

## Policy Control

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## Revision History

Reason for Revision	Rev. No.	Approved by	Revision Date
Annual Revision	1.0	James Hazleton	12/05/2024
Updated legislation Working Together to Safeguarding Children 2023. Added reference to Stoke-on-Trent Safeguarding Partnership Board.	2.0	James Hazleton	08/08/2024
Annual Revision + addition of independent travel to and from provision and obtaining consent procedures.	3.0	James Hazleton	13/05/2025

## Distribution List

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## 1 INFORMATION

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### **1.1.1 Policy Statement(s) Covered in this Document**

All statements relating to Dizzy Heights Specialist Services Ltd. (referred to hereafter as Dizzy Heights) policy for the Safeguarding and Protection of Children.

### **1.1.2 Other Relevant Policies**

Managing Safeguarding Allegations Against Staff and Volunteers  
Safer Recruitment Policy

### **1.1.3 Information/Data Security Considerations and Controls**

In producing this Policy and Related Procedures Document, careful consideration has been given to the following:

- Applying appropriate permissions regarding who is able to read and modify the document.
- Reviewing security and access permissions and finding that they are not applicable to the content of this document.
- Reviewing data protection requirements and finding that they are not applicable to the content of this document.
- Reviewing employment legislation and codes of practice requirements and applying the appropriate actions to ensure necessary compliance.

### **1.1.4 Adherence to Policies and Related Procedures**

Failure to comply with this Policy and Related Procedures Document may result in disciplinary action being taken.

## 2. BACKGROUND

Dizzy Heights Specialist Services Ltd. (hereafter referred to as Dizzy Heights) mission is to improve the physical, social, mental and emotional wellbeing and prospects of children (and their families) within communities across Staffordshire & Stoke, and the wider West Midlands Region. Children may, through the relationships provided to them by Dizzy Heights, take the opportunity to share information about a harmful experience or incident. This may happen in a direct way through a verbal disclosure, or indirectly through play or demeanour or through another child.

In addition, there may be some physical evidence of neglect or apparent injury, which is noted by a member of Dizzy Heights staff, volunteer or 3<sup>rd</sup> party delivery partner.

## 3. PURPOSE AND APPLICATION OF POLICY

Dizzy Heights believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people. We are fully accountable for ensuring appropriate actions are taken by us to safeguard any of our service users. This may also include ensuring our partner agencies have taken appropriate actions. Dizzy Heights abides by the duty of care to safeguard and promote the welfare of children and is committed to safeguarding practice that reflects statutory responsibilities, government guidance and complies with best practice requirements. We recognise the welfare of children is paramount in all the work we do and in all the decisions we take. All children, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation has an equal right to protection from all types of harm or abuse. Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues. Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting children's welfare.

For the purpose of clarity in this policy, when we refer to children or young people, we mean from the ages of 0 (unborn) and anyone who has not yet reached their 18th birthday.

For any concerns relating to a young person aged 18 years old or above, please refer to our Adult Safeguarding Policy. The child centered approach is fundamental to safeguarding and promoting the welfare of every child. A child centered approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

### 3.1 Dizzy Heights will:

- Protect children and young people who receive Dizzy Heights services from harm. This includes the children of adults who use our services.
- Provide staff and volunteers, as well as children and their families, with the overarching principles that guide our approach to safeguarding.

This policy applies to anyone working on behalf of Dizzy Heights including senior managers and the Board of Directors, paid staff, volunteers, sessional workers, agency staff and students. Failure to comply with the policy and related procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

### 3.2 Dizzy Heights will seek to safeguard children and young people by:

- valuing them, listening to and respecting them.
- adopting safeguarding and child protection guidelines.
- recruiting staff and volunteers safely, ensuring all necessary checks are made.
- sharing information about child protection and good practice with children, parents, staff and volunteers.

- sharing information about concerns with agencies who need to know and involving parents and children appropriately.
- providing effective management for staff and volunteers through supervision, support and training.

**3.3 It is essential that members of Dizzy Heights team are aware of their duties concerning safeguarding and ensure that:**

- the safety and wellbeing of the child is promoted.
- the law and statutory guidance concerning child protection and safeguarding is complied with.
- the policies of the school, the Local Authority, Safeguarding Partners / Child Protection Committees in which Dizzy Heights is working are respected.
- all staff and volunteers comply with the child protection and safeguarding policy.

**It is not the role or responsibility of Dizzy Heights to investigate allegations of harm or risk of harm.**

Disclosures or concerns arising out of any of these areas of service delivery will be treated the same and are all covered by this policy.

#### **4. DIZZY HEIGHTS SAFEGUARDING TEAM & IMPORTANT CONTACTS**

At Dizzy Heights, the person designated to take responsibility for child protection is the organisation **Designated Safeguarding Lead (DSL)**, supported by the **Assistant Designated Safeguarding Lead (ADSL)**, who are available to all staff for advice and guidance. The DSL holds the lead responsibility for safeguarding on the Dizzy Heights Leadership Team. In the absence of contact with DSL or ADSL, staff will contact remaining Leadership Team for support and advice relating to safeguarding concerns.

<b>Dizzy Heights Leadership Team</b>			
Designated Safeguarding Lead	James Hazleton	<b>07901 001696</b>	<a href="mailto:jim@dizzyheights.org">jim@dizzyheights.org</a>
Assistant Designated Safeguarding Lead	Kutbuddin Jodiyawalla	<b>07731 354321</b>	<a href="mailto:kut@dizzyheights.org">kut@dizzyheights.org</a>
Support	David Protheroe	<b>07478284282</b>	<a href="mailto:dave@dizzyheights.org">dave@dizzyheights.org</a>

<b>Important Contacts</b>		
<b>Stoke on Trent Children's Advice and Duty Service (CHaD)</b>	01782 235100 to speak to an experienced social worker about your concerns.	Outside of these hours, contact the Emergency Duty Team on 01782 234234
<b>Staffordshire Children's Advice and Support (SCAS)</b>	0300 111 8007	Emergency Duty Service (out of hours) Tel No. 0345 604 2886 Or email: <a href="mailto:eds.team.manager@staffordshire.gov.uk">eds.team.manager@staffordshire.gov.uk</a>
<b>Police Emergency</b>	999	
<b>Non-emergency</b>	101	
<b>NSPCC Helpline</b>	0808 800 5000	

## 5. STATUTORY AND LEGAL FRAMEWORK

### a. England

The [Children Act 1989](#) and [2004](#) provide the overall framework for safeguarding children and promoting their welfare. The child's welfare is to be the paramount consideration in all decision-making.

The Government's guidance on safeguarding children in England is called [Working Together to Safeguard Children 2023](#) (often shortened to Working Together). Working Together acknowledges the need for all providers of children's services, including those in the voluntary sector, to work in collaboration and to agreed local standards.

[Keeping Children Safe in Education 2024](#) sets out what schools and colleges in England must do to safeguard and promote the welfare of children and young people under the age of 18

### b. Mental Capacity and Decision Making

UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives people the right to make any decision that they need to make and gives them the right to make their decisions even if others consider them to be unwise. People make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- i. Understand information
- ii. Remember it for long enough
- iii. Think about the information
- iv. Communicate our decision

All children known to Dizzy Heights under the age of 18 will be safeguarded in line with child protection policy and procedure.

Please refer to our Adult Safeguarding Policy for further guidance on Mental Capacity & Decision Making

## 5.1 Legal Framework

### 5.1.1 Thresholds

Dizzy Heights refer to and seek guidance from the Threshold Framework held by Safeguarding Children Partnership Stoke-on-Trent, and Staffordshire Safeguarding Children Board.

The Threshold Framework 'Accessing the Right Help at the Right Time' is the overarching document for the whole of the children's workforce. This multi-agency threshold framework is a guidance tool that all agencies, professionals and volunteers can use to consider how best to meet the needs of individual children and young people.  
The Prevent Duty

Some organisations in England, Scotland and Wales have a duty, as a specified authority under section 26 of the Counterterrorism and Security Act 2015, to identify vulnerable children and young people and prevent them from being drawn into terrorism. This is known as the Prevent duty. These organisations include:

- Schools
- Registered childcare providers.

- Local authorities
- Police
- Prisons and probation services
- NHS trusts and foundations
- Other organisations may also have Prevent duties if they perform delegated local authority functions
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Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. More information is available on the Staffordshire Safeguarding Children Board website [www.staffsscb.org.uk](http://www.staffsscb.org.uk).

#### **5.1.2 Training & Awareness:**

Dizzy Heights will ensure an appropriate level of safeguarding training is available to its directors, employees, volunteers and any relevant persons linked to the organisation who requires it (e.g. contractors).

For all employees who are working or volunteering with children, this requires them as a minimum to have awareness training that enables them to:

- Understand what safeguarding is and their role in safeguarding children.
- Understand the difference between safeguarding children and child protection.
- How to spot the signs of abuse and neglect
- How to respond to the indicators of abuse and neglect and keep children safe
- Understand dignity and respect when working with children.
- Have knowledge of the Safeguarding Children Policy

#### **5.1.3 Confidentiality and Information Sharing:**

Dizzy Heights expects all employees, volunteers and directors to maintain confidentiality. Information will only be shared in line with the General Data Protection Regulations (GDPR) and Data Protection.

However, information should be shared with the Local Authority if a child is deemed to be at risk of significant harm\* or contact the police if they are in immediate danger, or a crime has been committed. For further guidance on information sharing and safeguarding see Dizzy Heights Confidentiality Policy.

\*Please see SSCB Threshold Framework – Accessing the right help at the right time for definition

#### **5.1.4 Consent:**

Whilst professionals should in general discuss any concerns with the child, their parents / carers and where possible seek their agreement to making referrals to Staffordshire Children's Advice and Support (SCAS), this should only be done where such discussion and agreement-seeking will not place the child or others at increased risk of suffering significant harm. For more information see the Threshold Framework on the Boards website [www.staffsscb.org.uk](http://www.staffsscb.org.uk). Consent / agreement is not required for Safeguarding referrals; however, you, as the referring professional, would need to where possible discuss with and inform parents or carers that you are making a referral as stated above, unless by alerting them you could be putting that child or others at risk.

#### **5.1.5 Recording & Record Keeping:**

A written record must be kept about any safeguarding concerns. This must include details of the person involved, the

nature of the concern and the actions taken, decision made and why they were made.

All records must be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR). Please refer to Dizzy Heights Data Protection Policy.

#### **5.1.6 Safe Recruitment & Selection:**

There is a duty under Section 11 of the Children's Act 2004 Dizzy Heights to be committed to safe employment and safe recruitment practices, that reduce the risk of harm to children from people unsuitable to work with them or have contact with them.

Dizzy Heights has policies and procedures that cover the recruitment of all Directors, employees and volunteers. Please see section 4 of this policy, and the Safer Recruitment Policy.

#### **5.1.7 Social Media:**

All employees and volunteers should be aware of Dizzy Heights social media policy and procedures (Please Refer to Dizzy Heights Social Media Policy) and the code of conduct for safeguarding children on digital platforms.

#### **5.1.8 Use of Mobile Phones & Other Digital Technology:**

All employees, directors and volunteers should be aware of Dizzy Heights policy and procedures regarding the use of mobile phones and any digital technology and understand that it is unlawful to share images and content on any digital platform without the explicit consent of the person with parental responsibilities. Please refer to the Dizzy Heights Social Media Policy.

#### **5.1.9 Escalation:**

Professionals providing services to children and their families should work co-operatively across all agencies, using their confidence, skills and experience to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences, and case management.

On occasions situations may arise where there is professional disagreement in relation to safeguarding a child.

Resolution is an integral part of professional joint working to safeguard children and this policy seeks to identify how such resolution can be achieved where there are professional differences of opinion.

All professionals have a responsibility to work together and to help to prevent disagreements from escalating where possible. This policy identifies a non-exhaustive list of potential areas of disagreement, guidance on resolving disputes and procedures to be followed when disputes cannot be resolved through discussion and negotiation between professionals at front line level.

#### **5.1.10 Whistleblowing:**

It is important that people within Dizzy Heights have the confidence and support to come forward to speak or act if they have concerns that have not been addressed by the escalation process. Additional knowledge, advice and guidance must be sought from designated safeguarding leads at all times.

Whistleblowing occurs when a person raises a concern about dangerous or illegal activity, or any wrong-doing within their organisation. This includes concerns about another employee or volunteer. There is also a requirement by Dizzy Heights to protect whistleblowers.

Whistleblowing procedures:

- Immediate Actions (following disclosure protocols):
  - Ensure safety: If the person is in immediate danger, call emergency services (999)
  - Do not promise confidentiality: Explain that you may have to share the information to protect them.
  - Report concerns promptly to your Designated Safeguarding Lead (DSL) or manager.
- Record the concern:
  - Write a clear, factual account of what was seen, heard, or disclosed.
  - Include dates, times, and exact words used if possible.
  - Sign and date the record.
- If Normal Reporting Lines Cannot Be Followed (Whistleblowing):
  - Sometimes, staff or volunteers may feel unable to report through normal channels, e.g., if:
  - They suspect the DSL or manager is involved.
  - Previous reports have been ignored.
  - They fear victimisation or reprisal.

If a member of Dizzy Heights (staff, volunteer, or service user) has a concern they should raise this matter with their supervising Manager or one of the three Directors. If they feel unable to approach either of these people, they should contact the NSPCC Whistleblowing Advice line who are a prescribed whistleblowing body for child welfare and protection: [www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line](http://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line).

## 6. RECOGNITION AND REPORTING

It is essential that those who work with children and families should be alert to the signs of child abuse, this includes cases where children may disclose non-recent / historical abuse. There are four main categories of abuse (definitions adapted from Working Together to Safeguard Children 2023):

**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.

**Neglect** - 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 e.g. as a result of 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.

**Emotional Abuse** - The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve:



- conveying to 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.
- 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, such as domestic abuse or serious bullying.
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

**Sexual Abuse** - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

- physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
- 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. People of all genders can commit acts of sexual abuse, as can other children.

It's worth highlighting that some children may be more vulnerable to abuse because of their characteristics or their history, e.g. care experience children, children from minority communities, disabled children, young carers and children who have previously been abused or subject to a child protection plan / on the child protection register.

Abuse and neglect are forms of adverse childhood experiences (ACEs). ACEs are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity" (Young Minds, 2018). Examples of such experiences include any form of abuse or neglect (as outlined above), living with someone who abuses drugs or alcohol, living with someone who has gone to prison, living with someone with serious mental illness or losing a parent through divorce, death or abandonment. Experience of ACEs can impact on children (and adult's) mental and physical health.

#### **Other safeguarding concerns:**

**Domestic Abuse** - As highlighted above, Domestic Abuse is generally treated as falling under emotional abuse. The cross-government definition (2014) of domestic violence and abuse is as follows:

***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. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional.***

Dizzy Heights considers that domestic abuse is a child protection issue and that if children witness or hear domestic abuse, this must be treated as a child protection matter, even if they are not directly involved in the incidents. The

[Adoption and Children Act 2002](#) states that impairment can be caused by seeing or hearing the ill treatment of another.

The [Domestic Abuse Act 2021](#) brought about some key changes to the way domestic abuse is responded to, those changes include:

- A legal definition of domestic abuse which recognises children as victims in their own right;
- A Domestic Abuse Commissioner to stand up for survivors and life-saving domestic abuse services;
- A legal duty on councils to fund support for survivors in 'safe accommodation'
- New protections in the family and civil courts for survivors – including a ban on abusers from cross-examining their victims, and a guarantee that survivors can access special measures (including separate waiting rooms, entrances and exits and screens);
- New criminal offences – including post-separation coercive control, non-fatal strangulation, threats to disclose private sexual images;

**Child Criminal Exploitation (CCE)** - As set out in the [Serious Violence Strategy](#), published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

An example of CCE is **County Lines** - As set out in the Serious Violence Strategy, county lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

**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.

**Contextual safeguarding** - Contextual safeguarding recognises that as young people grow and develop they are influenced by a whole range of environments and people outside of their family. For example in school or college, in the local community, in their peer groups or online. Children and young people may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe.

**Extremism and Prevent Duty** - Any concerns about radicalisation and extremist views or behaviours in children and young people must be reported as a safeguarding concern. Dizzy Heights works in line with [Prevent Duty 2015](#) guidance and will consult with local Prevent Coordinators where necessary. Extremism is defined in the Prevent strategy as the 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. We also include in our definition of extremism calls for the death of members of our armed forces" Working Together 2023).

**Female Genital Mutilation (FGM)** - Concerns that a child has been, or may be about to be, subjected to FGM, fall under this policy and must also be reported as a safeguarding concern. FGM is a collective term for a range of procedures which involve partial or total removal of the external female genitalia, or other injury to the female genitals for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life.

**Forced Marriage** - A forced marriage is where one or both people do not, or cannot, consent to the marriage and pressure or abuse is used to force them into the marriage. In England and Wales it is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse (Marriage and Civil Partnership (Minimum Age) Act 2022). The pressure put on people to marry against their will may include; threats or physical/sexual violence and/or emotional or psychological abuse for example making someone feel they are bringing shame on their family. Forced disproportionately affects females but people of all genders can be victims. In the England and Wales in 2023, 69% of cases that came to the awareness of the Forced marriage Unit involved female victims, 25% involved children aged 17 and under, and 34% those aged 18-25.

**Grooming** - Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them. Children and young people who are groomed can be sexually abused, exploited or trafficked. Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

**Online Safety** - The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- Content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- Contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- Conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying.
- Commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If Schools feel their pupils, students or staff are at risk, they can report it to the Anti-Phishing Working Group (<https://apwg.org/>).

**Child-on-child Abuse** - child-on-child abuse is most likely to include, but may not be limited to:

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- Abuse in intimate personal relationships between children; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse).
- Sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence).

- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- Consensual and non-consensual sharing of nudes and semi-nude images and or videos (also known as sexting or youth produced sexual imagery).
- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

**Self-harm** - Self-harm is a broad term that can be used to describe a variety of behaviours that lead to physical harm. These include self-cutting or scratching the skin, burning/branding with cigarettes/lighters, scalding, overdose of tablets or other toxins, tying ligatures around the neck, punching oneself or other surfaces, banging limbs/head and hair pulling (Mental Health Foundation, 2006). It may also include risk taking behaviours where the child / young person is careless for their own safety and there is a risk of physical harm. It also includes neglect of physical health for example young people with insulin dependent diabetes who intentionally miss insulin doses. Self-harm usually occurs in response to emotional distress

**Suicide / Suicide Ideation** - The term 'suicide' means an act that is intended to end one's life. Suicidal ideations, often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide (PubMed, 2021). These issues can be caused by many factors, including depression and mental illness, stress, financial problems, relationship breakdown, bereavement and abuse.

**So-called 'Honour'-Based Abuse** - The term 'honour' crime or 'honour'-based abuse refers to 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 and/or community's code of behaviour. It is estimated that around 76% of victims of 'honour' based abuse are female, but people of all genders are at risk.

**Young Carers** – A young carer is defined as a young person under the age of 18 who helps to look after a relative with a disability, illness, mental health condition, or drug or alcohol problem. This may involve young people doing extra jobs around the house, such as cooking, cleaning or helping someone get dressed and move around. It may also involve a young person providing a lot of physical help to a parent, brother or sister who is disabled or ill. Without appropriate support, young carers are at risk of having lower self-esteem and heightened anxiety, feeling isolated, being bullied, and being stressed by the responsibility.

*Please refer to Child Protection Procedures for guidance on reporting and record keeping.*

## 6.1 Where Abuse Can Occur

- 6.1.1 Child abuse can take place in a number of different settings, of which the following are examples:
- a. It is likely to occur most commonly where the child knows the individual/s and the person concerned is trusted. This can be a parent, carer, baby-sitter, sibling, relative, or friend of the young person or of the family.
  - b. The abuser is sometimes someone in authority such as a teacher, youth worker, children's worker or other person in a position of power.
  - c. The abuser is sometimes a paedophile or other person who sets out to join organisations to obtain access to children and young people.

**Dizzy Heights has a responsibility to act if abuse comes to light and, as far as possible, to protect young people and young people from the possibility of being abused within the organisation.**

## **6.2 Recognising possible young person abuse**

The following behavioural signs may be indicators of young person abuse, but care should be taken in interpreting them in isolation.

### **a. Physical signs**

- i. any injuries, bruises, bites, bumps, fractures, etc. which are not consistent with the explanation given for them.
- ii. injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- iii. injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- iv. injuries which have not received medical attention.
- v. instances where young people are kept away from the group inappropriately or without explanation.
- vi. self-mutilation or self-harming e.g. cutting, slashing, drug abuse.

### **b. Emotional signs**

- i. changes or regression in mood and behaviour, particularly where a young person withdraws or becomes clinging. Also depression/aggression.
- ii. nervousness or inappropriate fear of particular adults e.g. sudden frozen watchfulness.
- iii. changes in behaviour e.g. under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g. excessive dependence attention-seeking behaviour.
- iv. persistent tiredness, wetting or soiling of bed or clothes by an older child.

### **c. Signs of neglect**

- i. regular poor hygiene
- ii. persistent tiredness
- iii. inadequate clothing
- iv. excessive appetite
- v. failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

### **d. Indicators of possible sexual abuse**

- i. any direct disclosure made by a young person concerning sexual abuse
- ii. young person with excessive preoccupation with sexual matters and detailed knowledge of the same
- iii. adult sexual behaviour, or who regularly engages in age- inappropriate sexual play
- iv. preoccupation with sexual activity through words, play or drawing
- v. young person who is sexually provocative or seductive with adults
- vi. inappropriate bed-sharing arrangements at home
- vii. severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations

## 7. BEST PRACTICE IN HANDLING SAFEGUARDING DISCLOSURE

### 7.1 How to react when a young person wants to talk:

#### General points

- Take seriously what the young person says (however unlikely the story may sound)
- Keep calm
- Look at the young person directly
- Be honest
- Let them know you will need to tell someone else - don't promise confidentiality
- Reassure them they are not to blame for the abuse
- Be aware that the young person may have been threatened
- Never push for information

### 7.2 Helpful things to say or show

Show acceptance of what the young person says

- "I am glad you have told me"
- "It's not your fault"
- "I will help you"

#### Avoid saying

- "Why didn't you tell anyone before?"
- "I can't believe it"
- "Are you sure this is true?"
- Never make false promises
- Never make statements such as "I am shocked!" or "don't tell anyone else"

#### • Concluding

- Again, reassure the young person that they were right to tell you and that you take them seriously
- Let the young person know what you are going to do next and that you will let them know what might happen
- Immediately refer the matter to someone appropriately qualified

### 7.3 What to do once a young person has spoken about abuse:

7.3.1 If the disclosure made by the young person to a worker suggests that there is a serious risk of abuse if he/she returns home from the activity attended, the worker should consider reporting the matter immediately to the Child Protection Coordinator. The Coordinator should then decide whether or not an immediate referral to Social Services or the Police is appropriate. In the event of the worker having difficulties contacting the Coordinator in time, the worker should consider whether or not to make a direct referral to Social Services or the Police him/herself before the young person leaves the activity.

7.3.2 Make notes as soon as possible (preferably within an hour of the interview), writing down exactly what the young person said and when he/she said it and what was happening immediately beforehand (e.g. description of the activity). Record dates and times of these events and when you made the record. Keep all handwritten notes, even if these are subsequently typed up.

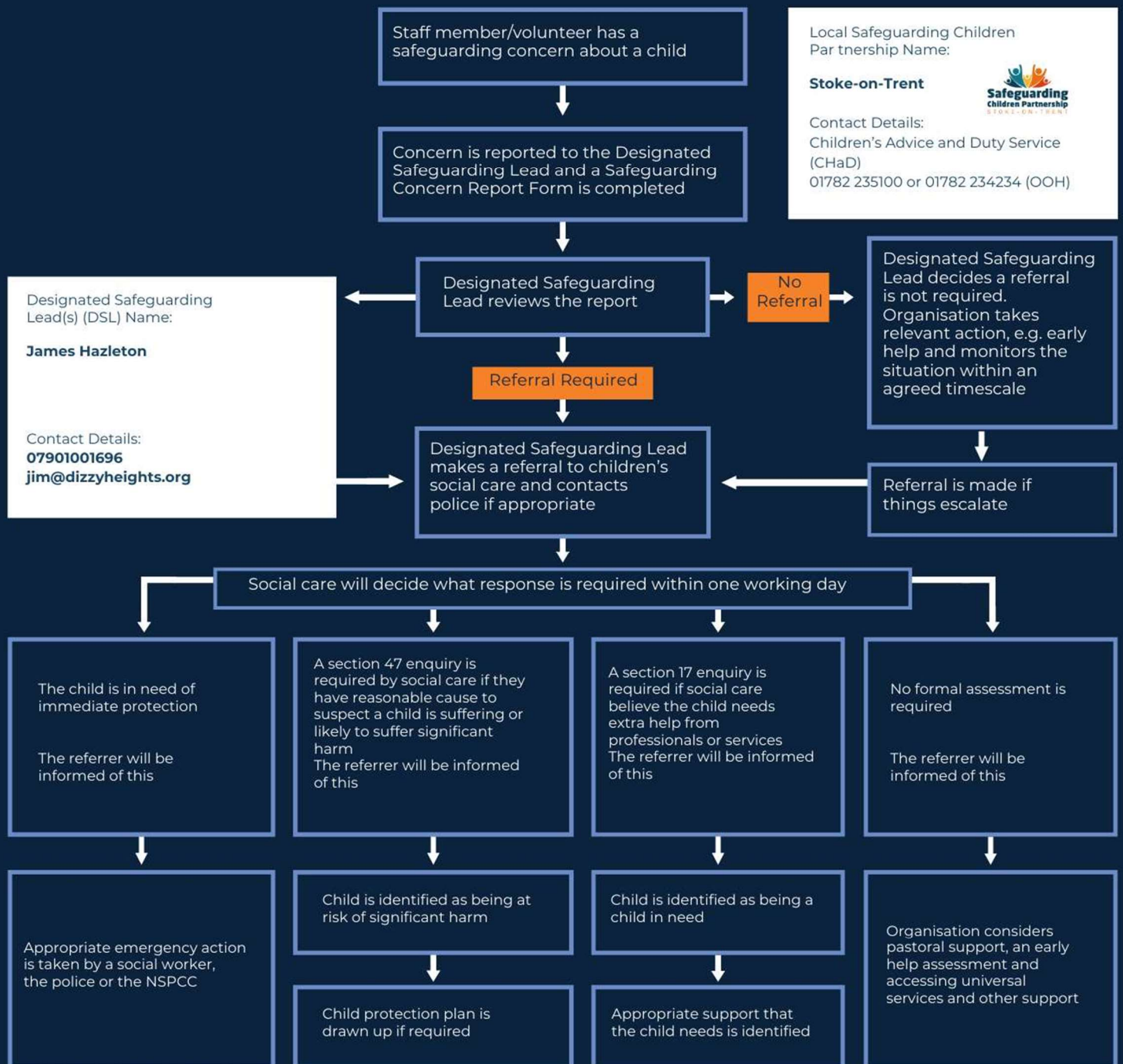
7.3.3 You should not discuss your suspicions or allegations with anyone other than those named in the above points.

7.3.4 Workers are encouraged to report their concerns about possible abuse and to do so directly to Social Services or the Police if they believe inappropriate or insufficient action has been taken.

7.3.5 Consider your own feelings and seek pastoral support if needed. Please do not divulge specific information regarding the young person/young person or the case.



# Flowchart of procedures for responding to safeguarding concerns



All concerns and correspondence will be kept in a secure, confidential file. The child's circumstances will be kept under review at all stages and a referral will be made again if it is appropriate for improving the child's circumstances. The child's best interests must always come first.

If the concern is about a staff member/ volunteer in your organisation, the DSL should refer this to the LADO who will determine the best route of action to be taken.

If your concern would involve a Prevent/Channel referral, contact:  
[sarah.dyer@stoke.gov.uk](mailto:sarah.dyer@stoke.gov.uk) or  
[shahzad.tahir@stoke.gov.uk](mailto:shahzad.tahir@stoke.gov.uk)

## 8. RESPONDING TO ABUSE

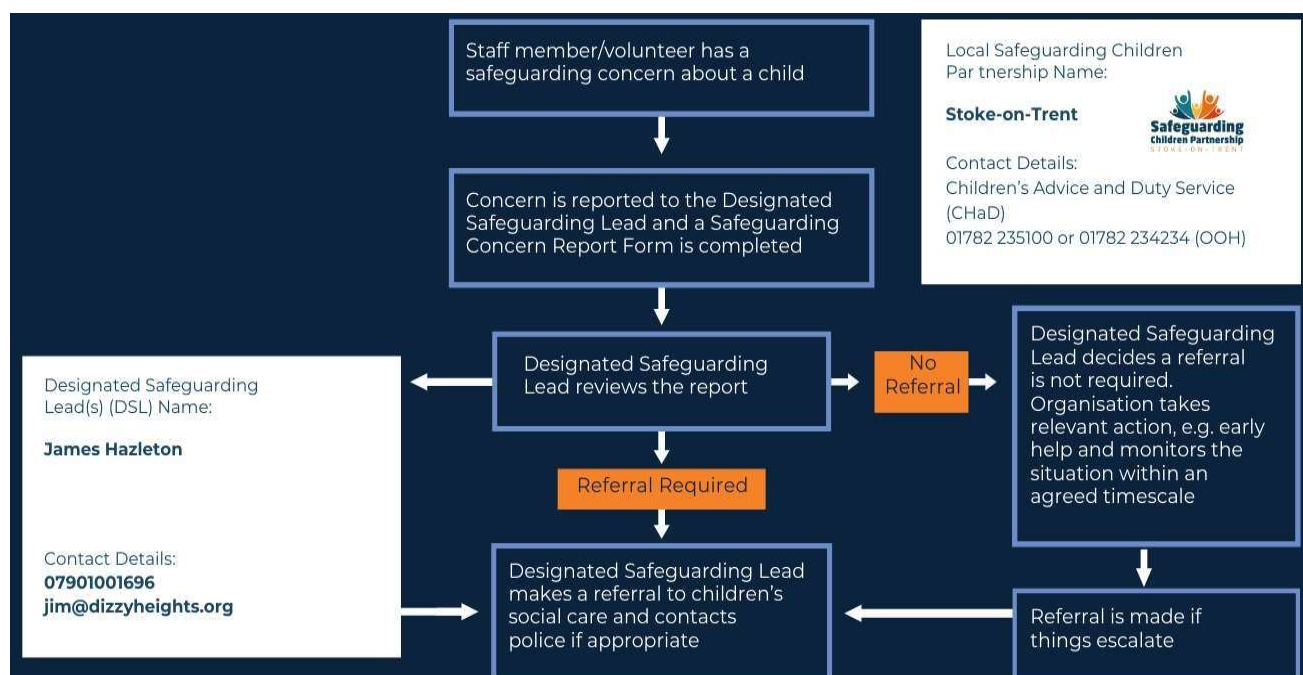
### 8.1 What to do if you suspect that abuse may have occurred?

- a. You (the worker) must report concerns (but not the details) as soon as possible to the relevant line manager in the first instance. He/she will consult with the Designated Safeguarding Lead (hereafter “the DSL”). Dizzy Heights DSL is James Hazleton, jim@dizzyheights.org, 07901001696
- b. In the event that the line manager is implicated or is not available, the worker should go straight to the DSL.
- c. In the event the line manager and DSL are unavailable, the worker should contact any member of the Leadership Team
- d. In the absence of all the above named people, advice should be sought from Children’s Advice and Duty Service (CHaD):
  - i. Between office hours (8.30am - 6pm Monday - Friday) on 01782 235100 For out of these hours, you can contact 01782 234234
  - ii. In an emergency call 999

8.2 It is, of course, the right of any individual as a citizen to make direct referrals to the young person protection agencies or seek advice from. However, we hope that workers will use the procedure outlined above. If, however, you feel that the line manager and DSL has not responded appropriately to your concerns, then it is open to you to contact the relevant organisation listed above directly. We hope by making this statement that we demonstrate the commitment of Dizzy Heights to effective Safeguarding of children.

### 8.3 Allegations of physical injury, neglect or emotional abuse

- 8.3.1 The procedures in the following paragraphs should be followed according to the type of abuse suspected. Where physical injury, neglect or emotional abuse is suspected the co-operation of parents/ guardians will normally be sought, except where this would place the young person at greater risk or where emergency attention is required. However, where sexual abuse is suspected the DSL will not speak to parents/guardians as this may make the task of investigation by the Police or Social Services much harder.
- 8.3.2 If a young person has a physical injury or symptom of neglect or emotional abuse, the worker will follow the safeguarding procedures:





#### 8.4 Allegations of sexual abuse

##### 8.4.1 In the event of allegations or suspicions of sexual abuse, the DSL will:

- a. Contact the Social Services Child Protection Officer/Police Safeguarding Team directly. The DSL will not speak to the parent (or anyone else), as there is always the possibility that they could be involved. If named people are innocent, talking with them before contacting the authorities may find it harder for them to be cleared.
- b. If, sexual intercourse is alleged to have occurred very recently, then contact the police immediately so that any physical evidence is preserved and a specialist medical practitioner can examine the person. Do not interfere with any evidence such as stained clothing. If the allegations concern events more than a week old then Social Services or the Police must be informed promptly.
- c. If, for any reason, the DSL is unsure whether or not to follow the above, then advice from the CH&D Service will be sought and followed.

8.4.2 Under no circumstances will the DSL attempt to carry out any investigation into allegations or suspicions of sexual abuse. The role of the DSL is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department, whose task it is to investigate the matter under Section 47 of the Childrens Act 1989.

8.4.3 Should there be any disagreement between the person in receipt of the allegation or suspicion and the DSL as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department, and should do so without hesitation.

8.4.4 The Board and any local management/support groups will support the DSL in their role and accept that any information they may from time-to-time have in their possession will be shared in a strictly limited way on a need to know basis.

#### 8.5 Helping victims of abuse

8.5.1 Dizzy Heights will commit to support any child/young person through any legal processes that may become necessary as a result of any disclosure. Workers will make it a priority to be available to attend meetings, courts, etc with any young person who would appreciate such support, where it is appropriate.

8.5.2 Dizzy Heights will seek to support young people through the difficult times they may face with appropriate care and attention. We are committed to the on-going support of victims of abuse through arranging pastoral care, counselling and advice. We will seek to build positive self-esteem in young people through the attitudes and actions of all adults from Dizzy Heights they come into contact with.

#### 8.6 Threshold Framework

8.6.1 Threshold Framework: 'Accessing the Right Help at the Right Time'. See Appendix 1 at the end of this policy, which details four levels that consider the different stages of need and types of intervention which are available for children, young people and their families.

#### 8.7 Managing allegations of abuse made against a person who works with children

8.7.1 Local Authority Designated Officer LADO procedures for Stoke-on-Trent SCP provide guidance relevant to a wide range of situations in which an allegation or concern arises about the conduct of a person who works with children.

8.7.2 This includes: those in paid employment, including temporary, casual, and agency staff; volunteers; individuals who are self-employed; prospective adopters, or adult members of their household (standard 22 Adoption: national minimum standards). A useful test for deciding upon the applicability of the LADO procedures is to consider whether the individual subject to the allegation or concern occupies a position of trust.

8.7.3 Where the following threshold criteria apply, a referral to LADO should be made within 24 hours. An

- allegation relating to a person who works with children who has:
- a. behaved in a way that has harmed a child, or may have harmed a child
  - b. possibly committed a criminal offence against or related to a child
  - c. behaved towards a child or children in a way that indicates they may pose a risk of harm to children
  - d. behaved or may have behaved in a way that indicates they may not be suitable to work with children
- 8.7.4 The allegation could be about physical, sexual, emotional, online abuse and neglect. The allegation can be recent and/or historical. It may relate to a single incident or be a cumulation of concerns. The suitability criteria may also cover other forms of behaviours and attitudes either at or outside of the work place, particularly where this calls into question the values that govern the person's personal behaviour and/or area of work, or questions their ability to safeguarding children.
- 8.7.5 LADO referrals should be made via the Children's Advice and Duty service (ChAD) on 01782 235100 or email [CHAD.Referrals@stoke.gov.uk](mailto:CHAD.Referrals@stoke.gov.uk)
- 8.7.6 If immediate LADO advice is needed please call ChAD and ask to speak with one of the Social Workers or Team Managers.
- 8.7.7 If an allegation has been made about a Dizzy Heights employee, the Board of Directors will appoint a lead to investigate the allegation internally, referring to the LADO thresholds as required.
- 8.7.8 If an allegation is made against a Director, the remaining Board of Directors will investigate internally, informing the Director of any outcomes and learnings, whilst observing the LADO thresholds as required (8.7.3)

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## 9. APPOINTMENT OF WORKERS AND SAFER RECRUITMENT

### 9.1 Purpose and nature of procedures

- 9.1.1 The following procedures are designed to promote the effectiveness of Dizzy Heights work and to protect both children, young people and workers. They will help ensure individuals' gifts are used in the best ways. The procedures involve all potential staff and volunteers being treated as potential job applicants.
- 9.1.2 The procedures set out within the Appointment of Workers and Safer Recruitment section are determined by Dizzy Heights Safeguarding Lead, James Hazleton.
- 9.1.3 Appointment of Safeguarding Lead determined by a minimum requirement of Level 3 Safeguarding.

### 9.2 Appointing volunteers & workers

- 9.2.1 There needs to be sensitivity and flexibility when it comes to filling in forms, especially when a potential volunteer is making tentative enquires about helping with the work, or for whom there may be a language or literacy difficulty. Sometimes it may be more appropriate for the forms to be completed during an informal interview, with the applicant checking and signing them. Nevertheless, it remains very important to adhere to the following agreed procedures:
- 9.2.2 Prospective workers will be asked to complete a relevant application form requesting basic personal details, recent current and previous addresses, and any experience looking after or working with children/ young people, personal references from people not directly involved in any way with Dizzy Heights and details of any charges or convictions. (Disclosure of a criminal record may not in itself prevent appointment, as it is the nature of any offence that will be considered).
- 9.2.3 All applicants applying for paid positions will be asked to complete a DBS application with DBS Disclosure and Barring Service, which helps Dizzy Heights make safer recruitment decisions. Information supplied by the DBS will be sent to the relevant manager and a copy is also sent by DBS to your home.
- 9.2.4 Only staff with enhanced DBS checks can work on a lone basis or be left alone.
- 9.2.5 Whereby volunteers or other staff are appointed, they will need a minimum requirement of Basic DBS, and will remain supervised by staff members with enhanced DBS checks and;
- 9.2.6 During the period of DBS application, whereby a volunteer or staff member is awaiting the results from the Disclosure and Barring Service (up to 60 days), volunteers and other staff can support sessions under the direct supervision of Dizzy Heights directors.

9.3 Upon successful appointment, relevant staff are advised to sign up to the annual autorenewal service. Where this isn't available, DBS checks will be updated bi-annually with DSL.

9.4 DBS Certificates obtained through sister organisation- Dizzy Heights Staffs CIC - can be used for the purposes of Dizzy Heights Specialist Services Ltd, provided DBS is in date.

### 9.5 Criteria for appointing workers

- 9.5.1 Dizzy Heights responsibilities towards those it works with means that on occasion it will exclude people from work with children and young people. This will happen where it is known that the individual has a criminal record for offences relating to young people or sexual behaviour. Failure to disclose a criminal record will also lead to exclusion from work with children and young people. Even where real change has taken place in the life of the individual, it would be unwise to place an individual in a position of temptation, and refusal would be for the benefit of the individual concerned as well as for the young people. Applicants will also not be appointed where an unsatisfactory reference is received.
- 9.5.2 Where a criminal record is disclosed relating to other types of offence, this will be brought before the Board of Directors in confidence, together with other relevant background information, for a decision to be made to appoint or not.
- 9.5.3 Dizzy Heights has reservations about the overall suitability of someone to undertake work with children/young people in the specific context of the project then an appointment will not be made.

### 9.6 Working with offenders

- 9.6.1 Should a known offender apply to work with Dizzy Heights the case will be brought before the board of

Directors in confidence, together with other relevant background information, for a decision to be made to appoint or not on a voluntary or paid basis.

***Refer to Dizzy Heights Safer Recruitment Policy – DHSS-DOC-003 for more information on Safer Recruitment.***

## **10. SUPERVISION OF ACTIVITIES AND PRACTICE ISSUES IN A YOUTH CLUB SETTING**

### **10.1 Introduction**

Every worker on each project should have a clear understanding of what they are doing and what is expected of them, and activities should be planned in a way, which reduces opportunities for abuse to occur. The guidance which follows seeks to ensure the safety and well-being of young people and young people and their protection from abuse, whilst also protecting workers from false allegations.

### **10.2 Young person supervision during active session**

- 10.2.1 Ratio of adults to Children. The following figures are shown to inform good practice. Number of adults who should be present for a specific indoor/outdoor activity or holiday event. These are:

<b>Age Group</b>	<b>Adults : Children</b>
0 to 2 years	1 : 3
2to 3 years	1 : 4
3to 7 years	1 : 8
8+	1 : 15

- 10.2.2 The following guidelines should be adopted wherever possible, recognising that Dizzy Heights work takes place in a variety of contexts and situations. You should inform the Directors of Dizzy Heights if you consider that these guidelines are not appropriate for a particular piece of work and give reasons why this is the case.
- 10.2.3 There should usually be at least one male and one female worker onsite, if it is a mixed gender activity.
- 10.2.4 In school settings, a member of the school staff should always be present or in the case of one-to-one work be easily reached.
- 10.2.5 Where possible, ensure that a worker is not alone with a young person/young person but when circumstances lend themselves to this happening, another worker will be informed and where appropriate doors will be left open.
- 10.2.6 Where confidentiality is important and a child/young person is being seen on their own, then ensure that others know the interview is taking place and that someone else is around in the building.
- 10.2.7 No person under 18 years of age should be left in charge of any children of any age, nor should children or young people attending a group be left alone at any time.
- 10.2.8 A register of young people attending a club or activity should be kept.
- HAF Sessions to be recorded using EEQU portal
- 10.2.9 A record of each activity/session should be kept by completing a post session evaluation through the session specific MS Form. Workers should record unusual events with each leader recording what they witnessed.
- 10.2.10 A separate Accident Recording Book should be maintained. (MS Forms)

### **10.3 independent travel and departure from sessions**

- 10.3.1 Children and young people from the local community often arrive at, and depart from, sessions independently, which is to say they are not dropped off or picked up by a parent or guardian. Our

safeguarding procedures to address this scenario are:

- a. We encourage all children and young people attending Dizzy Heights youth sessions (universal access youth clubs, HAF clubs, or other) to sign up using the appropriate registration platform relating to that session. In the instance of HAF this is exclusively the EEQU platform.
- b. A “Sign-up” is achieved by a legal parent or guardian completing the required information (on EEQU) for themselves and for the child or young person for a specific session on selected dates, therefore giving consent for the child/young person to take part in activities.
- c. Required information to obtain consent includes:
  - Parent / Guardian contact details (name, address, phone, email)
  - Young person contact details (name, address, phone number if applicable)
  - Emergency contact details (if different from parent/guardian)
  - Medical conditions/allergies or medication needed for young person
  - Supporting information to address specific needs. E.g. because of a disability
- d. Parental consent for children aged under 16. For young people aged 16 and 17, you should decide whether parental consent is necessary depending on the activity and the young person’s circumstances. If you decide parental consent isn’t necessary, you should still consider whether parents or carers need to be informed that their child is taking part. In most circumstances, parents have a legal parental responsibility for their children up to the age of 18.
- e. Additional consent regarding independent travel to and from sessions
  - At the point of obtaining consent through EEQU, parents/guardians will be asked whether they consent to their young person being allowed to arrive and depart independently to sessions.
  - Children under 8 should not leave sessions alone (NSPCC guidance).
  - Upon ending the session, staff will locate young people who do not have consent to leave independently, ensuring none leave until their transport has arrived, or verbal consent is given by parent/guardian that the circumstances of have changed.
- f. Young people arriving independently who have not signed up using EEQU
  - In this instance, staff must do all that is reasonably practicable to obtain parental consent for that young person to take part in the session:
  - Obtain emergency contact number for parent from the young person
  - Call and obtain verbal consent the young person can take part in the session
  - Send a link of the EEQU session to the parent asking them to complete the required information at the earliest opportunity.
- g. Whereby young person arrives independently, have not signed up and parental consent cannot be obtained despite all reasonable efforts:
  - In this instance, we take the stance that a child/young person is safer in our care at a session than if they were to be refused entry.
  - Staff to continue seeking parental consent throughout the session with texts and phone calls (if a phone number is available).
  - If there is no number available, the young person will be provided with the session link to give to parent/guardian following the session.

#### 10.4 EDUCATION AND TRAINING

All workers and coaching staff working with young people will need to meet the minimum standards for deployment in order to provide safe and high-quality provision. The following minimum standards will be required based on recommendations from sports coach UK:

Essential	Strongly Desirable
Minimum age requirement (18 or over for a lead coach, 16 or over for an assistant coach)	Equality, Diversity and Inclusion training
Enhanced DBS check, subject to current DBS guidelines (if working with under 18s and / or vulnerable adults)	L1 or L2 Award in Principles of Youth Work
Minimum L1 Safeguarding Training (attended within the last three years, if working with under 18s and delivering youth sessions)	First Aid Training (attended within the last three years) if first aid provision is not available via the facility or via other means during the activity
	Multi-sports coaching award, or other relevant qualifications if delivering specific sports activities, or health and wellbeing activities
	L3 Award in Education and Training or relevant qualification or experience in subject matter if delivering issue-based workshops
	L4 Safeguarding for DSL

- 10.4.1 All workers are encouraged to attend in-house safeguarding refresher training annually.
- 10.4.2 Attend accredited training using Stoke-on-Trent Learning Zone as required. Records are kept and maintained within Staff Training Matrix, and staff will be notified as and when they need to update relevant qualifications.
- 10.4.3 DSL will update training annually, and they should undergo any necessary, additional training to provide them with the knowledge and skills to implement

#### 10.5 Boundaries

- 10.5.1 All workers are responsible for establishing and maintaining appropriate boundaries, and for ensuring that meeting their own emotional needs is not dependent on their relationships with young people. Workers involved in projects should be provided with staff and volunteer handbooks that specifically deal with issues related to safe practice and boundaries.

#### 10.6 Personal Care

- 10.6.1 Workers should ensure that the level of personal care given is appropriate and related to the age and ability of the young person.

#### 10.7 Touch

- 10.7.1 Physical contact between adults and young people can be quite healthy and encouraged in public settings

and discouraged where an adult is alone with a young person. The following guidelines should be followed:

- 10.7.2 Keep everything in public. A hug in the context of a group is very different from a hug behind closed doors
- 10.7.3 Touch should be related to the young person's needs, not the worker's
- 10.7.4 Touch should be age-appropriate and generally be initiated by the young person rather than the worker
- 10.7.5 Avoid any physical activity that is, or may be construed as, sexually stimulating to the adult or young person, e.g. fondling, touching private parts of the body, etc.
- 10.7.6 Young people are entitled to determine the degree of physical contact with others except in exceptional circumstances, i.e. when young children need medical attention.
- 10.7.7 Team members should take responsibility for monitoring one another in the area of physical contact. They should be free to constructively challenge a colleague if necessary.
- 10.7.8 With some pieces of work it may be that the team involved decide to adopt a policy of non-touch, and this policy should be upheld by all staff and volunteers where implemented.

#### 10.8 Respect

- 10.8.1 Workers should treat all young people with dignity and respect in attitude, language used and actions. There should be respect for the privacy of young people and questionable activity should be avoided. (e.g. rough/sexually provocative games or comments).

#### 10.9 Restraint

- 10.9.1 Any form of physical response to misbehaviour is unlawful unless it is by way of restraint. On those occasions when it proves necessary for workers to restrain a young person or young person physically to prevent him/her from inflicting injury to others or damage to property, only the minimum force necessary should be used.

#### 10.10 Venues and transport

- 10.10.1 Parental consent will be obtained for all organised activities, outings and residential trip outside usual group times.
- 10.10.2 Arrangements for transporting young people must also be with the knowledge of the person in charge of a particular project and with parental approval. In some circumstances it may be unwise to carry a particular young person/young person on their own.
- 10.10.3 All workers driving any vehicle transporting young people must hold a valid driver's license for the type/class of vehicle that they are driving. All vehicles used in the transportation of young people must have a valid road tax license, be appropriately insured, have a valid MOT certificate, have back seat seatbelts, and comply with all appropriate legislation and regulations. Seat sharing is not permitted.

#### 10.11 A Duty of Care

- 10.11.1 The physical safety and well-being of young people and young people worked with must be the highest priority. Workers have a legal 'duty of care' to act as a careful parent would. This means that if a worker causes loss or injury by failing to carry out his/her responsibilities in a careful way, the worker (and possibly Dizzy Heights) could be held liable in civil law for negligence. The duty of care involves exercising adequate supervision, which will depend on age, maturity and the particular circumstances pertaining to the young person. Supervision can mean giving adequate advice and instructions rather than constantly watching a young person.
- 10.11.2 Dizzy Heights has a legal duty under the Occupier's Liability Act 1957 to take such care as is reasonable in the circumstances to see that visitors to any sites are safe for the purpose for which they are on the premises. Workers are advised to check that:
  - A First Aid kit is available and well stocked during all activities
  - Fire extinguishers are available and fire drills are held periodically
  - Clear instructions are posted in case of emergency
  - Electrical sockets and appliances are safe
  - Equipment and furniture is kept well maintained and safe, and no sharp edges are protruding
  - All accidents are recorded in an Accident Record Book.(MS Forms)
- 10.11.3 If any of the above are missing or unsafe, the Project Manager should be informed immediately.



## 10.12 Internet Use

- 10.12.1 Dizzy Heights does not provide internet to children/young people

## 10.13 Guidelines For Discipline

- 10.13.1 Discipline is the education of a person's character. It includes nurturing, training, instruction, chastisement, verbal rebuke, teaching and encouragement. It brings security, produces character, and prepares the young person for life.
- 10.13.2 Work on each individual young person's positives, do not compare them with each other, but encourage and build them up, giving them responsibility for simple tasks.
- 10.13.3 Build healthy relationships with young people and be a good role model, setting a good example. You can't expect young people to observe ground rules if you break them yourself.
- 10.13.4 Take care to give quieter and well-behaved young people attention and don't allow some young people to take all your time and energy.
- 10.13.5 Be consistent in what you say and ensure that other team members know what you have said – this avoids manipulation.
- 10.13.6 Look honestly at your programme – if young people are bored, they misbehave. Is the programme at fault?
- 10.13.7 Never smack or hit a young person and don't shout – change voice tone if necessary.
- 10.13.8 Never discipline out of anger. Call on support from other workers if you feel you may deal with the situation unwisely in your anger.
- 10.13.9 Lay down ground rules e.g. no swearing, racism or calling each other names, a respect for property, and make sure the young people understand what action will be taken if not kept.
- 10.13.10 Each young person is unique, special and individual, and each young person needs a different method of being dealt with. We need to ask why the young person is behaving that way.
- 10.13.11 Separate young people who tend to be disruptive when together. Give them a chance, warn them and only separate if they are disruptive as a last resort.
- 10.13.12 Have the young person sit right in front of you or get another worker to sit next to the young person.
- 10.13.13 Be pro-active and encourage helpers to be pro-active and not wait to be told to deal with a situation.
- 10.13.14 Take the young person aside and talk to them, challenge them to change, whilst encouraging them on their strengths.
- 10.13.15 Warn a young person that you will speak to their parents and do so if necessary. Warn them, send them outside the room/ activity (take care regarding supervision of this). If a young person's behaviour is constantly disruptive, seek advice and guidance from a Line manager.

## 10.14 Helping Young People to Protect Themselves

- 10.14.1 Young people should have access to an independent adult outside of Dizzy Heights. For this reason, we promote the NSPCC and Child Line phone numbers and make use of their publicity. The NSPCC Child Protection Help line is 0808 800 5000; Child Line is 0800 1111.
- 10.14.2 Opportunities should be taken to teach safety generally, and to help young people to develop common sense rules. Workers should be willing to listen to and talk about a young person's suspicions and expressions of feeling uncomfortable.

# 11. COMMUNICATION AND PARTNERSHIP

## 11.1 Records, Confidentiality & Information Sharing

- 11.1.1 Records
- 11.1.2 Information passed to the social services or the police must be as helpful as possible, hence the necessity for making a detailed record at the time of the disclosure/concern. The following information should be recorded when 'reporting concerns about children':
  - 11.1.3 The young persons name, address and other relevant information
  - 11.1.4 The nature of the allegation.
  - 11.1.5 A description of any visible bruising or other injuries.
  - 11.1.6 The child's account, if it can be given, of what has happened.



- 11.1.7 Details of the alleged or suspected abuser.
- 11.1.8 Witnesses to the incident(s).
- 11.1.9 Any times, dates or other relevant information.
- 11.1.10 A clear distinction between what is fact, opinion or hearsay.

11.2 Reporting the matter to the designated person (or police or social services department) should not be delayed by attempts to obtain more information. Wherever possible, referrals telephoned to the designated person, social services or the police should be confirmed in writing within 24 hours. A record should be made of the name and designation of the social services member of staff or police officer to whom the concerns were passed, together with the time and date of the call, in case any follow-up is needed. It is the responsibility of the person reporting the concerns to ensure written confirmation is completed. If details have been sent to either social services and/or the police a copy should also be sent to the designated person. If the concern is about the designated person this information should be sent to the Chair.

### 11.3 Confidentiality and Storage of Information

- 11.3.1 Every effort should be made to ensure that confidentiality is maintained for all concerned. Information will be stored in a locked cabinet with limited access to designated people, in accordance with the 1998 Data Protection Act. The people designated to receive information are:
  - 11.3.2 The designated Safeguarding officer
  - 11.3.3 The parents of the person who is alleged to have been abused
  - 11.3.4 The person making the allegation
  - 11.3.5 Social services/police
  - 11.3.6 Designated Officers within the Council according to the Council's policy and procedures
  - 11.3.7 The alleged abuser (and parents if the alleged abuser is a child). \*
  - 11.3.8 \*Seek social services advice on who should approach alleged abuser.

### 11.4 Information Sharing

- 11.4.1 Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect. To help ensure that Dizzy Heights makes the correct and informed decision when considering whether to share information with other organisations relating to child protection issues we have adopted the non statutory guidance procedures as laid out in the Government document Information sharing: Practitioners Guide.
- 11.4.2 When considering whether to share information with other organizations Dizzy Heights will always follow the following six key points:
  - i. Explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.
  - ii. Always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
  - iii. Where possible, respect the wishes of children, young people or families who do not consent to share confidential information. Dizzy Heights may still share information, if in the judgement on the facts of the case, there is sufficient need to override that lack of consent.
  - iv. Seek advice when in doubt, especially when doubt relates to a concern about possible significant harm to a child or serious harm to others.
  - v. Ensure that the information shared is accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely.
  - vi. Always record the reasons for the decision – whether it is to share information or not.

11.5 Decisions on whether to share information will where possible be taken collectively by the Designated Person and the Chair. As part of this decision-making process the six above points will be considered along with the other guidance set out in the Information sharing: Practitioners Guide documentation.

## 12. LONE WORKING (MENTORING)

12.1 These guidelines are intended for youth practitioners working in one-to-one mentoring relationships with young people, including when transport is required. They outline how to work safely, professionally, and in accordance with safeguarding responsibilities.

### General Principles:

- 12.1.1 Practitioners must maintain appropriate professional boundaries at all times.
- 12.1.2 Lone working should be risk assessed, recorded, and authorised by a line manager or safeguarding lead.
- 12.1.3 Consent must be obtained from both the young person and their parent/carer (if under 18), particularly for one-to-one sessions and transport arrangements.

### 12.2 Risk Assessment and Planning

- 12.2.1 A risk assessment should be completed for all lone working scenarios, including:
- The nature of the mentoring activity
  - Location (e.g. public vs. private spaces)
  - Known risks associated with the young person
  - Mode of transport and travel route
  - Always record the date, time, location, and purpose of the session in case notes

### 12.3 One-to-One Sessions

- 12.3.1 Wherever possible, conduct sessions in safe, neutral, and public locations (e.g. community centres, libraries, sports facilities, youth hubs).
- 12.3.2 Avoid secluded spaces or closed-door environments unless risk-assessed and approved.
- 12.3.3 Where private conversations are necessary (e.g. in a counselling-style setting), ensure there is transparency, such as:
- Informing your manager of the session
  - Using rooms with windows or visibility panels
  - Having a check-in/check-out procedure

### 12.4 Lone Working and Transport

- 12.4.1 Transporting young people should only occur if:
- It is essential to the mentoring relationship
  - It is essential to the mentoring activity
  - Parental/carer consent has been obtained
  - The practitioner has been authorised by their manager
- 12.4.2 Practitioners should:
- Hold a valid driving licence, insurance for business use, and a roadworthy vehicle
  - Keep journeys short, direct, and documented in case notes

### 12.5 Communication and Accountability

Practitioners must:

- 12.5.1 Inform a manager or safeguarding lead of their location and estimated return time
- 12.5.2 Inform manager of safe arrival and departure of a venue
- 12.5.3 Use work phones or communication channels when contacting young people
- 12.5.4 Any concerns, disclosures, or incidents must be recorded and reported immediately in line with the safeguarding policy.
- 12.5.5 Dizzy Heights Management team provide youth mentors with support and oversight of all 1:1 mentoring cases.

## 12.6 Safeguarding and Boundaries

- 12.6.1 Maintain clear professional boundaries at all times as per safeguarding policy
- 12.6.2 Avoid physical contact unless in emergency situations and always document if it occurs.
- 12.6.3 Do not share personal information or social media contact details.
- 12.6.4 Do not meet outside of agreed mentoring times/locations without written authorisation.

## 12.7 Emergency Procedures

- 12.7.1 Carry a mobile phone at all times.
- 12.7.2 Follow Dizzy Heights emergency and safeguarding protocols.
- 12.7.3 In any situation where safety is compromised, prioritise withdrawal from the situation and notify a manager immediately.

## 12.8 Training and Supervision

- 12.8.1 All staff engaged in lone working must receive:
  - Safeguarding training
  - Regular supervision and support to reflect on practice and risk

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Signed on behalf of the Directors of Dizzy Heights Specialist Services (Jim Hazleton, Kutbuddin Jodiywalla and David Protheroe)

Signature: *D. Protheroe*

Name: David Protheroe

Date: 13.05.2025

Position: Director

Date of next review: 13.05.2026

## Appendix 1 – Threshold Framework

Level 1: Children and Young People with Universal Need	
Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. Children, young people, parents and carers can access services directly.	
Child's Developmental Needs	Parents and Carers
<b>Health</b> <ul style="list-style-type: none"> <li>Health and dietary needs are being met by universal services</li> <li>Registered with a GP</li> <li>Appropriate weight and height within expected norms – including speech and language</li> <li>Physically/psychologically healthy</li> <li>Pre-natal health needs are being met</li> <li>Up to date immunisations and developmental reviews</li> <li>Regular dental checks</li> <li>Accessing optical care</li> <li>No misuse of substances</li> <li>Sexual activity/behaviour appropriate to age</li> </ul> <b>Education and Learning</b> <ul style="list-style-type: none"> <li>Achieving key stages and full potential</li> <li>Good attendance at nursery/school/college/training</li> <li>Demonstrates a range of skills/interests</li> <li>No barriers to learning</li> <li>Access to play/books</li> <li>Enjoys participating in educational activities/schools</li> <li>Sound home/school link</li> <li>Planned progression beyond statutory education</li> <li>Quality First teaching</li> </ul> <b>Emotional and Behavioural Development</b> <ul style="list-style-type: none"> <li>Good quality early attachments</li> <li>Growing levels of competencies in practical and emotional skills</li> <li>Sexual behaviour appropriate for age</li> <li>Confident in social situations – has age appropriate knowledge of different social situations</li> <li>Able to adapt to change</li> <li>Able to demonstrate empathy</li> </ul> <b>Identity and Self-esteem</b> <ul style="list-style-type: none"> <li>Demonstrates feelings of belonging and acceptance</li> <li>Positive sense of self and abilities</li> <li>Has an ability to express needs verbally and non- verbally</li> </ul> <b>Family and Social Relationships</b> <ul style="list-style-type: none"> <li>Stable and affectionate relationships with caregivers</li> <li>Appropriate relationships with siblings</li> <li>Positive relationship with peers</li> </ul> <b>Social Presentation</b> <ul style="list-style-type: none"> <li>Appropriate dress for different settings</li> <li>Good levels of self-care/personal hygiene</li> </ul> <b>Self-care skills</b> <ul style="list-style-type: none"> <li>Age appropriate independent living skills</li> </ul>	<b>Basic Care, safety and Protection</b> <ul style="list-style-type: none"> <li>Child's physical needs are met (food, drink, clothing, medical and dental)</li> <li>Carers able to protect children from danger or harm</li> </ul> <b>Emotional Warmth</b> <ul style="list-style-type: none"> <li>The child is shown warm regard, praise and encouragement</li> <li>The child has secure relationship which provides consistency of warmth over time</li> <li>There may be low level post-natal depression</li> </ul> <b>Guidance, Boundaries and Stimulation</b> <ul style="list-style-type: none"> <li>Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience.</li> <li>Carers support development through interaction and play to facilitate cognitive development</li> </ul> <b>Family and Environmental Factors</b> <b>Family History and Functioning</b> <ul style="list-style-type: none"> <li>Good supportive relationship within family (including with separated parents and in times of crisis)</li> <li>Good family network</li> </ul> <b>Housing, Employment and Finance</b> <ul style="list-style-type: none"> <li>Accommodation has basic amenities/appropriate facilities</li> <li>Appropriate levels of hygiene/cleanliness are maintained</li> <li>Families not affected by low income or unemployment</li> </ul> <b>Family's Social Integration</b> <ul style="list-style-type: none"> <li>The family have social and friendship networks</li> </ul> <b>Community Resources</b> <ul style="list-style-type: none"> <li>Appropriate access to universal and community resources</li> <li>Community is generally supportive</li> <li>Positive Activities are available</li> </ul>



## Appendix 1 – Threshold Framework

<b>Level 2: Universal Plus</b>	
Children and young people whose needs are met through additional support that may involve support from one or more agencies, coordinated by using the Early Help Assessment.	
<b>Child's Developmental Needs</b>	<b>Parents and Carers</b>
<b>Health</b> <ul style="list-style-type: none"> <li>Some concern regarding rate or level of some areas of development</li> <li>Additional health needs</li> <li>Not registered with a GP</li> <li>Evidence of missed appointments for routine assessments and immunisations</li> <li>Persistent minor health problems</li> <li>Babies with low birth weight in proportion to the mother</li> <li>Pre-natal health needs</li> <li>Issues of poor bonding and attachment</li> <li>Minor concerns re healthy weight/diet/dental health/hygiene/clothing</li> <li>Disability requiring support services</li> <li>Signs of deteriorating mental health of child including self-harm</li> <li>Young people who are sexually active under the age of 16, where there are no concerns for this being as a result of exploitation</li> <li>Occasional drug and alcohol misuse/experimentation which is not escalating</li> <li>Inadequate, limited or restricted diet; e.g. no breakfast, no lunch money; being under or overweight</li> </ul> <b>Education and Learning</b> <ul style="list-style-type: none"> <li>Is regularly unpunctual for school/occasional truanting or significant non-attendance/parents condone absences</li> <li>Escalating behaviour leading to a risk of exclusion (such as increased aggression)</li> <li>Experiences frequent moves between schools</li> <li>Not reaching educational potential or reaching expected levels of attainment</li> <li>Needs some additional support in school</li> <li>Identified language and communication difficulties</li> <li>Few opportunities for play/socialization</li> <li>No participation in education, employment or training post 16 years</li> </ul> <b>Emotional and Behavioural Development</b> <ul style="list-style-type: none"> <li>Low level mental health or emotional issues requiring intervention</li> <li>Is withdrawn/unwilling to engage including any sudden change in behavior or presentation</li> <li>Development is compromised by parenting</li> <li>Some concern about substance misuse</li> <li>Involved in behaviour that is seen as anti-social</li> <li>Poor self-esteem</li> <li>Offending and anti-social behavior</li> </ul>	<b>Basic Care, Safety and Protection</b> <ul style="list-style-type: none"> <li>Basic care not consistently provided e.g. non-treatment of minor health problems</li> <li>Parents struggle without support or adequate resources e.g. as a result of mental/learning disabilities.</li> <li>Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home</li> <li>Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties/post-natal depression/child's behaviour</li> <li>Some exposure to dangerous situations in home/community</li> <li>Low levels of parental conflict/infrequent incidents of domestic dispute</li> <li>Teenage parents/young, inexperienced parents</li> <li>Excessive use of internet which could indicate problematic, which lacks parental oversight.</li> <li>Inappropriate expectations of child/young person for age/ability</li> </ul> <b>Emotional Warmth</b> <ul style="list-style-type: none"> <li>Inconsistent parenting but development not significantly impaired</li> <li>Post-natal depression affecting parenting ability</li> <li>Child/young person perceived to be a problem by parents or carers/experiencing criticism and a lack of warmth</li> </ul> <b>Guidance, Boundaries and Stimulation</b> <ul style="list-style-type: none"> <li>May have a number of different carers</li> <li>Parent/carer offers inconsistent boundaries e.g. not providing good guidance about inappropriate relationships formed, such as via the internet</li> <li>Can behave in an anti-social way</li> <li>Child/young person spends a lot of time alone</li> <li>Inconsistent responses to child by parent</li> <li>Parents struggle to have their own emotional needs met</li> <li>Lack of stimulation impacting on development</li> </ul> <b>Family and Environmental Factors</b> <b>Family History and Functioning</b> <ul style="list-style-type: none"> <li>Child or young person's relationship with family members not always stable</li> <li>Parents have relationship difficulties which affect the child/acrimonious separation or divorce that impacts on child</li> <li>Parental offending behaviour/custodial sentences</li> <li>Experienced loss of a significant adult/child</li> <li>Caring responsibilities for siblings or parent</li> <li>Parents have mental/physical health difficulties</li> <li>Poor home routine</li> <li>Parents not addressing own health needs, particularly when pregnant</li> <li>Child not often exposed to new experiences</li> <li>Limited support from family and friends</li> </ul>

Child's Developmental Needs	Parents and Carers
<b>Identity and Self-Esteem</b> <ul style="list-style-type: none"> <li>• Some insecurities around identity/low self-esteem</li> <li>• Lack of positive role models</li> <li>• May experience bullying around perceived difference/bully others</li> <li>• Disability limits self-care</li> <li>• A victim of crime</li> </ul> <b>Family and Social Relationships</b> <ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Some difficulties sustaining relationships</li> <li>• Undertaking some caring responsibilities</li> <li>• Child of a teenage parent</li> <li>• Low parental aspirations</li> </ul> <b>Social Presentation</b> <ul style="list-style-type: none"> <li>• Can be over friendly or withdrawn with strangers</li> <li>• Personal hygiene is becoming problematic</li> </ul> <b>Self-care Skills</b> <ul style="list-style-type: none"> <li>• Not always adequate self-care/poor hygiene</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Over protected/unable to develop independence</li> </ul> <b>Exploitation</b> <ul style="list-style-type: none"> <li>• Early Indication of coercive behaviour</li> <li>• At risk of gang association</li> <li>• Early signs of young person exhibiting extremism</li> <li>• Emerging concerns of online activity</li> <li>• Child at risk of modern slavery and/or human trafficking but parents are accessing support and services</li> </ul>	<b>Housing, Employment and Finance</b> <ul style="list-style-type: none"> <li>• Inadequate/poor housing</li> <li>• Requiring in-depth guidance and help</li> <li>• At risk of homelessness</li> <li>• Child/young person from asylum seeking or refugee family and has identified additional needs</li> <li>• Children subject to kinship care arrangements made by their own family</li> <li>• Family affected by low income or unemployment</li> <li>• Parents find it difficult to find employment due to basic skills or long-term difficulties</li> </ul> <b>Family Social Integration</b> <ul style="list-style-type: none"> <li>• Family is socially isolated limited extended family support</li> <li>• Victimisation by others impacts on child</li> </ul> <b>Community Resources</b> <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have difficulty gaining access to them</li> <li>• Community characterised by negativity towards child/young person e.g. travelling families</li> </ul>



### LEVEL 3: Targeted Early Help

Children and Young People at this level have diverse and complex needs and targeted, multi-agency support services are required and are supported by a clear coordinated action plan without the need for statutory social work intervention.

Child's Developmental Needs	Parents and Carers
<b>Health</b> <ul style="list-style-type: none"> <li>Child has some chronic/recurring health problems; not treated, or badly managed</li> <li>Some missed appointments for serious medical condition</li> <li>Developmental delay due to parental care</li> <li>Regular substance misuse</li> <li>Lack of food</li> <li>'Unsafe' sexual activity</li> <li>Self-harming behaviours</li> <li>Child has significant disability</li> <li>Mental health issues emerging e.g. conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming</li> </ul> <b>Education and Learning</b> <ul style="list-style-type: none"> <li>Consistently poor nursery/school attendance and punctuality</li> <li>Young child with few, if any, achievements</li> <li>Not in education (under 16)</li> <li>Child/young person is out of school due to parental neglect</li> </ul> <b>Emotional Development</b> <ul style="list-style-type: none"> <li>Sexualised behaviour</li> <li>Child appears regularly anxious, angry or phobic and demonstrates a mental health condition</li> <li>Young carer affecting development of self</li> </ul> <b>Behavioural Development</b> <ul style="list-style-type: none"> <li>Persistent disruptive/challenging behaviour at school, home or in the neighbourhood</li> <li>Starting to commit offences/re-offend</li> <li>Additional needs met by emotional wellbeing and mental health services</li> <li>Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention</li> <li>Incidents of missing from home (less than 3 incidents in 90 days)</li> </ul> <b>Identity and Self-esteem</b> <ul style="list-style-type: none"> <li>Child/young person experiences persistent discrimination, internalised and reflected in poor self-image</li> <li>Alienates self from others</li> </ul> <b>Family and Social Relationships</b> <ul style="list-style-type: none"> <li>Relationships with carers characterised by unpredictability</li> <li>At risk of family breakdown and in need of support</li> <li>Misses school consistently</li> <li>Previously had periods of Local Authority accommodation</li> <li>Young person is main carer for family member</li> </ul>	<b>Basic Care, Safety and Protection</b> <ul style="list-style-type: none"> <li>Parent/carer is failing to provide consistently adequate care or accept support.</li> <li>Parents have found it difficult to care for previous child/young person or accept the support which was offered.</li> <li>Domestic abuse, coercion or control in the home, where the protective parent is accepting of support.</li> <li>Parent's mental health problems or substance misuse affect care of child/young person, but parents are accepting of support.</li> <li>Child has no positive relationships</li> <li>Child has multiple carers; may have no significant relationship to any of them</li> <li>Young person's internet use which could pose a risk, which is not overseen by parents.</li> <li>Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices e.g. forced marriage or honour based abuse where a protective parent is engaging with targeted services to seek protection</li> <li>Child at risk of Modern Slavery and/or human trafficking but parents are accessing support and services</li> </ul> <b>Emotional Warmth</b> <ul style="list-style-type: none"> <li>Child/young person receives little stimulation/negligible interaction</li> <li>Child/young person is scapegoated</li> <li>Child/young person is rarely comforted when distressed/lack of empathy</li> <li>Child/young person is under significant pressure to achieve/aspirer/experiencing high criticism</li> </ul> <b>Guidance, Boundaries and Stimulation</b> <ul style="list-style-type: none"> <li>Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement</li> <li>Child/young person behaves in anti-social way in the neighbourhood</li> </ul> <b>Family and Environmental Factors</b> <b>Family History and Functioning</b> <ul style="list-style-type: none"> <li>Family have serious physical and mental health difficulties impacting on their child, but the family are accepting of support.</li> <li>Community are hostile to family</li> <li>Emerging involvement in gang or other activities which risks future exploitation</li> <li>Young person displays physical violence towards parents</li> </ul> <b>Housing, Employment and Finance</b> <ul style="list-style-type: none"> <li>Chronic unemployment that has severely affected parents' own identities</li> <li>Family unable to gain employment due to significant lack of basic skills or long-term substance misuse</li> </ul>

Child's Developmental Needs	Parents and Carers
<b>Social Presentation</b> <ul style="list-style-type: none"> <li>• Appearance reflects unkempt appearance and hygiene related health concerns.</li> <li>• Persistent presentation in unwashed/unsuitable clothing despite advice and support being offered</li> </ul> <b>Self-care Skills</b> <ul style="list-style-type: none"> <li>• Disability prevents self-care in a significant range of tasks</li> <li>• Child lacks a sense of safety and often puts him/herself in danger</li> </ul> <b>Exploitation</b> <ul style="list-style-type: none"> <li>• Indication of coercive behaviour</li> <li>• Medium risk of child exploitation – knowledge of a key risk that the child is currently being targeted but not actively involved/exploited e.g. sexual exploitation or criminal exploitation</li> <li>• Signs of young person exhibiting extremism; and / or where a parent/carer is actively engaged in supporting interventions.</li> <li>• Emerging concerns of online activity</li> </ul>	<b>Family's Social Integration</b> <ul style="list-style-type: none"> <li>• Family is socially isolated/excluded</li> <li>• Victimisation by others places child and family at risk</li> <li>• Has poor relationship/s with extended family</li> </ul> <b>Community Resources</b> <ul style="list-style-type: none"> <li>• Parents/carers do not access, or there is significantly poor access to, local facilities and targeted services to meet assessed need</li> <li>• Lack of community support/tolerance or hostility towards the child, young person or family</li> </ul>



#### Level 4: Statutory / Specialist

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs	Parents and Carers
<b>Health</b> <ul style="list-style-type: none"> <li>The child has suffered or is likely to suffer significant harm or neglect.</li> <li>Sexual abuse</li> <li>Physical abuse</li> <li>Emotional abuse</li> <li>Child/young person has severe/chronic health problems</li> <li>Failure to thrive/faltering growth with no identified medical cause</li> <li>Refusing medical care endangering life/development</li> <li>Seriously obese/seriously underweight</li> <li>Serious dental decay requiring removal of multiple teeth through persistent lack of dental care</li> <li>Persistent and high-risk substance misuse</li> <li>Early teenage pregnancy</li> <li>Non-accidental injury</li> <li>Unexplained injuries</li> <li>Any bruising in a non-mobile baby.</li> <li>Acute mental health problems e.g. severe depression, threat of suicide, psychotic episode</li> <li>Physical/learning disability requiring constant supervision</li> <li>Disclosure of abuse from child/young person</li> <li>Disclosure of abuse/physical injury caused by a professional</li> <li>High risk of child sexual exploitation or actual abuse known to be happening</li> </ul> <b>Education and Learning</b> <ul style="list-style-type: none"> <li>Child unable to access education due to persistent parental neglect</li> </ul> <b>Emotional Development</b> <ul style="list-style-type: none"> <li>Puts self or others in danger e.g. missing from home, inappropriate relationships, characterized by exploitation.</li> <li>Severe emotional/behavioural challenges</li> <li>Young carer, significantly impacting upon development of self.</li> <li>Puts self or others at risk through aggressive behaviour</li> </ul> <b>Behavioural Development</b> <ul style="list-style-type: none"> <li>Persistent disruptive/challenging behaviour at school, home or in the neighbourhood resulting in repeated school placement breakdown and/or family breakdown</li> <li>Regular and persistent offending and reoffending behaviour for serious offences resulting in custodial sentences or high-risk public protection concerns</li> <li>Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions</li> <li>Continuous patterns of domestic abuse</li> </ul>	<b>Basic Care, Safety and Protection</b> <ul style="list-style-type: none"> <li>Parent/carers mental health or substance misuse significantly affect care of child</li> <li>Parental disability seriously impairs ability to offer safe and consistent care.</li> <li>Parents/carers unable to care for previous children</li> <li>Parents who have previously been a looked after child / looked after child at the time of pregnancy.</li> <li>Basic care needs persistently unmet by parents/carers.</li> <li>Young child left unattended</li> <li>Failure to protect from risky adults</li> <li>Concealed pregnancy / deliberate attempt to evade services / late booking</li> <li>Pregnancy borne out of intrafamilial relations / sexual abuse.</li> </ul> <b>Emotional Warmth</b> <ul style="list-style-type: none"> <li>Parent's own emotional experiences impacting on their ability to meet child/young person's needs</li> <li>Child has no-one to care for him/her</li> <li>Requesting young child be accommodated by local authority</li> </ul> <b>Guidance, Boundaries and Stimulation</b> <ul style="list-style-type: none"> <li>No effective boundaries set by parents/carers</li> <li>Multiple carers</li> <li>Child beyond parental control</li> <li>Persistent and regular incidents of missing from home (three or more incidents in 90 days)</li> <li>Single missing episode during which the child/young person has been exploited.</li> </ul> <b>Family and Environmental Factors</b> <b>Family History and Functioning</b> <ul style="list-style-type: none"> <li>Significant parental/carer discord and persistent domestic violence and discord between family members</li> <li>Child/young person in need where there are child protection concerns</li> <li>Individual posing a risk to children in, or known to, household</li> <li>Family home used for drug taking, drug cultivation, drug dealing.</li> <li>Family known for prostitution or illegal activities</li> </ul> <b>Housing, Employment and Finance</b> <ul style="list-style-type: none"> <li>Homeless - or imminent if not accepted by housing department</li> <li>Family at risk of homelessness through the action/inaction of parents</li> <li>Housing dangerous or seriously threatening to health</li> <li>Physical accommodation places child in danger</li> <li>Extreme poverty/debt impacting on ability to care for child</li> <li>Family who have no recourse to public funds / no rights to remain in the UK / unsettled status – requiring the need for section 17 assistance and support</li> </ul>

Child's Developmental Needs	Parents and Carers
<p><b>Behavioural Development Continued</b></p> <ul style="list-style-type: none"> <li>Parents/carers involved in violent or serious crime, or crime against children</li> <li>Parents/carers own needs mean they are unable to keep child /young person safe</li> <li>Severe disability – child/young person relies totally on other people to meet care needs</li> <li>Chronic and serious domestic abuse involving child/young person</li> <li>Disclosure from parent of abuse to child/young person</li> <li>Suspected/evidence of fabricated or induced illness</li> <li>Young person at risk of Female Genital Mutilation and other harmful traditional/cultural practices</li> <li>Forced marriage or honour based abuse with family who lack willingness to protect</li> <li>Medium risk of child exploitation and parents/carers lack willingness to protect e.g. sexual exploitation, criminal exploitation</li> <li>Coercive behaviour</li> <li>Concerns of online activity</li> <li>Child experiencing modern slavery and/or human trafficking without parental support</li> </ul> <p><b>Identity and Self-esteem</b></p> <ul style="list-style-type: none"> <li>Failed Education Supervision Order – three prosecutions for non-attendance; family refusing to engage</li> <li>Child/young person likely to put self at risk</li> <li>Evident mental health needs</li> <li>Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT criteria</li> <li>Young person involved/closely associating with gangs</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>Relationships with family experienced as negative ('low warmth, high criticism')</li> <li>Rejection by a parent/carer; family no longer want to care for, or have abandoned, child/young person</li> <li>Periods accommodated by local authority</li> <li>Family breakdown related to child's behavioural difficulties</li> <li>Subject to physical, emotional or sexual abuse or neglect</li> <li>Younger child main carer for family member</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>Poor/inappropriate self-presentation/hygiene related health issues</li> </ul> <p><b>Self-care Skills</b></p> <ul style="list-style-type: none"> <li>Absence/neglect of self-care skills due to other priorities, such as substance misuse</li> <li>Takes inappropriate risks in self-care</li> <li>Severe lack of age appropriate behaviour and independent living skills likely to result in harm</li> </ul>	<p><b>Family's Social Integration</b></p> <ul style="list-style-type: none"> <li>Family are socially chronically excluded</li> <li>Victimisation by others places the child/young person at risk of significant harm</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>Substantial multiple problems preventing the family/young person from engaging with services/non-engagement with services</li> </ul>

Child's Developmental Needs	Parents and Carers
<b>Other Indicators</b> <ul style="list-style-type: none"> <li>• Professional concerns – but difficulty accessing child/young person</li> <li>• Unaccompanied refugee/asylum seeker</li> <li>• Privately fostered</li> <li>• Abusing other children</li> <li>• Young person displaying sexually harmful behaviour</li> <li>• Serious or persistent offending behaviour likely to lead to custody/remand in secure unit/prison</li> <li>• Trafficked child with no family support or protection</li> <li>• Forced criminality, forced labour</li> <li>• Modern Slavery</li> </ul>	