



CHORLEY WOMEN'S CENTRE,  
RELEASE AND CIRCLES

**Safeguarding Children and Adults**  
**Policy and Procedure**

**Continuous Improvement and Review**

**Last reviewed and verified**

Updated – 11/2018

Ratified by the committee – 01/05/2019

## **CONTENTS**

### **INTRODUCTION**

Why is safeguarding necessary?

Principles

Breaches of policy

Key definition

Children

Adult

PREVENT

### **SAFEGUARDING POLICY**

Statement of responsibilities

Manager / Safeguarding Lead

Individual staff members, including all employed staff and volunteers

### **CATEGORIES OF ABUSE**

Children

Adults

### **MAKING AN ALERT TO THE LOCAL AUTHORITY SAFEGUARDING ADULTS ENQUIRY TEAM OR A REFERRAL TO CHILDREN'S SOCIAL CARE**

## **INTRODUCTION**

Chorley Women's Centre has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, that reflect the needs of the children they deal with; and to protect adults at risk from abuse or the risk of abuse. This policy details the safeguarding arrangements which must be in place to ensure this agency fulfils its statutory duties and responsibilities.

### **Why is safeguarding necessary?**

- Safeguarding is a complex area; Voluntary, Community and Faith Sectors play an important role in helping Children, Young People and Adults at Risk with care and support needs to live full lives, free from abuse and neglect.
- For Pan Lancashire Policy and Procedure for safeguarding children manual. See link below
- LSCB/LSAB safeguarding policies.

<http://panlancashirescb.proceduresonline.com/index.htm>

A key area of consideration is the implementation of the Mental Capacity Act (MCA) which is supported by a Code of Practice and sets out the legal framework for adults and children aged 16 -17 years old who lack capacity; for young people aged 16-17 years there is an overlap with the Children Act 1989. The MCA identifies who can take decisions and in what situations, as well as protecting the right of the individual when refusing treatment merely because they make an unwise decision. (see women's centre MCA policy and procedure)

## **Principles**

Chorley Women's Centre recognise that safeguarding is a shared responsibility with the need for effective joint working with other agencies. In order to protect Children, Young People and Adults at risk from harm, and achieve effective

joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding adults and children within the work of the organisation.
- Clear lines of accountability within the organisation for safeguarding.
- Service developments that take account of the need to safeguard all service users, and informed, where appropriate, by the views of service users.
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, children looked after and the Mental Capacity Act, and Prevent.
- Appropriate safeguarding supervision and support for staff in relation to safeguarding practice
- Safe working practices including recruitment and vetting procedures.
- Effective interagency working, including effective information sharing.

### **Breaches of policy**

For employees, failure to adhere to the Safeguarding Policy could lead to possible disciplinary action being taken. For others (volunteers, supporters, agency staff, and partner organisations) their individual relationship with the Agency may be terminated.

### **Definition and clarification**

**Children:** in this policy, as in the Children Act 1989 and 2004, **a child** is anyone who

has not yet reached their 18th birthday. For children aged 16 and 17 years old

however the terminology used by the MCA Act 2005 will be adopted for this policy i.e.

Young Person.

**Safeguarding and promoting the welfare of children** is defined in *Working Together to Safeguard Children (2015)* as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

**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.

**Child In Need:** is part of the continuum of need threshold for Lancashire, where children and young people are unlikely to meet developmental milestones without multi agency support assessed by a social worker, including a child with a disability who is in Need. There may be a variety of unmet needs and 'underlying' risk factors for a child, for example domestic abuse, substance misuse, mental health issues, CSE.

<http://www.lancshiresafeguarding.org.uk/media/14679/4718-CON-A4-Booklet-single-pages.pdf>

**Young carers:** are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol.

**Looked After Children:** the term 'looked after children and young people' is generally used to **identify** those looked after by the **Local Authority**, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed

as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as 'children in care'. Unaccompanied asylum-seeking children automatically receive Looked After Child status.

## RESPONSIBILITIES

### **Individual staff members, including all employed staff and volunteers**

- To be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with national guidance and the pan Lancashire safeguarding children and adult procedures;
- To be aware of and know how to access Lancashire Safeguarding [Children's](#) (LSCB) and Adults Board's (LSAB) Policies and procedures (<http://panlancashirescb.proceduresonline.com/>)
- Take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding adults and children and implementation of the Mental Capacity Act;
- Understand the principles of confidentiality and information sharing in line with local and government guidance  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect vulnerable children and adults at risk;
- Recognise the importance of sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour.
- To minimise any potential risk to vulnerable children and adults at risk;

## CATEGORIES OF ABUSE

### **Children:**

**Physical abuse:** including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions and Female Genital Mutilation.

**Sexual abuse:** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, on-line abuse or exploitation, child sexual exploitation (CSE), indecent exposure and sexual assault or sexual acts to which an adult has not consented or was pressured into consenting.

**Neglect and acts of omission:** – Neglect is the ongoing failure to meet a child's basic needs including ignoring medical, emotional or physical needs or failure to provide appropriate supervision, access to appropriate health care and support or educational services. For adults this may mean the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Emotional/Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

### What to do if Children are at risk of harm

(Abuse may take the form of physical abuse, sexual abuse, emotional abuse or neglect)

Any member of staff who believes or suspects that a child may be suffering, or is likely to suffer significant harm should always refer their concerns to Children's Social Care. (There should always be an opportunity to discuss concerns with a manager, named professional or qualified social worker, but never delay emergency action to protect a child)

Are you concerned a child is suffering or likely to suffer harm, for example:

- You may observe an injury or signs of neglect
- You are given information or observe emotional abuse
- A child discloses abuse
- You are concerned for the safety of a child or unborn baby

#### Step One

Inform parents/carers that you will refer to Children's Social Care

**UNLESS** The child may be put at increased risk of further harm (e.g. suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to a child, forced marriage) or there is a risk to your own personal safety.

#### Step Two

Make a telephone call to Children's Social Care  
Follow up the referral in writing within 24 hours

#### Step Three

Children's Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement within 3 working days contact Children's Social Care again.

#### Step Four

You may be requested to provide further reports/information or attend multi-agency meetings

#### Who to contact in Children's Social Care

**Lancashire**

**Duty Social Worker** (Mon – Fri 8.45am – 5pm) **Tel 0300 123 6720**

**Emergency Duty Team** (out of hours) **Tel 0300 123 6721**

#### Who to contact for local NHS advice:

Safeguarding Team LCFT, Tel: 01772 777153

Designated Nurse, Tel: 01772 214368

Designated Doctor, Tel: 01772 522079

Named GP: 01772 214376

Police Public Protection Unit Tel: **0845 125 3545** and request to speak to the PPU for the area in which the person resides. In an emergency contact the police on **999**

Staff should update their knowledge by accessing regular training and be familiar with local safeguarding policies, including those of the Local



## **ADULTS**

### **Adults (as per children plus the following):**

**Domestic violence:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence and forced marriage. Advice around referring high risk cases can be found here -

[http://panlancashirescb.proceduresonline.com/chapters/pr\\_contacts.html#black\\_marac](http://panlancashirescb.proceduresonline.com/chapters/pr_contacts.html#black_marac)

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern slavery:** encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory abuse:** including forms of harassment, slurs or similar treatment;

Because of race, gender and gender identity, age, disability, sexual orientation or

religion. ( see individual policy on Domestic abuse, FGM, forced marriage slavery)



DOMESTIC%20ABU Female%20Genital Policy%20and%20pr  
SE%20AWARENESS%20Mutilation%20Pocedure%20for%20f

**Organisational abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example,

or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Self-neglect:** The Lancashire Self Neglect framework should be referred to for the management of cases where an adult is at high risk due to severe injury and/or death due to lifestyle/self-neglect/refusal of services. There is no perpetrator in these cases and the adult at risk has mental capacity to make choices about their care and support. It is designed to ensure effective multi-agency working and decision making.

It is important to note that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

## **SEE APPENDIX ONE FOR REFERRAL FORM AND CAF**

### **MAKING AN ALERT TO THE LOCAL AUTHORITY SAFEGUARDING ADULTS ENQUIRY TEAM OR A REFERRAL TO CHILDREN'S SOCIAL CARE**

All staff and volunteers have a responsibility to report to the centre allocated safeguarding lead;

**Centre Manager Jackie Moss 07488 316632 and/ or Lynda Gallagher 07866 854841**

An 'alert' is a response to a concern, where an individual believes that a vulnerable adult may be at risk of harm or abuse. Alerts should be raised as soon as abuse or neglect is witnessed or suspected. This should always be the case if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred, as the alleged abuser is likely to have access to the adult or others who might be at risk. This can be done directly to the Safeguarding team or out of hours service or via

whistleblowing procedures where necessary. The referrer is not expected to prove abuse has happened but to provide information based on the disclosure from the vulnerable adult. All staff have a duty of care in terms of challenging poor practice and escalating their concerns appropriately. Making a safeguarding referral for a child or young person at risk of significant harm.

Information required to raise the alert / referral
Who the alleged victim is
Who the alleged perpetrator is (if known)
What has happened
When abuse has happened
Where abuse has happened
How often is it happening
Who witnessed it

**NB – a referral should still be completed even if some of the information is missing**

### **Local Area Designated Officer (LADO)**

A Local Authority Designated Officer (LADO) works within each Local Authority area and is there to support staff across all organisations who work with children and young people if any concerns arise regarding any practitioner who works with children and young people.

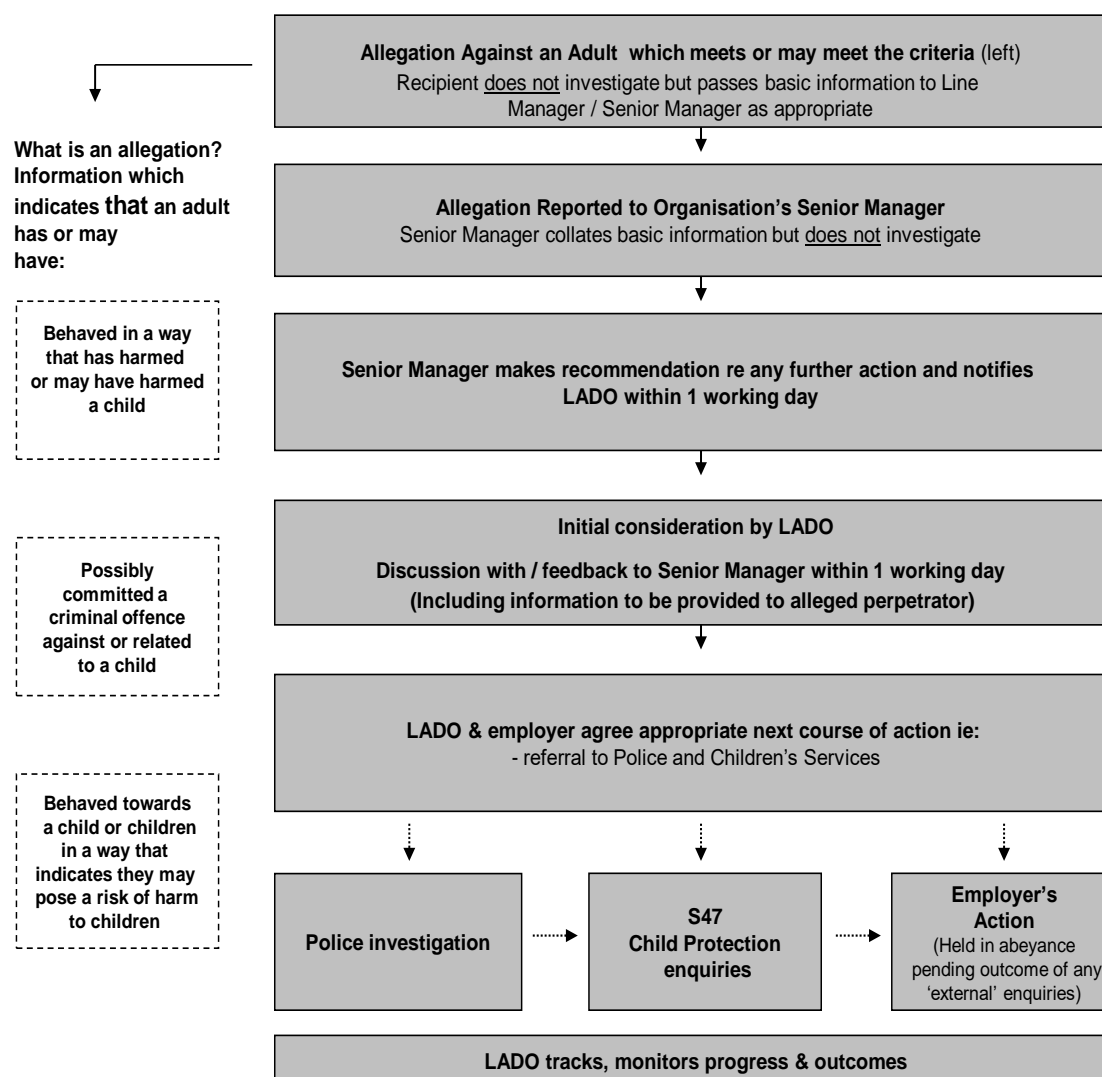
The LADO should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed a child
- or may have harmed a child
- possibly committed a criminal offence against a child/children

If a practitioner has concerns regarding the conduct of a colleague then they should in the first instance report this to the Designated Safeguarding Lead (Jackie Moss/Lynda Gallagher), who is required by law to report this concern to the LADO. However, it is important to note that anyone can contact the LADO if they need to do so for advice or support, especially if concerns are regarding the conduct with children and young people of management or holistic organisational practice.

The LADO for Lancashire is Tim Booth 01772 536694 [timbooth@lancashire.gov.uk](mailto:timbooth@lancashire.gov.uk)  
Further information on the role of the LADO and referral process can be found at;  
<http://panlancashirescb.proceduresonline.com/pdfs/lado.pdf>

## Flowchart: Procedure for Managing Allegations



### Contact Information

**Blackburn with Darwen LADO is:**

**Megan Dumbleton:**

[megan.dumbleton@Blackburn.gov.uk](mailto:megan.dumbleton@Blackburn.gov.uk)

**Tel: 01254 585184**

**Blackpool LADO is:**

**Peter Charlesworth:**

[Peter.charlesworth@blackpool.gov.uk](mailto:Peter.charlesworth@blackpool.gov.uk)

**Tel: 01253 477541**

**Lancashire LADO is:**

**Tim Booth:**

[Tim.booth@lancashire.gov.uk](mailto:Tim.booth@lancashire.gov.uk)

**Tel: 01772 536694 or 07826902522**

Further information on the role of the LADO and referral process can be found at;

<http://panlancashirescb.proceduresonline.com/pdfs/lado.pdf>

<b>Contact Numbers</b>	
<b>Safeguarding Adults Team</b> between 9am - 5pm <b>Safeguarding children's Team</b> between 9am - 5pm <b>LADO</b>	<b>0300 123 6721</b>  <b>0300 1236720</b>  <b>01772 536694</b> Or <b>07826902522</b>
<b>Out of hours</b>	<b>0300 123 6722</b>
<b>In an emergency</b> if a person is at risk of serious harm or needs immediate medical attention	<b>999</b>
<b>Police Public Protection Unit</b>	<b>101 or 0845 125 35 45</b>
<b>Regional Prevent Coordinator NHS Lancashire Area Team</b>	<b>01138 248 938</b>
An alert can also be made on line by completing an electronic alert form which can be found on the Lancashire Safeguarding Adults Board <a href="http://lancashire.firmstep.com/default.aspx/RenderForm/?F.Name=CZKJHiDpme2&amp;HideToolbar=1">http://lancashire.firmstep.com/default.aspx/RenderForm/?F.Name=CZKJHiDpme2&amp;HideToolbar=1</a>	

Information and guidance can be found at

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/guidance-for-safeguarding-concerns.aspx>.

## **RECORD KEEPING**

Record your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom

and for what purpose. Your records may form part of a safeguarding meeting which you may be asked to attend. Contributions to multiagency safeguarding meetings are invaluable and support best practice. Where there are concerns about a vulnerable person, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in writing in the service user records. For those agencies providing direct care, any bruises, marks and/or unexplained injuries observed should be clearly documented on a body map (<http://www3.lancashire.gov.uk/corporate/web/?siteid=7280&pageid=47972&e=e>) Within the records. Records must be stored appropriately and in accordance with information governance guidelines (i.e. Sensitive data should be stored securely)

## **INFORMATION SHARING**

The sharing of information is vital for early intervention to ensure that Children, Young people and adults at risk get the services they require. It is also essential to protect people from suffering harm from abuse or neglect. It is essential that all staff understand when, why and how they should share information.

Always consider the safety and welfare of the person when making decisions on whether to share information about them.

Where there is concern that the person may be suffering or is at risk of suffering significant harm then their safety and welfare **must** be the overriding consideration and information must be shared.

This detailed guidance refers to [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (HM Government 2015).

Also refer to Women Centres Confidentiality and Sharing information Policy and Procedure

What to do if an adult is at risk of harm

Abuse discovered or suspected

There should always be an opportunity to discuss concerns with a manager/ named leads ; Contact women centre safe guarding lead, Sue Collins 07745994663 / Anne sStafford 07768132622. But never delay emergency action to protect

Is the adult at risk of immediate danger or in need of emergency medical treatment?

And/or has a crime been committed?

And/or is there a need to protect forensic evidence?

Is anyone at risk of harm e.g. another adult or child?

Yes

Contact emergency service e.g. police or ambulance

No

Contact the Duty Social Worker  
In adults social care for advice

Safeguarding adults  
issue confirmed?

No

Yes

Referral to Safeguarding  
Adults Enquiry Team  
0300 123 6721  
[www.lancashire.gov.uk](http://www.lancashire.gov.uk)

- Document all discussions held, actions taken, decision made including who was informed and who was spoken to
- All information to be passed to designated professional for safeguarding on next working day
- Record incident on incident reporting form



## Children's Social Care Referral Form

The purpose of this referral form is to support information sharing and decision making about children and young people in need of protection and support to ensure they receive the right help from the right agency at the right time.

Consideration needs to be given to Lancashire's Continuum of Need and Threshold Guidance.

This form must be completed as comprehensively as possible for children and families in need of help and support at **level 3 with consent of Parents or Carers and Level 4 on Lancashire's Continuum of need (CON)**. Informed consent is required of parents or carers at level 3 and desirable at level 4. At level 4 however the referral should be made whether or not consent is given.

If there are concerns about a child or young person at level 4 of the CON (child protection) ***make direct contact*** on 03001236720 or Police (999 in an emergency) and complete this form once the immediate concerns have been addressed.

If the child you are concerned about already has an allocated Social Worker go directly to this person by contacting 03001236720 – there is no need to use this form.

Informed consent means that the person on whose behalf the referral is being made understands that any offer of help will be based on an assessment of need and that this will require agencies to share information.

The failure to obtain consent means the referral cannot be accepted unless concerns lie at level 4 on the CON.

Email this referral to [cypreferrals@lancashire.gov.uk](mailto:cypreferrals@lancashire.gov.uk)

The Telephone number for contact regarding level 4 referrals or to discuss this referral is

0300 123 6720

Referral to : Lancashire Children's Social Care							
Date of Referral		Time of Referral					
Details of Child(ren)							
Child(ren ) name		DOB		Age		Unborn Y/N	
Child(ren) NHS number(s) if referral from Health							
Child(ren) unique pupil number if referral from school							
Gender M/F		Disability [if known please specify]					

<b>Ethnicity</b>		<b>Childs first Language</b>		<b>Is an interpreter needed? Y/N</b>	
<b>Address</b>					
<b>Postcode</b>			<b>Tel No</b>		
<b>Name of child(ren) primary carer/s:</b>			<b>Relationship:</b>	<b>Parental responsibility  Y/N</b>	
<b>School/Nursery/College attended:</b>					
<b>Child(ren) GP details:</b>					

<b>Tel No:</b>				
<b>Family Composition/Significant Others</b>				
<b>Name</b>	<b>DOB</b>	<b>Relationship</b>	<b>School</b>	<b>Parental Responsibility</b> Y/N
<b>Reason for referral</b>				
<p><b>State the key areas of concern about risk of harm or neglect, outline what these are and how it will impact on the child. Refer to the continuum of need as a guide and identify if you are referring at level 3 child in need or level 4 child in need of protection.</b></p>				

**List the actions taken or support provided so far e.g. support via your agency, CAF and offer of Early Help, assessments completed. Please include any previous involvement of agencies with the family.**

**What are you requesting from children's services social care and or other agencies?**

**Child/Family View of the referral**

Child/Young Persons Health and Developmental needs, Parental issues and Family /Environmental factors

*Consider all aspects of child/young person's social, emotional, health and well being. Provide information in relation to any unmet health needs, education, emotional and behavioural development, identity and the parental/ family environmental issues impacting on these.*

**Child/YP Unmet needs**

**this is about comparing where the child is in terms of their health, education, social, emotional and behavioural presentation at this present time compared with where they should be given their age and stage of development**

**Underlying risk factors within the family and the child such as;**

**poverty, poor housing, lack of support/isolation, learning disabilities, physical health problems, poor cooperation with professionals, drug and alcohol issues, mental health difficulties impacting on the child's needs.**

**High risk indicators within the family and child such as;**

**chaotic drug and alcohol misuse, personality disorder, uncontrolled mental health problems, other previous children removed, previous involvement in child neglect, physical and sexual abuse of children, history of violence, sexual offending, parental experience of own parenting abusive, denial to accept responsibility, evidence of FGM, over excessive chastisement, honour based violence, radicalisation, child is under 3 and pre mobile and these factors are present.**

**Child involved in CSE, frequently MFH,**

**Strengths / resilience factors (for example, a protective parent, supportive wider family, parent wants to change / acknowledges problems, Child has some secure attachments and secure base )**

**Are there any current or previous concerns regarding CSE (Child Sexual Exploitation)?  
Please provide details.**

**Are there any concerns regarding the child going missing from Home? Please provide  
details.**

**Are there any concerns regarding Radicalisation and have any referrals to CHANNEL  
Been made?  
Please provide  
details.**



**Are there any concerns regarding the child's Mental Health? Please provide details**

**Parenting capacity**

*Issues affecting parent/carers capacity to respond appropriately to child/young person's needs; consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability.*

**Are there any concerns regarding Parents mental health which is impacting on the child?**

**Are there any concerns regarding Parents learning abilities which is impacting on the child?**

**Are there any concerns regarding Parental substance use which is impacting on the child?**

**Are there any concerns regarding Domestic abuse and violence?**

Consent to Referral		
Has informed consent for this referral been obtained from a person who has parental responsibility?	Yes - Name of individual providing consent & relationship	
	No - (State reason why)	

	referring without consent)	
Has informed consent to share information with other agencies such as health and education been obtained?	Yes/No	
<b>Has a CAF or any other assessment been completed on this child/young person?</b>		
<b>Yes</b> <i>[By your agency]</i>		
<b>Yes</b> [by another agency give name of lead professional]		
<b>No</b> [Give reasons why not]		
<b>Not known</b>		
<b>Attach CAF and any relevant TAF minutes or any other assessment if available</b>		

<b>Other agencies/provision involved e.g. Health visitor, CAMHS, YOT , WPEH if known</b>		
<b>Name of Organisation and Profession.</b>	<b>Contact Details: Address/ Telephone No/ Email Address</b>	<b>Brief description of work undertaken to support child/young person.</b>

<b>Referral from:</b>		
<b>Name</b>		
<b>Job title</b>		
<b>Agency</b>		
<b>Address</b>		
<b>Tel</b>		
<b>Email</b>		
<b>Approval of referral by agency safeguarding lead</b>	<b>Yes/No</b>	

## Lancashire's Risk Sensible Model

All agencies should be 'risk sensible' when assessing a child's vulnerability, need and risk

### Underlying Risk Factors

Those elements that are ***often present*** in risk situations, but which do not, of themselves, constitute a risk

- Poverty
- Poor Housing
- Lack of support network/isolation
- Experience of poor parenting
- Low educational attainment
- Physical/learning disability (adult/child)
- Mental health difficulties (adult/child)
- Drug & alcohol misuse
- Victimisation from abuse/neglect
- Discorded/discordant relationships
- Previous history of non-violent offending
- Rejecting/antagonistic to professional support
- Behavioral/emotional difficulties in parent
- Behavioral/emotional difficulties in child
- Young, inexperienced parent
- Physical ill health (adult/child)

- Unresolved loss of grief

## High Risk Indicators

Those elements which, ***by their presence***, do constitute a risk:

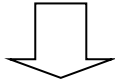
- Previous involvement in child physical and sexual abuse and/or neglect
- History of being significantly harmed through neglect as a child
- Seriousness of abuse (and impact on the child)
- Age of the child (particularly if less than 3 years old)
- Incidence of abuse (how much abuse over how long a period of time)
- Record of previous violent offending (against both children and adults)
- Older child being relinquished or removed
- Unexplained bruising (particularly in pre-mobile children)
- Uncontrolled mental health difficulties (including periods of hospitalisation)
- Personality disorders
- Chaotic drug/alcohol misuse
- Denial/failure to accept responsibility for abuse or neglect
- Unwillingness/inability to put the child's needs first and take protective action
- Cognitive distortions about the use of violence and appropriate sexual behavior
- Inability to keep self-safe
- Unrealistic, age inappropriate expectation of the child.

## Continuum of need

<http://www.lancshiresafeguarding.org.uk/media/34109/-thresholds-guidance-2016-with-new-windscreen-.pdf>

Further guidance

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/guidance-for-safeguarding-concerns.aspx>.



## **Continuous Improvement and Review**

### **Last reviewed and verified**

Updated – 11/2018

Ratified by the committee – 01/05/2019

### **Note:**

**Volunteer trained in Safeguarding, full days training given annually. Presented on 28/10/19**