
POLICY / PROCEDURE CONTROL DOCUMENT : SAFEGUARDING CHILDREN POLICY AND PROCEDURE

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ELIM HOUSING ASSOCIATION – SUPPORT SERVICES

SAFEGUARDING CHILDREN POLICY AND PROCEDURE

MARCH 2025

Contents

1	POLICY STATEMENT.....	3
2	DEFINITIONS.....	3
3	SAFEGUARDING.....	5
4.	PREVENT STRATEGY	6
5	RECRUITMENT AND INDUCTION	6
8	TRAINING	8
9	CONSENT, CONFIDENTIALITY AND DATA PROTECTION	9
10	THE LOCAL AREA DESIGNATED OFFICER (LADO).....	10
11	RECORD KEEPING	11
12	RESPONDING TO A PERSON, CHILD OR ADULT WHO ALLEGES ABUSE	11
13	INFORMATION TO INCLUDE IN SAFEGUARDING REFERRAL.....	12
14	ALLEGATIONS AGAINST A MEMBER OF ELIM STAFF OR ANY OTHER PROFESSIONAL OR VOLUNTEER.....	12
15	FORMS.....	13
	APPENDIX 1: CONTACT DETAILS	15
	APPENDIX 2 – SAFEGUARDING CHILDREN PROCEDURE FLOWCHART	16
	APPENDIX 3: CONCERNS RELATING TO A PROFESSIONAL	17
	APPENDIX 4: SG 1 – Safeguarding Notification	18
	APPENDIX 5: SG 2 – Safeguarding Record.....	19
	APPENDIX 6: SG 3 – Safeguarding Outcome	20
	APPENDIX 7 – RECOGNISING SIGNS OF ABUSE.....	22
	APPENDIX 8 – HELPFUL INFORMATION	23
	APPENDIX 9 – BODY CHART	24

1 POLICY STATEMENT

- 1.1. All children, without exception, have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. The welfare of children is everybody's responsibility. As a provider of housing and support services, Elim Housing Association (EHA) recognises its responsibility in taking action to promote the welfare of children and protect them from harm (Section 11, Children's Act 2014). This document outlines the steps taken to ensure this obligation is met.
- 1.2. In keeping with the principles guidance laid down in *Working Together to Safeguard Children* (HM Government, 2023), EHA will work appropriately in conjunction with central and local government, their agencies, including health, education and Police, their contracted services and any other relevant groups, including faith groups.
- 1.3. This procedure applies to all EHA staff, board members and customers.
- 1.4. EHA is committed to ensuring equal access to services for all clients on the basis of individual need and to providing services in a manner that is sensitive to and respectful of the individual, whatever their background. EHA strongly believe that everyone should live free from discrimination, harassment and prejudice and we will reflect these beliefs in our implementation of this procedure

2 DEFINITIONS

Children	Anyone who has not yet reached their 18 th birthday, regardless of their apparent levels of independence
Appropriate Manager	The staff member – usually the Team Leader – with line management responsibility for the service from which: <ul style="list-style-type: none">• The child is receiving support, or• The child's parent/s is/are receiving support, or• The concern about a child, possibly unrelated to the service, has been raised
Abuse	A form of maltreatment of a child. Somebody can abuse a child by inflicting harm or by failing to act to prevent harm. Abuse can be perpetrated by an adult or a group of adults, or by a child or children.
Physical abuse	A form of abuse that may involve hitting, shaking, throwing, poisoning or any other means of causing physical harm to a child.

Emotional abuse	<p>Persistent emotional maltreatment of a child that causes a severe and persistent adverse impact on the child's emotional development. It may involve conveying to a child that they are worthless and/or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child an opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capacity 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 person. It may involve bullying (including cyber-bullying), causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some form of emotional abuse is present in all maltreatment of children, though it may occur alone.</p>
Sexual abuse	<p>Involves forcing or enticing a child 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 of clothing. It may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging a child to behave in a sexually inappropriate way or grooming a child in preparation for abuse (including via the internet). Sexual abuse can be committed by adult males and females and children of both genders.</p>
Neglect	<p>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 in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • Provide adequate food, clothing and shelter (including exclusion from home or abandonment) • Protect a child from physical and/or emotional harm or danger • Ensure adequate supervision (including the use of inadequate care-givers) • Ensure access to appropriate medical care or treatment <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>

Significant Harm	<p>Significant harm— The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of the children. Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm. This can sometimes be a single violent episode but more often is an accumulation of significant events. Any suspicion or allegation that a child is suffering or likely to suffer from sign harm may result in a Section 47 enquiry being completed by a Local Authority Social Worker, who will involve other agencies within the assessment as appropriate. Any such enquiry is led by the Local Authority and recorded within a Social Work assessment.</p>
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3 SAFEGUARDING

3.1 The UK Government define safeguarding children as: *“The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.”*

3.2 There are four primary forms of child abuse (for full definitions see Glossary in Section 2 of this document):

- Neglect
- Physical
- Sexual
- Emotional

In addition, abuse may consist with the context of:

- Child Criminal Exploitation – Young people coerced into criminal acts such as ‘County Lines’ drug dealing
- Child Sexual Exploitation – Sexual acts committed through coercion, deception or manipulation
- Peer to Peer activity – Children sexually exploiting others, in person or increasingly on-line.
- Female Genital Mutilation – Cutting, damaging or removal of female sexual organs for no medical reason

3.3 Abuse may be committed intentionally, through a failure to provide appropriate care for a child, through unsatisfactory professional practise or through neglect.

Safeguarding Children Policy and Procedure, March 2025.

All EHA staff have a duty to protect children who they suspect are suffering from abuse or may be likely to suffer from abuse. EHA has an organisational responsibility to ensure that Policies and Procedures both equip and direct staff in doing so. EHA also has a responsibility to ensure that staff are appropriately recruited and trained to do this to the best of their abilities.

4. PREVENT STRATEGY

4.1 EHA recognises its role in supporting the Governments counter-terrorism Prevent Strategy. It acknowledges that radicalisation is usually a process not an event. EHA recognise that they have a part to play to prevent vulnerable people being drawn in to terrorism-related activity and that in some cases this may overlap with safeguarding duties. A link to details of the Government's Channel Programme can be found in Appendix 8

5 RECRUITMENT AND INDUCTION

5.1 All Elim colleagues and volunteers are subject to full Disclosure and Barring Service checks before they are permitted to lone work with any customer. These checks are renewed every 3-years.

5.2 Safeguarding vulnerable adults and children forms part of the induction process for all staff. All Support Services staff will receive induction from their line-manager around the contents of this document in their first week of employment.

6 SAFEGUARDING PANEL

6.1 The Safeguarding Panel will meet quarterly to review all safeguarding concerns raised by staff. The purpose of this review will be:

- To ensure the Safeguarding Children Procedure is followed appropriately by all staff.
- To identify any trends or overarching concerns that may require either an organisational response or notification of any other agency.
- To identify individual cases that may require further action for any reason.
- To provide feedback to EHA staff on their management of safeguarding cases.
- To collate data for reporting to the Operational and Executive Management Teams.

6.2 Additionally, the Safeguarding Panel fulfil the following responsibilities:

- Providing guidance to staff as required.

- To support the Head of Support Services in and review of policy and procedure
- Provide guidance to HR regarding training requirements.

Exceptional meetings of the Safeguarding Panel will take place as required.

7 STAFF RESPONSIBILITY

7.1 All EHA staff have a responsibility and duty to report any allegations or concerns in relation to the safeguarding of children following the procedures specified this document. Staff also have a responsibility to support local authorities and other agencies in carrying out their statutory safeguarding responsibilities.

7.2 The table below details staff with specific responsibilities in relation to safeguarding children.

Role	Current post holder and contact no.	Responsibility
Head of Support Services (HOSS)	Current post vacancy (May 2025) Absence covered by the Deputy Chief Executive. Rachel Pinchin: 01454 411172	<ul style="list-style-type: none"> • Organisational responsibility for Safeguarding policy, procedure, and practise within the organisation. • Sign-off of relevant procedure/documents.
Safeguarding Panel members:		
Head of Housing Services (HOHS)	Nick Jermyn, 01454 532362 / 07301006035	<ul style="list-style-type: none"> • Operational leads for safeguarding in respective areas. • Quarterly safeguarding review of all cases to ensure best practise being observed, trends monitored etc. • Advice, direction, and guidance for any staff with safeguarding queries • Review of relevant procedure/docs • To collate data for reporting to the Operational and Executive Management Teams • Providing guidance to Human Resources regarding appropriate training, including content and frequency
Housing manager (specialist)	Lorraine Jenner 01454 532366	
Area Support Manager North (ASMN)	Sarah Kidger, 01454 532395.	
Area Support Manager South (ASMS)	Denise Tombs, 0117 9273844 / 01454532418 The Safeguarding Panel can be contacted at safeguarding@elimhousing.co.uk	
Team	Various	<ul style="list-style-type: none"> • ‘Appropriate manager’ to support

Leader/Assistant Team Leader		and advise staff teams on safeguarding issues and ensure day to day compliance with policy.
On-call Manager	Various. Out of Hours on call telephone: 0800 1233001	<ul style="list-style-type: none"> First response to any concerns raised out of office hours

8 TRAINING

8.1 All EHA staff and designated safeguarding board member will receive safeguarding training appropriate to their position. The table below provides further information of training frequency. Changes in legislation or central/local government guidance will be responded to appropriately as they arise. All new staff in the positions below will complete an online safeguarding adults module in the first month of their employment and receive additional training appropriate to their grade within their probationary period.

Roles	Training course and frequency			
	Lone working and Professional Boundaries, 3 years	Safeguarding children/adults for Managers (Local Authority), 2 years	Safeguarding Children, Safeguarding Vulnerable Adults, every two years minimum	Safeguarding adults refresher (online), Annual and during probation
Head of Supported Housing Services				
Head of Housing Services	x	x	x	x
Area Support Manager				
Team Leaders				
Supported Housing Officer	x	x	x	x
Housing Officer				

Estate Officer				
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9 CONSENT, CONFIDENTIALITY AND DATA PROTECTION

- 9.1 A duty of confidence arises when one person discloses information to another in circumstances where it is reasonable to expect that the information will be held in confidence.
- 9.2 Normally, personal information about children and families is subject to a legal duty of confidentiality and should only be disclosed to third parties (including other agencies) with the consent of the subject of that information.
- 9.3 Wherever possible within these procedures, consent should be obtained before sharing personal information with third parties. However, in some circumstances consent may not be possible or desirable as it may compromise the safety and welfare of the child. The information in these circumstances may need to be shared without consent in the interests of the child whose welfare is paramount. If in doubt legal advice should be sought.
- 9.4 EHA recognises that the Safeguarding of children is paramount and takes precedence over other organisational principles relating to confidentiality and data protection. Whilst the Confidentiality and Data Protection Policy (see Section 3) should be observed wherever possible, this must never be done in such a way as to compromise the safety or welfare of a child.
- 9.5 Relevant information should be shared with appropriate people and agencies as outlined in this procedure. If in any doubt staff should consult the appropriate manager for guidance.
- 9.6 Staff are not required to inform the family/carer of a child of any safeguarding concern being raised in relation to a child, however in cases where the concern is of a preventative nature, i.e. where it relates to a proactive promoting of child welfare to prevent the child from being at risk of harm, it is mandatory to notify the parents of the concern being raised.
- 9.7 Any sharing of information should be done with consent unless a person is at significant risk of harm, when consent and confidentiality can be overridden.
- 9.8 Consent of the parents or primary carer should be gained before a concern is raised about a child. This means that the person giving consent should understand:
 - Why the information is being shared
 - What information is being shared

- What the information will be used for
- What the implications of sharing information are

9.9 Circumstances where consent should not be sought from the individual or their family, or they should not be informed that information will be shared or where doing so would:

- Place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult
- Prejudice the prevention, detection or prosecution of a serious crime
- Lead to an unjustified delay in making enquiries about allegations of significant harm to a child or serious harm to an adult.

9.10 Examples where seeking permission may cause harm include:

- Where sexual abuse is suspected or disclosed
- Where fabricated or induced illness is suspected
- Where there are fears for the safety of the child due to possible action by members of their family
- Where it is not possible to contact the person whose consent is required immediately, and prompt action is required to establish or ensure the child's safety.

10 THE LOCAL AREA DESIGNATED OFFICER (LADO)

10.1 Every local authority has a LADO. When a report is received about an allegation or concern about a member of staff or volunteer, the LADO must be informed within one working day if it appears that the person has:

- Behaved in a way that has harmed a child or may have harmed a child
- Possibly committed a criminal offence against or related to a child.
- Behaved in an inappropriate way towards a child in a way that suggests they are unsuitable to work with children.

10.5 Additionally, the LADO must be informed if:

- there are concerns about the person's behaviour towards their own child/ren or child/ren unrelated to their employment or voluntary work, and there has been a recommendation from a strategy discussion that consideration should be given to the risk posed to children they work with; or
- an allegation is made about abuse that took place some time ago and the accused person may still be working with or have contact with children.

10.6 Referral to the LADO should not be delayed in order to gain further information, nor should any further action be taken that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses or informing or interviewing the alleged

perpetrator. The LADO will advise on further action that needs to be taken and will inform other agencies such as the Police if necessary.

- 10.7 Names and contact details for LADOs in the local authority areas in which EHA operates can be found in the relevant appendices of this document
- 10.8 For further information about how to respond to an allegation against a member of staff or volunteer, please refer to the procedure in Appendix 3 of this document.

11 RECORD KEEPING

- 11.1 EHA staff will adhere to the following principles of record keeping in their application of any stage of this procedure:
 - Records kept should be factual, not based on opinion.
 - Where an opinion is relevant to the concern being raised it should be clearly indicated as such and the basis for the opinion explained, for example: *"At 1045 shouting was heard from Flat 1. I immediately went to the flat. When the resident opened the door, I observed that their child had a cut on his head and was crying. Due to the fact that blood was still flowing from the cut and the child's clear state of distress my opinion was that the cut was very recent."*
 - Wherever possible, dates, times and names should be incorporated into the report.
 - Record comments by people as directly as possible, using the language actually used by the individual for key points.

12 RESPONDING TO A PERSON, CHILD OR ADULT WHO ALLEGES ABUSE

- 12.1 EHA staff will observe the following principles response to an allegation of abuse:
 - Anyone making an allegation of abuse will be listened to and their perspective respected
 - They will not over-question, but listen and offer support, establishing the key facts.
 - Be honest and explain what the next course of action must be in accordance with EHA's procedure and the law. Explaining what is likely to happen to the best of their ability, not guessing. Not making false promises and if you are unsure about any detail, be honest about and state further advice will be taken.
 - They will not promise that they will not tell anyone.
 - If the person is concerned about further action, encourage them to tell the reasons for this concern so that they can be communicated to the relevant agencies.

- Record information as accurately as possible, observing the guidance detailed in Section 11 of this document.
- Act quickly and observe the procedure laid out in Appendix 2 of this document.

12.2 Further guidance can be found in Safeguarding Guidance (see Section 3)

13 INFORMATION TO INCLUDE IN SAFEGUARDING REFERRAL

13.1 The following information can be helpful for safeguarding teams:

- Why the referral is being made: why you think the child is at risk.
- Child's name, DOB, address, race, religion, language, disability info.
- Whether the child is presently safe and their whereabouts.
- Whether any other children, e.g. siblings, are thought to be at risk.
- Details of parents/carers.
- All available information about the concern, including the type/s of abuse it relates to.
- Information relating to general circumstances where relevant.
- Details of any other professionals working with the family, e.g. GP, Social Worker etc.
- Any known information about previous incidents/causes for concern.
- Staff members contact details and those of any other member of staff involved in dealing with the concern. Ensuring that a designated individual is named for agencies to liaise with if necessary.
- Whether the child, their parents/carers or anyone else named in the report is aware of the referral.

14 ALLEGATIONS AGAINST A MEMBER OF ELIM STAFF OR ANY OTHER PROFESSIONAL OR VOLUNTEER

14.1 If an allegation is made against any professional working with children then the LADO must be informed. In this instance, the report should be conveyed directly to the Safeguarding Panel or a Manager at least two tiers of Management above the staff member referred to in the concern.

14.2 As well as observing the procedure, the Appropriate Manager will then take whatever steps necessary to protect the child and the person raising the concern. This may include suspending the staff member pending investigation, advising them of their rights under the disciplinary procedure (see Section 3).

14.3 Managers will ensure that any action taken does not contravene the rights of the member of staff under the terms of their contract or employment law.

- 14.4 If the allegation relates to a professional or volunteer from another agency or organisation, this organisation should not be notified. The LADO holds responsibility for any further action in relation to the allegation.
- 14.5 In the event a member of an EHA staff having an allegation of abuse made against them, a designated manager will be available to them to provide support for the duration of the investigation and subsequently where appropriate.
- 14.6 See the procedural flowchart in Appendix 3.

15 FORMS

- 15.1 Safeguarding forms should be completed as detailed in the procedure flowchart, according to the principles in Section 11 of this document. It is essential that every possible field in the forms is completed.
- 15.2 The incident code allocated to the forms should consist of the 3 letter Project Code and then 3 digits increasing consecutively for each safeguarding concern raised, whether relating to an adult or child. For example, the code TAY023 is the 23rd concern raised by Taylor House staff.
- 15.3 The table below gives an overview of the forms and their purpose

Form code	Form title	Form purpose	Location
SG1	Safeguarding Reporting Form	Completed on Share-Point by the member of staff raising the concern to provide essential information to the Safeguarding Panel. Can also be sent to relevant safeguarding authority. The person completing the SG1 can use the body chart in Appendix 4 if this is helpful in identifying injuries.	Appendix 4
SG2	Safeguarding Recording Form	A log of actions taken in response to the Safeguarding concern being raised. Allows colleagues to pick up management of the case in the absence of the reporting member of staff. Can also be shared with external agencies as appropriate.	Appendix 5
SG3	Safeguarding	Completed 4-weeks after the SG1	Appendix 6

	Outcome Form	and sent to the Safeguarding Panel by email with the SG2, this form provides an Outcome to the initial safeguarding concern raised and allows the case to be closed – or not – by the Safeguarding Panel.	
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APPENDIX 1: CONTACT DETAILS

Local Authority Contacts

Local Authority	Safeguarding Children Team	Out of hours Emergency Duty Team
Bath and North East Somerset	Children and Families Assessment and Intervention Team: 01225 396312/313	01454 615165
Birmingham	Multi-Agency Safeguarding Hub (MASH): 0121 3031888, mash@birmingham.gov.uk	0121 6754806
Bristol	First Response: 0117 9036444	01454 615165
Gloucestershire	Children and Families Helpdesk 01452 426565	01452 614194
Neath and Port Talbot	Social Services: 01639 686803	01639 895455
North Somerset	Single Point of Access: 01275 888808	01454 615165
Rhondda	Duty Social Work Team: 01443 431513	01443 743665
South Gloucestershire	Social Services: 01454 866000	01454 615165

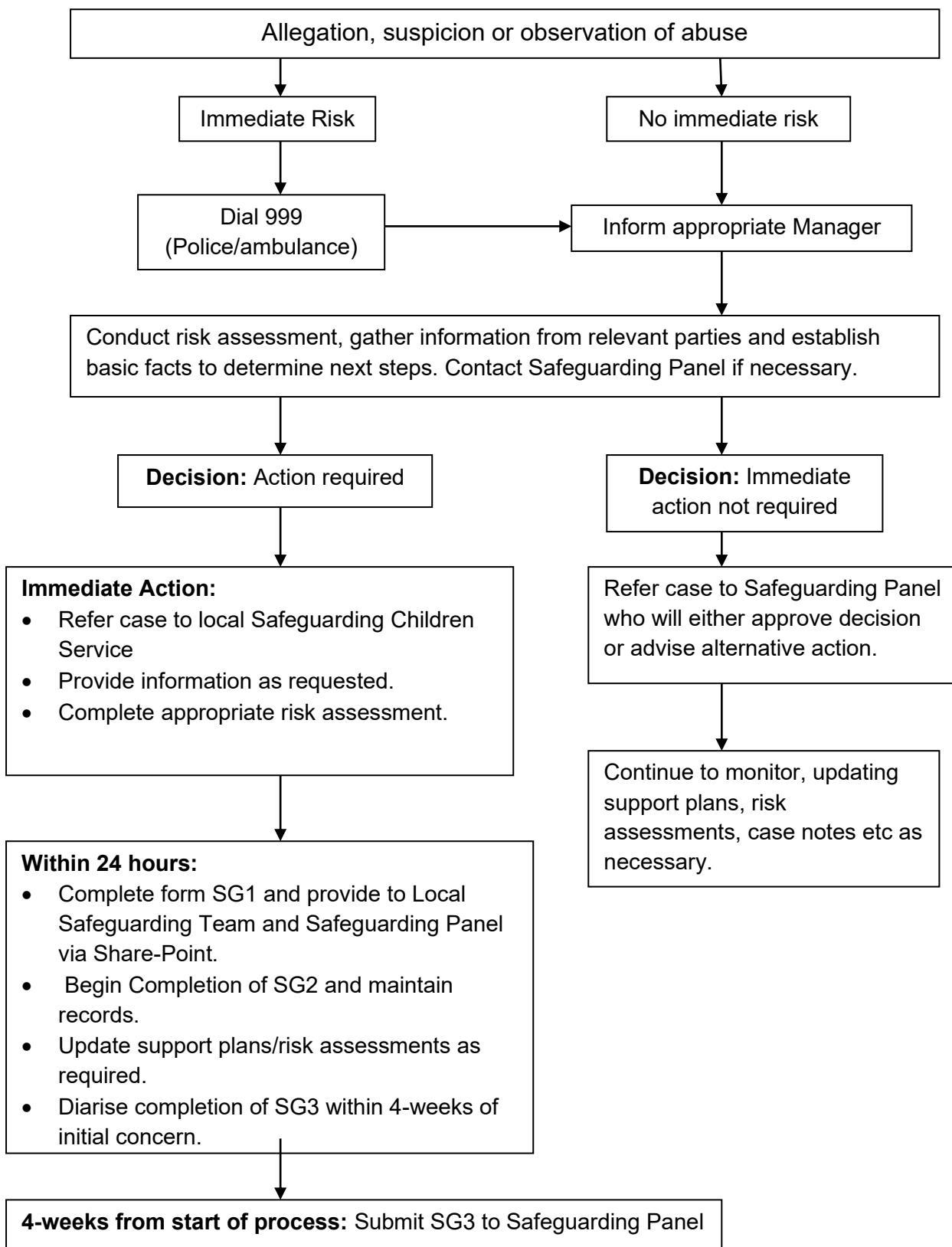
POLICE

In emergency, the Police can be contacted on 999.

If it is a non-emergency situation, dial 101.

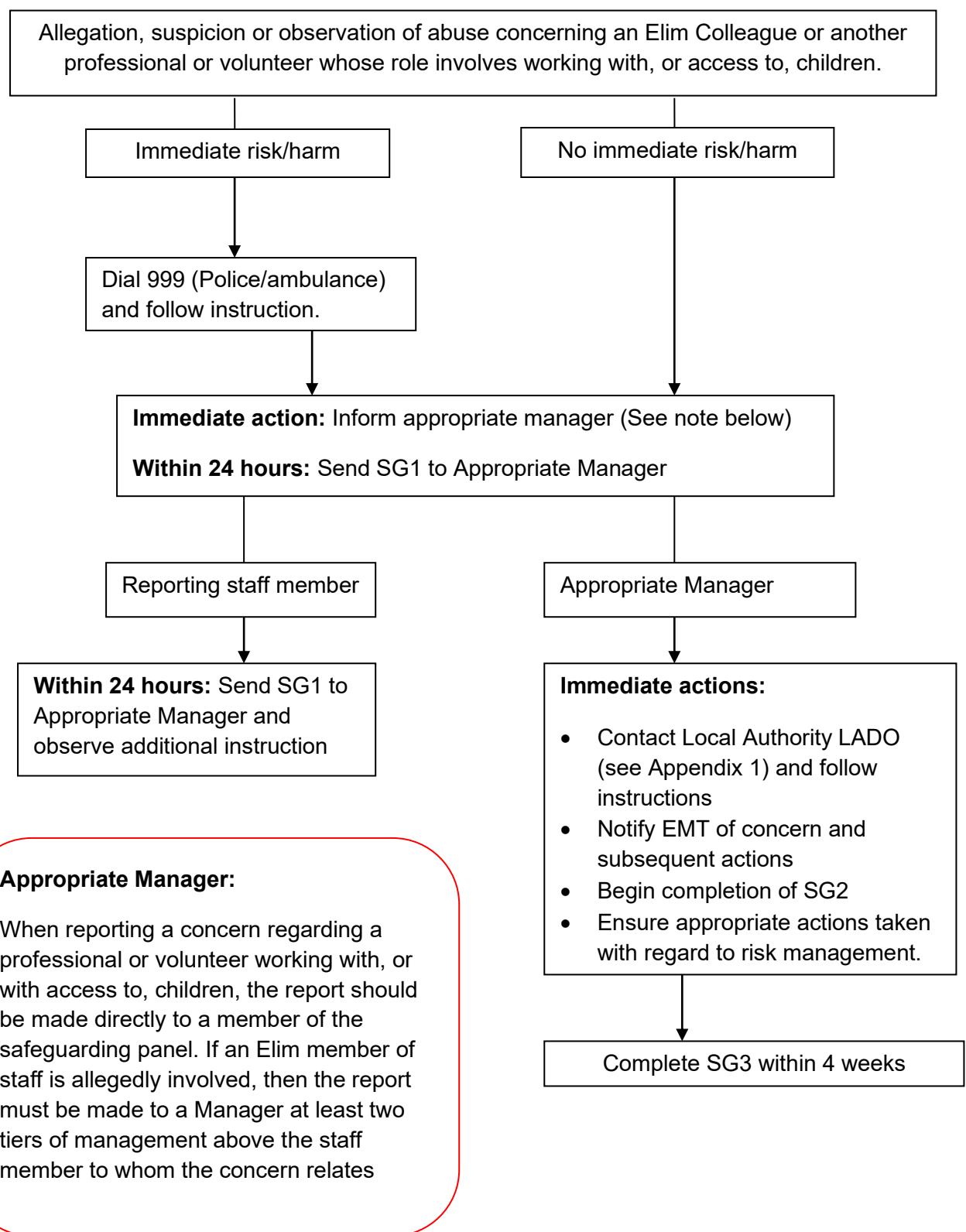
APPENDIX 2 – SAFEGUARDING CHILDREN PROCEDURE FLOWCHART

If at any point in this process an allegation, suspicion or observation of abuse involves a member of Elim staff or any other professional, please revert to Appendix 3 – Concerns relating to a professional



APPENDIX 3: CONCERNs RELATING TO A PROFESSIONAL

For more information, please refer to Section 14.



APPENDIX 4: SG 1 – Safeguarding Notification

SG1 – SAFEGUARDING NOTIFICATION		INCIDENT CODE:	
Reporting staff member		Department/project	
Date of report		Procedure (<i>delete as appropriate</i>)	Children/ Adults
Details of incident			
Date of incident			
Name of victim			
Name of victim's carer, where applicable			
Date of Birth			
Victim address and contact number			
Source of information, inc. contact details			
(Alleged) Perpetrator, inc. name, DOB and contact details where possible			
Details of incident (<i>please include type of suspected abuse, how staff were alerted etc.</i>)			
Consent to share given by victim/victims carers (<i>delete as appropriate</i>)		Yes / No	
Additional relevant info regarding consent, including reasons why consent not obtained if applicable			
Elim Safeguarding documentation provided (<i>delete as appropriate</i>)		Yes / No	
Immediate action taken by staff			
Line manager informed?	Yes/No	Main contacts (names/numbers)	
Risk Assessment Completed?	Yes/No	Safeguarding Team	
Local Safeguarding Team informed?	Yes/No	Police	
Safeguarding Panel informed	Yes/No	Other	

Please complete this form through the Share-Point Portal

APPENDIX 5: SG 2 – Safeguarding Record

SG2 – SAFEGUARDING RECORD		INCIDENT CODE:	
Staff member submitting record		Department/project	
Date submitted		Procedure (<i>delete as appropriate</i>)	Children/ Adults
Date	Record of action		Staff name

Please send this form to safeguarding@elimhousing.co.uk, using the incident code as the email heading.

APPENDIX 6: SG 3 – Safeguarding Outcome

SG3 – SAFEGUARDING OUTCOME		INCIDENT CODE:	
Staff member submitting outcome		Department/project	
Date submitted		Procedure (<i>delete as appropriate</i>)	Children/ Adults

Outcome of concern detailed in SG1	

Other professionals involved in response to concern detailed in SG1		
Name		
Agency		
Telephone		
Email		

Action being taken by Elim	
Responsible staff member name	
Addressed in support plan	
Support frequency revised	
Support plan/Risk assessment review dates agreed	
Other agencies notified as appropriate (please provide details)	

Any further issues arising, inc. feedback for Safeguarding Panel	

Please send this form to safeguarding@elimhousing.co.uk, using the incident code as the email heading.

APPENDIX 7 – RECOGNISING SIGNS OF ABUSE

Signs of abuse can include any of the following or a combination of these indicators. However, it is equally true that the presence of one or more of these indicators does not automatically mean abuse has taken place. Staff should use judgement, consulting a Manager whenever necessary, but should always err on the side of caution. It is better to raise a concern that turns out to be unfounded than to fail to raise a case of actual abuse.

This is by no means an exhaustive list and staff should also consider any significant, unexplained changes to behaviour in children.

Physical abuse:

- History of unexplained falls or major injuries
- Injuries / bruises at different stages of healing
- Bruising in unusual places – e.g. inner arms, thighs, abrasions, teeth indentations
- Injuries to head or face
- Child very passive or aggressive

Psychological abuse:

- Withdrawn, depressed
- Cowering & fearfulness
- Change in sleep patterns
- Agitation, confusion, change in behaviour
- Change in appetite / weight

Sexual abuse:

- Change in behaviour, withdrawn, overt sexual behaviour / language
- Difficulty in walking / sitting
- Injuries to genital and / or anal area

Neglect:

- Absence or insufficient food, heat, hygiene, clothing, comfort
- Preventing service user having access to services / isolation

Additional indicators of abuse:

Any of the following behaviours may also indicate that a person is being abused:

- Failure to meet developmental milestones
- Destruction of the physical environment
- Turning night into day / sleep disturbance
- Extreme physical and/ or emotional dependence
- Verbal abuse and aggression towards the support worker
- Changes in personality caused by illness and / or medication
- Obsessive behaviour and / or self harm.

APPENDIX 8 – HELPFUL INFORMATION

South West Child Protection Procedures

<http://www.online-procedures.co.uk/swcpp/>

Online procedures agreed by local authorities in the South West, to which all voluntary and statutory agencies subscribe.

Working Together to Safeguard Children

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

Statutory guidance on inter-agency working to safeguard and promote the welfare of children.

The Channel Programme

<https://www.gov.uk/government/publications/channel-guidance>

Information about the Channel programme, working with people vulnerable to radicalisation.

APPENDIX 9 – BODY CHART

