

Safeguarding Policy

Review schedule	Every year
Last review	May 2025
Approved by Board of Trustees	08/05/2025
Next review due	May 2026
Owner	Karen Martin

This policy applies to all adults, including volunteers, working for or on behalf of SELFA.

Safeguarding and promoting the welfare of children is EVERYONE'S responsibility. Everyone who comes into contact with children, their families and carers has a role to play in safeguarding children.

Introduction and Aims

This policy has been devised in accordance with the Department for Education's Statutory Guidance Keeping Children Safe in Education (2024) (KCSIE) and Working Together to Safeguard Children 2023. We comply with this guidance and the arrangements agreed with North Yorkshire local safeguarding partners. It is also based on the principles established by the following statutory legislation and guidance.

Department for Education's [statutory guidance](#) publications for schools and local authorities, including:

[Working Together to Safeguard Children](#) (2023)

[Keeping children Safe in Education](#) (2024)

[Designated teacher for looked-after and previously looked-after children](#) (2018)

[Human Rights Act](#) (1998) and [Equality Act](#) (2010), including the Public Sector Equality Duty

[Data Protection Act](#) (2018) and [UK GDPR](#)

[Prevent Duty Guidance](#) (2023)

[NYSCP \(safeguardingchildren.co.uk\)](https://www.nyscp.org.uk/safeguardingchildren.co.uk)

Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, at all times, what is in the **best interests** of the child.

Safeguarding includes the establishment and implementation of procedures to protect children from deliberate harm. However, safeguarding also encompasses all aspects of children/young peoples health, safety and well-being.

Safeguarding and promoting the welfare of children means:

Safeguarding and promoting the welfare of children - defined for the purposes of this guidance as: **'Working Together to Safeguard Children (2023)'**

- **Providing help and support to meet the needs of children as soon as problems emerge.**
- Protecting children from maltreatment, **whether that is within or outside the home, including online.**
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- **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.**
- Taking action to enable all children to have the best outcomes **in line with the outcomes set out in the Children's Social Care National Framework.**

In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

Definitions

Child Protection - Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Abuse - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill-treatment that is not physical as well as the impact of witnessing ill-treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Children - includes everyone under the age of 18 or 25 if SEND.

The Designated Safeguarding Lead

The Designated Safeguarding Lead (DSL) is: Karen Martin

And the person who deputises in their absence is: Sally Marchant-Derrick

In both the DSL and deputy DSL's absence, please contact Judith Holliday, chair of trustees, on 07758370683.

The roles and responsibilities for the DSL for this setting are set out in full in KCSIE 2024 Annex C.

The DSL and Deputy are responsible for following the guidance as laid out in Annex C of KCSIE 2024 (pages 170-176), pertaining specifically to the following.

- Management of referrals
- Working with others

- Information sharing and managing the child protection file
- Raising awareness
- Training, knowledge, and skills
- Providing support to staff
- Understanding the views of children
- Holding and sharing information

Furthermore, the DSL and Deputies must ensure that they make themselves available to respond to urgent safeguarding matters and for ensuring that they comply with statutory duties in line with Annex C.

All staff and volunteers

All staff are responsible for ensuring that they:

- Understand that where a child is suffering, or is likely to suffer from harm, it is important that a referral to local authority children's social care (and if appropriate the police) is made immediately and know how to make a referral in the unlikely event that they are unable to speak with the DSL or deputy DSL.
- Understanding that 'it could happen here' and remain vigilant to signs and indicators.
- Know the systems in the organisation which support safeguarding and ensuring that these are explained to them as part of staff induction. This includes the:
 - Safeguarding policy
 - Behaviour policy
 - Code of conduct
 - Safeguarding response to children who are absent from sessions, particularly on repeat occasions and / or for prolonged periods.
 - Role of the DSL (including the identity of the DSL and deputies).
- Have read and confirmed that have received, read, and understood the organisation's safeguarding policies and procedures for at least Part 1 of KCSIE 2024.
- Have read and understood this policy and how it relates to KCSIE 2024.
- Are aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially Section 17 (S17) and section 47 (S47) that may follow a referral, along with the role they might be expected to play in such assessments.
- Know what to do if a child tells them he/she/they is/are being abused, exploited, or neglected.
- Know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the DSL and children's social care. Staff never promise a child that they will not tell anyone about a report of any form of abuse, as this may ultimately not be in the best interests of the child.
- Are able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim is never be given the impression that they are creating a problem by reporting abuse, sexual violence, or sexual harassment. Nor is a victim ever be made to feel ashamed for making a report.

- Are aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. This will not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns about a child. Staff will always determine how best to build trusted relationships with children and young people which facilitate communication.
- Understand that they have a responsibility to provide a safe environment in which children can learn.
- Are prepared and trained to identify children who may benefit from early help.

Every member of staff, volunteer and trustee have:

- completed the North Yorkshire Safeguarding Children Partnership's "Safeguarding Children Basic Awareness" course
- completed accredited Level 3 every 3 years (staff in leadership roles)
- a copy of the Safeguarding Flowchart
- the confidence to know what to do if concerned about a child
- discussed future training needs
- ongoing training top ups around safeguarding children and young people
- up to date DBS checks

Managing disclosures and referrals

Staff and other adults at SELFA are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. The relationships between staff, children/young people, parents and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or charity staff being alerted to concerns.

Accordingly all concerns indicating possible abuse or neglect will be recorded and discussed with the DSL (or in their absence with the person who deputises) prior to any discussion with parents.

Disclosures or information may be received from children, parents or other members of the public. SELFA recognises 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 DSL and make a contemporaneous record. If in doubt about recording requirements, staff should discuss with the DSL and follow the Safeguarding Flowchart.

Staff will:

- not investigate but will, wherever possible, elicit enough information to pass on to the DSL in order that s/he can make an informed decision of what to do next.
- not express feelings or judgements regarding any person alleged to have harmed the child
- explain sensitively to the person that they have a responsibility to refer the information to the senior designated person
- reassure and support the person as far as possible

- explain that only those who 'need to know' will be told
- explain what will happen next and that the person will be involved as appropriate and be informed of what action is to be taken
- share all relevant information on a need to know basis

Informing parents

SELFA is committed to ensuring the welfare and safety of all children and young people. SELFA follows the North Yorkshire Safeguarding Children Board procedures. The charity will, in most circumstances, endeavour to discuss all concerns with parents about their child/ren. However, there may be exceptional circumstances when we will discuss concerns with Social Care and/or the Police without parental knowledge (in accordance with Child Protection procedures). SELFA will always aim to maintain a positive relationship with all parents. This Safeguarding Policy is available publicly on our website www.selfa.org.uk.

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 sets out the requirements for how organisations obtain, use and share information.

SELFA will be transparent and accountable in relation to their use of data for collecting, storing, and sharing information.

Information to be shared with another agency will usually require explicit consent except where there are concerns for the welfare or safety of the child. In these circumstances the need for consent changes where it is believed that a child has or is likely to suffer:

- Significant harm and/or;
- Has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent).

Where the child expresses a wish for his or her parents not to be informed, their views should be taken seriously and a judgement made based on the child's age and understanding, as to whether the child's wishes should be followed (see [Gillick competency and Fraser guidelines](#)).

There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or where seeking consent would put a child or young person's safety or well-being at risk.

Where a decision to share information without consent is made, a record of what has been shared should be kept along with the reason why consent was not obtained.

Safeguarding Vulnerable Adults

This policy also applies to all vulnerable people over the age of 18 with whom we work and to all trustees, staff, students and volunteers working for SELFA.

Any allegation or concern about abuse must be responded to.

Any concern that a vulnerable adult is at risk of abuse must be discussed with the DSL without delay and further action taken as necessary.

A Vulnerable Adult for the purpose of this policy is "anyone over the age of 18 who: is or may be in need of Community Care Services by reason of mental or other disability, age or illness and is or may be unable to take care of himself or herself or is unable to protect themselves against significant harm or serious exploitation" [No Secrets -DOH \(2000\)](#)

People who may be included in a definition of a 'Vulnerable Person':

- People with learning disabilities
- People with physical disabilities
- People with sensory impairment
- People with mental health needs including dementia
- People who misuse substances or alcohol
- People who are physically or mentally frail

Service users outside these definitions may also be vulnerable due to low self-esteem, social exclusion, offending history, homelessness, domestic abuse, ethnicity, immigration status etc. It can sometimes be hard to decide if a person is vulnerable. If in doubt, always discuss this with your line manager and make any decisions jointly and, where necessary, in consultation with others.

Online Safety

SELFA has an effective approach to online safety which includes ensuring an understanding of:

- Roles and responsibilities in relation to filtering and monitoring.
- Educating SELFA service users about internet safety, running workshops with relevant professionals
- Mechanisms to identify, intervene in, and escalate any safeguarding concerns where appropriate.

SELFA is committed to considering how online safety is reflected in:

- all relevant policies
- the planning of sessions
- staff training
- the roles and responsibilities of the DSL and all staff
- Information and guidance provided to parents.

Use of Mobile and Smart Technology at SELFA

- SELFA recognises the importance of having clear policies on the use of mobile devices and smart technology (mobile phones, cameras and smart devices, including smart watches and fitness watches) to safeguard our service users.
- We carefully consider how these devices and technology are managed on our premises and cover this in our Mobile phone, Camera and Electronic Devices Policy.

How to report abuse

Where there are significant immediate concerns about the safety of a child, professionals should contact the police on **999**.

Anyone can make a referral to the North Yorkshire Multi-Agency Screening Team (MAST) if you are worried about any child and think they may be a victim of neglect or abuse, whether as a member of the public or as a professional.

Staff at SELFA have a responsibility to refer a child when it is believed or suspected that a child:

- Has suffered significant harm and/or;
- Is likely to suffer significant harm and/or;
- Has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child’s parent).

If you believe the situation is urgent but does not require the police, please call **0300 131 2 131** to make a telephone contact. This is available outside of office hours as the emergency contact too.

A written referral using the universal referral form must be completed and submitted within 24 hours of your telephone call. The universal form should be sent to social.care@northyorks.gov.uk. You must ensure that all relevant information, including parental consent or clear reasons why this has not been obtained, is provided to ensure that the referral can be progressed as effectively as possible. You will receive acknowledgement of your contact being received. Should you not receive this please follow up to ensure your information has been received and state you require feedback from the referral made.

You do not need to make a telephone contact prior to submitting a written referral should the situation not be urgent.

Alternatively, there are Early Help consultants based across North Yorkshire. Their role is to offer support, advice and guidance to all Practitioners in the Early Help system. Please call **01609 534842** or email earlyhelpwest@northyorks.gov.uk.

Current Contact Details

North Yorkshire Local Authority Key Safeguarding Contacts

Early Help Contacts	
Early Help West Harrogate, Craven, Knaresborough, Ripon	01609 534842
Making a referral to the Multi-Agency Screening Team (MAST)	
Where there are significant immediate concerns about the safety of a child, contact the police on 999. If you believe the situation is urgent but does not require the police, call 0300 131 2 131 to make a telephone contact. Outside of business hours (Monday – Friday / 9am-5pm) please still call 0300 131 2 131 to speak to the Emergency Duty Team. Professional’s Consultation Line 01609 535070 is available between 10am and 4pm.	
For making a referral outside of North Yorkshire this online tool directs you to the relevant local children’s social care contact number.	
North Yorkshire Police	
In an emergency call 999 / For all non-emergencies call 101 Home Police.uk (www.police.uk)	

Designated Officers for Managing Allegations (LADOs)	
Duty LADO contact details (consultations, new referrals, and urgent matters)	01609 798005 lados@northyorks.gov.uk LADO notification form LADO information and contacts
NYSCP Safeguarding Business Unit	
NYSCP Business Unit	01609 535123 nyscp@northyorks.gov.uk www.safeguardingchildren.co.uk
Children Missing Education	
Child Missing Education (CME) Co-ordinator	01609 532477 or CME.Coordinator@northyorks.gov.uk
Mental Health Support	
CAMHS	The single point of access for the TEWV service (covering all North Yorkshire except Craven) is: 0300 0134 778
CAMHS	Craven: BDCT First response 0800 952 1181 7 days a week, 24 hours <u>Crisis Service</u> Child and Adolescent Mental Health Service (CAMHS) crisis and liaison team 24 hours a day, seven days a week on freephone 0800 0516 171.
SEND Hub contacts	NYSENDHubs@northyorks.gov.uk

OFSTED

0300 123 1231

To inform Ofsted of any allegations of serious harm or abuse by any person living, working or looking after children at the premises (where the allegations relate to harm or abuse committed on the premises or elsewhere) <https://www.gov.uk/guidance/report-a-serious-childcare-incident>

Useful links

[North Yorkshire Safeguarding Partnership](#) (including Universal Referral Form)

[NSPCC Types of Abuse](#)

Revision History

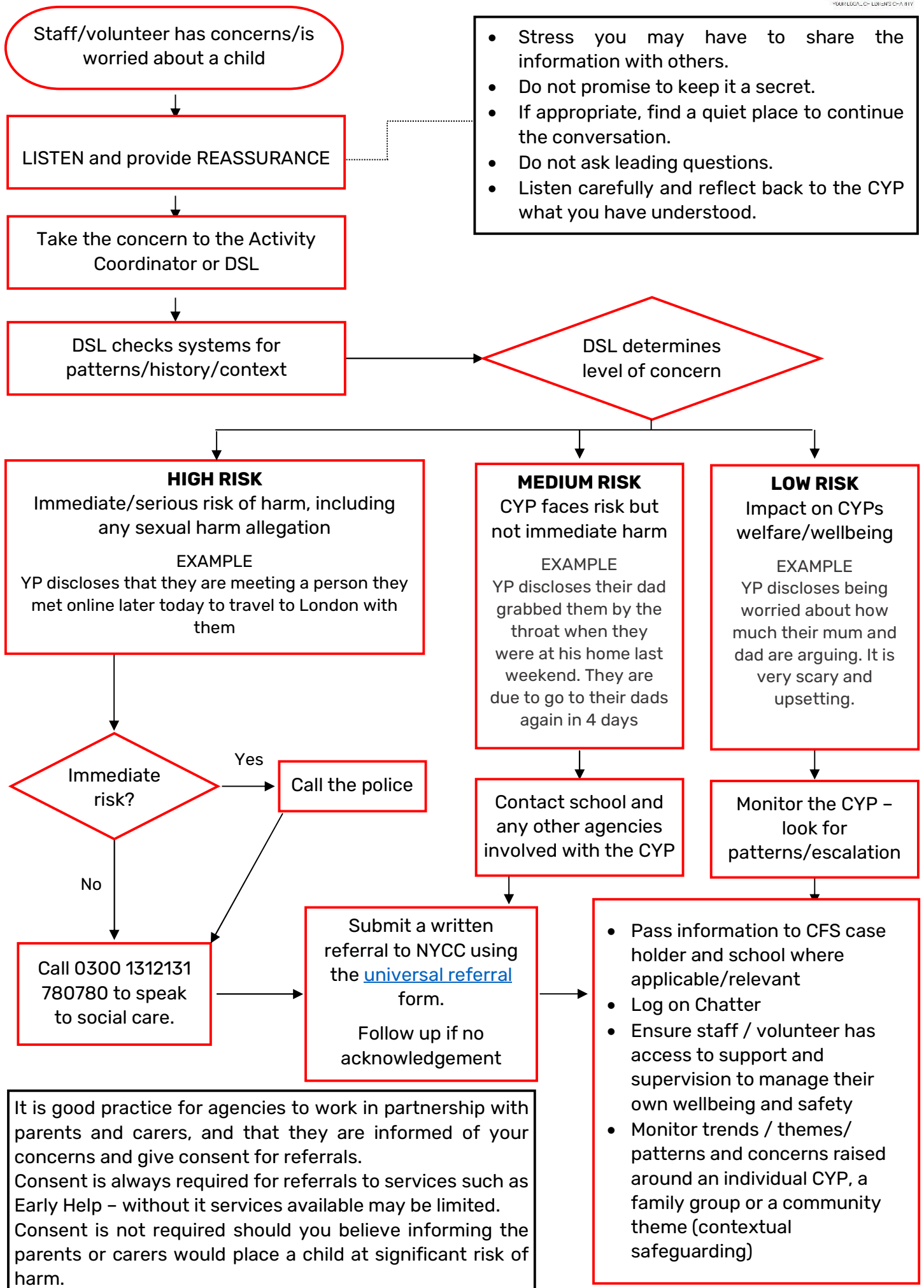
Revision date:	Changed by:	Comments:
01/12/2021	Karen Roberts	Reviewed – minor updates. Ratified by Trustees 06/12/2021

31/01/2022	Karen Roberts	Reviewed – Early help support line/email address
13/10/2022	Karen Roberts	Reviewed – added that all staff have up to date DBS checks and relevant safeguarding training plus Types of abuse (App1)
03/04/2023	Rosie Hall	Updated phone numbers following creation of North Yorkshire Council
17/05/2023	Rosie Hall	Added full training details. Incorporated flow chart.
04/05/2024	Karen Martin	Added vulnerable adults policy
01/05/2025	Karen Martin	Added Appendix 3, online safety and updated contacts

Signatures

Name & position	Signature	Date
Karen Martin Designated Safeguarding Lead	K. Martin	March 24
Emma Pears Deputy Safeguarding Lead	E.Pears	March 24
Karen Martin	K. Martin	April 2025

Safeguarding Flowchart



It is good practice for agencies to work in partnership with parents and carers, and that they are informed of your concerns and give consent for referrals. Consent is always required for referrals to services such as Early Help – without it services available may be limited. Consent is not required should you believe informing the parents or carers would place a child at significant risk of harm.

- Pass information to CFS case holder and school where applicable/relevant
- Log on Chatter
- Ensure staff / volunteer has access to support and supervision to manage their own wellbeing and safety
- Monitor trends / themes / patterns and concerns raised around an individual CYP, a family group or a community theme (contextual safeguarding)

Appendix 1: Types of abuse

What is physical abuse?

Physical abuse is when someone hurts or harms a child or young person on purpose. It includes: hitting with hands or objects, slapping and punching, kicking, shaking, throwing, poisoning, burning and scalding, biting and scratching, breaking bones, drowning.

It's important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

What is emotional abuse?

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate, or ignore a child.

Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Types of emotional abuse

Emotional abuse includes: humiliating or constantly criticising a child, threatening, shouting at a child or calling them names, making the child the subject of jokes, or using sarcasm to hurt a child, blaming and scapegoating, making a child perform degrading acts, not recognising a child's own individuality or trying to control their lives, pushing a child too hard or not recognising their limitations, exposing a child to upsetting events or situations, like domestic abuse or drug taking, failing to promote a child's social development, not allowing them to have friends, persistently ignoring them, being absent, manipulating a child, never saying anything kind, expressing positive feelings or congratulating a child on successes, never showing any emotions in interactions with a child, also known as emotional neglect.

What is sexual abuse?

When a child or young person is sexually abused, they're forced or tricked into sexual activities. They might not understand that what's happening is abuse or that it's wrong. And they might be afraid to tell someone. Sexual abuse can happen anywhere – and it can happen in person or online.

It's never a child's fault they were sexually abused – it's important to make sure children know this.

Types of sexual abuse

There are 2 types of sexual abuse – contact and non-contact abuse. And sexual abuse can happen in person or online.

Contact abuse is where an abuser makes physical contact with a child. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not
- using a body part or object to rape or penetrate a child
- forcing a child to take part in sexual activities

- making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- exposing or flashing
- showing pornography
- exposing a child to sexual acts
- making them masturbate
- forcing a child to make, view or share child abuse images or videos
- making, viewing or distributing child abuse images or videos
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

What is neglect?

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse². A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.

Types of neglect

Neglect can be a lot of different things, which can make it hard to spot. But broadly speaking, there are 4 types of neglect.

- **Physical neglect**

A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.

- **Educational neglect**

A parent doesn't ensure their child is given an education.

- **Emotional neglect**

A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.

- **Medical neglect**

A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

If a child reveals abuse

A child who is being neglected might not realise what's happening is wrong. And they might even blame themselves. If a child talks to you about neglect it's important to:

- listen carefully to what they're saying
- let them know they've done the right thing by telling you
- tell them it's not their fault

- say you'll take them seriously
- don't confront the alleged abuser
- explain what you'll do next
- report what the child has told you as soon as possible.

Appendix 2: Signs of abuse

Signs of physical abuse

Bumps and bruises don't always mean a child is being physically abused. All children have accidents, trips, and falls, there isn't just one sign or symptom to look out for. But it's important to be aware of the signs.

If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

Physical abuse symptoms include:

- bruises
- broken or fractured bones
- burns or scalds
- bite marks

It can also include other injuries and health problems, such as:

- scarring
- the effects of poisoning, such as vomiting, drowsiness or seizures
- breathing problems from drowning, suffocation or poisoning.

Signs of emotional abuse

There might not be any obvious physical signs of emotional abuse or neglect and a child might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child is acting. As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused.

- seem unconfident or lack self-assurance
- struggle to control their emotions
- have difficulty making or maintaining relationships
- act in a way that's inappropriate for their age.

Signs of sexual abuse

Knowing the signs of sexual abuse can help give a voice to children. Sometimes children won't understand that what's happening to them is wrong, or they might be scared to speak out. Some of the signs you might notice include:

Emotional and behavioural signs

- Avoiding being alone with or frightened of people or a person they know.
- Language or sexual behaviour you wouldn't expect them to know.
- Having nightmares or bed-wetting.
- Alcohol or drug misuse.
- Self-harm.
- Changes in eating habits or developing an eating problem

Physical signs

- Bruises.
- Bleeding, discharge, pains or soreness in their genital or anal area.
- Sexually transmitted infections.
- Pregnancy.

If a child is being or has been sexually abused online, they might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.

Signs of neglect

Neglect can be really difficult to spot. Having one of the signs doesn't necessarily mean a child is being neglected, but if you notice multiple signs that last for a while, they might show there's a serious problem. Children and young people who are neglected might have:

- Poor appearance and hygiene
- being smelly or dirty
- being hungry or not given money for food
- having unwashed clothes
- having the wrong clothing, such as no warm clothes in winter
- having frequent and untreated nappy rash in infants.
- anaemia

Health and development problems

- anaemia
- body issues, such as poor muscle tone or prominent joints
- medical or dental issues
- missed medical appointments, such as for vaccinations
- not given the correct medicines
- poor language or social skills
- regular illness or infections
- repeated accidental injuries, often caused by lack of supervision
- skin issues, such as sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- tiredness
- untreated injuries
- weight or growth issues

Housing and family issues

- living in an unsuitable home environment, such as having no heating
- being left alone for a long time
- taking on the role of carer for other family members.

Change in behaviour

- becoming clingy
- becoming aggressive
- being withdrawn, depressed or anxious
- changes in eating habits
- displaying obsessive behaviour
- finding it hard to concentrate or take part in activities
- missing school
- showing signs of self-harm
- using drugs or alcohol.

Appendix 3: Role of DSL

Annex C KCSIE:

The designated safeguarding lead should take lead responsibility for safeguarding and child protection (including online safety and understanding the filtering and monitoring systems and processes in place). This should be explicit in the role holder's job description. The designated safeguarding lead should have the appropriate status and authority within the organisation to carry out the duties of the post.

The role of the designated safeguarding lead carries a significant level of responsibility, and they should be given the additional time, funding, training, resources and support they need to carry out the role effectively.

Their additional responsibilities include providing advice and support to other staff on child welfare, safeguarding and child protection matters, taking part in strategy discussions and inter-agency meetings, and/or supporting other staff to do so, and contributing to the assessment of children.

Deputy designated safeguarding leads

Any deputies should be trained to the same standard as the designated safeguarding lead and the role should be explicit in their job description. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead, this lead responsibility should not be delegated.