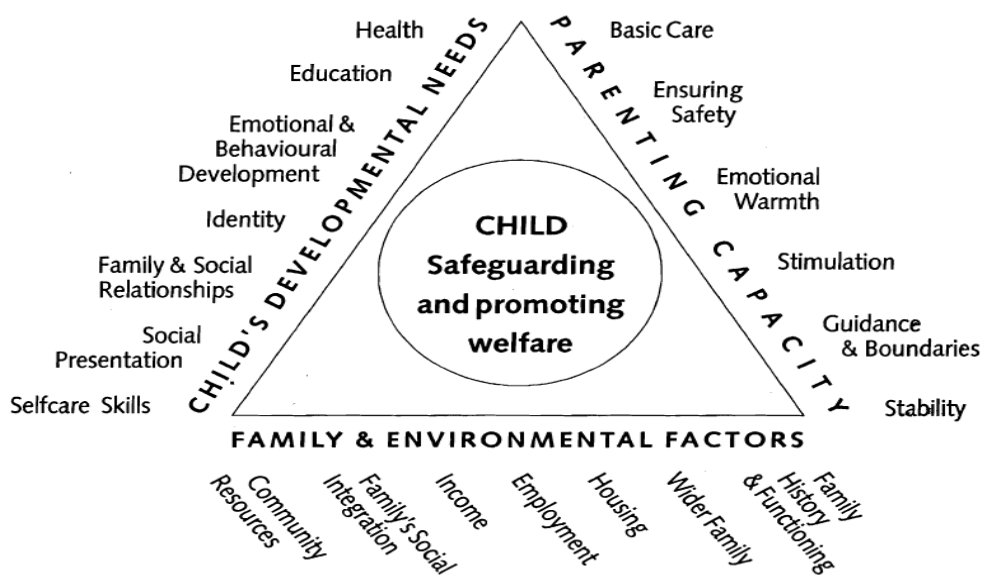
Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

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.

The framework for understanding children’s needs:



Appendix 4 Level 1 Safeguarding Concern

Has a service-user disclosed or presented themselves in a way that has given you cause for concern regarding their safety and well-being or someone else's?

- If necessary, gently check with the client if they (or other person/s mentioned) may be 'unsafe' or at 'immediate risk of harm.'
- If the answer is 'YES' discuss in a confidential environment with a DSL if possible whilst the service-user is still present and if appropriate follow "2. Immediate Risk of Harm Procedures"
- If 'NO' but you still have cause for concern, discuss with DSL and report on MY Concern

If you are ever in doubt, or feel uncomfortable about something with a client, always raise a concern in MyConcern to capture the situation for DSL review and ensure facts are clear and as reported. SAFEGUARDING DECISIONS SHOULD NEVER JUST BE THE RESPONSIBILITY OF ONE PERSON. Share it with your Shift DSL, share it at supervision.

Safeguarding cases will be reviewed frequently by our DSL's Rachel Welsh and Helen Heng and our Deputy Safeguarding Leads Becky Truman, Ryan Parkinson, Meghan Wright, Kelly Emmanuel and Rebecca Kings. CEO, Sharon Womersley overviews all safeguarding.

Reviews and outcomes will be fed back to the Support Worker

If immediate action is needed:

- Decide with the DSL who the information may need to be shared with?
- Trusted adult (Level 1 a) or escalate to external organisations e.g. MASH (<18) or Adult Social Care (18+).
- Ensure client is okay and explain why information needs to be shared.

Client consent given to share information?

- YES – capture their “version” collaboratively and consent and details are recorded in MyConcern.
- NO - gently remind of contracting, that it is your duty of care to protect them but that you will only be sharing with relevant parties. They can continue to access The Lowdown services if they so wish.

Escalating to MASH (<18) or Adult Social Care (18>upwards)?

MASH (<18) 0300 126 7000 (option 1 and 2 again) Mon to Fri 9am to 5pm

Out of hours (inc. safeguarding, care, and MH) after 5pm/weekends call 01604 626938 for any YP OR vulnerable adult.

Online referral https://northamptonshire-self.achieveservice.com/en/service/Make_a_children_s_referral_to_Northamptonshire_s_MASH

Northants Adult Social Services Tel: 0300 126 7000 (option 1 and then 3) Mon to Fri 9am to 5pm

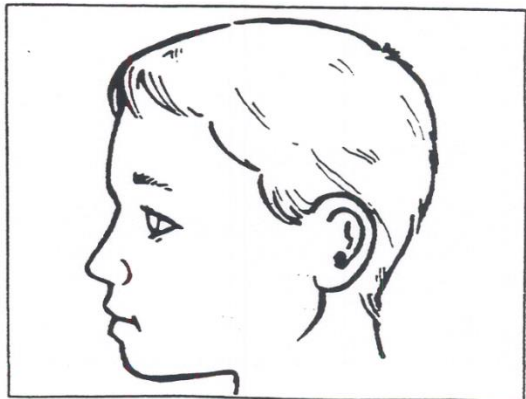
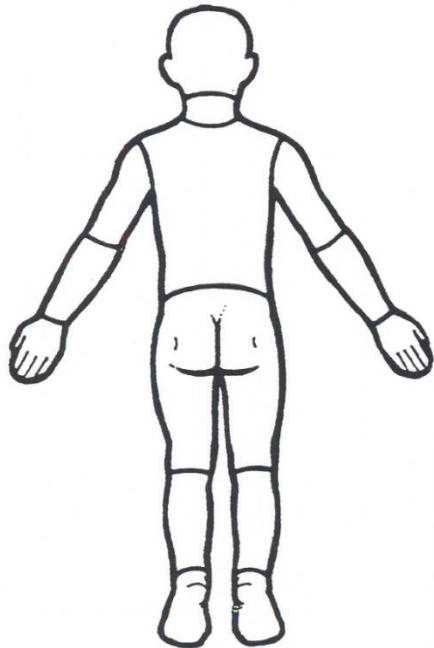
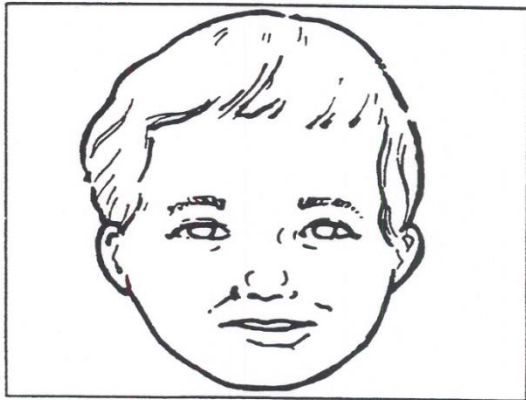
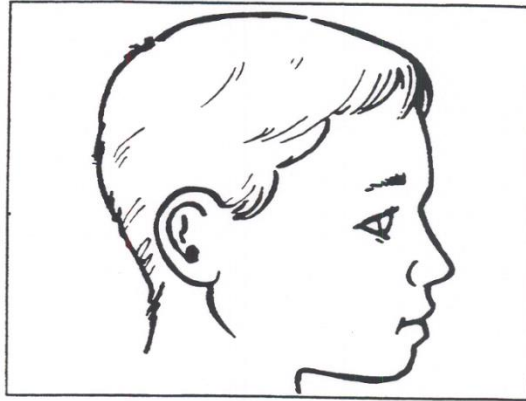
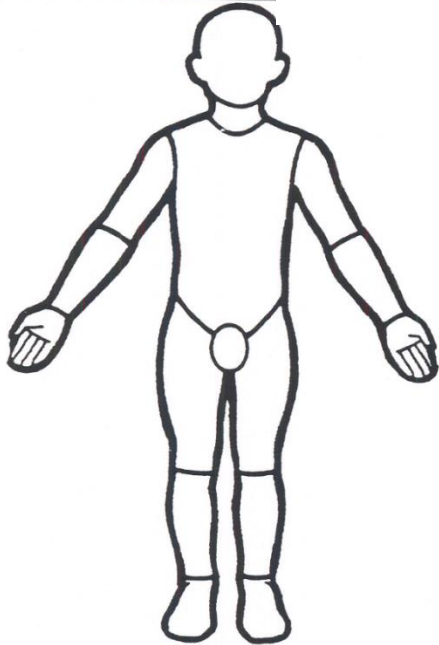
Online referral - [Make a referral to adult social care - professionals WNC - Introduction - Online form \(achieveservice.com\)](#)

Including parents/carers in session? Discuss with young person exactly what is going to be disclosed – do they want to be in the room? Would they prefer you or the DSL to manage the meeting?

Reviews and outcomes will be fed back to the Support Worker

Appendix 6 Body Map

Body Map



Appendix 7 Suicidal ideation / intent and self-harm action taken template.

Who Knows about this concern and how do you know this to be true:	
If suicide is mentioned is there intent and/or a plan?'	
What is the presenting/remaining risk if not suicide?	
Severity: Include any contributing history/any co-occurring risk	
Triggers:	
Coping Strategies/protective factors:	
Future outlook:	
Support Network:	
SG Level 1, 1a or 2 and rationale for this:	
<p>Standard Phrases:</p> <ol style="list-style-type: none"> 1. Choose one and delete the rest. 2. Copy and paste whole document into Action Taken of MC report. 	<ul style="list-style-type: none"> • "After a thorough assessment, it has been determined that the client is not currently at immediate risk." • "The client's immediate safety and well-being have been carefully evaluated, and there are no imminent threats to their security." • "Based on the information available and a comprehensive risk assessment, it is evident that the client is not facing an immediate danger." • "The client's current situation has been reviewed, and there are no urgent safety concerns that require immediate intervention." • "Our assessment indicates that the client's immediate environment and circumstances do not pose an immediate risk to their safety." • "I have conducted a diligent evaluation, and I can confirm that there are no pressing safety issues for the client at this time." • "It has been determined that the client's current state does not require emergency

	<p>intervention, as there are no imminent threats."</p> <ul style="list-style-type: none">• "The client's well-being has been considered, and it has been established that there are no immediate hazards to their health or safety."• "While the client may have challenges or concerns, they are not currently in a situation that poses an immediate risk to their security."• "The client's immediate safety has been assessed, and it has been found that there are no urgent safety or health threats."• "The client's situation has been carefully reviewed, and it is clear that there are no imminent risks to their welfare."• "A comprehensive risk assessment has been conducted, and it indicates that the client is not in immediate danger."• "I have thoroughly evaluated the client's circumstances, and it is evident that there are no critical safety issues requiring immediate attention."• "The client's support network and current resources are adequate to ensure their safety at this time."• "While the client may have ongoing concerns, they are not presently facing a situation that necessitates immediate crisis intervention."
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Appendix 8 Non-suicidal ideation / intent and self-harm action taken template.

What risk/s have you identified?

Are there any factors that make you more concerned about this risk?

Are there any factors that make you feel less concerned about this risk?

What protective factors does the client have?

What actions have you taken to lessen the risk?

Who have you informed of the risk / who is aware of the risk?

Pick one of the following phrases:

After a thorough assessment, it has been determined that the client is not currently at immediate risk.

The client's immediate safety and well-being have been carefully evaluated, and there are no imminent threats to their security.

Based on the information available and a comprehensive risk assessment, it is evident that the client is not facing an immediate danger.

The client's current situation has been reviewed, and there are no urgent safety concerns that require immediate intervention.

Our assessment indicates that the client's immediate environment and circumstances do not pose an immediate risk to their safety.

I have conducted a diligent evaluation, and I can confirm that there are no pressing safety issues for the client at this time.

It has been determined that the client's current state does not require emergency intervention, as there are no imminent threats.

The client's well-being has been considered, and it has been established that there are no immediate hazards to their health or safety.

While the client may have challenges or concerns, they are not currently in a situation that poses an immediate risk to their security.

The client's immediate safety has been assessed, and it has been found that there are no urgent safety or health threats.

The client's situation has been carefully reviewed, and it is clear that there are no imminent risks to their welfare.

A comprehensive risk assessment has been conducted, and it indicates that the client is not in immediate danger.

I have thoroughly evaluated the client's circumstances, and it is evident that there are no critical safety issues requiring immediate attention.

The client's support network and current resources are adequate to ensure their safety at this time.

While the client may have ongoing concerns, they are not presently facing a situation that necessitates immediate crisis intervention.