



# Safeguarding Children Procedure

Author Safeguarding Manager

Owner Safeguarding Manager

## Approval

Approved by Safeguarding Manager

## Amendment (if required)

Date of amendment: November 2024

Reason for amendment: annual review and organisational changes

Amendments made: amended to refer to DSL (replacing the CSLO role); reflect changes to OSCR reporting process

Date of amendment: January 2025

Reason for amendment: amended to include information about advocacy services and clarify CSO responsibilities

Amendments made: advocacy services now expressly mentioned; appendix amended to include details of local and national advocacy services; some sections re-ordered and amended to make CSO responsibilities clearer for all directorates.

Date of amendment: March 2026

Reason for amendment: annual review and ensure alignment with updated safeguarding policies and organisational changes

Amendments made: restructured to follow '7 Rs', align processes across directorates, clarify escalation and external referral process (including Safeguarding Support Contact); include process flowchart; clarify guidance for challenging decisions made by statutory services, guidance around holding risk and recognising bias; additional guidance regarding community based support and signposting.

## Review

Frequency of review: 1 year

Next review date: March 2027

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## Scope

Note: This procedure applies to all children. A child is an individual under the age of 18 (this includes unborn children).

Where you have concerns about an adult, refer to the Safeguarding Adults Procedure.

## Prevention of harm

Crisis encourages a proactive approach to safeguarding, so that where possible we prevent harm from occurring. Effective prevention involves:

- Embedding a positive safeguarding culture where everyone feels empowered to raise concerns and understands how to do this.
- Implementing safer recruitment processes, carrying out risk assessments and co-creating Safety & Inclusion Plans.
- A comprehensive programme of induction and refresher training for trustees, staff and volunteers.
- Supporting and informing individuals to care for their own wellbeing, understand their risks of experiencing harm, and ways of reducing this risk.

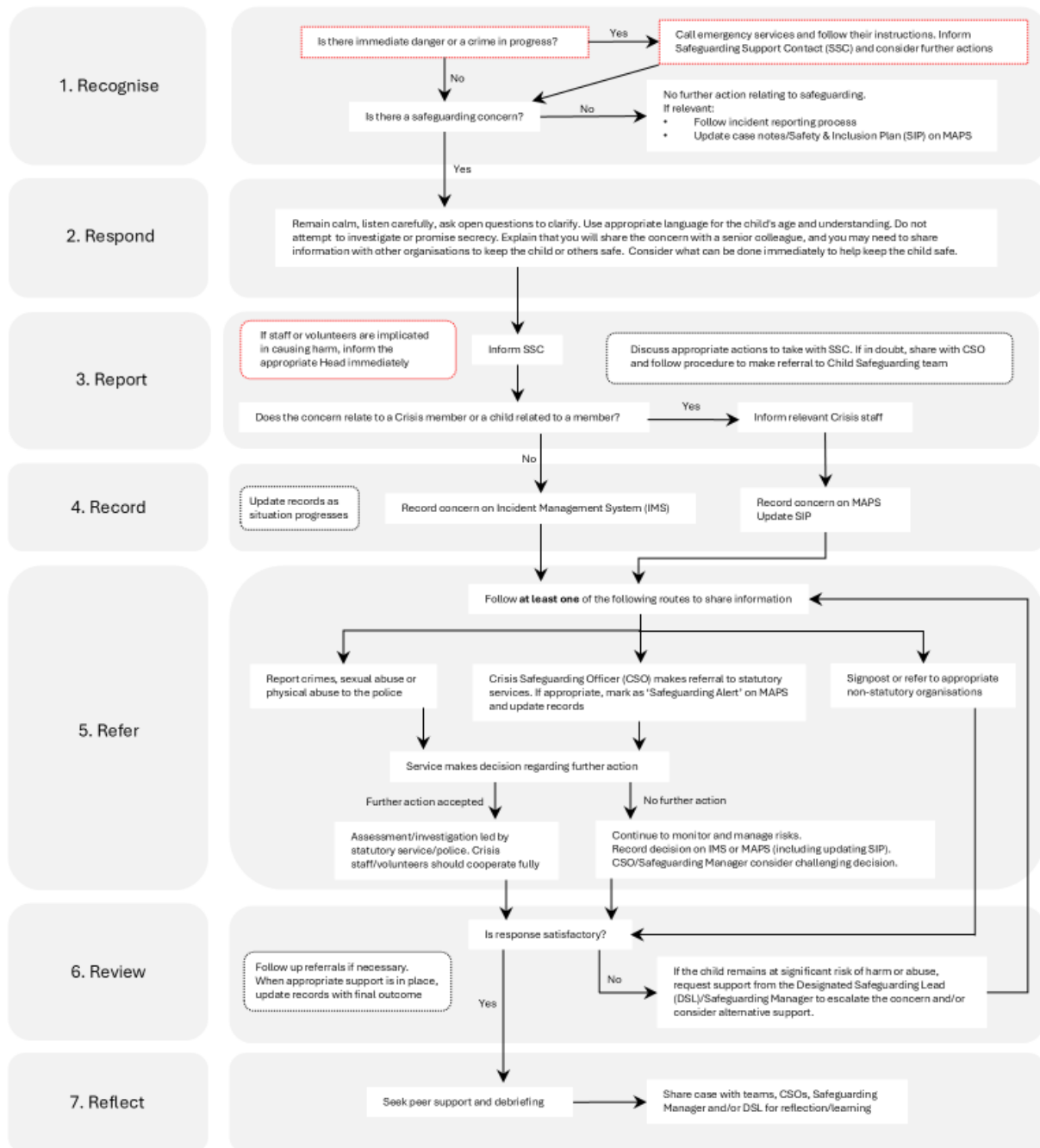
## Definitions

Safeguarding concern: a suspicion or worry that that an individual is at risk of harm, abuse, or neglect, requiring a response and investigation.

Safeguarding incident: a confirmed instance where harm or abuse has actually occurred.

Safeguarding referral: the process of reporting concerns about an individual's welfare or safety to the appropriate statutory authorities, such as Social Care or police (also known at Crisis as a 'Safeguarding Alert').

# Procedure Flowchart



# Crisis' Safeguarding Procedure: The 7 Rs of safeguarding

## 1. Recognise

**It is everybody's responsibility to be alert to the possibility of abuse and be aware of the signs and indicators.**

A member of staff or volunteer may become aware of a safeguarding concern by:

- receiving a direct disclosure from the individual involved
- receiving information from another source
- noticing signs of abuse or harm.

### 1.1 Types of abuse

Abuse or harm can take many forms. The categories below reflect commonly recognised forms of child abuse across the UK. They are intended as a guide and are not exhaustive. Harm may fall into more than one category at the same time.

- **Physical abuse:** any way of intentionally causing physical harm to a child. E.g. hitting, shaking, slapping, pushing, kicking, drowning and rough handling. It also includes making up the symptoms of an illness or causing a child to become unwell.
- **Sexual abuse:** may involve physical contact, including abuse by penetration or non-penetrative acts (such as masturbation, kissing, rubbing and touching outside clothing). Can 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.
- **Child sexual exploitation:** occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology.
- **Emotional abuse:** the continual emotional mistreatment of a child. It can include the use of threats, humiliation, intimidation, isolation, coercion or verbal abuse.
- **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. Neglect can include physical neglect (failing to provide adequate food, shelter or supervision), emotional neglect (failing to provide nurture and stimulation), medical neglect and educational neglect.

- Grooming: Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.
- Criminal exploitation: children are manipulated and coerced into committing crimes.
- Child trafficking: children are tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold.
- Female genital mutilation (FGM): FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It is also known as 'female circumcision' or 'cutting' but has many other names.
- Radicalisation: Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. See the radicalisation guidance for more information.
- Domestic abuse: any type of controlling, bullying, threatening or violent behaviour between people who are or have been in a relationship, or between adults related to one another. It can seriously harm children, and experiencing domestic abuse is child abuse.
- Bullying and cyberbullying: intentional behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It is usually repeated over a long period of time and can hurt a child both physically and emotionally.

## 1.2 Signs of abuse

Some of the more obvious signs of abuse may include the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which the explanation seems inconsistent.
- Disclosure of an abusive act.
- Someone else expresses concern about their welfare.
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper).
- Engagement in sexually explicit behaviour.
- Difficulty making friends, or being prevented from socialising with others.
- Variations in eating patterns including overeating or loss of appetite.
- Loses weight for no apparent reason.
- Becomes increasingly dirty or unkempt.
- Changes in dress/ style of clothing.
- Shows signs of fear or emotional distress.
- Demonstrates self-harming behaviour.

- Unexplained sudden inability to pay bills or manage finances.
- Making explicit extremist views/ visiting extremist websites

This is not a definitive list and the presence of one or more of the indicators is not proof of actual abuse. It is not the responsibility of staff or volunteers to decide that abuse is occurring, but to report their concerns and take any other appropriate steps e.g. providing practical support to a child to help keep them safe.

### 1.3 External factors that can influence the risk of abuse

- Parental substance misuse
- Domestic abuse
- Social exclusion and isolation
- Stigma and discrimination
- Being the focus of anti-social behaviour (and bullying)
- Overcrowded living arrangements
- Insecure living conditions, homelessness
- Economic insecurity

### 1.4 Bias, stereotyping and prejudices

Crisis understands that all of us as individuals have our own biases as a result of our life experiences. Affinity bias, confirmation bias, stereotyping and prejudices impact our ability to recognise and respond appropriately to risk or instances of harm and abuse.

Examples of how bias, stereotyping and prejudices impact our ability to recognise and respond appropriately to risk or instances of harm and abuse include:

- the phenomenon of the adultification of Black children, where professionals attribute a greater level of maturity, and a lower need for support and care, to these individuals than their white peers
- young people with high support needs or learning disabilities not being given access to appropriate sexual health care including consent information
- women being stereotypically seen as naturally nurturing towards babies and children, leading us to make assumptions about the likelihood of an individual being a perpetrator of harm.

We recognise that some individuals and communities are more likely to experience both abuse and barriers to accessing support due to their identities. Crisis seeks to learn about, understand and dismantle such barriers both internally within our organisation and externally.

## 2. Respond

**We each have an individual responsibility to take action to prevent the suffering of a child.**

Our approach to responding to safeguarding concerns involving a child must always be child-centred and psychologically-informed.

## 2.1 How to respond to a safeguarding concern

### Do

- If possible and appropriate, discuss the concern with the child, at a time and in a way that will be supportive and sensitive and enable them to feel safe and be open about what they are experiencing.
- Use language that is appropriate to the child's level of understanding.
- Listen carefully to the child and make it clear that you are taking them seriously.
- Remain calm and try to be reassuring; don't be judgemental or show your emotions.
- If you need to clarify the concern, ask non-leading questions, e.g.
  - Can you describe what happened?
  - When/where/how did it happen?
- Be clear about what information you will need to share, with whom, why that is necessary and what may happen next.
- Establish what can be done in the immediate term to ensure the child is kept safe. Ask the child what they think would help them feel safe.
- Make notes to help you remember facts and details.

### Do not

- Attempt to investigate the matter yourself
- Confront anyone who is alleged to be responsible for what has happened
- Tell a potential abuser that allegations have been made about them
- Promise the child you can keep the alleged abuse or harm secret.

References to non-recent abuse may be disclosed and these should be acted upon in accordance with this procedure.

## 2.2 In an emergency

**If there is immediate danger or someone needs urgent medical attention, or you feel there is imminent risk of harm:**

- call 999 and request the police or an ambulance; and
- inform your line manager immediately.

**If a criminal offence has been or may have been committed, do not tamper with or move any potential evidence and do not clean up.**

## 3. Report

## **Report the concern according to our internal process.**

### 3.1 Our duty of care

It is not an employee/volunteer's responsibility to decide:

- whether a child is being, or has been, abused; or
- whether or not someone poses a real risk to a child's welfare.

Even if you have heard only rumours of abuse or you have a suspicion but do not have firm evidence you should still raise your concerns.

### 3.2 Safeguarding Support Contact (SSC)

All members of staff and volunteers should seek support from an appropriate member of staff if they have a safeguarding concern, even if the child or their family have not explicitly given or has refused their consent for information to be shared.

Being aware of and responding to any safeguarding concern can be challenging, no matter how much experience you have. Our responses can be complicated by our own triggers, our current wellbeing, resilience and other external factors. Sharing information and seeking support at the earliest opportunity is an important step to both protect our wellbeing and ensure that we provide the best possible outcome for those we seek to protect from harm.

Concerns should be escalated as below:

- tell your line manager (in person **or** by phone, either call or text, **and/or** Teams **and** email). Notify them that you need to discuss a safeguarding case and ask them to contact you immediately. Do not disclose any personal information in the message. If your line manager is not available, inform
  - another manager in your team; or if that is not possible
  - your Crisis Safeguarding Officer (CSO); or if that is not possible
  - your Director of Operations (if in Client Services); or if that is not possible
- the Safeguarding Manager; or if that is not possible
  - the Designated Safeguarding Lead (DSL).

The person providing support is referred to as the Safeguarding Support Contact (SSC) for the purposes of this procedure.

### 3.3 Reporting concerns or incidents involving a member of staff or volunteer

If the concern or incident involves or implicates a member of staff, details should be shared directly with the Head of People. If the concern or incident involves or implicates a volunteer, it should be shared directly with the Head of Volunteers or Head of Christmas as appropriate. The Head will follow the Managing Allegations Against Staff and Volunteers Procedure.

### 3.4 Non-emergency concerns

**If no one is in immediate danger:**

- offer emotional and practical support to the child and take any steps required to prevent them from returning to a situations where they may be at risk, if possible
- if the child involved is a Crisis member aged under 18, or is related to a member, add a case note to MAPS detailing the concern
- inform your SSC (in person **or** by phone **and/or** Teams **and** email) by the end of the working day. Ensure conversations are not overheard and emails are marked as 'confidential'.

### 3.5 Appropriate sharing with Crisis colleagues

If the child concerned is a member under the age of 18, or is related to a member, you should share your concern with their lead worker.

If the child is working with any other Crisis team or service, the relevant CSO should be informed of the concern. For example, a concern about a retail volunteer should be shared with the Commerce & Enterprise CSO.

Information must only be shared on a need-to know basis, and with due respect for the confidentiality of the child.

## 4. Record

**Internal records must be kept up-to-date as the situation progresses. For example, if new details about the concern are known, or if an external referral is made or followed-up.**

### 4.1 Recording safeguarding concerns

If the concern involves an allegation about a member of staff or volunteer: information **must not** be recorded on MAPS or on the Incident Management System in order to preserve confidentiality. The Head of People/Head of Volunteers must record relevant information in alignment with the Managing Allegations Against Staff and Volunteers Procedure.

If the concern is about a child who is NOT a Crisis member: complete an incident report. See the Incident Reporting procedure.

If the concern is about a Crisis member under the age of 18, or is related to a member: the member's lead worker or another appropriate member of staff must record the concern on MAPS in case notes under the 'safeguarding' topic, including the actions and decisions taken by Crisis staff or volunteers. The member's Safety and Inclusion Plan may need creating or updating. See Member Information: Gathering, Recording and Sharing for more information about consent and information sharing regarding members.

### 4.2 Best practice guidance for recording

Include details of what has happened and/or what you have been told or have seen in as much detail as possible. Note:

- the reasons for the concern or allegation
- date, time and place of the alleged concern/incident

- names and job titles of staff/volunteers involved/aware
- details of any external referrals or signposting
- whether you have explained to the child what you are going to do next, and whether you believe they understand
- the wishes of the child involved.

Your notes should be:

- **factual and objective:** focus on recording observable events, not interpreting them.
- **clear and concise:** use plain language that is easy to understand, avoiding jargon and abbreviations.
- **accurate and consistent:** ensure information is correct and consistent with other records.
- **dated and attributed:** each entry should include the date and name of the person making the record.
- **verbatim:** document the words of those involved as closely as possible to their original statement.
- **full records:** record all information that raises concerns, even if it seems minor individually.
- **timely:** record information as soon as possible after the event.
- **secure:** keep safeguarding records separate from general records and accessible only to authorised staff.
- **proportionate:** share information only when necessary and with those who need to know.
- **reviewed regularly:** ensure records are up-to-date and relevant.

Decisions about sharing information must be clearly recorded with reasons clearly stated and these decisions must be open and explicitly discussed with the SSC at every stage.

## 5. Refer

**If necessary and appropriate, a referral to statutory agencies may be made or information may be shared with another organisation/service.**

### 5.1 Consent and information sharing

Where possible, a child's wishes should be taken into account when making decisions about information sharing. It is important for staff and volunteers to take a trauma-informed approach to help the child feel safe and supported.

- For example, if a child has had a previous traumatic or harmful experience with social workers, they may be understandably anxious about this referral route. It may

be appropriate to explore alternative or additional ways to ensure the psychological safety of the individual.

Crisis staff and volunteers do not need a child's consent to share information in order to keep them or others safe. However, where appropriate, we should always do our best to ensure the child understands what is happening and why sharing information is necessary. It is the responsibility of Crisis to make sure that every effort is made to ensure that information about this process is shared in a way that is appropriate for the individual (considering age and support needs such as language or neurodivergence).

**Safety of members, staff and volunteers is the top priority. If informing a child that you are going to share information might put them or others at risk, you may need to follow the process without their knowledge. This should be the exception rather than the rule. Advice and support can be sought from the duty officer at the Local Authority.**

#### 5.2 Seeking guidance about a concern

If the SSC is unsure as to whether to make a formal referral to statutory services, or whether the incident concerns a child, they may contact the local authority safeguarding team for advice (or delegate this to an appropriate member of staff). The police can also be contacted (in Scotland, specifically the local Public Protection Unit or Duty Inspector of Police Scotland).

All Crisis locations should have local contact details in hard and electronic format. They can also be found on the relevant local authority's website.

The SSC/member of staff must clearly establish that you are not making a referral, but requesting advice. No names will be recorded and the family will not be informed that a discussion has taken place; the discussion will be recorded by the social worker and any advice given by the social worker must be acted on.

If a decision is made not to make a formal referral to Social Services, then a record should be made outlining the factors why this decision was taken with any review dates planned.

#### 5.3 Community-based support and signposting

Crisis is not a safeguarding service, and is therefore unable to offer the specific support needed where there is a safeguarding concern about a child. Crisis staff and volunteers should be confident to explore all the ways that safety can be promoted, taking into account the child/their family's own wishes and circumstances.

Crisis has developed, and continues to grow, our knowledge and links with other organisations (both national and local) which offer specialised services that may be helpful (e.g. support around mental health or domestic abuse). It is always Crisis' preference to signpost or refer individuals to local, community-based support where possible. We believe that this approach promotes culturally- and geographically-appropriate responses which are best able to respond to the nuances of an individual's support needs.

#### 5.4 Referrals to statutory authorities

The threshold for Local Authority involvement is much lower for children than for adults, and all safeguarding concerns involving children should be shared in order to support services to build an informed picture of a child's experiences.

#### 5.4.1 Deciding whether to make a referral to statutory services

The SSC will discuss the identified issue with the staff member or volunteer who brought it to their attention, to clarify the cause for concern and to consider whether there are sufficient grounds to refer to the relevant service. The discussion should enable the SSC to establish the following:

- Is the person a child?
- Have they been harmed, or are they at risk of harm?

If yes to both, or if it is considered likely to be the case, the SSC should consider making a referral. Further advice and guidance may be sought from the Safeguarding Manager, DSL, or the Local Authority Safeguarding Team.

**Additional responsibility for Scotland:** In Scotland, if the SSC decides that the person is likely to be, or is, a child and protective action is needed they have a legal duty to report this to the local authority social work service.

#### 5.4.2 Making a safeguarding referral

If the SSC believes that a referral to statutory services would be in the best interests of the child, they should share details of the concern with the local CSO. The CSO must agree that a referral is appropriate and is responsible for ensuring the referral is undertaken in a timely manner.

In domestic abuse cases in England and Wales, a referral to CMARAC (Child Multi Agency Risk Assessment Committee) should be considered.

The process of making the referral may be delegated to another member of staff if appropriate. They must follow the local procedure and use the contact details set out in [Appendix 1](#). It is the responsibility of the referrer to ensure a copy of the referral is completed and saved locally for staff to easily refer to.

When making the referral, state clearly that it is a child safeguarding referral and be prepared to provide the following information:

- Your own details.
- Known information about the child.
- The child's address (where possible).
- Details of the concern.
- The source of the information.
- The parent or carer's response to the concern (where appropriate).

When making the referral you should record the name and job title of the Social Worker (or, in Scotland, in some cases this will be the police officer) to whom the details have been passed.

If you make the initial referral by telephone or email, then you must complete the relevant Local Child Safeguarding Referral Form within 48 hours (or as soon as possible where this cannot be achieved due to the service being closed e.g. over a weekend) and information on how to access local forms should be available to staff locally (see [Appendix 1](#) for a template).

If the child or their family are not aware that you are making a referral then you should not automatically inform them. Advice should be taken from the duty officer of the assessment team.

#### 5.4.4 Writing a safeguarding referral

- Be clear about what you think the child you are raising the safeguarding about is experiencing, or at risk of
- Write clearly and concisely
- Use evidence to support your points
- Explain why you are raising a concern (the age of the child; what they're experiencing or at risk of; any other circumstances which may increase risk e.g. disability)
- State what level of risk you would assess there to be
- State expressly that you think the threshold for statutory involvement ('significant harm') is met
- Specify what action you want the service to take
- Provide details of any other agencies or organisations involved
- Seek support from your manager or peers – a second pair of eyes is always useful!
- See the [safeguarding referral guidance](#) for more guidance.

It is the responsibility of the SSC to ensure a copy of the referral is completed and saved locally for staff to easily refer to.

#### 5.6 Reporting a crime

Where it is suspected that a crime has been committed, the CSO should consider whether to report it to the police. They can request advice from the Local Authority child safeguarding team.

## 6. Review

**All staff and volunteers take responsibility to ensure that safeguarding reports and referrals made are followed up in a timely way and take further action if not satisfied with the response.**

#### 6.1 When and how to follow up

If no feedback has been received 1 day after making a referral, then Crisis staff should follow up or re-refer. It is the responsibility of the person who made the referral to

contact the Local Authority after reporting the case to find out what action has been taken and record this.

## 6.2 Participation in statutory-led Child Safeguarding (or Support and Protection) actions

All Crisis staff are expected to co-operate and participate in any safeguarding investigations led by the relevant statutory authority. This may include providing further reports and information, acting as a witness and/or attending case conferences. Crisis staff can act as informal advocates for members/guests but should not take on the formal role of 'Appropriate Adult' in any statutory-led procedures.

## 6.3 Challenging decisions

If a statutory agency rejects or does not take up a safeguarding referral made by Crisis, the following steps should be taken:

- The CSO who oversaw or made the original referral must be made aware of the outcome of the referral. They should review the information that was shared and consider whether there are ways to strengthen the referral, and/or if any further relevant information is now available. If so, they may choose to challenge the decision. Advice may be sought from another CSO or the Safeguarding Manager/DSL.
- The CSO should contact the member of staff/volunteer who originally raised the concern to inform them of the decision and offer any additional support around the potential emotional impact.
- The CSO and other staff involved with the individual should consider whether there is any further support or signposting that Crisis can offer. They must beware of allowing 'duty creep'
- All CSOs should report all referrals that are rejected, and the follow-up actions taken, in their monthly safeguarding data report.

## 6.4 Escalation of concerns

If the response from the Local Authority or another agency is unsatisfactory, and the CSO believes that the child is still at significant risk of harm or abuse, they should consult the Safeguarding Manager/DSL and request support with escalating the concern to higher levels of service management and/or the relevant ombudsman.

# 7. Reflect

**All staff and volunteers are supported to reflect on their learnings from the safeguarding process and on how to support the wellbeing of themselves and others involved.**

## 7.1 Support for staff

Safeguarding can raise difficult and emotional issues for those involved and Crisis will ensure appropriate support is available to employees/volunteers involved. This includes:

- Continuous conversations with line managers
- Team and individual de-briefs with the Psychologist team and/or one of the CSOs

- Use of the Employee Assistance programme/Volunteer Wellbeing Programme
- Engagement with Mental Health First Aiders

Supervision and debriefing should be designed to enable staff and volunteers to process their own emotional responses, and identify good practice and areas for improvement.

### 7.2 Safeguarding Panel

The Safeguarding Manager is responsible for facilitating regular meetings with the Safeguarding Panel, which are structured to provide opportunities to reflect on recent safeguarding cases, particularly 'near misses' and serious safeguarding incidents. Panel members are encouraged to provide peer support and constructive challenge, and share learnings and insight.

### 7.3 Safeguarding development

The Safeguarding Manager is responsible for applying learnings about safeguarding practice and management to the development of Crisis' safeguarding risk registers, policies, procedures, reporting and training.

## Appendix 1

### Relevant Local Authority Contact Details

CSOs for all Crisis services and directorates must complete Appendix 1 with their own contact details and contact details for all the local authorities covering the areas where they operate and/or deliver services and the local advocacy service(s). It is the responsibility of the CSO to ensure a copy is completed and displayed and saved locally for reference on all Crisis premises that their team works from.

Skylight/Service/Shop/Team name and/or address:

Contact details for Crisis Safeguarding Officer (CSO) for this service/site/team:

### Child safeguarding contact details

Local procedures and contact details for reporting disclosure, suspicions and allegations of abuse of a child:

Contact details here:

All referrals should be confirmed in writing within 48 hours or as soon as possible after that.

50-52 Commercial Street, London E1 6LT

Tel 0300 636 1967 Fax 0300 636 2012

Email [enquiries@crisis.org.uk](mailto:enquiries@crisis.org.uk) Website [www.crisis.org.uk](http://www.crisis.org.uk)

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