



SAFEGUARDING CHILDREN POLICY

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Position: Administrator

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Urgent Situations Requiring Immediate Action:

1. **Serious Criminal Act:** If you suspect a serious criminal act has occurred, dial 999 and inform them if it may involve adult abuse.
2. **Medical Emergency:** If an individual is injured, seek immediate medical attention. Inform medical staff that this may involve adult abuse.
3. **Internal Reporting:** Discuss all situations involving abuse or alleged abuse with the Designated Safeguarding Lead (DSL) for initial response coordination.

Designated Safeguarding Leads (DSL):

Saul Mark Sommer, Director

Tel: 0191 477 1431 ext 7

o Tel (out of hours): 07952305373

o Email: saul@regalrespite.co.uk

Alex Shepherd, Director

Tel: 07906 344777

o Email: alex@regalrespite.co.uk

If a child discloses information about abuse or neglect, you are required to take immediate action to ensure their safety and well-being.

1 INTRODUCTION

This document is the Safeguarding Children Policy for Royal Respite which will be followed by all members of the organisation and followed and promoted by those in the position of leadership within the organisation.

Royal Respite works with families challenged by illness, poverty and other vulnerabilities. It alleviates stress and promotes emotional wellbeing by providing respite for individuals and families facing challenges. Activities include early help, improving welfare, as well as getaways, food and toy packages, and community events.

The purpose of this policy is:

- To protect children and young people under 18 years old, who we interact with from harm. This includes the children of adults who use our services too.
- To provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection. This policy applies to anyone working on behalf of Royal Respite including trustees, paid staff, volunteers, sessional workers, and participants. The policy also applies to staff that work for Royal Respite as independent providers. The sections on lone working are especially applicable.

2 LEGAL FRAMEWORK

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England, The Children's Act 2014; Working Together to Safeguard Children 2026. In particular it is based on guidance provided by the DfE "After-school clubs, community activities and tuition. Safeguarding guidance for providers September 2023".

It is also written in accordance with the Gateshead LSCB Safeguarding and Child Protection Policy Checklist.

<https://gatesheadsafeguardingchildren.org.uk/>

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

3 OUR SAFEGUARDING COMMITMENT

3.2 We are committed to safeguarding children and young people from abuse by adults and other children or young people. The purpose of this policy is to make sure that the actions of any person in the context of the work carried out by the organisation are transparent and safeguard and promote the welfare of all children and young people.

We will comply with guidance of Working Together to Safeguard Children 2026, wherein the definition of Safeguarding is:

Protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking

action to enable children to have the best outcomes.

Child Protection refers to procedures and actions undertaken regarding children who are at risk of being seriously harmed or have been significantly harmed.

1.3 Staff and Volunteers will be given training and support to be competent and confident in carrying out their responsibilities for reporting concerns and for safeguarding and promoting children and young people's welfare. Under no circumstances will any physical or psychological harm to a child be tolerated.

1.4 This policy should be read in conjunction with our Safeguarding Vulnerable Adults Policy, Health & Safety Policy, Staff & Volunteer Code of Conduct, Data Protection and Complaints Policies.

4 USEFUL CONTACT DETAILS

Designated Safeguarding Lead: Mr Saul Mark Sommer

Email: saul@regalrespite.co.uk

Tel: 00447952305373

Deputy Designated Safeguarding Lead: Mr Alex Shepherd

Email: alex@regalrespite.co.uk

Tel: 00447906344777

Gateshead Council's Children's Social Care

Email: R&Aduty@gateshead.gov.uk

Tel: 0191 433 2653

Out of Hours Tel: 0191 477 0844

NSPCC Helpline: 0808 800 5000

Email: help@nspcc.org.uk

ChildLine: 0800 1111

Child Line textphone: 0800 400 222

Crimestoppers 0800 555 111 (Anonymous reporting)

Reporting online grooming concerns: www.ceop.police.uk/Safety-Centre

CAMHS (Child and Adolescent Mental Health Assessment)

<https://www.nhs.uk/nhs-services/mental-health-services/mental-health-services-for-young-people/children-young-people-mental-health-services-cypmhs/>

This procedure is consistent with the government guidelines set out in *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2026*, and with *Keeping Children Safe in Education (2025)*.

For non-urgent police matters, dial 101 and in emergencies dial 999.

5 PRINCIPLES OF THE SAFEGUARDING CHILDREN POLICY

WE BELIEVE THAT:

- Children and young people should never experience abuse of any kind.
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to practice in a way that protects them.

WE RECOGNISE THAT:

- The welfare of children is paramount in all the work we do and in all the decisions we take. All children, regardless of any protected characteristic have an equal right to protection from all types of harm or abuse.
- The voice of the child is paramount.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Children who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way; subsequently whilst at school their behaviour may be disruptive and/or challenging.
- Children can be both victims and perpetrators of abuse.
- Working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare.

WE WILL SEEK TO KEEP CHILDREN AND YOUNG PEOPLE SAFE BY:

- Valuing, listening to and respecting them.
- Appointing a Designated Safeguarding Lead for children and young people and a lead trustee/board member for safeguarding.
- Adopting child protection and safeguarding best practice through our policies, procedures, and code of conduct for staff and volunteers.
- Providing effective management for staff and volunteers through supervision, support, training, and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures, and behaviour codes confidently and competently.
- Recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made.
- Recording, storing and using information professionally and securely, in line with data protection legislation and guidance *[more information about this is available from the Information Commissioner's Office: ico.org.uk/for-organisations].*
- Making sure that children, young people, and their families know where to go for help if they have a concern.
- Using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families, and carers appropriately.
- Focusing on early intervention and support, matched to the needs of children and their family circumstances.
- Promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children.
- Using our procedures to manage any allegations against staff and volunteers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedures to help us deal effectively with any bullying that does arise.
- Ensuring that we have effective complaints and whistleblowing measures in place.
- Ensuring that we provide a safe physical environment for our children, young people, staff, and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.
- Building a safeguarding culture where staff and volunteers, children, young people, and

their families, are listened to, treat each other with respect and are comfortable about sharing concerns.

- Paid staff and volunteers should make sure that they are **alert** to the signs of abuse and neglect, that they **question the behaviour** of children and parents/carers, and don't necessarily take what they are told at face value. They should make sure they know where to turn to if they need to **ask for help** and **refer** to children's social care or to the police, if they suspect that a child is at risk of harm or is in immediate danger (see the section on Taking action, for further information).

6 RESPONSIBILITIES OF TRUSTEES

As a registered charity, trustees must pay due regard to Charity Commission guidance around the safeguarding duties of trustees. These include:

6.1 Identify and manage risks

Risk Assessment processes must be in place. Trustees should consider specific risks that children may face including online risks and the risk of children being radicalised or drawn into extremist ideologies.

6.2 Have suitable policies and practices in place

These should include making sure everyone knows how to identify and report a concern or incident.

6.3 Ensure that there are processes in place to carry out necessary checks

These include DBS, and online/social media checks for staff and volunteers engaged in regulated activity to ensure they are suitable to work with children.

6.4 Protect volunteers and staff

Trustees must satisfy themselves that there are clear policies in place that cover bullying, harassment, and whistleblowing. Also, that all necessary insurance is in place. Volunteers and staff need to be clear on how to raise any bullying or harassment concerns.

6.5 Handle and report incidents appropriately

Trustees should ensure that there are policies and procedures for handling incidents or allegations of abuse including:

- managing and recording any incidents in a secure and responsible way
- acting quickly, ensuring abuse is stopped or minimised to reduce any further harm or damage
- reporting to all relevant agencies. Serious incidents must be reported to the Charity commission and to the DBS.

For further details: www.gov.uk/guidance/safeguarding-duties-for-charity-trustees

7 SAFEGUARDING CHILDREN & YOUNG PEOPLE

This section covers a collection of safeguarding procedures which have been designed to safeguard children and young people from harm. They are as follows:

7.1 Safer Recruitment

Our organisation is committed to safeguarding and protecting all children and young people by implementing robust safer recruitment practices in accordance with Working Together to Safeguard Children. These include:

- Following recommended safer recruitment guidance for advertising, interviewing, obtaining references and making necessary employment checks for new staff and volunteers.
- Identifying and rejecting applicants who are unsuitable to work with children and young people. We will advise applicants that we may carry out internet searches including social media sites as part of our assurance checks as to their suitability.
- Responding to concerns about the suitability of applicants during the recruitment process.
- Responding to concerns about the suitability of employees and volunteers once they have begun their role.
- Ensuring all new staff and volunteers participate in an induction which includes a Safeguarding Children briefing.

PRE-EMPLOYMENT CHECKS

- Proof and verification of identity
- Right to work in the UK
- Carrying out a Disclosure and Barring Service "enhanced with barred list check" on all staff or volunteers who may be engaged in 'regulated activity' (see * below).
- check for childcare disqualification when recruiting workers for under 8's
- **Asking for and checking references. At the minimum this will include direct requests to a current employer. If relevant, will request reasons for leaving. If not working, will expect references from school or college. No open references or from family or friends will be relied on.**
- **If applicant is a qualified teacher or other professional, we will check the Teachers prohibition list.**
 - If working with under 8's on a school premises the Childcare Disqualification Check.

***Regulated activity** with children means carrying out any of the activities below, frequently or with intensity (more than 3 days in a 30-day period or overnight). If someone is doing "regulated activity" they need to undergo an "enhanced with barred list check". These include unsupervised activities of teaching, training, instructing, caring for or supervising children, providing advice/guidance on wellbeing, or driving a vehicle only for children. Also, unsupervised intimate or personal care of children.

7.1.1 Management & Support of Paid Staff & Volunteers

- All staff, Trustees and volunteers are provided with a job description (paid staff) or a role profile (volunteers) outlining their main responsibilities. This includes a requirement to sign an agreement to comply with our Safeguarding Children Policy and procedures and code of conduct for appropriate behaviour.
- All staff, Trustees and volunteers are supported through an Induction process during which safeguarding/child protection procedures are explained and training needs identified.

- All paid staff and volunteers complete a role review at the end of their induction period before being confirmed in post. Inductions will be completed within 6 months.
- All paid staff and volunteers attend regular ongoing safeguarding training appropriate to their role. This will include raising awareness to early warning signs that all is not well, especially with people they minimally interact with, such as when dropping off packages, or funding respite for service users who make their own arrangements.
- All paid staff are given supervision regularly by their line manager.
- All volunteers and staff are given regular support sessions. (This may include one to one or group support, mentoring or shadowing opportunities).
- DSLs have an open-door policy and can be contacted for any queries or concerns.
- Our organisation has disciplinary and grievance procedures in place for all paid staff and volunteers.

7.2 Providing safer activities and trips

We will comply with the current [Guidance for Safer Working Practice for Adults who work with Children and Young People](#) and ensure that information in this guidance regarding conduct, is known to all staff, visitors and volunteers.

Safe working practice ensures that children are safe and that all staff:

- Are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Work in an open, honest and transparent way.
- Work with other colleagues where possible in situations that could be open to question.
- Discuss and/or take advice from management over any incident which may give rise for concern.
- Record any incidents or decisions made.
- Apply professional standards respectfully in relation to diversity issues.
- Be aware of information-sharing and confidentiality policies.
- Are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

7.2.1 Necessary arrangements

- People whose suitability has not been checked, including through a DBS check must not be allowed to have unsupervised contact with children.
- All paid staff and volunteers undertaking specialist support roles are provided with appropriate training.
- All activities are risk assessed to ensure that all reasonable steps are taken to prevent children and young people being harmed whilst participating in the organisation's activities.
- Employer's liability and/or public liability insurance has been taken out to ensure that all activities and services and all people taking part, are covered.
- All activities being provided are properly planned and organised. Planning ensures that the services are age-appropriate, appropriately supervised, take account of staff ratio and use qualified instructors, or guidance as appropriate.
- There is a First Aid Box in Galena cottage, in the downstairs WC, the only premises owned by Royal Respite, as all staff and volunteers work remotely.

7.2.2 Transport

- If we need to provide transport to get children and young people to and from an event or activity, we ensure any bus, coach, or taxi company, are reputable, have the right insurance and that their drivers are fully vetted.
- We will ensure children and young people are adequately supervised on the journey and take the necessary safety precautions depending on what kind of transport we are using (for example making sure everyone is wearing a seat belt).
- We will avoid using private cars to transport children and young people, unless this involves parents or carers making private transport arrangements with each other. If this is the case, it will be made clear that this is a private arrangement and not something our group or organisation has set up.
- We will ensure parents or carers know what time and where to drop off and pick up their children. We will request they tell us in advance who will be picking up their children if they aren't doing so themselves.
- Vehicles will have appropriate insurance, up to date Tax and MOT, appropriate seats (including booster seats and seatbelts).

7.2.3 Overnight stays

Royal Respite funds respite or getaways for service users. Where service users are unable to take care of arrangements themselves, Royal Respite will facilitate and organise all necessary arrangements for trips for children and families, in line with the guidance below.

When taking children and young people on an overnight stay, we will where appropriate:

7.2.4 Prepare parents, carers and children

- Meeting with parents or carers in advance to explain the arrangements for the trip and answer any questions they may have. Explain the steps being taken to keep their children safe.
- Ensure parents or carers know the address of where their children will be staying and have an emergency telephone number they can call if they need to.
- Talk to children and young people about keeping themselves safe and well while they are away. Give them the address of your accommodation and an emergency contact number and make sure they know what to do if they get lost.
- Make sure children and young people know who to talk to if they are unhappy or worried about anything – for example if they are being bullied, feel frightened or are homesick. Make sure all staff and volunteers are prepared to help and know how to respond to child protection concerns that may arise.

7.3 Risk assessment

Staff will carry out a risk assessment for new activities or events and take steps to manage and mitigate any risks staff or the child may encounter.

We will consider:

- the type of activity
- the behaviour and abilities of the child

- any special medical or emotional needs
- the suitability of the location.

We will also identify where the fire exits are and the evacuation plan for the building.

If unsure about a risk assessment, staff will seek support from the DSL.

8 GROUND RULES

Ground rules are used for any activity involving Children and Young People. The Ground rules will state clearly what appropriate behaviour is for children and young people, staff and volunteers, and parents/carers. Systems are in place and implemented if the Ground rules are broken.

9 CODE OF CONDUCT FOR STAFF AND VOLUNTEERS

We have a Code of Conduct for staff and volunteers. Where there are clear breaches, the disciplinary route may be used.

In order to minimise the risk of harm to children and of accusations being made against staff or volunteers as a result of their daily contact with children or young people, staff should be aware of adhering to acceptable use of technology statements. They should maintain awareness of safe working practice and follow guidelines on the use of control and physical restraint.

The following guideline is taken as 'sensible and good practice'. No staff member or volunteer should be in a room alone with a child where there is a closed solid door. Leave the door ajar or there should be visual access. Staff should select a manner of dress and appearance appropriate to the role and sensitive to the users. Staff should avoid giving or receiving gifts in a manner that could be misconstrued. Staff should report immediately any indication that a service user may be infatuated with a member of staff and should always maintain professional boundaries.

Staff should be careful of social or phone / online contact with service users or their families outside of the organisation. Seek advice from the Designated Safeguarding Lead if unsure. If the need would arise for staff to transport service users during work hours, then the employer has a duty to carry out a risk assessment and to adhere to all policies and protocols with regard both to safety and safeguarding.

10 RECOGNITION OF ABUSE OR NEGLECT

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

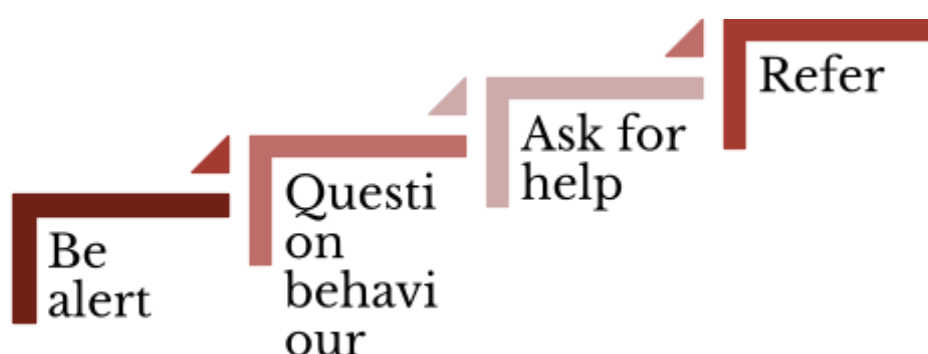
Individuals within the organisation need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of that organisation.

The organisation should know how to recognise and act upon indicators of abuse or potential abuse involving children and where there are concerns about a child's welfare. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with these procedures.

Abuse can take many forms, and the following is a summary of the most common forms of child abuse as set out in Working Together to Safeguard Children (2026)
See Appendix 1 for Description of primary forms of abuse.

11 TAKING ACTION

There are 4 key steps to follow to help you identify and respond appropriately to possible abuse and or neglect:



It may not always be appropriate to go through all 4 stages sequentially. **If a child is in immediate danger or is at risk of harm, you should refer to children's social care and/or the police.** Before doing so, you should try to establish the basic facts. However, it will be the role of the social workers and the police to investigate cases and make a judgement on whether there is ground for statutory intervention and/or a criminal investigation.

Staff and volunteers should contact the Designated Safeguarding Lead as soon as possible to inform them of any arising or ongoing concerns. There will be a focus on multi-agency working and enhancing professionalism in managing any concerns.

MANAGING CHILD PROTECTION CONCERNS

It is not the responsibility of the staff to investigate welfare concerns or determine the truth of any disclosure or allegation. Accordingly, all concerns regarding the welfare of pupils will be recorded and discussed with the Designated Safeguarding Lead (DSL) or the Deputy Designated Safeguarding Lead prior to any discussion with parents/carers.

ALL STAFF AND VOLUNTEERS MUST IMMEDIATELY REPORT

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play.
- Any explanation given which appears inconsistent or suspicious.
- Behaviours which give rise to suspicions that a child may have suffered harm.
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.

- Concerns that a child is presenting signs or symptoms of abuse or neglect.
- Any significant changes in a child's presentation, including non-attendance.
- Any hint or disclosure of abuse about or by a child or young person.
- Concerns regarding person(s) who may pose a risk to children (e.g. those living in a household with children present).
- Explain that only those who 'need to know' will be told.
- Explain what will happen next and that the child will be involved as appropriate.

12 RESPONDING TO DISCLOSURE

Disclosures or information that a child has been harmed may be received from service users, parents/carers, other professionals or members of the public. We recognise that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff will handle disclosures with sensitivity. Such information cannot remain confidential, and staff will immediately communicate what they have been told to the Designated Safeguarding Lead and make a record using clear, straightforward language.

Staff will not investigate but will, wherever possible, listen, record and pass on information to the DSL in order that s/he can make an informed decision of what to do next.

All staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm.
- Clarify the information without asking leading or probing questions.
- Make a written record of what the child has said using the Cause for Concern Form.
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'.
- Try not to show signs of shock, horror or surprise.
- Not express feelings or judgements regarding any person alleged to have harmed the child.
- Explain sensitively to the child or young person that they have a responsibility to pass the information to the Designated Safeguarding Lead.
- Reassure and support the child or young person as far as possible.
- Not promise secrecy.

13 RESPONDING TO CHILD PROTECTION CONCERNS

If a child is in immediate danger, call the police or ambulance on 999.

If a concern is not urgent:

- contact your DSL
- contact your local child protection service if you work for yourself and are your designated safeguarding lead. You will find their contact details on your local authority's website.

[You can also contact the NSPCC Helpline](https://www.nspcc.org.uk) on 0808 800 5000 or by emailing help@nspcc.org.uk. Our trained professionals can offer advice and take action to protect the child.

You should also make sure children and young people have contact details for someone they can talk to if they are worried about anything. This could be a trusted adult, your nominated child protection lead (if this is not you) or Childline.

If a child or young person needs confidential help and advice direct them to Childline. Calls to 0800 1111 are free and children can also contact Childline online. You can also download or order Childline posters and wallet cards.

13.1 Confidentiality

The organisation will operate with regard to [Information Sharing: Guidance for practitioners and managers \(2024\)](#), and have a clear and explicit Confidentiality Policy. However, where there is a 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.

We will ensure:

- Information is shared with Children and Families Service and/or Police where the child/young person is or may be at risk of significant harm.
- Service user's and/or parent's/carer's confidentiality is respected.
- That any information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure.

14 ACTION BY THE DESIGNATED SAFEGUARDING LEAD

Following any information raising concern, the Designated Safeguarding Lead will:

- Consider the child's wishes and feelings but not promise confidentiality.
- Consider any urgent medical needs of the child.
- Make an immediate referral to the regional MASH team or children's social care where the child resides, if there has been a disclosure and/or allegation of abuse or there are clear grounds for concerns about the child's safety and wellbeing.
- Consult with a member of the regional MASH team where the child resides, if they are uncertain whether or not a referral is required or review action when a child has suffered or is likely to suffer harm or whether they meet the criteria for Early Help intervention.

In consultation with the regional MASH team or children's social care where the child resides, decide:

- Wherever possible, to talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk.
- Whether to make a child protection referral to social care because a child is suffering or is likely to suffer significant harm and if this needs to be undertaken immediately.
- Contact the Designated Safeguarding Lead in another agency if that agency is working with the family.

OR

- Not to make a referral at this stage but retain the information in written notes on the child's file.
- If further monitoring is necessary, agree who and how this will be undertaken.
- If it would be appropriate to undertake an assessment and/or make a referral for other services.

All information and actions taken, including the reasons for any decisions made, will be fully documented.

For all referrals to Children's Social Care, the local authority where the child is resident will be contacted.

15 WHEN YOU MUST NOT DISCUSS YOUR CONCERNS WITH PARENTS/CARERS.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you MUST NOT discuss your concerns with parents/carers in the following circumstances:

- Where sexual abuse or sexual exploitation is suspected
- Where fabricated or Induced Illness (previously known as Munchausen Syndrome by proxy) is suspected.
- Where Female Genital Mutilation is the concern.
- In cases of suspected Forced Marriage.
- Where contacting parents/carers would place a child, yourself or others at immediate risk

These decisions should not be taken in isolation. Consult with your line manager or designated safeguarding lead.

16 ACTION FOLLOWING A SAFEGUARDING REFERRAL

The Designated Safeguarding Lead or other appropriate member of staff will:

- Maintain contact with the child's allocated Social Worker.
- Contribute to any Strategy Discussion and/or Strategy Meeting as required.
Provide a report for, attend and contribute to any Initial and Review Child Protection Conference.
- Report to and attend the Extra-Familial Risk Panel as appropriate.
- Share the content of this report with the parent/carer, prior to the meeting.
- Attend Core Group Meetings for any child subject to a Child in Need Meeting for any child subject to a Child in Need Plan or Child Protection Plan.

16.1 Contextual Safeguarding

Further to a concern being raised, the DSL will consider a child's wider risk and vulnerability to abuse. A child centred perspective of the child's daily lived experience will be explored to gather an understanding of: What is the child's home life like? Who else is in the home? Are there exploitive or criminal individuals around the neighbourhood? Are there indicators of Radicalisation, online or offline grooming or other risks?

17 DEALING WITH DISAGREEMENTS AND DISPUTE RESOLUTION

Effective working together depends on an open approach and honest relationships between agencies and professionals. Problem resolution is an integral part of professional co-operation and joint working to safeguard children. Occasionally situations arise when workers within one agency feel that the actions,

inaction or decisions of another agency do not adequately safeguard a child. Local Safeguarding Children Partnerships will have a Dispute Resolution Policy, which defines the process for resolving such professional differences and should be read alongside the Gateshead's LSCB Safeguarding and Child Protection Procedures and relevant internal policies on escalating matters of concern.

Professional disagreements can arise in a number of areas, but are most likely to arise around:

- Levels of need.
- Roles and responsibilities.
- The need for action.
- Progressing plans and communication.

Where professionals consider that the practice of other professionals is placing children at risk of harm, they must be assertive, act swiftly and ensure that they challenge the relevant professionals in line with this policy and be aware that:

- The safety of children and young people is the paramount consideration in any professional activity.
- Resolution should be sought within the shortest timescale possible to ensure the child is protected.
- As a guide, professionals should attempt to resolve differences through discussion within one working week or a timescale that protects the child from harm (whichever is shortest).
- Disagreements should be resolved at the lowest possible stage.

The Designated Safeguarding Lead or other appropriate member of staff will:

- Contact the line manager in Children and Families Service if they consider the response to a referral has not led to the child being adequately safeguarded and follow this up in writing.
- Contact the line manager in Children and Families Service if they consider that the child is not being adequately safeguarded by the child protection plan and follow this up in writing.
- Use the local Safeguarding Children Partnership's Dispute Resolution Policy if this does not resolve the concern.

18 PROCEDURES FOR MANAGING SPECIFIC CONCERNS

18.1 MISSING CHILD PROCEDURES

If you discover that a child is missing and you are not the designated safeguarding lead (DSL), you should alert the DSL or a senior staff member. The DSL or senior staff member should search inside and outside the building. Depending on the child's age, if there is no sign of the child, then you should contact their parents or carer to establish whether they have returned home.

If the missing child is 5 years old or under, contact the police immediately.

Once the DSL has completed these checks, if the child is still missing you should discuss with the parents or carer whether it is appropriate to contact the police. In most cases, parents and carers know the child best and will be able to assess whether their child is likely to return of their own accord or whether there are significant concerns for their safety.

The parents or carer are responsible for contacting the police. You can contact the police on their behalf if they agree.

If you or the parents contact the police, wait for them to arrive, and follow their instructions. The DSL or senior staff member must continue to search while waiting for the police to arrive. If the parents do not want to contact the police, only contact them if you consider the parent's decision to be unreasonable and the child is at significant risk of harm.

18.2 BULLYING

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, online bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences. Stopping violence and ensuring immediate physical safety is obviously our first priority but emotional bullying can be more damaging than physical.

Everybody has the responsibility to work together to stop bullying – parents, staff, volunteers and children.

Anyone who reports an incident of bullying will be listened to carefully and be supported, whether it's the child/young person being bullied or the child/young person who is bullying. A bullying report form will be completed and appropriate action taken. Any reported incident of bullying will be investigated objectively and will involve listening carefully to all those involved. Children/young people being bullied will be supported and assistance given to uphold their right to play and live in a safe environment which allows their healthy development. Those who bully will be supported and encouraged to stop bullying.

Bullying encompasses a range of behaviours such as:

Verbal abuse:

- name-calling
- saying nasty things to or about a child or their family.

Physical abuse:

- hitting a child
- pushing a child
- physical assault.

Emotional abuse:

- making threats
- undermining a child
- excluding a child from a friendship group or activities.

Cyberbullying/online bullying:

- excluding a child from online games, activities, or friendship groups
- sending threatening, upsetting or abusive messages
- creating and sharing embarrassing or malicious images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- voting for or against someone in an abusive poll
- setting up hate sites or groups about a particular child
- creating fake accounts, hijacking, or stealing online identities to embarrass a young person or cause trouble using their name.

18.3 CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

Children and young people who are vulnerable due to a Learning Difficulty or Disability will be considered as SEND. They are protected under the Equality Act 2010. We will make all reasonable adjustments to ensure that a child with SEND can enrol, is not placed at disadvantage, and can participate as fully as possible in the activities of the organisation.

We recognize that adults who work with children and young people with SEND should be aware of the additional needs children may have that could mean they are more vulnerable to abuse and/or less able to speak out if something isn't right.

Some children may be vulnerable because they:

- have additional communication needs and have difficulties overcoming these barriers.
- show indicators of possible abuse such as behaviour, mood, and injury, that are assumed to relate to the child's disability without further exploration.
- do not understand that what is happening to them is abuse, or they may be disproportionately impacted by behaviours such as bullying, without outwardly showing any signs.
- need intimate care or are isolated from others.
- are dependent on adults for care.

To address these additional challenges, our organisation identifies users who may need additional support, including:

- Staff responsible for any intimate care of children will always undertake their duties in a professional manner and ensure the child's dignity is preserved with a high level of privacy, choice and control. There will be close partnership with parents/carers.
- If staff find it necessary to use reasonable force on occasion, in response to risks presented by incidents involving children with special educational needs or disabilities (SEND), mental health or with medical conditions, the DSL, and other relevant staff should consider the risks carefully considering the additional vulnerability of these groups.
- Adjusted behaviour thresholds for children with SEND as it may be unfair to hold them to universally set expectations. For instance, children with ADHD or ASD.
- Additional support and explanations to reinforce important safety concepts both online and offline.

18.4 Training on working with children with SEND

Staff will receive training on good practice and will need to follow guidelines for:

- intimate & personal care
- managing challenging behaviour, including physical / restrictive intervention
- consent to treatment
- anti-bullying strategies
- whole staff awareness that decisions about disabled children who lack capacity are governed by the Mental Capacity Act once they reach the age of 16.

18.5 RADICALISATION AND PREVENT

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, staff/volunteers should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

The grooming of children for the purposes of involvement in violent extremist activity is child abuse and professionals and volunteers working with children and young people should follow procedures for the safeguarding of children when they have concerns that a child or young person is at risk of, or is being, exploited in this way.

See [PREVENT duty and managing Extremist Ideology \(London Safeguarding Procedures\)](#)

The direct or indirect grooming of children for involvement in any extremist activity causes harm, and professionals and volunteers working with children and families should be alert to the warning signs and intervene early to challenge and disrupt this process. Referrals to children's social care should be made where there are concerns that the child is at risk of harm and/or their health and development is likely to, or is being, impaired.

Advice regarding the assessment of risk in relation to extremism and support to identify appropriate interventions can be provided by Prevent Co-ordinators/Leads [every local authority has a lead]. However, if there is immediate cause for concern, then a referral to children's social care should be made.

18.6 Child-on-Child Abuse

Child on Child Abuse can take different forms including:

- Bullying (including online bullying)
- Personal Violence and Harassment (SVSH)
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- Upskirting

Children from ethnic minorities, SEND children, young people who have any other of the protected characteristics or those with learning difficulties are more vulnerable to abuse.

Any reported incident of child-on-child abuse will be investigated objectively and will involve listening carefully to all those involved. We recognize that both the victim and the perpetrator may need support.

Even if the incident takes place outside the organisation, staff are responsible for taking action to protect the child involved. Any observed or heard incidents or reports from a child or others should be reported to the DSL. The DSL may seek advice from children's social care or others and will inform the parents (unless it makes things worse).

Children/young people experiencing child-on-child abuse will be supported or mentored and assistance given to reduce the risk of further incidences and to uphold their right to play and live in a safe environment which allows their healthy development. This may involve keeping victim and bully apart in separate groups or excluding the bully if interventions are not effective. This will be at the discretion of the Designated Safeguarding Lead and the Manager.

18.7 Concerns about members of the public presenting a risk to the children

If a member of the public enters the premises (trespassing) or is loitering in the area of activities, staff or volunteers should follow these procedures:

- If the individual is threatening or you are worried about the safety of yourself, or others call the police on 999.

Otherwise;

- Politely ask the individual if you can be of any assistance.
- If the individual persists in entry or loitering, call for immediate assistance from a senior member of staff.

18.8 Concerns about another adult working with children in the organisation

18.8.1 Grounds for raising an allegation

If you have information which suggests an adult who works with children (in a paid or unpaid capacity) has:

- Behaved in a way that has harmed, or may have harmed, a child.
- Possibly committed a criminal offence against children or related to a child.
- Behaved towards a child or children in a way that indicates s/he may pose a risk to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

(Working Together 2026)

18.8.2 How to raise an allegation

You should speak immediately with your manager or director. They will assess and make a judgement how to progress this and may discuss this with the LADO, formally or informally, in order to arrive at a decision. To raise an allegation, see information below under Whistleblowing. Allegations will be managed by the Director, Mr Saul Mark Sommer.

18.8.3 How we will deal with allegations

Once an allegation against a staff member has been made, we will gather all the information needed to understand the situation. In some cases, a suitable conclusion may be reached through an initial conversation with a manager. In more serious cases there may be a need for a formal investigation. The organization will decide what the most appropriate action to take is.

When dealing with disclosures, we will follow good practice and:

- Have a facility for anonymous reporting.
- Treat all disclosures made seriously and consistently.
- Provide support to the worker.
- Reassure the whistleblower that their disclosure will not affect their position at work.
- Document whether the whistleblower has requested confidentiality.
- Produce a summary of the meeting for record keeping purposes and provide a copy to the whistleblower.
- Allow the worker to be accompanied by a trade union representative or colleague at any meeting about the disclosure if they wish to do so.
- We will endeavour to investigate the concern within 10 days (sooner if criminal issues may be involved) and respond to the whistleblower within 30 days.

19 WHISTLEBLOWING

All our staff and volunteers should feel able to raise concerns about poor or unsafe practice that they observe to their line manager or Senior person. Our Whistleblowing Policy sets out procedures and staff safeguards. Should a staff member feel unable to raise an issue with the team or feels that their genuine concerns are not being addressed, other whistleblowing channels are open to them.

19.1 What is a whistleblower?

You are a whistleblower if you are an employee, and you report certain types of wrongdoing. It may be something in the past, now, or to happen in the near future. This will usually be something you have seen at work - though not always, a criminal offence.

Examples may include:

- fraud
- someone's health and safety are in danger
- risk or actual damage to the environment
- a miscarriage of justice
- the company is breaking the law, for example does not have the right insurance
- you believe someone is covering up wrongdoing

19.2 Low Level Concerns

A low-level concern is one which does not meet the 'threshold of harm' (which requires reporting to the DBS), but raises concerns of appropriateness such as breaking rules, contravening staff code of conduct, and maverick behaviour. Low level concerns (not serious enough to merit a LADO referral), could be about behaviour not related directly to a particular child or children but may nonetheless raise concerns with respect to safeguarding a child/children, and could call into question the adult's suitability to work with children. These should be reported to the DSL and are for the organisation to case manage and decide whether to allow the staff or volunteer to continue or not.

Examples of low-level concerns are:

- being over friendly with children
- having favourites
- taking photographs of children on a mobile phone, contrary to policy
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door, or
- humiliating children

The wrongdoing you disclose must be in the public interest. As a whistleblower you are protected by law - you should not be [treated unfairly or lose your job](#).

You are protected if [you're a worker](#), for example you're an employee, a trainee, an agency worker; a member of a [Limited Liability Partnership](#) (LLP).

A confidentiality clause or 'gagging clause' in a settlement agreement is not valid if you are a whistleblower.

A person will not lose their rights if they make a disclosure to a prescribed body or person. They will usually lose their rights if they approach the media with their concerns.

19.3 Complaints that do not count as whistleblowing

Personal grievances (for example bullying, harassment, discrimination) are not covered by whistleblowing law. Report these under your [employer's grievance policy](#).

The NSPCC whistleblowing helpline - 0800 028 0285 - this line is open from 8am to 8pm Monday to Friday or email help@nspcc.org.uk.

20 LONE WORKING WITH A CHILD

If you work in an organisation where there are several other employees or volunteers, it is generally best practice not to work alone with a child.

Royal Respite does not usually work directly with children, however, if they were to provide any 1:1 sessions such as tutoring or therapy sessions, they would be provided in line with the guidance below.

Consider if it is appropriate for a parent, carer, or another trusted adult to be present during the session. You could also invite parents and carers to wait in a separate room during the session. If the child and their parents or carers are happy for you to work alone, you should get written consent.

If one to one working will be happening frequently, parents will be invited to meet to discuss the arrangements and ask any questions. For children under 16 we will ask parents for signed consent to the arrangement.

Wherever possible when working alone unexpectedly with a child or young person, the staff will make sure to work where other people can see. Another adult such as supervisor or designated safeguarding lead will be informed of the working arrangement.

21 FOOD SAFETY

Most of Royal Respite's activities do not involve preparing or serving food onsite. Food packages are outsourced, with food items purchased from reputable suppliers, ensuring that all food meets appropriate safety standards.

Where light refreshments will be provided as part of community events, project leads will either use a reputable caterer that complies with the Food Standards Agency guidance or will be upskilled to competently oversee the area of food safety. They will take responsibility for the hygiene and cleanliness of any kitchen or space used for dispensing of food. Additionally, they will ensure that food is fresh and safe to eat, and that perishables are stored appropriately, disposing of any foodstuffs which are out of date.

22 ONLINE SAFETY

The welfare of the children/young people who come into contact with our services is paramount and governs our approach to the use and management of electronic communications technologies.

Working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to e-safety.

The use of information technology is an essential part of all our lives; it is involved in how we as an organisation gather and store information, as well as how we communicate with each other. It is also an intrinsic part of the experience of our children and young people. However, it can present challenges in terms of how we use it responsibly and, if misused either by an adult or a young person, can be actually or potentially harmful to them.

We will seek to promote online safety by:

- Examining and risk assessing any emerging new technologies before they are used within the organisation. We will provide guidance for staff and volunteers for use.
- Filtering and monitoring use of IT systems and networks. We are committed to meeting all recommended DfE standards for filtering and monitoring including restricting access to extremist material as per our PREVENT duty.
- Supporting and encouraging parents and carers to do what they can to keep their children safe online and when using their mobile phones and any computer-based activities. We will encourage TAG services to support parents with this.
- Staff and volunteers will be expected to agree to our Acceptable use of Technology agreements.
- Use our procedures to deal firmly, fairly, and decisively with any examples of inappropriate ICT use, complaints, or allegations, whether by an adult or a child/young person (these may include breaches of filtering, illegal use, cyberbullying, or use of ICT to groom a child or to perpetrate abuse).
- Informing parents and carers of incidents of concern as appropriate.
- Reviewing and updating the security of our information systems regularly.
- Providing adequate physical security for ICT equipment.
- Ensuring that usernames, logins, and passwords are used effectively.
- Using only official email accounts provided via the organisation and monitoring these as necessary.
- Ensuring confidential information sent by emails is sent securely, and depending on the sensitivity of the data, it may need to be encrypted.
- Ensuring that the personal information of staff, volunteers, and service users (including service

- users' names) are not published on any online websites or promotional links.
- Providing effective management for staff and volunteers on ICT issues, through supervision, support, and training.

Staff, parents and children should report any incidents or concerns relating to online safety whether occurring in or out of this setting to the Designated Safeguarding Lead. Include details of who was involved, where and when it took place and what you saw or heard.

Sharing your concerns is an essential part of keeping children in this setting safe from both online and offline risks of harm.

23 INFORMATION SHARING AND CONFIDENTIALITY

1. As described in dealing with disclosures above, never promise a child that you will keep the things they're telling you a secret. Explain that you need to share what they've told you with someone who will be able to help.
2. The organisation should ensure that any records made in relation to a referral should be stored confidentially and in a secure place.
3. Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection. See [Information sharing advice for safeguarding practitioners](#).
4. If in doubt, consult.

Sharing information about a child's welfare helps professionals build a clearer picture of the child's life and gain a better understanding of any risks the child is facing.

Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet (DfE, 2018a).

23.1 When to share information

Timely information sharing is key to safeguarding and promoting the welfare of children.

People who work with children, whether in a paid or voluntary role, may need to share information about the children and families they are involved with for a number of reasons. These include:

- You are making a referral to arrange additional support for someone in the family.
- Someone from another agency has asked for information about a child or family.
- Someone in the family has asked to be referred for further help.
- A statutory duty or court order requires information to be shared.
- You are concerned that a child or a member of their family may be at risk of significant harm.
- You think a serious crime may have been committed or is about to be committed which involves someone in the family.

You must always have a clear and legitimate purpose for sharing a child's personal information. Keep a

record of the reasons why you are sharing or requesting information about a child or their family. Likewise, keep a record and justification of why you chose not to share information.

Always seek consent to share information about a child and their family. However, if consent is not given, you can still share information with relevant professionals under certain circumstances, for example if you are protecting a child from significant harm. The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not affect this principle.

Identify how much information should be shared. This will depend on the reasons for sharing it.

Use language that is clear and precise. Different agencies may use and understand terminology differently.

Make sure the information you are sharing is accurate. Make it clear what information is factual and what is based on opinion (yours or other people's).

24 DATA PROTECTION AND GDPR COMPLIANCE

The GDPR regulations as part of the Data Protection Act explicitly states that children's personal data merits specific protection. It includes requirements for the online processing of a child's personal data.

Children have the same rights as adults over their personal data. A child may exercise these rights on their own behalf from age 12 or younger, as long as they are competent to do so. As such we will:

- Provide parents and children (year 7 and up) with a transparent and clear privacy notice which explains how their information will be used and with whom.
- Give parents and children a copy of their personal information held on record, on request.
- Have inaccurate personal information rectified and incomplete data completed.
- Exercise the right to have personal information erased if parents or child wish.

24.1 Data Protection and Photographs / Videos

(This section is drawn from ICO guidance [Taking photographs: data protection advice for schools | ICO](#))

Data protection law is likely to apply if photos or videos are taken for official organisation use, such as for inclusion in a fundraising or promotional material.

Pupils over 12 years and / or a parent or guardian, depending on the pupil's age, will be told upfront what we're going to do with their personal data, so they know what to expect from the beginning.

Where possible, we will give them the chance to opt out.

Opt-out (under legitimate interest) is not the same as 'consent' and therefore limits our responsibilities in respect of withdrawing imagery that was produced prior to the opt-out. However, we will always be mindful of the interests of the child in making decisions to use or withdraw imagery.

24.2 Storing files securely and staff training for Data Protection

When it comes to children's data – including photographs – we will take particular care to keep it safe and not give it to anyone who shouldn't have access to it. We will train staff to avoid the risk of a breach. We will make sure that we can access photographs when needed in case someone requests a copy of their information.

Data protection doesn't cover personal use. People can take photographs and video recordings for personal use, such as for a family album. However, we may decide it isn't always appropriate to

allow photographs. For example, we might decide to ban photography at an event in case it disturbs the performance. This is our prerogative, but the ban wouldn't be on data protection grounds. Similarly, we ask parents and guardians not to post photographs on social media of other people's children.

24.3 Consent

Where it is necessary to gain consent for imagery we will;

Make sure children, young people, their parents, and carers understand what they are agreeing to.

- Make them aware that a photo or video is being taken.
- Explain what the image is going to be used for.
- Ask for their consent to share their image and record this on a written consent form.
- Tell them how long their consent is valid for and how long you will keep the image for.
- Explain what you will do if a child or their parents change their mind and withdraw consent at a later stage.
- Make it clear that if a child's image has been used online or in printed publications it will be very difficult to recall it if consent is withdrawn.

Record of consent

Keep a record of the written consent that parents, carers, and children have given for images being used.

If consent isn't given

If children and/or their parents and carers don't want to have their photo taken or shared, you should respect their wishes.

Children should never be excluded from an activity because you don't have consent to take their photograph.

25 COMMENTS, COMPLIMENTS & COMPLAINTS

We encourage service users, their families and anyone that comes into contact with our services to feed back any written comments, compliments or complaints. We value information received, which is used to review and improve services. All correspondence will be taken seriously and responded to expediently.

APPENDIX 1: INFORMATION ABOUT COMMON TYPES OF ABUSE; SIGNS, INDICATORS AND OTHER SAFEGUARDING CONCERNS

25.1 Physical abuse

Physical Abuse is 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.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
 - bruises or cuts
 - burns or scalds or
 - Bite marks.

25.2 Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve 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.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'.
- Parents or carers blaming their problems on their child.
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

25.3 Neglect

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

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

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

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

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing, e.g. not having a winter coat.
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- Children who are often angry, aggressive, or self-harm.
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

25.4 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. 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. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have.
- Children who ask others to behave sexually or play sexual games, and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections, or underage pregnancy.

26 FURTHER TYPES OF ABUSE

Further information on child sexual exploitation:

Child sexual exploitation (CSE) involves exploitative situations, contexts, and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation, or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

26.1 Domestic Abuse

The Domestic Abuse Act 2021 recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, captures a range of different abusive behaviours, including physical, emotional, and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the 2021 Act).

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, background, and domestic abuse can take place inside or outside of the home.

Our organisation recognises that children who experience harm through abuse, neglect or through witnessing domestic abuse may find it difficult to develop a sense of self-worth and to view the world in a positive way in a home environment where there is domestic abuse, drug or alcohol misuse, children may also be particularly vulnerable and in need of support or protection.

Staff need to be aware that children may not be ready to disclose, or able to disclose abuse due to fear. There is a long-term impact on children from being exposed to Domestic abuse. It remains an extremely common type of emotional abuse with at least 1 in 5 children experiencing this at some point.

26.2 Online Abuse

Online abuse is any type of abuse that happens on the internet via any device connected to the web, like computers, tablets, and mobile phones.

Examples include:

- Grooming a child online for the purpose of abuse
- excluding a child from online games, activities, or friendship groups
- sending threatening, upsetting or abusive messages
- creating and sharing embarrassing or malicious images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- voting for or against someone in an abusive poll
- setting up hate sites or groups about a particular child
- creating fake accounts, hijacking, or stealing online identities to embarrass a young person or cause trouble using their name.

Signs and symptoms of Online Abuse:

- Children who are being abused online may be secretive about who they are talking to and what they are doing on the phone or mobile
- May have lots of new phone numbers, texts, or email addresses
- May spend lots more online, texting or gaming or whatsapp
- May become withdrawn or outraged after using the phone or computer.

26.3 Child criminal exploitation and community safety incidents

Any child or young person may be at risk of criminal exploitation, regardless of their family background or other circumstances. For some, their homes will be a place of safety and security; for others this will not be the case. Whatever the child's home circumstances, the risks from

exploitation spread beyond risks to the child. Their families or siblings may also be threatened or be highly vulnerable to violence from the perpetrators of criminal exploitation.

Child Criminal exploitation is broader than just county lines and includes for instance children forced to work on cannabis farms, to commit theft, shoplift or pickpocket, or to threaten other young people.

Currently there is no statutory definition for Child Criminal Exploitation. However, it is covered within the Modern Slavery Act 2015

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Perpetrators are known to target vulnerable children and adults.

It is thought that 14-17 years is the most common age for children to be exploited but there are reports of children below the age of 11 years being targeted.

Male children are most commonly identified as being criminally exploited, but female children are also used and exploited. It may be that female children are identified by agencies for other reasons other than criminal exploitation but are also being criminally exploited.

Signs and Indicators

Some potential indicators of county lines involvement and exploitation are listed below, with those at the top of particular concern:

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts / phone calls and/or having multiple handsets;
- Relationships with controlling / older individuals or groups;
- Leaving home / care without explanation;
- Suspicion of physical assault / unexplained injuries;
- Parental concerns;
- Carrying weapons;
- Significant decline in school results / performance;
- Gang association or isolation from peers or social networks;

- Self-harm or significant changes in emotional well-being.

If a practitioner identifies that a child is involved in, or at risk of involvement in CCE they should respond following their individual agency's Safeguarding and Child Protection Procedures, alongside any specific local guidance for identifying and responding to CCE.

Sharing intelligence and information is crucial when developing multi-agency approaches to preventing criminal exploitation. It is only by sharing data that agencies can develop an understanding of the prevalence, nature and scale of criminal exploitation and county lines activity. This work should be carried out alongside similar profiles for sexual exploitation and children who go missing, and seek to identify, children who are vulnerable, locations of interest and potential perpetrators. An early, coordinated response to any child who has been criminally or sexually exploited is really important for the child, and other children linked to them.

26.3.1 Modern day slavery and national referral system

Modern day Slavery and trafficking children is also a form of CCE.

The following information is drawn from [Trafficked Children and the National Referral System \(London Safeguarding Procedures\)](#)

26.3.1.1 Referrals Regarding Possible Trafficking and Exploitation of a Child

An agency or individual practitioner or volunteer who has a concern regarding possible trafficking and exploitation of a child to local authority Children's Social Care, should contact the local authority Children's Social Care for the borough in which the child currently resides.

26.3.1.2 Referring a Potential Victim of Modern Slavery to the National Referral Mechanism (NRM)

The National Referral Mechanism (NRM) is the UK's framework for identifying and supporting victims of modern slavery.

A local authority (as a 'first responder') identifying a potential victim of modern slavery must refer them to the National Referral Mechanism (NRM) for consideration by the Single Competent Authority (SCA) in the Home Office.

Children's Social Care departments are able to make a referral into the NRM, as they may be entitled to further support. Victims can be of any nationality, and may include British national children, such as those trafficked for child sexual exploitation or those trafficked as drug carriers internally in the UK. The NRM does not supersede child protection procedures, so existing safeguarding processes should still be followed in tandem with the notifications to the NRM.

There is no minimum requirement for justifying a referral into the NRM and consent is not required for children. Communicate honestly with the child about your concerns and reasons for referring them into the NRM.

To complete and see where to send the forms, and the associated guidance, visit Digital Referral System: Report Modern Slavery.

The Duty to Notify - Local authorities have a duty to notify the Home Office about any potential victims of Modern Slavery. It is intended to gather better data about modern slavery. This requirement can be satisfied by completing the National Referral Mechanism Digital Form.

27 CHILDREN IN THE COURT SYSTEM

[Child offenders in the Justice System \(London Safeguarding Procedures\)](#)

28 HOMELESSNESS

Safeguarding children is a critical responsibility for our organisation, especially when it comes to those who are homeless. These vulnerable young individuals may face increased risks of abuse, violence, and exploitation due to their circumstances.

Early identification and Support:

- o We commit to promptly identifying signs of distress or vulnerability among homeless children.
- o Our staff will undergo training to recognize potential abuse and take appropriate action if they suspect harm.

Collaboration and Holistic Approach:

- o We work closely with other agencies, including local authorities and housing services, to provide comprehensive support.
- o Our approach considers not only immediate safety but also the long-term wellbeing of homeless children.

Crisis Management:

- o We have clear protocols for handling mental health crises, self-harm, suicidal ideation.
- o Emergency contact information is readily available to address urgent situations.

29 MENTAL HEALTH

Our organisation recognizes the importance of promoting positive mental health among children. All staff will be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff are well placed to observe children day to day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuses or neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It will be key that staff are aware of how these children's experiences, can impact on their health and behaviour.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action must be taken, and a referral should be made to the Designated Safeguarding Lead.

APPENDIX 2: THE FOUR LEVELS OF NEED

Level 1: No additional needs

These are children with no additional needs; all their health and developmental needs will be met by universal services. *These are children who consistently receive child focused care giving from their parents or carers.* The majority of children living in each local authority area require support from universal services alone.

Level 2: Early help

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. *These children may be subject to adult focused care giving.*

This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care.

Level 3: Children with complex multiple needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.

Level 4: Children in acute need

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This level also includes Level 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989.

This would also include those children remanded into custody and statutory youth offending services.

30 APPENDIX 3: CAUSE FOR CONCERN FORM

This form should be completed when there is cause for concern and given to your Designated Safeguarding Lead as soon as possible.

Details of child	
Child's name	
Child's age (Date of Birth if known)	

Details of person reporting concerns	
Full name	
Post	
Date this form completed	

Do these concerns relate to a specific incident/disclosure? If YES, complete Section A; if NO, omit Section A and go straight to Section B.

Section A	
Date and time of incident/disclosure	
Location of incident/disclosure	
Circle relevant factors of incident (circle all that apply): Bullying Online SVSH Prejudice Protected characteristics Other	
Other persons present	

Section B
Details of incident/disclosure/concern: <i>(what was said, observed, reported)</i>
Action taken: <i>(what did you do following the incident/disclosure/concern)</i>
Follow-up: <i>(decisions, outcomes)</i>
Any other relevant information:

Signature	
Signed:	Date:

31 APPENDIX 4: SAFEGUARDING ADVICE AND REFERRALS CONTACTS

GATESHEAD

(for children who are resident in Gateshead)

Call Gateshead Council's Children's Social Care on 0191 433 2653 during office hours, Mon-Fri 8.30 am - 5.00 pm or Out of Hours at night, at weekends and bank holidays on 0191 477 0844 if you are worried about a child.

Email: R&Aduty@gateshead.gov.uk

Postal address: Gateshead Local Safeguarding Children Board, Gateshead Civic Centre, Regents Road, Gateshead, NE8 1HH


All referrals from professionals must be made in writing, for online forms go to:
<https://www.gateshead.gov.uk/article/3948/Worried-about-a-child-in-Gateshead>

Gateshead LADO

If your concern is about the behaviour of an adult who works with children in a paid or voluntary capacity contact the Local Authority Designated Officer (LADO) for Gateshead is Michelle Farry.

On occasions where there are concerns about the immediate risk of harm the referring agency should act quickly and contact Children's Social Care by telephone and follow the referral up in writing within 24 hours.

The thresholds document has been produced as a guide to help determine at what level or by what agency any additional needs can be met.

Please refer to the  Threshold Guidance [771.43KB] when completing the form, it may help you to interpret a situation. You should always use your professional judgement when using the guidance.

Professional referral

All professionals must make a referral, if worried about a child, using this form.

Refer a concern

The Integrated Referral and Assessment team (IRAT) is a first point of contact for referrals to children's social care services for children who are in need of protection or support to live safely within their family.

We will carry out an assessment of the referred child or children where appropriate.

Anyone can make a referral, including families, members of the public and professionals such as GPs, health visitors, teachers, or the police. Professionals should refer to the process set out in information for practitioners.

Contact us

Integrated Referral and Assessment Team (IRAT)
Civic Centre
Gateshead
NE8 1HH

0191 433 2653

Gateshead LADO

The LADO for Gateshead is Michelle Farry. LADO can be contacted by email at LADO@gateshead.gov.uk or telephone 0191 4338031 or 07597527210.

32 APPENDIX 5: EXAMPLE OF AN ENROLMENT AND CONSENT FORM

Day/date(s) of activity [if it is a regular activity, you could list the day of the week and time it takes place]:

--

Location:

Type of activity/what the child or young person will be doing:

--

Child or young person's details:

Name:	
Home address:	
Postcode:	
Telephone number:	Email:
Date of birth:	

Parent or carer's details

Name:	
Home address:	
Postcode:	
Telephone number:	Email:
Date of birth:	

If there is an emergency, please contact (only fill in if different from the person named above):

Name:	
Home address:	
Postcode:	
Telephone number:	Email:
Date of birth:	

Child's medical details:

GP:
Address:

Postcode:	
Telephone number:	Email:

Do we need to provide any extra help, for example because of a disability, or are there any activities that your child cannot participate in?

Do we need to know about any medical conditions or allergies? (If yes, please provide details of the condition(s) and any medication needed).

Is there anything else we should know?

Information for parents and carers

Royal Respite aims to provide a safe and enjoyable experience for every child or young person.

To help us do this, please note the following important information.

- All questions on the consent form must be completed and signed by the parent or carer before any child takes part.
- *[You should always gain 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.]*
- Parents and carers must ensure they notify us of any changes to the information given on the form.
- Parents and carers must make arrangements for children to be brought to and from the activity safely and on time. If a parent or carer is not able to collect their child, they need to let us know in advance who will be doing so.
- We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Parents and carers should ensure children have sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.

I agree to (please tick):

- my child taking part in the stated activity
- Royal Respite keeping a record of this form for health and safety reasons
- any medical treatment that my child may need to be given in an emergency
- my child being filmed or photographed during the activity, with the possibility that these photographs/media recordings may be used for publications or marketing publicity. Royal Respite will take all steps to ensure these images are used solely for the purposes for which they are intended.)

Note: if consent is not given, Royal Respite will not use any images taken during the activity that contain the child/young person.

I understand that my child needs to follow the behaviour code and any safety rules so that Royal Respite can keep them safe.

Signature:	Date:
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Child or young person

I agree to (please tick):

- taking part in the activity
- talk to **Project Lead** if I am not comfortable at any time during the activity so they can help me or arrange for me to do something else
- Royal Respite keeping a record of this form so they have the information they need to keep me safe during the activity
- receiving any emergency medical treatment that I may need
- being filmed or photographed during the activity. I understand that the photographs or film might be used to tell other people about what Royal Respite does.

Note: If I don't agree to this, Royal Respite will not use any images of me.

I understand that enjoying the activity and being safe, means I need to follow the behaviour code and safety rules.	
Signature:	Date:
Print name:	

Gaining a child or young person's consent

It is good practice to ask children and young people who have the maturity and mental capacity to make their own decisions whether they want to be involved in an activity. Most young people over 12 are likely to come into this category, although an assessment must be made based on their individual needs.

Consent from young people is not a replacement for parental consent. It's a way for the child or young person to be involved in the decision-making process.

You should always gain parental consent for children aged under 16 and consider carefully whether parental consent is necessary for young people aged 16-17. In most circumstances, parents have a legal parental responsibility for their children up to the age of 18.

When a parent or carer is not willing to give consent for an activity

If a child/young person is keen to take part in an activity but their parent or carer is not willing to give consent:

- o Talk to the parent or carer so you can understand the reason for their objection.
- o Discuss whether there is anything your organisation can do to make the activity more suitable for the child (for example by providing extra supervision/support).
- o Suggest other activities that the child could participate in, which their parents may be more comfortable with.
- o Support the parents in explaining to the child why they are not comfortable with them taking part in the activity.

If a young person aged 16-18 has sufficient maturity to make their own decisions, lives separately from their parents and/or has little contact with them, consider allowing them to participate without their parent's consent.

- o This decision will depend on the capacity of the young person concerned, your organisation's understanding of the reasons why parents or carers should not be consulted, and an assessment of any risks involved.
- o Contact the NSPCC Helpline on 0808 800 5000 or by emailing help@nspcc.org.uk for help making this decision. Trained professionals will talk through the situation with you and give you expert advice.