

# Safeguarding Children Induction Booklet

An introduction to safeguarding  
children for the workforce  
in Halton.



**safeguarding**  
children is  
**everyone's**  
business



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## Introduction

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Safeguarding children is everyone's responsibility. This foundation document sets out statutory responsibilities and guidance for safeguarding for the workforce in Halton. It will help you to understand the role you have in safeguarding children in Halton, whether you are a frontline worker supporting children, or adults who may be parents or carers, on a day to day basis; a volunteer working with children and young people on a less frequent basis; or someone who only comes into contact with children and young people occasionally whilst working with adults or the public, this guide will help you build up your knowledge base. From the first day of your employment you will know who to go to for advice and support and how to access appropriate levels of training.

Please note: The purpose of this foundation booklet is to provide you with information in your initial induction period. It is not a substitute for the training and development activity that you should access as part of your ongoing development.

The foundation booklet is complementary to your own organisations safeguarding children policy and procedures and those of [Halton Children & Young People Safeguarding Partnership](#) which you should refer to if you have a concern regarding the welfare of a child.

A glossary of some key safeguarding terms and phrases that you may come across in your work is included at the end of the booklet. This list is not exhaustive. If you come across a term you do not understand, you should ask your line manager to explain.

This booklet will provide you with a greater understanding of:-

- Definition of safeguarding
- Definition of child abuse and the categories of abuse and neglect
- The roles, responsibilities and accountabilities of the statutory services and the safeguarding lead / designated lead in your organisation
- Halton Children and Young People Safeguarding Board (HCYPSP) 'What to do if you have concerns about a child's welfare' practitioner flowchart
- Who to contact if you have a safeguarding concern and who can support you
- Safeguarding training and development opportunities available locally

This booklet will also:

- Provide questions to enhance the learning gained through using this guide, helping you check that you have understood what is in this booklet
- Provide opportunity for your agency to detail their own policy/procedures for safeguarding children.
- Provide you with an induction checklist to be completed - a copy of which must be returned to your line manager and kept in your personnel file.

## What is Safeguarding?

As an employee of any organisation you have a duty to safeguard & promote the welfare of children. Where there are concerns about the welfare of a child, the duty of care to that child will always take precedence over any obligation to the alleged perpetrator or other individual. The Children Acts 1989, 2004 and 2010 define a 'child' as anyone who has not yet reached their 18th birthday. Therefore safeguarding and promoting the welfare of children means 'children' and 'young people'.

## Definition of Safeguarding

In Halton we use the definition of safeguarding found in *Working Together to Safeguard Children* (2018). <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

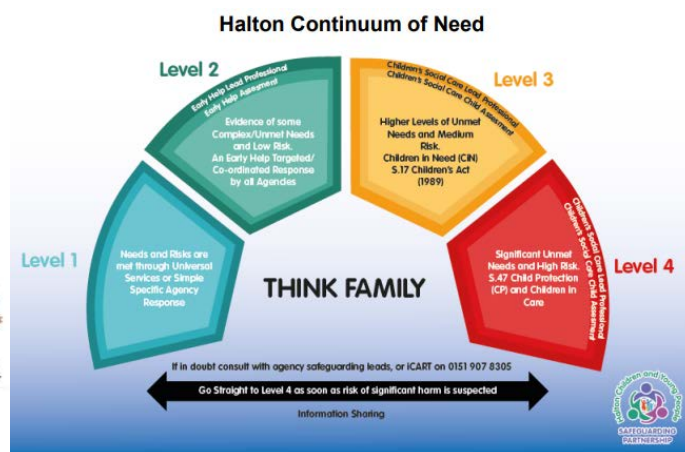
Safeguarding is:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

Halton's 'Levels of Need Framework' helps practitioners to assess and identify a child's level of additional needs and how best to respond to meet those needs at the earliest opportunity to prevent needs escalating further.

## Halton Levels of Need Framework

Halton Levels of Need can be accessed via: [Halton Levels of Need Framework](#)

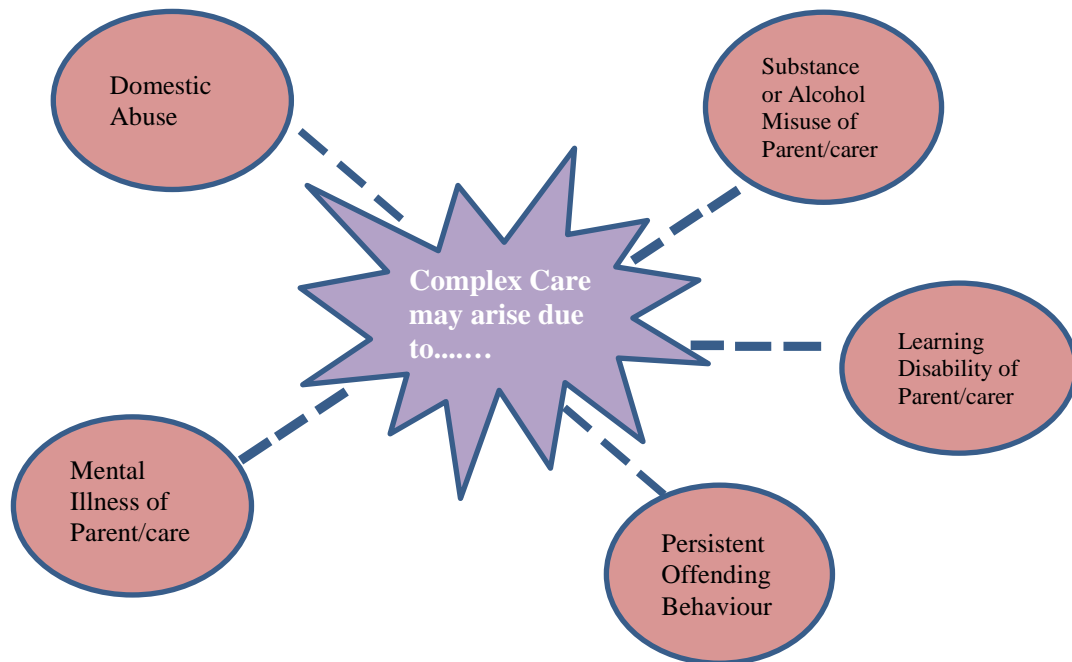


Halton Levels of Need Framework supports practitioners to respond to an individual child's needs within a multi-agency framework to ensure the best possible outcomes. Safeguarding runs throughout all levels. For example, a teenager may find themselves in need of safeguarding if they are a victim of cyber bullying or grooming via the internet, which they may or may not recognise. Similarly, a disabled child may be more vulnerable if they rely upon personal care from a number of carers, or because they use an alternative method of communication which limits opportunities to disclose abuse. Most concerns can be addressed before they escalate by identifying additional needs at the earliest opportunity and identifying how children and families can be supported, including the services that are best placed to help.



## Complex Care

Sometimes children need to be safeguarded due to the impact of factors which reduce their parent or carer's ability to care for them. This can have severe consequences for the child if it is not identified or no action is taken. Complex Care may arise due to;



### Domestic Abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality (Cross Government definition 2013). Controlling behaviour refers to a range of acts designed to make a person subordinate and/or dependent for example by isolating them from sources of support, or depriving them of the means needed for independence. Coercive behaviour refers to 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 victim. Domestic abuse can occur across the whole of society regardless of race, ethnicity, religion, social class, age, income or where a person lives. This revised definition also acknowledges the increasing incidents identified between young people in their personal relationships, both with partners and parents/carers.

All staff who work with children and families should be:-

- alert to the relationship between domestic abuse and the abuse and neglect of children;
- aware that experiencing domestic abuse (directly or indirectly) constitutes harm to a child and young person.

There is clear evidence that domestic abuse increases the risk of harm to children.

### Mental Illness of Parent or Carer

If a parent or carer has a mental illness, it is important not to make assumptions or generalise that this will impact on the child. However, assessment is important as there may be times when due to the effects of the illness on the parent or carer's behaviour or the effects of medication, there is a possibility that some children may be adversely affected or be at risk of harm. In a small number of cases children may even be at risk of very serious harm or death.

### Substance or Alcohol Misuse of Parent or Carer

If a parent or carer misuses substances, this may impact on their capacity to look after children in their care. It is important not to generalise or make assumptions in this respect. However, some substances may induce behaviour that increases the risk of harm or neglect to the child. The child's safety may also be compromised in other ways. There is evidence that substance and/or alcohol misuse in pregnancy can have a serious effect on the development of the unborn child.

## Learning Disability of Parent or Carer

If a parent or carer has a learning disability, assumptions should not be made about their capacity to parent effectively. Specialist assessment is recommended and Adult Learning Disability Services should provide valuable input into assessments relating to any child affected by this issue. Children may be particularly vulnerable where both parents/carers have a learning disability, as the parents may need support to develop their understanding, resources, skills and experience to meet the needs of their children. Also, there is recognition of an increased risk of exploitation by men who target families with learning disabilities.

## Persistent Offending Behaviour

If a parent or carer is involved in persistent offending behaviour the child's safety may be compromised. For example, the child's home may be the target of violent attack or there may be a constant flow of people coming into the home where it may be unclear who is providing care for the child, and where individuals who pose a risk of harm may have access to the child.

Children and young people may, because of one or more of the factors highlighted above, take on the role of a 'young carer' to support an adult in their family. This could be a parent or main carer. If a child is expected to take on a role which is normally considered to be beyond their age capability then safeguarding concerns might be identified.

## Roles and Responsibilities

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Members of the children's workforce are required to follow codes of conduct. These may be specific to your profession, for example the Health & Care Professions Council (HCPC) standards of conduct for Social Workers <http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/> or the Department for Education Teachers' Standards for teachers: <https://www.gov.uk/government/publications/teachers-standards>

Or they may be more generic such as the Guidance for Safer Working Practice for those working with Children and Young People in Education Settings [Safer Recruitment Consortium](#)

Your organisation should provide you with copies of the relevant Code of Conduct and organisational policy on your first day in post. If you have not received a copy, speak to your line manager or Human Resources for clarification. (As childminders are classified as self-employed, please refer to additional guidance)

### Your Responsibilities:

The roles, responsibilities and accountabilities you have with regard to safeguarding children should be explicit in your job/role description.

As a paid employee or volunteer you have a responsibility to safeguard and promote the welfare of children. This includes:

- Being alert to the indicators of child abuse and neglect or exploitation
- Being aware of and following local policies and procedures if you have a safeguarding concern
- Following the guidance given in your organisation's Safeguarding Children policy and procedures at all times
- Knowing the contact details of your organisation's Safeguarding Lead
- Knowing who to contact for help, advice and support
- Seeking advice as appropriate and from the appropriate professionals
- Participating in multi-agency partnership working to safeguard the child
- Ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to the organisation's policy and procedures
- Accessing training and development opportunities and keeping up to date on policy, procedures and practice.
- Making appropriate referrals in a timely manner
- Following HCYPSP Pan Cheshire Multi-Agency Safeguarding Children Procedures at all times.

Your organisation's operational Safeguarding Lead:

- Has expert knowledge about safeguarding children practice
- Assists, supports and advises any workers and volunteers within the organisation on their safeguarding children practice, policy and procedures
- Promotes best practice within the organisation
- Identifies training and development needs of staff and volunteers in relation to safeguarding
- Raises the standard and quality of safeguarding practice in the organisation
- Assists the organisation to understand their safeguarding responsibilities
- Contributes to the organisation's policy, procedure and practice guidelines
- Ensures safeguarding children standards are adhered to

### Contact Details for Help and Advice

It is your responsibility to ensure that you know who to contact if you have a safeguarding concern. Your line manager should discuss this with you as part of your induction

<b>My organisation's operational Safeguarding Lead is:</b>		<b>Tel:</b>	
<b>Out of office hours contact:</b>		<b>Tel:</b>	

Where would you locate your own area's Child Protection & Safeguarding Guidance?

e.g. Early Years Providers in Halton <a href="https://www3.halton.gov.uk/Pages/EducationandFamilies/PDFs/FamiliesInformationService/resources/eysafeguardance.pdf">https://www3.halton.gov.uk/Pages/EducationandFamilies/PDFs/FamiliesInformationService/resources/eysafeguardance.pdf</a>
<b>My Provision details here;</b>

In addition to support within your own organisation you should also know how to contact Children's Social Care and the Police as there may be situations when you need to contact them direct due to a child being at immediate risk of harm.

### Important Contacts:

<b>Integrated Contact and Referral Team (iCART)</b>	0151 907 8305 (9am-5pm Monday to Thursday, 9am-4.30pm Fridays)
<b>Emergency Duty Team</b>	0345 050 0148 (5pm-9am Monday to Thursday & 4.30pm-9am Fridays; 24 hours on bank holidays & weekends)
<b>Cheshire Police 24 hour</b>	Tel 101 (Non-emergency) 999 emergency

### Staff support:

It is acknowledged that having to deal with a safeguarding concern can be distressing. Your line manager will provide you with support and signpost you to additional support if necessary. Your line manager should discuss this with you during your induction.

An important aspect of continuing professional development in relation to safeguarding is the provision of regular and effective supervision. If you are not receiving effective supervision you should raise this as a matter of urgency with your line manager. Supervisees also have a responsibility to ensure this is an effective process through appropriate preparation alongside bringing matters for discussion. Supervisors should provide reflective, analytical and challenging supervision.

## Integrated Contact and Referral Team (iCART)

iCART (Integrated Contact and Referral Team) is the integrated front door to Children's Services. It provides a first point of contact enabling members of the public and practitioners to request early intervention support and to raise concerns about the welfare of children.

It is the responsibility of iCART to record and process all initial contacts and to determine the pathway for that contact such as:

- A referral to Children's Social Care (CSC) for the completion of an assessment by a Children's Social Work Team, including children with disabilities service (for overnight short breaks).
- Advice, signposting or referral to another appropriate service or agency for Early Help.
- Notification or request for information from another Local Authority or agency ( Probation, Police or Education etc) on behalf of Children's Social Care.

### **Professional/practitioner referrals:**

If you wish to make a referral for safeguarding or to request early intervention, you need to complete the online [Multi-Agency Contact and Referral Form](#)

You will need to follow your organisation's safeguarding procedures and gain consent from the family, where appropriate and possible. You will always need to gain consent for early intervention cases.

## **Children in Need**

If safeguarding concerns persist and escalate, the child may be identified as a 'child in need'. Children who are defined as being 'in need' under section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services. Children with disabilities may also be identified as children 'in need'. Section 17 places a duty on the local authority to promote the welfare of children 'in need' to support them to remain living with their family. Local authorities have a duty to ascertain the child's wishes and feelings and to take account of them when planning the provision of services.

Unfortunately, some children will be in need of protection. Section 47 of the Children Act 1989 refers to such children as suffering or likely to suffer significant harm.

## **Significant Harm**

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies statutory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries if they believe a child has suffered or is likely to suffer, significant harm to decide whether to take any action to safeguard or promote the child's welfare.

Under S31 of the Children Act 1989 as amended by the Adoption and Children Act 2002: 'harm' means ill-treatment or the impairment of health or development, including impairment suffered from seeing or hearing the ill-treatment of another.

- 'development' means physical, intellectual, emotional, social or behavioural development
- 'health' means physical or mental health and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Whether the harm is 'significant' relates to how the child's health or development compares to that which could reasonably be expected of a similar child.

Therefore, significant harm could occur where there is a single event, such as a violent assault. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development suffers through neglect.

Detailed assessments are undertaken by the Local Authority's Children's Social Care social workers to decide whether a child is suffering, or is likely to suffer, significant harm. If you are working with a family where an assessment is being undertaken, you will be required to share information to ensure that all relevant information in the case of the child is considered.

## **Child Abuse**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family or in an institutional or community setting; by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse.

They may be abused by an adult or adults or another child or children.

[Working Together 2018](#) (p9) highlights four areas of abuse: Physical abuse, Emotional abuse, Sexual abuse and Neglect.

### **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. This is known as Fabricated or Induced Illness.

### Emotional Abuse

Emotional abuse is the **persistent** emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve:

- conveying to 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 (e.g. domestic abuse);
- serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

### Sexual Abuse

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.

Sexual abuse 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. 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 take place online and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### Neglect

Neglect is the **persistent** failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect is a significant cause for concern for children requiring additional services across the Levels of Need in Halton. Practitioners have access to a range of tools to help them in their assessment of Neglect. Evidence of the use of such assessment tools should be submitted with any referrals for Early Intervention or to Children's Social Care.

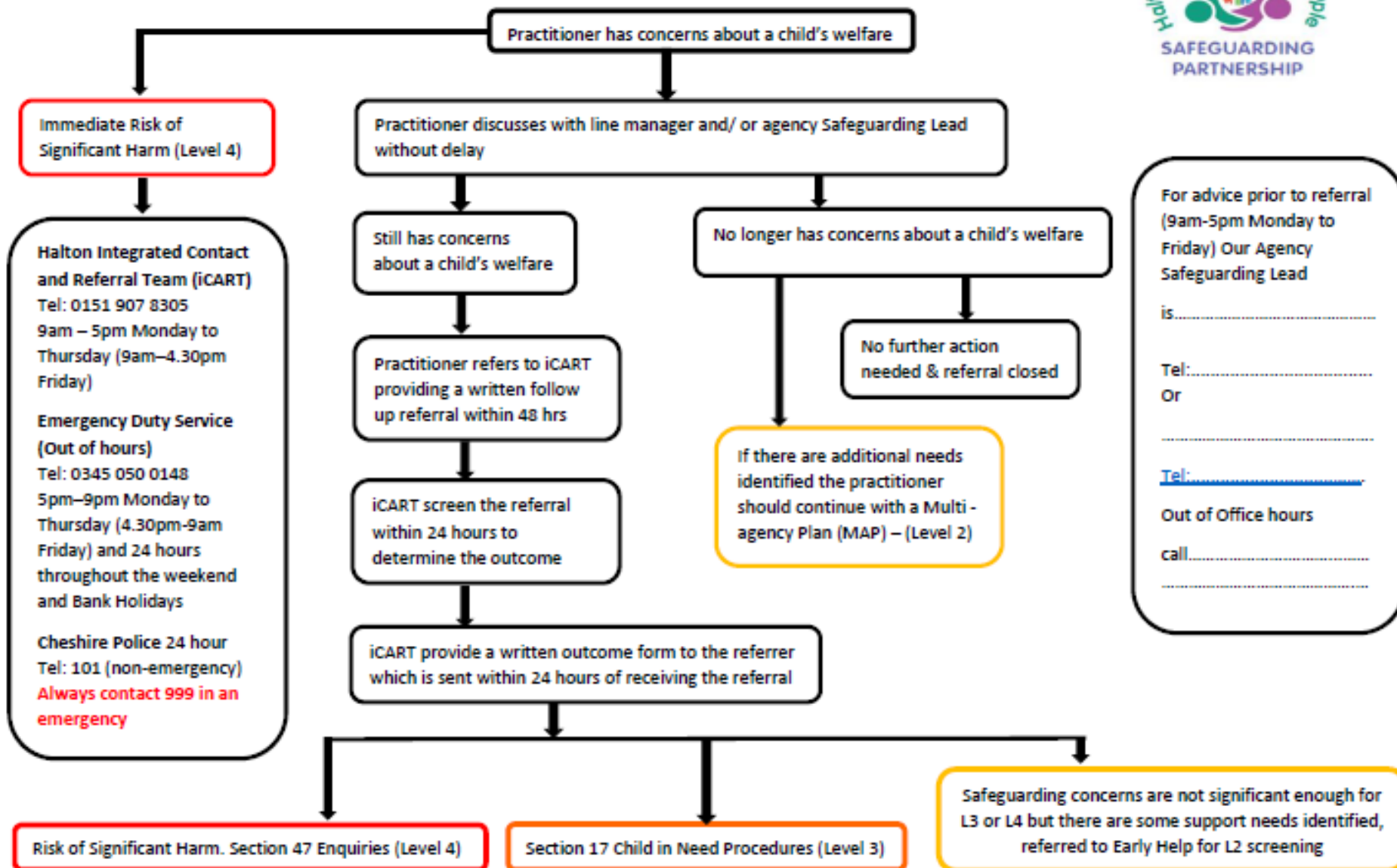
Children may also be vulnerable to exploitation from within their family and from individuals they come across in their daily lives, for example, exploitation by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation.

Contextual Safeguarding (Risk Outside the Home) is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

If you come across a situation that falls within specialist circumstances, advice should be sought from your line manager or operational safeguarding lead / designated lead.



# What to do if you have a concern about a child's welfare



For advice prior to referral (9am-5pm Monday to Friday) Our Agency Safeguarding Lead is.....  
Tel:.....  
Or .....  
Tel:.....  
Out of Office hours call.....

## Managing Allegations made Against Adults who Work with children

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Whilst working with children, young people or a family you may have concerns regarding the behaviour of a member of staff or volunteer working with the child or their family.

This could be in relation to inappropriate behaviour or harm being committed against a child or young person. Regardless of whether or not they work on behalf of your own organisation or another organisation, you should consult your line manager and/ or your organisation's operational Safeguarding Lead / Designated Lead as a matter of urgency.

If you are concerned about the behaviour of your line manager or the Safeguarding Lead, you should contact the Named Senior Manager who deals with allegations in your organisation.

Details of how to contact this person will be available in your organisation's Allegations Management procedures. Your line manager should inform you of who this is in your organisation during induction. Any allegation or disclosure of abuse perpetrated by a professional is taken extremely seriously and the Named Senior Manager should complete a LADO consultation form in the first instance. Someone will then get in touch to discuss the nature of concerns raised or allegations made and to arrive at a decision on how to proceed.

Further information about the Halton LADO Team can be found at [Procedures and Guidance](#)

<b>My organisation's Named Senior Manager is:</b>		<b>Tel:</b>	
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### [LADO Consultation Form](#)

## The Role of Halton Children and Young People Safeguarding Partnership

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Halton Children and Young People Safeguarding Partnership (HCYPSP) have agreed ways to: Coordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and Implement local and national learning including from serious child safeguarding incidents  
The functions of Halton Children and Young People Safeguarding Partnership include:

- Raising awareness and understanding of child safeguarding issues amongst professionals children and families and the general public promoting the message that safeguarding children is everyone's responsibility.
- Co-ordinating the provision of multi-agency safeguarding training, measuring its impact
- Monitoring and evaluating the effectiveness of safeguarding practice and advising on ways to improve. This includes undertaking audits which frontline staff are involved in.
- Functions relating to child deaths, which include: - collecting and analysing information about the deaths of all children in the local area; and putting in place procedures for ensuring that there is a co-ordinated and rapid response to an unexpected death of a child.
- Undertaking Child Safeguarding Practice Reviews where abuse or neglect of a child is known or suspected; and either the child has died; or the child has been seriously harmed and there are concerns about how organisations or professionals have worked together to safeguard the child. A Practice Learning Reviews is where a case does not meet the criteria for a SPR, but where a review of the case will provide multi-agency learning. HCYPSP has a responsibility to ensure that learning from reviews is disseminated across the workforce.

Further information about HCYPSP is available at [Halton Children and Young People Safeguarding Partnership](#)

## Safeguarding Children Training and Development

Your organisation should provide you with opportunities to develop your knowledge and skills in order to ensure that you are able to safeguard and promote the welfare of children you come across in your work. This may be through providing opportunities for you to attend training at the appropriate level or by providing you with opportunities to develop your practice; for instance through shadowing colleagues within your own or other organisations, or by undertaking specific pieces of work. You should discuss this with your line manager during supervision or other formal processes such as annual appraisal or employee development reviews.

Training and development is a key element to supporting a confident and skilled workforce and your manager will advise you on any induction training, mandatory training, refresher training or other opportunities for continuous professional development that you can access.

The HCYPSP Multi Agency Training Programme can be accessed via the training section of the HCYPSP website [HCYPSP Training Page](#)

For additional advice and guidance on training you can email your enquiry to [safeguarding.training@halton.gov.uk](mailto:safeguarding.training@halton.gov.uk)

### Safeguarding Children - Induction Checklist

This Induction Checklist should be completed within the first 4 weeks of starting your post. Once completed provide a copy for your line manager to keep in your personnel file.

*I have read the HCYPSP Safeguarding Children Induction Booklet and understand the contents contained within.*

*I have completed the Safeguarding Children Induction Booklet questions to demonstrate my understanding of the contents.*

*I am aware of the names and contact details for the Safeguarding Lead(s) within my organisation.*

*I have received a copy of my organisation's Code of Conduct for staff working with children and young people and/or I have a copy of the Guidance for Safer Working Practice document [Safer Recruitment Consortium](#)*

*I have received and read the HCYPSP Practitioner Pocket Guide*

*I am aware of how to access the Safeguarding Children procedures within my workplace, which I must refer to if I have a concern about the welfare of a child*

<b>Print Name</b>		<b>Signature:</b>	
<b>Job Title</b>		<b>Date Completed</b>	
<b>Manager's Name</b>		<b>Manager's Signature</b>	
<b>Date induction book started</b>		<b>Date induction book completed</b>	

## Safeguarding Induction Questions

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These questions will demonstrate to your line manager that you have understood the information contained in this booklet.

1. In your own words, what does the term 'safeguarding' mean?	
2. What would you do if you had a safeguarding concern about a child or young person who you came across through your work?	
3. What issues could amount to "complex care"?	
4. Who would be involved in sharing information regarding a safeguarding concern?	
5. How would you access information from Halton Children and Young People Safeguarding Partnership?	
6. Give three examples of what you do in your role to safeguard children?	
7. What would you do if you had a concern about the behaviour or practice of someone who works with children and young people (this could be in your organisation or another)?	

Your line manager will check your answers and discuss any which do not demonstrate a clear understanding of safeguarding. (A copy of your answers should be kept in your personnel file).



## References:

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Department for Education. What to Do if You're Worried A Child is Being Abused (2015)  
Children's Needs – Parenting Capacity (2011). Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence.  
(Cleaver, H., Unell, I., & Aldgate, J.)  
Halton Borough Council (2014) Early Intervention Model  
Health & Care Professions Council (HCPC) (2018) Standards of conduct, performance and ethics  
Department for Education (2018) Working Together to Safeguard Children. A guide to interagency working to safeguard and promote the welfare of children  
HM Government (2011) Safeguarding children who may have been trafficked: Practice Guidance  
DfE (2017) Child Sexual Exploitation: definition and guide for practitioners.

### Websites:

Halton Children & Young People Safeguarding Partnership <https://hcypsp.haltonsafeguarding.co.uk>  
Halton Borough Council [www.halton.gov.uk](http://www.halton.gov.uk)  
Government Information [www.gov.uk](http://www.gov.uk)  
Child Exploitation Online Protection Centre: [www.ceop.gov.uk](http://www.ceop.gov.uk)  
Childline [www.childline.org.uk](http://www.childline.org.uk)  
Children England (Charities working for children and families) <https://www.childrenengland.org.uk/>  
Contextual Safeguarding Network <https://contextualsafeguarding.org.uk/>  
ECPAT UK: True Vision (Every Child Protected against Trafficking) [www.ecpat.org.uk](http://www.ecpat.org.uk)  
Cheshire Know and See (Child Sexual Exploitation) <http://www.knowandsee.co.uk/>  
Lullaby Trust [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)  
(Provides expert advice on safer sleep for babies, emotional support for bereaved families and raises awareness of Sudden Infant Death Syndrome (SIDS))  
Abusive Head trauma/ ICON toolkit <https://whh.nhs.uk/about-us/abusive-head-traumaicon-toolkit>  
National Working Group (NWG) (Tackling Child Exploitation) [www.nwgnetwork.org](http://www.nwgnetwork.org)  
National Day Nurseries Association [www.ndna.org.uk](http://www.ndna.org.uk)  
NSPCC (National Society for the Prevention of Cruelty to Children) [www.nspcc.org.uk](http://www.nspcc.org.uk)  
Pre-school Learning Alliance [www.pre-school.org.uk](http://www.pre-school.org.uk)  
Safe Lives (Ending Domestic Abuse) [www.safelives.org.uk](http://www.safelives.org.uk)  
True Vision (Hate Crime) [www.report-it.org.uk](http://www.report-it.org.uk)  
Young Minds (Child and Adolescent Mental Health) [www.youngminds.org.uk](http://www.youngminds.org.uk)

## Glossary

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### AAA (Triple A):

Allegations Against Adults. This relates to adults who work with children where an allegation has been raised that an individual has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The adult may work in a paid capacity or as a volunteer. (See description of LADO for further details).

### Care Planning Meeting

Care Planning meetings are held regularly for all Children in Care. Wherever possible, the first Care Planning meeting will be held before the child comes into care or within 3 days of the child coming into Care. Care Planning meetings will be convened by the child's Social Worker and chaired by his or her line manager. The child and all key professionals involved with the child should be invited.

### Child Abuse Linked to Faith or Belief (CALFB)

There is a variety of definitions associated with abuse linked to faith or belief. The National Action Plan includes the following when referring to Child Abuse Linked to Faith or Belief

Belief in concepts of:

- witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies
- use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked

More information at <http://nationalfgmcentre.org.uk/calfb> domestic slavery or sexual exploitation.

### Child and Adolescent Mental Health Service (CAMHS)

The aim of the service is to make sure that all children and young people, up to their 18th birthday, who have mental health problems have access to good quality mental health services when they need them. CAMHS is a specialist service providing support and therapeutic intervention to children, young people and their families who are experiencing complex, persistent and severe emotional and psychological problems.

### Child Death Overview Panel (CDOP)

The Pan Cheshire Child Death Overview Panel (CDOP) is part of a national organisation reviewing all deaths of children aged from 0 to 17 years, sharing lessons learned to prevent future deaths. Pan Cheshire was formed in 2013, the Partners are Cheshire East, Cheshire West & Chester, Halton Borough and Warrington Borough Councils.

### Child in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. Where an assessment takes place, it will be led by a Social Worker, with other relevant agencies contributing information. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist

assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action. Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services.

### Child Protection Conference

A Child Protection Conference is convened where section 47 enquiries are substantiated and a child is judged to be at continuing risk of significant harm. A decision to request a conference is made by the Social Worker's Manager. Only people with a significant contribution to make should attend the conference. Minimum quorum is Children's Social Care, Education or Health and one other agency with direct involvement with the child. Each agency invited to attend the conference must provide a written report that should be shared with the child (if of sufficient age and understanding) and the family **at least 72 hours before** the conference.

The **key decisions** that all conferences must make are:

- Has the child suffered significant harm?
- Is the child likely to suffer significant harm in the future?
- If the child has suffered or is likely to suffer significant harm, are they in need of a Child Protection Plan?

The Conference Chair will ask all attendees to decide what category of abuse or neglect applies to that child if they are to become subject of a Child Protection Plan. Questions asked at conference include 'what are you most worried about for this child/children? And what is going well for this child?'

### Child Sexual Exploitation (CSE)

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

### Multi-Agency Plan (MAP)

The Multi-Agency Plan (MAP) is Halton's early help assessment. The format is more user-friendly and outcome-focussed than its predecessor (CAF Common Assessment Framework). The MAP provides a standardised approach to identifying risks and strengths for children and families and ensuring they access appropriate, timely support. It aims to co-ordinate support around early help in order to prevent needs from escalating and requiring statutory intervention. No single agency or organisation can ensure that these outcomes are achieved, it needs all agencies to work together to ensure that children, young people and their families receive services which are well co-ordinated, integrated, responsive and timely. You may identify that a family would benefit from a MAP or you may be advised to do so if you have made a referral to iCART.

In Halton, the locality teams can offer some advice and support with regards to the MAP process and this can be requested by contacting the relevant team to where the family resides as follows:

- Runcorn – [RuncornLocalityTeam@halton.gov.uk](mailto:RuncornLocalityTeam@halton.gov.uk)
- Widnes – [WidnesLocalityTeam@halton.gov.uk](mailto:WidnesLocalityTeam@halton.gov.uk)

If you are going to be involved in MAP, you should be trained on Eclipse (contact the team via [Eclipse.Helpdesk@halton.gov.uk](mailto:Eclipse.Helpdesk@halton.gov.uk)).

### Contemporaneous

When there is a requirement for contemporaneous records to be made, it means that the records are made as soon as possible after the event occurred; this would be on the same day in most circumstances.

## Contextual Safeguarding (Risk Outside the Home)

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

## Core Group

The core group is a multi-agency group of practitioners who are working with the family and who are responsible for developing the Child Protection Plan as a detailed working tool and implementing it within the Outline Plan agreed at the Initial Child Protection Conference.

Core group members should:

- attend an initial core group meeting within 10 days of the Initial Child Protection Conference to complete the assessments to inform the Child Protection Plan and set dates for subsequent core group meetings;
- ensure that the Conference Chair receives a copy of the Child Protection Plan within 20 days of the initial conference and the minutes of all core group meetings throughout the period the child remains subject to a Plan;
- take responsibility, as a group, for developing and implementing the Child Protection Plan;
- ensure that, wherever possible, the child or young person and relevant family members are involved in the drawing up of the Plan;
- keep the Social Worker up to date with progress and any changes which may affect the plan;
- meet every 6 weeks to monitor the progress of the Plan and ensure the Conference Chair receives a copy of the core group record;
- provide a single collective report for subsequent Child Protection Review Conferences on the progress of the plan.

## County Lines

County lines is a term used to describe gangs, groups or drug networks that supply drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines or "deal lines". They exploit children and vulnerable adults to move the drugs and money to and from the urban area, and to store the drugs in local markets. They will often use intimidation, violence and weapons, including knives, corrosives and firearms.

## Criminal Exploitation

Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity.

## Cyberbullying

This is the use of Information and Communication Technology (ICT), particularly mobile phones and social media, to deliberately upset someone else. Instead of the perpetrator carrying out the bullying in person, they use technology as a means of conducting the bullying. Cyberbullying can include a wide range of unacceptable behaviours, including harassment, threats and insults, and like face-to-face bullying, cyberbullying is designed to cause distress and harm. Cyberbullying can be an extension of face-to-face bullying.

## Domestic Abuse

Domestic violence and abuse is defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial, and emotional abuse.

**Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.



**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 their victim.

Domestic abuse can occur across the whole of society regardless of race, ethnicity, religion, social class, age, income or where a person lives. This revised definition also acknowledges the increasing incidents identified between young people in their personal relationships, both with partners and parents/carers.

All staff who work with children and families should be:-

- alert to the relationship between domestic abuse and the abuse and neglect of children;
- aware that experiencing domestic abuse (directly or indirectly) constitutes harm to a child and young person.

There is clear evidence that domestic abuse increases the risk of harm to children.

### **Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Checklist**

The DASH risk checklist can be used for all intimate partner relationships, including LGBT relationships, as well as for 'honour'-based violence and family violence. It is primarily intended for professionals – both specialist domestic violence workers such as Independent Domestic Violence Advisors (IDVAs) and other professionals working in any service. There is a specific police version of the risk checklist, which is used by most police forces in England and Wales. The simple series of questions makes it easy to work out the risk a victim is facing. A high score means the victim is at high risk of murder and/or serious injury and needs urgent help. These victims should get help from an IDVA and all the relevant local agencies should come together at a Multi-Agency Risk Assessment Conference (MARAC) meeting to make a plan to make them safe. The DASH risk checklist is available in several languages, as is guidance on how to use the tool.

### **Early Help**

It is important for all professionals to consider the needs of a family from a **holistic** perspective so that the needs of all family members can be explored as early as possible in line with Halton's Early Help strategy. Adopting a holistic approach coupled with appropriate professional curiosity enables risk such as that posed by 'hidden adults' to be reduced. Identification of issues and exploration of support options early on in a problem can prevent families' needs escalating to statutory level. A child may need Early Help at any age.

### **Extremism**

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

### **Fabricated or Induced Illness**

Fabricated or Induced Illness is when a child suffers harm through the deliberate action of her/his carer and which is attributed by the adult to another cause. The child is often presented for medical assessment and care, usually persistently, often resulting in multiple medical procedures. Acute symptoms and signs of illness cease when the child is separated from the perpetrator. It is a relatively rare but potentially lethal form of abuse.

There are four main ways of the carer fabricating or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids;
- Exaggeration of symptoms/real problems. This may lead to unnecessary investigations, treatment and/or special equipment being provided;
- Induction of illness by a variety of means.

The above four methods are not mutually exclusive.

### **Female Genital Mutilation (FGM)**

FGM is also known as female genital cutting. These alternative terms are better received in the communities that practice it, who do not see themselves as engaging in mutilation. There are also other terms used to describe these practices in different countries across the world such as Sunna, gudniin, halalays, tahur, Megrez and khitan, among others. Female Genital Mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

FGM is carried out for various cultural reasons within families and communities in the mistaken belief that it will benefit the girl in some way (for example, as a preparation for marriage or to preserve her virginity). However, there are no acceptable reasons that justify FGM. It is harmful practice that is not required by any religion and there are no religious texts that say it should be done. There are no health benefits of FGM.

FGM usually happens to girls whose mothers, grandmothers or extended female family members have had FGM themselves or if their father comes from a community where it is carried out. Communities that perform FGM are found in many parts of Africa, the Middle East and Asia. Girls who were born in the UK or are resident here but whose families originate from an FGM practising community are at greater risk of FGM happening to them. The practice is illegal under the Female Genital Mutilation Act 2003.

The age at which FGM is performed varies from a few days to the onset of puberty or at marriage dependent on the community. Professionals should look out for signs that FGM may be about to take place. Child protection procedures must be initiated if staff have any concerns. A child from a community that is known to perform FGM may talk about going on a special holiday to a country where the procedure is prevalent or confide that she is to have a "special procedure" or celebration. Girls are sometimes taken abroad for FGM, but they may not be aware that this is the reason for their travel. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to "heal" before they return to school.

### **Forced Marriage**

A forced marriage (as distinct from a consensual 'arranged' one) is defined as one which is conducted without the valid consent of at least one of the parties and where duress is a factor. Victims can be male as well as female, and can be children as well as adults. Forced marriages are not confined to one religious group.

### **Grooming**

This refers to actions deliberately undertaken by someone to form a trusting relationship with a child, with the intent of later having sexual contact with that child. Grooming can also occur using information communication technology (ICT). The Sexual Offences Act 2003 makes it an offence for a person over 18 to meet or communicate with a child under 16 on at least one occasion and following the initial contact they intentionally meet or travel to meet, a child with the intention of committing a sexual offence.

### **Hate Crime**

Hate crime is defined as 'any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic'. The five monitored strands are race, religion/faith, sexual orientation, disability, and gender-identity.

### **Halton Domestic Abuse Forum (HDAF)**

Halton Domestic Abuse Forum (HDAF) is a multi-agency strategic partnership that leads on Domestic Abuse and Sexual Violence issues within Halton. The purpose of the Halton Domestic Abuse Forum is to work to prevent violent and abusive behaviour within partner and family relationships and to support victims of such abuse.

### **Harmful Practices**

Harmful traditional practices are forms of violence which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice.

### **Hidden Adults**

The concept of 'Invisible / Hidden adults' refers to adults who are present in the lives of vulnerable children who may present a risk to the child because their presence is new and /or transitory. Often these adults are actively concealed by the main caregiver and can be disregarded in professional assessments due to lack of assessment skills or active avoidance by professionals as a result of threats or intimidation. Often these adults are not engaged by professionals working with the family.

These circumstances may not exist in isolation. Research by Cleaver, Unell and Aldgate (2011) on behalf of the Department for Education into the extent of these issues and the impact on parenting capacity found that rates of parental mental illness, learning disability, problem alcohol

& drug use and domestic abuse considerably increase in those families that come to the attention of Children's services / social care with most experiencing co-existing problems.

### **Holistic**

The term is used in reference to assessments such as the MAP. This means that all aspects of an individual's needs be they psychological, physical and social, should be taken into account and seen as a whole.

### **Honour Based Violence**

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

### **KOOTH**

Emotional wellbeing service in Halton for young people. <https://kooth.com/>

### **LGBTQ+**

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning + (LGBTQ+) group for young people in Halton <https://www.halton.ca/For-Residents/Sexual-Health/LGBTQ>

### **Integrated Contact and Referral Team (iCART)**

Is a multi-agency team and is the front door to Children's Social Care and requests for early intervention support. The aim of the service is to improve communication ensuring that appropriate pathways of support are offered to all children and adults, to reduce escalation of needs.

### **Independent Domestic Violence Advisors (IDVA)**

An IDVA is a specialist domestic abuse professional who supports victims at the highest risk of serious injury or murder. Their job is to make the victim and their family as safe as possible. They stand alongside victims and make sure they get whatever help they need providing vital emotional and practical support to victims. They deal with everything from getting an injunction, to sorting out money, to having the locks changed. Their job is to make sure the victim is safe – and they do whatever it takes.

### **Independent Sexual Violence Advocate (ISVA)**

The ISVA offers practical and emotional support to victims of sexual violence, regardless of whether they have decided to report this to the police or not. The ISVA is an independent and confidential service that works closely with relevant agencies to ensure victims get the advice, information and support that they need. ISVA support can take the format of either face to face visits, telephone contact or both and can support through any legal processes and help victims to access other support services.

### **Learning Disability of Parent or Carer**

If a parent or carer has a learning disability, assumptions should not be made about their capacity to parent effectively. Specialist assessment is recommended and Adult Learning Disability Services should provide valuable input into assessments relating to any child affected by this issue. Children may be particularly vulnerable where both parents/carers have a learning disability, as the parents may need support to develop their understanding, resources, skills and experience to meet the needs of their children. Also, there is recognition of an increased risk of exploitation by men who target families with learning disabilities.

### **Local Authority Designated Officer (Managing Allegations Against People Who Work or Volunteer With Children)**

The LADO is located within the Safeguarding Children Unit and is responsible for advising and supporting procedures for managing allegations against people who work with children. Working Together to Safeguard Children - WTSC 2018 (rev 2020) says allegations that meet the following criteria should be discussed with the LADO;  
A person working/volunteering with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed an offence against, or related to, a child

- Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children
- ***Behaved or may have behaved in a way that indicates they may not be suitable to work with children***

This criteria relates to the person's behaviour in the workplace, the community and in their home and social life.

This applies to paid or unpaid staff, casual or agency workers or anyone self-employed and the LADO is involved from the initial phase of the allegation through to the conclusion of the case.

### Halton Children and Young People Safeguarding Partnership (HCYPSP)

This replaced the Local Safeguarding Children Board for Halton which encompasses Runcorn and Widnes.

### Mental Illness of Parent or Carer

If a parent or carer has a mental illness, it is important not to make assumptions or generalise that this will impact on the child. However, assessment is important as there may be times when due to the effects of the illness on the parent or carer's behaviour or the effects of medication, there is a possibility that some children may be adversely affected or be at risk of harm. In a small number of cases children may even be at risk of very serious harm or death.

### Modern Slavery

Modern slavery exists here in the UK. Men, women and children – UK nationals and those from abroad -are exploited in the sex industry, through forced labour, domestic servitude in the home and forced criminal activity. Modern slavery has been identified in nail bars, brothels, car washes, massage parlours and rural businesses. Modern Slavery often involves human trafficking. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Indicators of Modern Slavery:

- Victims may show signs of physical or psychological abuse, look malnourished, unkempt, withdrawn
- May seem under control of others, not travel alone, rarely interact or appear unfamiliar with the neighbourhood
- May be living in dirty cramped conditions
- May have no identification documents, few personal possessions, wear the same clothes everyday
- May have to be dropped off or picked up for work on a regular basis either very early or late at night
- May appear frightened or hesitant to talk, avoid eye contact

Government guidance is designed to help staff identify and help potential victims (including human trafficking) in England and Wales. It reflects relevant provisions of the Modern Slavery Act 2015 and the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015. If staff suspect a person is a potential victim of modern slavery due to human trafficking in any part of the UK (or slavery, servitude, or forced or compulsory labour in cases identified in England or Wales) they must consider a referral into the national referral mechanism (NRM).

### Multi-Agency Public Protection Arrangements (MAPPA)

The Criminal Justice Act 2003 (CJA 2003) provides for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders.

The Responsible Authority is the primary agency for MAPPA. This is the Police, Prison and Probation Trust in each area, working together. The Responsible Authority has a duty to ensure that the risks posed by specified sexual and violent offenders are assessed and managed appropriately. Other bodies have a duty to co-operate with the Responsible Authority in this task.

These duty to co-operate agencies (DTC agencies) will need to work with the Responsible Authority on particular aspects of an offender's life (e.g. education, employment, housing, social care).



The first stages of the process are to identify offenders who may be liable to management under MAPPA as a consequence of their caution or conviction and sentence, and later to notify the MAPPA coordinator of their impending release into the community, or the commencement of a community order or suspended sentence, as appropriate. This responsibility falls to the agency that has the leading statutory responsibility for each offender. Offenders are placed into one of three MAPPA categories according to their offence and sentence.

There is a statutory responsibility on certain agencies to engage with the MAPPA process this includes Education, Employment, Children's Social Care and Housing. More recently an amendment was made to the act to include UK Border Agency. The meeting will risk assess the offender based on information and knowledge of all agencies and agree the plan required to manage the risks.

### **Multi-Agency Risk Assessment Conferences (MARACs)**

The MARAC is a victim-focused meeting where information is shared on the highest risk cases of domestic abuse between partner agencies including Police, Health, Children's Services, Housing, IDVAs (Independent Domestic Violence Advocates) as well as other specialists from the statutory and voluntary sectors. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by the IDVA, a risk focused, co-ordinated safety plan can be drawn up to support the victims by reducing the risks identified.

MARACs in Halton meet on every second and fourth Wednesday of the month. There is an expectation that agencies who refer cases through to MARAC will complete a DASH risk assessment (identification of high risk cases of domestic abuse including stalking and honour based violence). As with MAPPA, agencies present and share their information in order to develop a plan to keep the victims safe. The plans can include anything from counselling to additional security on the property. MARAC will talk about linked perpetrators in order to be able to accurately assess the risk and in some cases attempt to engage the perpetrator in order to reduce further offending. This conference is chaired by the Police.

### **Multi-agency Working**

This is about different services, agencies and teams of professionals and other staff working together to provide the services that fully meet the needs of children, young people and their parent/carers. Practitioners need to be clear about their own role and be aware of the roles of other professionals for multi-agency working to be successful. This applies across the public, private and voluntary sectors.

### **Named Senior Manager**

They have overall responsibility within the organisation for ensuring that allegations management procedures are properly applied and implemented if any Allegations against Adults (AAA) working with children and young people are raised. The Named Senior Manager is also responsible for providing advice, information and guidance for staff within the organisation. This person is the point within the organisation to report all allegations or concerns regarding the behaviour or practice of staff and volunteers following the organisation's allegations management procedure.

### **National Referral Mechanism (NRM)**

The NRM is a victim identification and support process which is designed to keep it easier for all the different agencies that could be involved in a trafficking case – e.g. police, Home Office UK Visas and Immigration Directorate, local authorities, Health and Social Care (HSC) Trust in Northern Ireland, and non-governmental organisations (NGOs) – to co-operate; to share information about potential victims and facilitate their access to advice, accommodation and support.

For children, a formal referral into the NRM is made by a first responder. In England, these include local authority Children's Social Care, the UK Border Force, Home Office Immigration & Visas, the Police, and certain NGOs including Barnardo's.

Completion of the NRM is intended to help Children's Social Care put a focused and appropriate response in place for the child by ensuring that all of the available information is gathered and shared quickly between partners. It is also an important tool in the fight against those who commit the crime of trafficking; evidence collected from referrals helps to build a national picture and informs the decisions of policy makers and operational staff.

## **New Psychoactive Substances**

Often incorrectly called legal highs, new psychoactive substances contain one or more chemical substances which produce similar effects to illegal drugs such as cocaine, cannabis and ecstasy. It is illegal to produce, supply or import for human consumption under the Psychoactive Substances Act 2016. They can carry serious health risks. The chemicals they contain have in most cases never been used before in drugs for human consumption. This means they haven't been tested to show they are safe. Users can never be certain what they are taking and what the effects might be.

## **Operation Encompass**

The purpose of Operation Encompass is to safeguard and support children and young people who have been involved in a domestic abuse incident. Following such an incident, children will often arrive at school distressed, upset and unprepared. Operation Encompass aims to ensure that appropriate school staff are made aware early enough to support children and young people in a way that means they feel safe and included. In Cheshire, Operation Encompass is an initiative between the Local Safeguarding Children Boards (LSCBs), schools located across Halton, Warrington, Cheshire East, Cheshire West & Chester and Cheshire Police.

## **Persistent Offending Behaviour**

If a parent or carer is involved in persistent offending behaviour the child's safety may be compromised. For example, the child's home may be the target of violent attack or there may be a constant flow of people coming into the home where it may be unclear who is providing care for the child, and where individuals who pose a risk of harm may have access to the child. Children and young people may, because of one or more of the factors highlighted above, take on the role of a 'young carer' to support an adult in their family. This could be a parent or main carer. If a child is expected to take on a role which is normally considered to be beyond their age capability then safeguarding concerns might be identified.

## **Private Fostering**

Private fostering is when an arrangement is made between the parents of a child, and someone who is not a close relative (i.e. they are not a parent, step parent, aunt, uncle, adult sibling or grandparent or person with parental responsibility) to provide care and accommodation for that child. The child must be under 16 years (or 18 if a young person with a disability) and the arrangement is intended for 28 days or more.

The child's parents, private foster carer, or anyone else involved in setting up the private fostering arrangement are legally required to inform Children's Social Care that the child is being privately fostered. This should be done as soon as possible, and ideally at least six weeks before the arrangement begins. If a person working with the family or child identifies a potential private fostering arrangement, they must notify the Integrated Contact and Referral Team (iCART).

## **Professionals Meeting**

A multi-agency professionals meeting is a tool to support practitioners in all agencies who have a genuine desire to work openly with families, but who may need the opportunity to talk with other professionals without the family being present. This may be important where there is a concern that the family is undermining attempts to understand potential risks to children in the family; or where there is uncertainty amongst professionals about the necessary steps to protect children.

A professionals meeting may be helpful where professional disagreements are impacting on effective work with the family, or where professionals need an opportunity to reflect on the plans for working with a family when progress is not being made. This type of meeting would not be intended as a routine element in practice, since wherever possible professionals should aim to work in partnership with families, but could be considered in the following situations: an agency or agencies working with a family need to share information to clarify a concern or address difficulties in working with a family and to involve the family would inhibit discussion; to resolve concerns within the professional group, such as understanding of the degree of risk, meaning given to information, the approach and priority actions and the reasonable expectations of other professionals.

## Safety Plan

A safety plan can help protect the victim and their children by planning what they might do in the case of future violence or abuse to increase their safety either within the relationship, or if they decide to leave.

## Single Assessment Process (SAP)

This assessment is done by social workers and partners are expected to contribute information. The process provides the opportunity for social workers to focus on the specific needs of, and allow appropriate time within the assessment for reflection and direct work with, children and young people to ensure a robust and analytical assessment. Checkpoints have been built into the process to ensure management oversight during the assessment process.

- In all Section 47 cases the child should be seen within 24 hours
- For all other cases the child should be seen within 5 working days
- If the SAP is to continue for more than 15 working days it should not exceed 45 working days.

There are 4 potential outcomes of a SAP which are:-

1. There are no identified risk or support needs and therefore case will close to Children Social Care.
2. There are support needs that don't meet threshold for continued Children Social Care intervention but could be supported by MAP so could 'stepdown' to early intervention.
3. Ongoing support via Child In Need Plan
4. During assessment it's identified there are risks and increasing risk, request for strategy discussion and if agreed by strategy group members (Children Social Care, Police, Safeguarding Health) and others when required. Progress with a request for Child Protection Conference via Safeguarding Unit. Conference will be convened within 15 days of strategy group decision and conference members will decide if the threshold is met for Child Protection Plan.

## Sexual Assault and Referral Centre (SARC)

Saint Mary's Sexual Assault Referral Centre provides free specialist forensic medical and healthcare services for women, men and children who have been raped or sexually assaulted in the Cheshire area either currently or historically. The Centre offers comprehensive healthcare services to adults and children. The team includes highly trained paediatricians, child crisis workers, child ISVAs and counsellors. They can provide advice and information where concerns about sexual abuse or assault have been raised.

The Centre is open 24/7 365 days a year and there is a 24 hour helpline 0161 276 6515. You can refer people to the service or people can self-refer. The service is available to those who want to make a report to the police or not. It is also possible to store forensic samples in cases where someone is undecided about making a report the police. If you are concerned about anyone in your care and would like some advice then call us anytime on 0161 276 6515, alternatively visit our website for more information [www.stmaryscentre.org](http://www.stmaryscentre.org)

## Self-Harm and Suicidal Behaviour

Definitions from the Mental Health Foundation (2003) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

The term self-harm rather than deliberate self-harm is the preferred term as it is a more neutral terminology recognising that whilst the act is intentional it is often not within the young person's ability to control it. Self-harm may be used by children and young people as a coping strategy when there is no intention to kill themselves. However accidental death may occur with some methods of self-harm. Some young people may use self-harm but also have thoughts of wanting to kill themselves.

Important facts to clarify:

- It is important to gather information in relation to whether the child or young person's self-harming behaviour is a coping strategy or an attempt to kill themselves;
- Identify the method of self-harm that is being used and question if it presents with risks that may result in accidental death, for example, overdose and self-poisoning;
- Regardless of the self-harm act, if a young person confirms that it was an attempt to kill themselves then further specialist assessment should be sought immediately.

Self-harm can be described as a wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings in another way and will need a supportive response to assist them to explore their feelings and behaviour and to identify alternative coping strategies.

### **Significant Harm**

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the 'best interests of a child'. Sometimes significant harm can be indicated by a single traumatic event (for example a violent assault, suffocation, shaking or poisoning). However, significant harm is more commonly attributed to an accumulation of significant events that damage a child's physical and/or psychological development.

### **Substance Misuse**

This is the use of illegal drugs and the inappropriate use of legal drugs including alcohol, prescription medicines and substances such as solvents. Misuse is a broad term encompassing harmful use and dependence. In broad terms, 'drugs' refers to any substance that affects how we think or feel.

### **Substance or Alcohol Misuse of Parent or Carer**

If a parent or carer misuses substances, this may impact on their capacity to look after children in their care. It is important not to generalise or make assumptions in this respect. However, some substances may induce behaviour that increases the risk of harm or neglect to the child. The child's safety may also be compromised in other ways. There is evidence that substance and/or alcohol misuse in pregnancy can have a serious effect on the development of the unborn child.

### **Think Family**

A proportion of adults known to the mental health, substance misuse, physical / sensory and learning disability services have children. In common with the population as a whole, most of these parents are committed to their children and want what is best for them. The presence of additional vulnerabilities for adults as parents/carers does not automatically preclude the possibility of good parenting. It is important, therefore, that when a practitioner is working with an individual within a family, child or adult, they need to take a holistic approach. This considers the individual as a member of the family who will be affected by their behaviours and who, in turn, will have an impact on each family member. These impacts may be positive and supportive or may be negative. When considering any vulnerabilities or risks that they have identified practitioners should consider the support available to the individual and family from extended family, the wider community and other professionals.

### **Trafficking**

The two most common terms for the illegal movement of people are:

'Smuggling', is described when immigrants and asylum seekers pay people to help them enter the country illegally; after which there is no longer a relationship.

'Trafficking', Trafficked victims are coerced or deceived by the person arranging their relocation. On arrival in the country of destination the trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered.

The Palermo Protocol establishes children as a special case - any child transported for exploitative reasons is considered to be a trafficking victim - whether or not they have been deceived. This is partly because it is not considered possible for children to give informed consent. Any child who is recruited, transported or transferred for the purposes of exploitation is considered to be a trafficking victim, whether or not they have been forced or deceived. Even when a child appears to have submitted willingly to what they believe to be the will of their parents or accompanying adults, it is not considered possible for a child to give informed consent. Most children are trafficked and exploited for financial gain. This can take the form of payment from the child's parents, and in most cases the trafficker also receives payment from those wanting to exploit the child. Some trafficking is by organised gangs, in other cases individual adult's traffic children in and around the UK or into the UK for their own personal gain.

Exploitation includes children being used for:

- Child Sexual Exploitation
- Domestic servitude;

- Sweatshop and restaurant work, drug dealing and credit card fraud;
- Begging or pickpocketing;
- Benefit fraud;
- Looking after drug houses e.g. cannabis growing
- Drug mules or decoys for adult drug traffickers;
- Forced marriage
- Trade in human organs; and in some cases;
- Ritual killings.

Younger children are often trafficked to become beggars and thieves or for benefit fraud.

Teenagers are often trafficked for domestic servitude, sexual exploitation and forced marriage.

### Universal Services

Universal Services are services that are available to all children, young people and their families and are in place for all whether additional needs present themselves or not. It is services that children and young people are entitled to such as schools, health, nurseries and youth settings.

### Voice of the Child

The principle of good practice is to ensure that children and young people's views are heard and recognised throughout any assessment process. Professionals need to ensure the voice of the child runs through everything we do and that the child perspective clearly visible throughout any assessment that affects them and taken into account no matter what their age or ability to communicate directly.

This can be done by:

- Direct engagement;
- Observation;
- Discussion with parents, family members, carers or agencies;
- Analysis of information held to consider what the impact might be on the child.

The voice of child is of paramount importance in testing out whether the apparent outcomes of interventions are having the desired impact for the child/ren. Seeking the views of the child will ensure that there is not over reliance on parental accounts which can therefore minimise the risk of disguised compliance.

### Working Together Meetings

These meetings are held weekly in Widnes and Runcorn where any agency can attend to discuss and agree appropriate support and/or a MAP Lead Professional where the family is already on a MAP or a MAP has been advised.

### Young Carers

In line with national guidance "the term young carer should be taken to include children and young people under 18 who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances...a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child/young person, risking impacting on his or her physical or emotional wellbeing or educational achievement and life chances" (ADASS,ADCS & The Children's Society 2012, No Wrong Doors)

Section 96 of the Children and Families Act 2014 defines a young carer as "...a person under 18 who provides or intends to provide care for another person of any age, except where that care is provided for payment pursuant to a contract or voluntary work"

Children and young people may, because of one or more of the factors highlighted above, take on the role of a 'young carer' to support a family member or family friend. Their young carer role may remain hidden from school, professionals or peers around them and they may become isolated or unable to access universal services. Young carers are entitled to an assessment of their needs to minimise any negative impact of their caring role. In Halton young carers assessment can be incorporated into the MAP or CSC Single Assessment process as appropriate.



## Evaluation

Please take a few minutes to let us know what you thought of the HCYPSP Safeguarding Children Induction Booklet. Please include your name and role if possible. All information will be dealt with confidentially and will only be used for evaluation purposes.

1. How useful did you find the Halton Safeguarding Children Induction Booklet. (Please circle/ highlight one option.)	<p>Not useful</p> <p>Quite Useful</p> <p>Useful</p> <p>Extremely Useful</p>	Suggestion on how the induction booklet could be improved:		
2. Were you able to complete the Booklet in the timescale required?	Yes / No			
3. Which was the most useful part of the induction booklet?				
4. Please comment if any part of the booklet not useful or relevant to you in your role.				
5. Please tell us if you agree with the following statement: "By working through this induction booklet I have improved my knowledge of Safeguarding children in Halton"	<p>Strongly agree</p> <p>Agree</p> <p>Don't know</p> <p>Disagree</p> <p>Strongly disagree</p>			
<b>Print Name</b>			<b>Signature:</b>	
<b>Job Title</b>			<b>Date Completed</b>	
<b>My Agency is:</b>				

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