



Safeguarding Children Policy and Procedure

The key messages for the reader of this document are:

1. Safeguarding children is everyone's responsibility.
2. The policy and procedure recognise the need to work collaboratively with multi-agency colleagues in accordance with local safeguarding children's partnerships.
3. All children should be able to have the opportunity to thrive now and into adulthood.
4. Children should be protected from harm, have their voice listened to and heard.
5. Children should have access to a well-trained and supervised work force to deliver safe effective , interventions and support.

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1, Introduction

Safeguarding children is a responsibility that falls upon everyone within the community. It is imperative that we all take proactive steps to ensure the safety, well-being, and development of every child in our care.

Thriving2Gether is committed to supporting and protecting children from harm. This includes children of adults who may use our services or who actively work within the organisation. This policy applies to anyone working on behalf of **Thriving2gether**, including directors, managers, the advisory board, paid staff, volunteers and trainees/students.

The policy also has a place in safeguarding children for visitors and individuals accessing our organisation.

The terms 'child', 'children' and 'young person' describes any person under the age of 18.

The policy recognises that the welfare and interests of children and young people are paramount in all circumstances and aims to ensure all have a positive experience of **Thriving2Gether** in a safe and child-centred way, to ensure.

- Safeguarding is a key responsibility for all.
- Staff understand their role in preventing abuse and neglect.
- Staff Know how to respond when abuse or neglect is occurring or disclosed.
- Children are protected from abuse and free from harm.
- Children have a safe environment within **Thriving2gether** to access therapeutic services to meet their needs.
- Children experience a trusted adult to feel safe, supported and heard.

And work within the following guidance.



- Safeguard and promote the welfare of children under section 11 of the Children Act (2004).
- Working Together to Safeguard Children (HM Government 2023) [Working together to safeguard children - GOV.UK](#)
- Statutory guidance on promoting the health and wellbeing of Looked After Children (DH, 2022) [Promoting the health and wellbeing of looked-after children - GOV.UK](#)
- Thriving2gether's safeguarding policy is intended to be implemented in conjunction with Hull [Recognising Abuse and Neglect](#) and east Riding [Procedures & guidance](#) safeguarding frameworks.

2, Policy Framework

This policy:

- Provides an internal framework for the identification and response to child abuse and neglect and offers guidance for interagency procedures for the protection of children.
- The framework work is implemented with the 'Think Family' philosophy in mind, requiring professionals to consider the impact of an individual's needs on other members of the family, including the children. [Think Family - NHS Safeguarding](#)
- Ensuring that all children and families are treated with compassion, dignity and respect regardless of protected characteristics, including race, culture, disability, sexual orientation, religion, gender reassignment, marital status, pregnancy, and maternity as set out in the Equality Act 2010 [Equality Act 2010: guidance - GOV.UK](#).
- Will be implemented within the Human Rights Act 1998 legislation [Human Rights Act 1998](#), specifically regarding Article 8, which guarantees the right to private and family life, provided that any interference is in accordance with the law, public safety, the prevention of disorder, or the protection of health or morals, or the protection of the rights and freedoms of others.

3, Responsibilities

Everyone working within or connected to **Thriving2gether** has a responsibility to promote child protection and safeguarding. This includes identifying concerns, sharing information, and taking prompt action through procedural processes defined by Thriving2gether using local and national guidance and recognising Joint working practices with multi-agency colleagues are essential for effective safeguarding.



The **Thriving2gether** Directors, safeguarding lead, the operational delivery group, managers and staff have a responsibility to ensure that safeguarding procedures are implemented, reviewed and monitored as part of standard operating procedures and regular governance structures.

Thriving2gether has a responsibility to ensure that staff and volunteers are recruited through safer staffing procedures, have enhanced DBS's when working directly with CYPS and families, are trained to level 3 safeguarding, have an appropriate induction, and access to regular safeguarding supervision and a named lead for safeguarding. Ensuring safeguarding training and supervision for staff is up to date and of the corrected standards required to operate within **Thriving2gether**.

4, Commitment to Equality

Thriving2gether recognises that some children can experience increased levels of vulnerability, including those from ethnic minority groups and communities, children with a disability, SEND, LGBTQ+ children/young people and those who are looked after or adopted.

Our commitment at **Thriving2gether** is to ensure we have a community that is educated, inclusive, supported and empowered to see children, young people parents and carers in the contexts of their lives, their identity and their individual needs to connect with them compassionately and relationally to safeguard and protect.

We are committed to ensuring that all children, irrespective of gender, ability, race, ethnicity, circumstances, or age, have the opportunity to achieve their fullest potential and thrive within their communities and families. Inclusivity and equal opportunities are the cornerstones of our approach to supporting children and young people to feel safe, supported and empowered to thrive.

Find out more.

[Safeguarding children from Black, Asian and minoritised ethnic communities | NSPCC Learning](#)

[Safeguarding d/Deaf and disabled children and young people | NSPCC Learning](#)

[Children with special educational needs and disabilities \(SEND\) | NSPCC Learning](#)

[Safeguarding LGBTQ+ children and young people | NSPCC Learning](#)

Thriving2gether are proud to be a 'trauma informed' organisation promoting a sense of safety for all. Trauma informed approaches encourage all to understand what happened



to an individual rather than what is wrong with them, understanding the context of their lives and experiences to support in a need led way.

5, Protecting Children from Harm , Recognising Abuse and Neglect

Protecting children from harm, including physical, emotional, and psychological harm, is fundamental to ensure children can thrive. Safeguarding measures are in place to identify, prevent, and respond to any signs of abuse and or neglect promptly and effectively. The Children Act (1989) introduced 'significant harm' as a threshold justifying compulsory intervention in family life in the best interests of children. Section 47 of the Act places a duty on local authorities to make inquiries, or cause inquiries to be made, to decide whether to take action to safeguard or promote the welfare of a child who is suffering, or is likely to suffer, significant harm.

Significant harm can encompass the:

- Child is suffering, or is likely to suffer significant harm; and
- That the harm or likelihood of harm is attributable to a lack of adequate parental care or control (Section 31).

In order to understand and establish significant harm, it is necessary to consider:

- The family situation, including both risk, protective factors and strengths.
- The child's development within the context of their family and wider social and cultural background.
- Any special needs, such as a medical condition, educational, communication difficulty or disability that may affect the child's development and care within the family.
- The nature of harm, in terms of ill-treatment or failure to provide adequate care.
- Parental health needs, physical , social or psychological and the impact on the child's health and development, and
- The ability of the parents/carers to provide care and keep the child/ren safe. Section 17 of the Children Act (1989) states that: Promotion of Safe and Effective Care



Promoting safe, high-quality, and effective care is a fundamental aspect of safeguarding. This means creating environments where children feel secure, valued, and supported. High standards of care must be maintained to ensure the holistic development and well-being of every child to enable them to thrive.

Recognising abuse is a form of maltreatment of a child or young person and includes failing to take action to prevent harm. Children may be abused in a family or in an organisation/institutional or community setting by those known to them or, from outside of the home. Abuse can take place online, and or technology may be used to facilitate offline abuse.

Children may be abused by an adult or adults or another child or children. The following categories help to assess whether a child/young person may be suffering harm or potential harm.

5.1 Physical Abuse- A form of abuse which 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.

5.2 Emotional Abuse- Emotional abuse involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development and may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only if 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.
- Imposing age or developmentally inappropriate expectations on children. This can include having expectations that are beyond the child's developmental ability or being overprotective and limiting their exploration and learning, or by preventing them from interacting socially with other children and adults.
- The child/young person seeing or hearing the abuse of another for example for example in a domestic abuse situation.
- Bullying (including Online Bullying).
- Causing children frequently to feel frightened or in danger.
- Exploiting or corrupting children.



It is worth noting that some level of emotional abuse is involved in all categories of abuse, and it may also occur in isolation.

5.3 Sexual Abuse- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. This may not necessarily involve a high level of violence and may or may not be aware of what is happening. Sexual activities can include physical contact, including assault by penetration or non-penetrative acts such as, masturbation, kissing, and or touching outside of clothing. Sexual abuse 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.

Sexual abuse can be perpetrated by any adult regardless of their gender or identification and or by other children/young people.

5.4 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 into sexual activity:

- In exchange for something the victim needs or wants, and/or
 - For the financial advantage or increased status of the perpetrator or facilitator.
- We need to recognise that the child has been sexually exploited even if the sexual activity can appear to be consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

A child under the age of 13 is not legally capable of consenting to sex (therefore it is statutory rape) or consent to any other type of sexual touching:

- Sexual activity with a child under 16 is also an offence.
- It is an offence for a person over the age of 18 to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.
- Where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered.
- Non-consensual sex is rape whatever the age of the victim.
- If the child is under the influence of drink or drugs, or the child or their family has been subject to violence or the threat of it, it is not considered that they have given consent; therefore, offences may have been committed.



Child sexual exploitation is a child protection issue.

5.5 Child Criminal Exploitation- occurs where an individual or group takes advantage of a person under the age of 18 and may coerce, manipulate or deceive a child or young person under that age into any criminal activity:

- In exchange for something the child needs or wants, and/or
- For the financial advantage or increased status of the perpetrator or facilitator and/or
- Through violence or the threat of violence. The child is being exploited even if the activity appears consensual (for example moving drugs or the proceeds of drugs from one place to another).

Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. (Home Office 2018)

5.6 Neglect- is defined as:

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 and development.

Neglect may occur during pregnancy because of maternal substance misuse, maternal mental ill health, learning difficulties or a cluster of such needs and difficulties.

Where domestic abuse occurs towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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.

Reviews have demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. The Domestic Abuse Act 2021 recognises children as victims of domestic abuse if they "see, hear or otherwise experience the effects of abuse of another.



Studies have also identified that 16–17-year-olds are increasingly affected by domestic abuse in their peer relationships.

The Home Office definition of domestic violence and abuse is as follows:

“Domestic abuse involves any single incident or pattern of conduct where someone’s behaviour towards another is abusive, and where the people involved are aged 16 or over and are, or have been, personally connected to each other (regardless of gender or sexuality).” (July 2022) [Statutory definition of domestic abuse factsheet - GOV.UK](#)

This can encompass, but is not limited to, the following types of abuse:

- Psychological.
- Physical.
- Sexual.
- Financial.
- Emotional.

5.7 Controlling behaviour- is a range of acts designed to make a person feel inferior and/or dependent by isolating them from sources of support networks, families, friends and peers. Exploiting them for personal gain and preventing them from being able to leave the relationship.

5.8 Coercive behaviour- is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the individual. Exploiting them for personal gain and preventing them from being able to leave the relationship.

[Controlling or coercive behaviour: statutory guidance framework \(accessible\) - GOV.UK](#)

5.9 Female genital mutilation (FGM)- is a collective term for procedures which include the removal of part or all the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between the ages of 4 and 13, but in some cases, it is performed on new-born infants or on young women before marriage or pregnancy.

Female Genital Mutilation (FGM) and breast ironing / breast flattening are also forms of physical abuse FGM has been classified by the World Health Organisation (WHO) into four types:



- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area. FGM is illegal and considered child abuse in the UK.

Mandatory Reporting of FGM Since 31st October 2015, regulated professionals in health in England and Wales have been under a duty to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the Police.

5.10 Radicalisation and Extremism Prevent- Safeguarding Children and Young people against radicalisation and extremism prevent is part of the Government's counter-terrorism strategy and aims to prevent adults and children/young people becoming radicalised into terrorism and extremism [Get help for radicalisation concerns - GOV.UK](#). Prevent focuses on working with and protecting vulnerable individuals who may be at risk of being exploited. Staff are well placed to recognise individuals, whether service users or staff, who may be vulnerable and therefore more susceptible to being exploited by those who seek to get people to support or commit acts of violence. It is fundamental to our "duty of care" and falls within our safeguarding responsibilities. Any practitioner identifying concerns about the child or young person should discuss them with the designated safeguarding lead .

5.11 Historical Abuse

The term 'historical abuse' or 'non recent abuse' is commonly used to refer to disclosures of abuse that were perpetrated in the past.

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the



time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed.

A contributing factor could also be that they have become aware that the abuser is being investigated for a similar matter or they have suspicions that the abuser is continuing to abuse other children.

Such cases should be responded to in the same way as any other concerns. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with or caring for or having contact with children e.g. family, friends etc..

If you believe the perpetrator of the abuse is still having contact with children in any context and poses a possible risk, action must be taken immediately.

Consideration must be given to whether the alleged perpetrator presents a current risk to children or vulnerable people. The professional to whom the disclosure was made should:

- Refer all disclosures made to the Local Authority Children's Services
- Clarify whether there are any children who may currently be at risk from the alleged perpetrator.
- If the alleged perpetrator has contact with a child/ children, a referral should be made to Local Authority Children's Services.
- Consider if advice and support and or reporting to the police is required.
- Support the individual to report the crime to the police.
- Provide the individual with information about relevant support services.
- Ensure the individual has a support network.

6, Guidance and Procedure

The following process and guidance demonstrate our ethos and practice in relation to safeguarding children and young people. Thriving2gether holds safeguarding at the centre of our practice as an organisation to ensure our community is well trained supervised and supported in implementing and utilising the following within their practice.

6.1 Interagency working

Effective safeguarding necessitates collaborative efforts with multi-agency colleagues in accordance with local safeguarding children's partnerships. Recognising Joint working practices are crucial to ensure comprehensive protection for children at risk. Thriving2gether is dedicated to partnering closely with local authorities, early help ,



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BETTER TOGETHER WITH FUTURES IN MIND

social care, healthcare providers, school nursing, camhs, educational settings, the VCS and other relevant agencies to establish a cohesive safeguarding network.

The **Thriving2gether** community acknowledges its responsibility for promoting child protection and safeguarding by identifying concerns at the earliest opportunity, sharing information, and taking prompt action through procedural processes defined by Thriving2gether and underpinned by local safeguarding policies and practices.

Key Aspect	Details
Collaborative Efforts	Multi-agency colleagues, local safeguarding children's partnerships, Parents , carers and the local community.
Joint Working Practices	Ensure comprehensive protection for children at risk across the system.
Thriving2gether Partnerships	CYPS/ Families, local authorities, social care, healthcare providers, educational institutions, Voluntary and community sector and other relevant agencies.
Safeguarding Policy	Holds the Importance of collaborative efforts, commitment evident in practice, care with attention to detail leaning towards a relational, trauma informed approach to 'Think Family'.
Community Responsibility	Promoting child protection and safety, identifying concerns early, sharing information and taking prompt action.
Procedural Processes	Defined by Thriving2gether, supported and underpinned by local safeguarding policies and practices.

The importance of understanding.

6.2 Adverse Childhood Experiences (ACES)

Adverse Childhood Experiences (ACEs [Adverse childhood experiences and the lasting impact - NHS Safeguarding](#)) are stressful events occurring in childhood including:

- Domestic violence.
- Parental abandonment through separation or divorce.
- A parent with a mental health condition.



- Being the victim of abuse (physical, sexual and/or emotional).
- Being the victim of neglect (physical and emotional).
- A member of the household being in prison.
- Growing up in a household in which there are adults experiencing alcohol and drug use problems.

Preventing ACEs should be seen within the wider context of tackling societal inequalities. While ACEs are found across the population, there is more risk of experiencing ACEs in areas of higher deprivation.

Adverse childhood experiences are associated with increased risk of physical and mental ill health throughout the life course, and they are relevant to everyone.

There are significant long-term costs of ACEs and there is growing evidence of the positive impact of:

- Early intervention work to prevent ACEs and reduce some of the lifelong health and social negative impacts.
- Educating staff (both professional and voluntary) and communities about ACEs and a trauma informed approach.
- Specialist preventative services to reduce the impact of ACEs in later life or to help children and young people when they are experiencing the stressful events.

6.3 The use of Gillick competency and Fraser guidelines- to help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. The two terms are frequently used together and originate from the same legal case; there are distinct differences between them.

Both Gillick competency and Fraser guidelines refer to a legal case from the 1980s which looked at whether doctors should be able to give contraceptive advice or treatment to young people under 16-years-old without parental consent. You should always empower and support a child to tell their parents or carers about the decisions they are making. If they do not wish to do this, you should explore why in a non-judgemental and compassionate way to offer support in ways that could help them to have the conversations, ensuring safeguarding is central to the dialogue. [Gillick competence and Fraser guidelines | NSPCC Learning](#)



6.4 Parental responsibility- The duties, responsibilities, and authority which a parent has by law in relation to a child (0-18). Parental Responsibility changes as the child acquires sufficient understanding to make his or her own decisions.

A child's birth mother always holds Parental Responsibility, as does the father if married to the mother. Unmarried fathers who are registered on the child's birth certificate results in the child's father automatically acquire Parental Responsibility. Parental responsibility can be acquired through a formal agreement with the child's mother or through obtaining a Parental Responsibility Order under Section 4 of the Children Act 1989.

Parental responsibility can be acquired by any person through a Court Order, for example a Residence Order (prior to 22/4/2014), being named as the resident parent under a Child Arrangements Order or Special Guardianship Order. As well as an unmarried father, a stepparent or a parent's civil partner can apply for a Parental Responsibility Order under section 4 of the Children Act 1989.

The Local Authority acquires Parental Responsibility through an Emergency Protection Order, an Interim Care Order and Care Order. In these circumstances the Local Authority shares Parental Responsibility with the parents and another with Parental Responsibility for that child, including special guardians.

Parents do not lose their Parental Responsibility unless an Adoption Order is made. Where a child is placed with prospective adopters, the prospective adopters acquire Parental Responsibility as soon as the placement is made. This will be shared with the birth parents and with the adoption agency making the placement. [Parental rights and responsibilities: What is parental responsibility? - GOV.UK](#)

6.5 The voice of children- are integral and must be captured, documented and considered no matter what their age or their ability to communicate directly. This can be done by:

- Direct engagement
- Observation through play or interactions
- Taking note of verbal and non-verbal communication
- Being SEND aware.
- Having discussion with parents, family members, carers or agencies
- Analysis of information held to consider what the impact might be on the child and what life is like for them.
- Capturing their wishes, feelings and needs.



Ensuring the child, young person understands the steps you will take to protect and keep them safe. The referrals you may need to make and who you must talk to, to ensure you are working collaboratively with them whilst implementing your statutory obligations around safeguarding.

6.6 Information sharing- It is important that all CYPPS and families remain confident that their personal information is kept secure and safe, in accordance with government guidelines and Thriving2gether's Information Governance Policy. Disclosures of information fall under the common law of confidentiality, the Data Protection Act (2018), Human Rights Act (1998), the Crime and Disorder Act (1998) and the Care Act (2014).

The Thriving2gether will ensure both paid and voluntary roles within the T2G community will be familiar with their responsibilities and access the mandatory Information Governance training as directed by Thriving2gether. [Data Protection Act 2018](#) and [General Data Protection Regulation \(GDPR\)](#) should never be seen as a barrier to sharing information, instead it provides a framework to ensure that personal information about an individual is shared appropriately.

Paid Staff and volunteers should be actively aware that appropriate information sharing is essential for effective safeguarding and promoting the welfare of children and young people.

Government advice for practitioners providing safeguarding services to children, young people, parents and carers should be followed and if in doubt Thriving2gether staff and volunteers should contact their line manager, supervisor or the lead for IG and Safeguarding.

6.7 Police Statements- If staff are contacted by the police to give a witness statement, it will be in relation to an investigation into a possible criminal act. The following guidance must be followed: If the statement is in relation to a child safeguarding event, then the designated Safeguarding lead will support you through this process if required.

Line managers will ensure that no member of staff is interviewed by the police without safeguarding support. In the event that this does not relate to a child safeguarding event then the staff member's line manager should be informed for support if necessary.

Information included in the statements must be accurate, factual and objective.

6.8 Early Help- Working Together To Safeguard Children (2023) [Working together to safeguard children - GOV.UK](#) recognises that Early Help is effective in promoting the welfare of children's needs as early as possible. Early Help has a preventative function



to reduce further issues or concerns arising. Consent from parents/carers should be sought before making a referral for Early Help for CYPS and families. The effectiveness of early help relies on good and effective multiagency working to:

- Identify children and families who would benefit from early help.
- Undertake an assessment of the need for early help.
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on improving the outcomes for the child. Local authorities, under section 10 of the Children Act (2004), have a responsibility to promote inter-agency co-operation to improve the welfare of all children.

6.9 Consent for a referral to Children's Social Care-Professionals should discuss their identified concerns with the young person and family to ensure they feel included and work with not at. Where possible always seek the parent/carer's agreement to making a referral unless this may cause the child to be at increased likelihood of significant harm due to delay, or the parent carer reaction and or any other reason that may put the child at increased levels of harm/risk. To proceed with a referral without consent you will need to be clear on:

- The reason for proceeding without parental/carer agreement, this must be reflected recorded in the Thriving2gether record.
- Local Authority Children's Services must be told that the parent has withheld their permission or have not been contacted with a rationale for this.
- The parent should be contacted by the referring professional to inform them that after considering their wishes, they have still made the referral based on and explain. This is due to there been circumstances where a referral should still be made and information shared even when consent has been refused. There are also circumstances where concerns should not be discussed with the parents/carers before making a referral, these are as follows:
 - Discussion would put a child at risk of significant harm.
 - Discussion would impede a police investigation or social work enquiry.
 - Sexual abuse is suspected.
 - Organised or multiple abuse is suspected.
 - Fabricated or induced illness/perplexing presentations is suspected.



- Contact with the parents/carers would place the professional or others at risk.
- if it has not been possible to contact parents/carers without causing undue delay in making the referral.

6.10 Record Keeping

All Thriving2gether staff, voluntary or paid must commit to keeping accurate, comprehensive, and contemporaneous records. The **Thriving2gether** community has a wide array of professionals with associated standards and codes of practice.

Thriving2gether will ensure all staff operate in line with their individual professional standards and Thriving2gethers record keeping policy.

This will require them to ensure records are up to date and factually accurate, recorded in a clear and concise.

When staff are contacted by another agency e.g. Local Authority Children Services requesting information about a CYP, parent/carer, the name of the professional, role and reason for the information request must be recorded in the record. Staff are then advised to reach out to the Thriving2gether safeguarding and information governance lead to inform of the request. This will then be managed in partnership by the lead and identified staff member and professional who made the request.

Alongside clinical and non-clinical intervention activity, documentation in relation to Early Help, Child in Need or Child Protection processes and referrals should also be held within the central record for the CYP parent/carer to form part of their chronology within the organisation.

As part of making the referral to early help or safeguarding It is essential to understand who lives in the family home with the child (household composition) and who provides support. This information should be clear in the record and form part of the referral.

It is paramount to supporting and keeping children safe that all information, concerns relating to safeguarding should be recorded within the record including safeguarding supervision and advice using Thriving2gether's documentation templates for safeguarding.

6.11 Making a good quality referral- You should have all relevant and up to date details about the child and family including, names and dates of birth of everyone in the household, identifying who has parental responsibility including.



- Contact telephone numbers and addresses where known.
- The reason for referral needs to clearly reflect what the nature of the concern is and an analysis of the risk and how that impacts on the child's physical health, emotional health, and development and potential consequences of risk and concerns if not addressed.
- You should include any information you have regarding the child's needs and the parents or carer's ability to meet those needs.
- A concise and factual account of the event or situation/specific information that has led you make the referral.
- The referral should clearly indicate which services you are requesting and what results or outcomes you want for the child.
- It is important to be specific, focus on the child and to avoid using jargon and abbreviations which might not be readily understood.
- Capture the child voice clearly
- Share information about any additional assessments you have completed – e.g. risk assessments , child exploitation assessment etc.
- Share any actions you have taken as a result of the disclosure or concern. Including contacting the parent carer and consent.

It is important that it is clearly documented in the relevant record that a referral has been made, including the reason for the referral and that a copy of the referral form is saved.

7, Thriving2gether safeguarding process

Promoting safe, high-quality, and effective care is a fundamental aspect of T2G safeguarding. To support our staff to implement good quality care we expect **Thriving2gether** staff paid, and voluntary to be responsible to lead and support all child protection and safeguarding that is disclosed to or identified by them, following Thriving2gethers policies and procedures.

They will seek support from their supervisors and or the designated lead for safeguarding within the **Thriving2gether** organisation. Collaboratively demonstrating best practice and preventing any additional distress for the child, young person and or their family. **Thriving2gether** staff are also encouraged and supported to access local authority safeguarding teams to seek advice , support and raise concerns alongside the identified processes within the organisation.

To ensure **Thriving2gether** staff are practicing within a contextual framework it is important that systems are collaborated with through clear information sharing within a



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confidentiality framework recognising the need for when staff need to seek advice, make a referral or report a crime through the following identified leads or organisations (not an exhaustive list):

- Contact their supervisor or line manager.
- Contact the **Thriving2gether** designated safeguarding lead.
- The educational settings safeguarding lead
- Contact Local authority safeguarding teams.
- Consider the Police who can be contacted on 101 if appropriate and or 999 if immediate danger/harm 999.

Thriving2gether staff are encouraged to work autonomously utilising the following guidance and process and continuously considering if the CYP or others are at immediate risk of harm. To identify if an urgent or emergency response is required.

- Safeguarding / Child protection concern identified . **Thriving2gether** staff to respond in a relational way ensuring the individual making a disclosure is fully supported and informed of each step to be taken in a compassionate and reassuring way.
- Consider if the Child/young person is at immediate risk of harm.
- Consider if there is a current social worker , if yes contact the identified social worker directly.
- Seek support and advice from your line manager , supervisor or **Thriving2gether** designated safeguarding lead.
- Safeguarding referral required.
- Share information with parents/carers request consent unless this place the child young person at risk of further harm.
- Complete accordingly and action, including record keeping.
- If parent/carers withhold consent the referral should still be actioned, supervision should be sought from within T2G and guidance gained around contact the parent/carer of the decision to continue without consent.

Hull Safeguarding children	ERY Safeguarding Children
EHASH - 01482 448 879 option 4	SaPH-(01482) 395500 option 2 Between 8.30am to 5pm



Between 8.30am to 5pm	
Emergency Duty Team - 01482 300 304 (Out of hours)	CEDT on (01482) 393939 (out of hours)
Worried about a child Hull	Support and Safeguarding Hub (SaPH)

Thriving2gether staff will also support and attend the following meetings and forums connected to a child in relation to safeguarding and child protection when required.

7.1 Strategy Meeting - The purpose of a strategy discussion is to decide whether the threshold has been met for a single or joint agency (HSC and Police) child protection investigation, and to plan that investigation. They happen when it is believed a child has suffered, or is likely to suffer, serious harm.

Where there are concerns that there is a serious risk of harm to the child, strategy discussions should take place as soon as possible. Only in exceptional circumstances, where delay might place a child or young person at additional risk, should an enquiry into suspicions about serious harm be begun without a strategy discussion first being held. In such cases, a strategy discussion must take place within 24 hours of starting the investigation. In all other situations, a strategy discussion must be held before the investigation begins. In the event that the alleged abuser is under the age of eighteen a separate strategy discussion must take place to consider their needs. Strategy discussions should involve the following:

- a first line manager from Children's Services
- a detective sergeant from the police
- other agencies as appropriate, for example, health, education
- the referrer, if they are a professional (but not if they are a member of the public).

The discussion should have information available from the referring agency and all other relevant agencies.

7.2 Child in Need- under Section 17 (10) of the Children Act 1989, a child is a Child in Need if: They are unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority. Their health or development is likely to be



significantly impaired, or further impaired, without the provision for them of such services; or they are disabled.

7.3 The Initial Child Protection Conference- should take place within 15 working days of a Strategy Discussion / Meeting, or the Strategy Discussion at which Section 47 enquiries were initiated if more than one has been held. Thriving2gether staff will.

- Prioritise attendance at an ICPC.
- Make available relevant information in a written report to the conference and contribute to the discussion, assessment of risk and decision
- Detail what is working well, concerns and risks.
- Any significant events including relevant information.
- What life is like for the child.
- What needs to happen to keep the child safe.

All agency CP reports should be made available to the Chair two working days before the ICPC All reports should be shared by the authors (or a representative) with parents (and child if appropriate) at least two working days before the ICPC.

7.4 Core Group meetings- the core group meeting should be held within 10 working days of the Initial Child Protection Conference, subsequent meetings follow. Staff who are invited to attend must:

- Prioritise attendance at the meetings, if unable to attend send a summary of their involvement with the CYP and family since the last Core Group meeting.
- Provide advice, guidance and information which will inform the Child Protection Plan. • Provide the Lead Social Worker with written reports as requested.
- Communicate regularly with the Lead Social Worker about the progress of their part of the agreed Child Protection Plan.
- Although the Lead Social Worker has the lead role, all members of the Core Group are jointly responsible for the formulation and implementation of the Child Protection Plan, refining the plan as needed, and monitoring progress against the planned outcomes set out in the plan.
- Ensure any health actions are recorded within the records.



7.5 Child Protection Review Conference- staff involved with the child protection plan must:

- Make attendance at review conferences a priority.
- Make available relevant information in a written report to the conference and contribute to the discussion, assessment of risk and decision.
- Ensure that information to be presented by them at conference is known to the child and parents beforehand – if this is not possible the reason must be documented.
- • Ensure that their contribution is non-discriminatory. • In exceptional circumstances where confidential information cannot be shared with the child or parent(s) beforehand, guidance to be sought from the designated lead for safeguarding **Thriving2gether**.

There may be occasions when professionals within the same agency or between agencies have different opinions on aspects relating to safeguarding of a child or young person. Professional challenge can be used when this relates to the welfare of a child. At no time must professional disagreements detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout. If professionals are unable to resolve differences through discussion and/or meeting within a time scale which is acceptable, their disagreement must be addressed by the following the internal line management process. An internal recording process will monitor and review escalations through operational delivery to ensure all necessary actions taken to protect the child or young person have clear safe governance.

7.6 Allegations against a person who works with children-All allegations concerning abuse of children by those who work with children must be taken seriously. Allegations against people in a position of trust, who work with children, whether in a paid or unpaid capacity, can cover a wide range of circumstances.

An allegation may relate to a person who works with children who has:

- Behaved in a way which 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 which indicates that he/she may pose a risk to children.

The allegations may relate to the person's behaviour at work, at home or in another setting.



7.61 Initial action- by person receiving or identifying an allegation or concern the person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind. They should not:

- Investigate or ask leading questions if seeking clarification.
- Make assumptions or offer alternative explanations.
- Promise confidentiality but give assurance that the information will only be shared on a 'need to know' basis.

They should:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said.
- Immediately report the matter to their own manager and the designated lead for Safeguarding to follow actions relating to the disclosure.

8, Monitoring

Regular monitoring and evaluation of safeguarding practices are essential to ensure effectiveness and compliance with statutory requirements. Thriving2gether will conduct periodic reviews of its safeguarding policies and procedures, incorporating feedback from staff, children, and families. This continuous improvement process helps to identify areas for enhancement and ensures that the highest standards of child protection are maintained.

Alongside of the regular monitoring the operational delivery and governance group will take on a full review of the policy yearly for the first 3 years, moving then to 3 yearly full reviews. Reviews will follow using the below table.



Criteria	Evidence identified to indicate compliance	Method of monitoring	Frequency of monitoring	Lead responsible for monitoring

9, Approval and reviews

9.1 Approval and review grid

Title:	Safeguarding Children Policy and Procedure
Version:	Version 1
Name Title of Responsible Directors:	Emma Train-sullivan Clinical Director Designated Safeguarding Lead
Name and Title of Author:	Emma Train-sullivan Clinical Director Designated Safeguarding Lead Kathie Hostick Business Director
Title of Responsible Group:	Operational delivery and Governance group
Targeted Audience:	All Thriving2gether staff, paid and voluntary, Directors, Advisory board and visitors
Approved by:	Advisory Board, Operational delivery and governance group, CYP committee
Date approved:	September 2025
Review date:	September 2026
Frequency of Review:	Yearly for the first 3 years , then 3 yearly reviews.
Copies available from:	On request via email from emma.train-sullivan@hey-smash.com or admin@thriving2gether.co.uk Or via Thriving2Gether website



9.2 Designated safeguarding Lead and contact details

Emma Train-sullivan, Designated safeguarding Lead

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9.3, Directors Details

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Emma Train-sullivan Director Thriving2gether

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