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Sense Operational Policy

**Safeguarding Children and Young People**

**England, Wales and Northern Ireland**

**Guidance**

1. **Outcomes**

* Children and young people should be involved as practically possible in the safeguarding process.
* Children and young people are supported to keep themselves safe; they are provided with meaningful information to recognise and report abuse.
* Children and young people are to be engaged in a conversation about how best to respond to their safeguarding situation that enhances involvement, choice and control as well as improving their quality of life, wellbeing and safety.
* Children and young people’s safety is respected and protected.
* Children and young people, family members’ and staff members’ concerns about safeguarding are taken seriously and acted upon appropriately.
* Staff understand safeguarding procedures and feel skilled, knowledgeable, confident and supported to report concerns about abuse.
* Safeguarding issues are dealt with responsively and appropriately, actions are taken to prevent and reduce risks. The organisation promotes best practice in relation to safeguarding and learns lessons from internal and external experience.

**What is this Guidance about?**

Safeguarding is working with children and young people with care and support need to keep themselves safe from abuse and neglect. Safeguarding is everybody’s business and the responsibility for responding belongs to us all. Sense takes its responsibilities in relation to safeguarding extremely seriously.

This Guidance provides a range of tools and resources to support individuals to keep themselves safe to understand what safeguarding and abuse is.

The guidance is for all staff, including England, Wales and Northern Ireland.

**Who is this Guidance for?**

* Individuals using Sense services, their families and carers
* All staff (including volunteers), Managers, Operational Managers and Vice Principals
* Director (‘s) of Operations, Heads of Operations and Executive Principal
* Other professionals, such as social workers, police and therapists, Local Safeguarding Children’s Board (LSCBs) (England and Wales), Safeguarding Board for Northern Ireland (SBNI) (Northern Ireland)
* Trustees
* Whilst this list is not exhaustive safeguarding is everybody’s responsibility and will include other non-Operational Directors / Managers including Trading Managers where a child or young person is at risk and is accessing their service

This guidance is applicable to children and young people aged between 0 and 18 years.

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Safe Guide – this can be used by staff to provide information to individuals using Sense services about safeguarding. Staff should use communication approaches and support that are appropriate for the person.

Safe Guide for Families/Carers – this can be used by staff to provide basic information to families about safeguarding in Sense.

What to do if you suspect abuse (England, Wales and Northern Ireland) – Please ensure you display this within your service.

**Note:** All of these Appendices have been developed in support of the procedure and should be used alongside it.

**Part One:** Understanding Some of the Core Issues Associated with Safeguarding

**Note:** Legally Children and Young People cannot make decisions in relation to safeguarding – it is recognised however to be good practice to include them throughout the process where appropriate.

**What Good Safeguarding Looks Like: No Decision About Me Without Me**

* I get help to understand what Keeping Safe means
* I am asked my opinion if there are concerns that I am at risk
* I get help and support to report abuse or neglect
* I feel listened to and what I say is taken seriously
* I am given the information I need, in the way that I need it
* I am kept informed about what is happening
* I am asked my views and this directly informs what happens next
* I know that decisions are made in my best interest when I lack capacity to make them, and that this is explained to me

Prevention

Sense is committed to preventing abuse and our staff will always take proactive action to support children and young people to keep themselves safe and to reduce the risks of abuse/harm.

Prevention is not about over protection or risk averse practice. It is about person centred support and builds on the principle of empowerment.

Children and young people should be supported to make choices, to take positive risks and will be provided with accessible and meaningful information in order to understand risks and find solutions for themselves.

Sense takes action to prevent abuse in a number of ways.

These are listed below:

* Carrying out HR checks (such as DBS and Access NI checks);
* Staff undertake Safeguarding training, Communication training and Mental Capacity (Mental Capacity training is applicable for 16 years and over);
* Managers need to foster a culture of positive risk taking which supports practitioners to work in a risk enabling way. This requires a culture of supportive learning from good, reflective supervision and an emphasises on evidence-based practice.
* Providing (and providing access to) information about advocacy services;
* Producing toolkits and simplified documents to empower children and young people, staff and families (see ‘Keeping Safe Resources’ <https://iris.sense.org.uk/Interact/Pages/Content/Document.aspx?id=7094> )
* Regular supervision, mentoring and practice observation.
* Staff are encouraged to have the confidence to challenge poor practice and to have their practice challenged;
* The Safeguarding Board.
* Quality assurance, auditing, evaluation and monitoring practices.
* Risk assessment, enablement and management; partnership working with local authorities; safeguarding boards; police; health services; and housing.

Early Help and Multi Agency Working

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.

In order for early help to support children and young people effectively, agencies need to work together to:

* Identify children, young people and families who would benefit from early help
* Undertake an assessment of the need for early help
* Provide targeted early help services to address the assessed needs of the child, young person and family - which will focus on activity to significantly improve the outcomes for the child.

Sense should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families.

Sense staff have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together with other agencies to provide children and young people with the help they need. Sense staff need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing what types of interventions are the most effective.

*(Working Together to Safeguard Children, DfE 2018)*

Information Sharing between Agencies

The effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child’s welfare and believes they are suffering or likely to suffer harm, then they should share information with local authority children’s social care.

*(Working Together to Safeguard Children, DfE 2018)*

[[1]](#footnote-1)Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm.

The most important consideration is whether sharing information is likely to safeguard and protect a child.

* The principles set out below intended to help practitioners working with children, young people, parents and carers share information between organisations.
* Necessary and proportionate consider how much information you need to release. Any information shared must be proportionate to the need and level of risk.
* Relevant Only information relevant to the purposes should be shared with those who need it.
* Adequate Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.
* Accurate Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.
* Timely Information should be shared in a timely fashion to reduce the risk of harm.
* Secure Wherever possible, information should be shared in an appropriate, secure way.
* Record Information sharing decisions should be recorded whether or not the decision is taken to share.
* When asked to share information, you should consider the following questions to help you decide if and when to share.

1. Is there a clear and legitimate purpose for sharing information?

Do you have concerns regarding the child’s welfare, level of support or needs not being met? Concerns in regard to an unexplained physical injury, or something the child has raised with you.

* Yes – see next question, No – do not share

1. Does the information enable an individual to be identified?

* Yes – see next question, No – you can share but should consider how

1. Is the information confidential?

* Yes – see next question, No – you can share but should consider how

1. Do you have consent?

* Yes – you can share but should consider how, No – see next question

1. Is there another reason to share information such as to fulfil a public function or to protect the vital interests of the information subject?

Consider same confidentiality as in pts 2 & 3.

* Yes – you can share but should consider how, No – do not share

**How to share the information**

* Identify how much information to share.
* Distinguish fact from opinion.
* The information being sent only to those who need the information to make a decision on the child’s safety/needs?
* Ensure that you are giving the right information to the right individual.
* Ensure that any information sent by e mail is securely protected using password protected documents, and if a child/family is referred to in e mail text only initials are used.
* Is there a unique coding system which is used that enables the child/family information only available to those who have legitimate authority to receive it.
* Do not use fax to correspond unless you are assured the receivers fax is secure.
* Any information sent via post should be sent via recorded/registered delivery.
* Inform the individual that the information has been shared if they were not aware of this, as long as this would not create or increase risk of harm.
* All information sharing decisions and reasons must be recorded in line with your organisation or local procedures.
* If at any stage you are unsure about how or when to share information, you should seek advice and ensure that the outcome of the discussion is recorded.
* If there are concerns that a child is suffering or likely to suffer harm, then follow the relevant procedures without delay.

Poor Practice

The following is a guide to poor practice and abuse. Both are serious and must be reported to a manager (or another relevant person).

Sense staff should be prepared to confront and tackle poor practice wherever it is observed and witnessed.

Where there is possible abuse, the manager or other relevant person should always raise an alert through formal safeguarding procedures. If a manager is in doubt as to whether something is abuse, he or she should raise an alert through formal safeguarding procedures.

Poor practice is serious, but it may be more appropriate for the manager to deal with the matter as an internal incident.

The table below shows examples of poor practice and actions. Procedures in each local area may differ and managers should be aware of any differences between this guide and local guidance.

| **Poor Practice - internal action (incident reporting)** | **Possible Abuse - raise an alert** |
| --- | --- |
| Support plan not followed. Provider identifies this and addresses it and no harm occurs. | Failure to follow support plan results in the person suffering harm. More serious if this is a recurring incident or affects more than one person. |
| A child or young person does not receive necessary help to eat or drink on one occasion – this is identified at the time and resolved. No harm occurs. | Recurring event, or is happening to more than one person. |
| Incontinence needs of one child or young person not responded to within 20 minutes. No significant distress or harm caused. | Recurring event, or is happening to more than one person. |
| A child or young person does not receive their medication on one occasion, but no harm occurs (their doctor / Pharmacist was contacted for advice regarding the impact of the missed medication). | Medication error on one occasion, causing harm, e.g. Diabetic - insulin. Or could have caused significant harm.  Recurring event, or happening to more than one person. Harm suffered, e.g. pain, health deterioration, and side effects. |
| Worker is denied access to the child’s home on one occasion and does not record this appropriately. | The worker is denied access to the child home on three or more consecutive occasions, family refuse to give a reason and the child can be heard in a distressed state. |
| A staff member is reported to have talked to a colleague about a child or young person in an unprofessional way, which does not cause concern that harm, would occur. | A staff member is reported to have shouted at or sworn at a child or young person. |
| Identified 1-1 support not provided to one child or young person on one occasion, no harm occurs. | Recurring event which puts other people at risk; and/or unnecessary restraint is used. |
| The receptionist at a Touchbase Centre observes an incident of poor practice that does not cause direct harm or causes concern in the manner the way someone was supported. | The receptionist observes an incident of poor practice that does cause direct harm and or causes concern over the manner the way someone was supported resulting in the person being injured or distressed. |
| A volunteer notices a regular customer berate their child in a controlled voice when the child picks up a toy and drops it on the floor. | A volunteer notices a regular customer smacking the child causing clear distress whenever they enter the shop and the child misbehaves. |
| A parent and child enter the shop, the child is wearing soiled and dirty clothing. | Whenever the parent and child arrive at the shop, the child is in apparent distress and is in severely soiled clothing and clearly neglected. Parents breath smells of alcohol.  **Note:** Shop Manager to support the person to report to local Children Safeguarding Board / EDT / police. |

Investigations

**Staff will make themselves available and attend any investigation interviews and disciplinary meetings.**

Where a criminal investigation is taking place, the disciplinary procedure may be suspended until the investigation has been completed.

The decision to suspend or commence the disciplinary procedure will be taken following discussion between the Police, Human Resources and the Operational Group.

Safeguarding investigations will always take precedence over un-resolved issues raised by alleged perpetrator and other issues such as complaints and grievances.

Following a referral to an external organisation such as the police or social services, the external organisation will identify whether they should do the investigation or whether Sense should do its own investigation.

A senior manager will decide who conducts the investigation and will also decide who and how the referrer will be kept up to date and informed. This will be done through a named individual.

**Note:** Sense will not accept a staff member’s resignation or retirement to avoid a disciplinary hearing in the event they have been accused of abuse – Sense will take all reasonable steps to ensure the process is fast-tracked in order to meet the staff members notice period.

The objectives of an internal investigation should be to:

* Assess the needs of the child or young person for protection, support and redress;
* Establish the facts as far as this is possible. Where this not possible, the investigation should form a reasonable belief of what is likely to have occurred and the impact on the child or young person.
* The investigation will also establish the urgency of the situation and whether immediate action needs to be taken in order to keep the child and young person (and others) safe;
* Make decisions with regard to what follow up action should be taken with regard to the alleged perpetrator and the service or its management if they have been responsible; and
* Sense has guidelines for investigating officers when interviewing individuals supported by Sense.

Forensic Evidence

## Preserving Evidence

If you think that abuse has occurred, then evidence must be preserved. The nature of the evidence depends on the type of abuse and when it occurred.

**To preserve evidence, remember:**

* try to disturb the ‘scene’ as little as possible, sealing off areas if possible
* do not move weapons unless necessary for safety (in which case take care to protect potential fingerprints)
* do not clean things or wash away blood or other fluids
* do not remove an individual's clothing
* discourage washing/bathing
* do not handle items which may hold DNA evidence
* put any bedding or clothing which has already been removed, or any significant items given to you (weapons etc.) in a safe dry place
* do not put items of bedding, clothing into plastic bags - use envelopes or brown paper bags
* try to avoid physical contact with the individual so as to avoid cross contamination
* preserve any items that come into contact with the individual after the event (such as a blanket used to cover the individual)

**Other evidence can be obtained, or preserved by:**

* not interviewing the victim (avoids any danger of you influencing their responses)
* not interviewing any potential witnesses (avoids any danger of you influencing their responses)
* not alerting the alleged perpetrator (avoids any danger of concealing of evidence or arranging of alibis/cover story)
* making a note of your observations in relation to the condition and attitude of the people involved and any actions you have taken
* keeping accurate records.

Evidence of physical injury – e.g. bruises – is normally recorded on a **body map** chart. You must complete the HS02 Appendix 2 – Accident Report Form on IRIS – <https://iris.sense.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=1985>. This is true for all physical injuries even if they are not linked to abuse, which helps identify the difference between everyday accidents and patterns of abuse.

**Part Two:** Further Supporting Information

Types of Abuse

The following is a guide to the types of abuse. The list is not a complete list of the types of abuse. There are other things that constitute abuse. If you are unsure, you can ask your line manager.

The following definitions have been taken from *The NSPCC Child Protection Fact Sheet: The definitions and signs of child abuse.*

**Physical Abuse:** Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child’s medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins and are often on the front of the body.

Some children, however, will have bruising that is more than likely inflicted rather than accidental. Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the ‘soft’ parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later. Physical abuse can include hurting another with hands, feet or an object.

**Emotional Abuse:** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ’making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual Abuse:** Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the intranet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect:** Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

**Organisational abuse** including neglect and poor care practice within an institution or specific care setting such as 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.

**Fabricated or Induced Illness (FII):** Consider fabricated or induced illness if a child’s history, physical or psychological presentations or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture. Fabricated or induced illness is a possible explanation even if the child has a past or concurrent physical or psychological condition. (Nice, 2013)

**Modern Slavery encompasses**:

* slavery
* human trafficking
* forced labour and domestic servitude
* traffickers and slave master using whatever means they have at their disposal to coerce, deceive and forced individuals into life of abuse, servitude and inhumane treatment.

Additional Areas of Abuse

**Female Genital Mutilation (FGM):** Is sometimes referred to as female circumcision and refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reason. The practice is illegal in the UK as is the act of arranging for a girl to be taken abroad for FGM.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Once concerns have been raised about FGM, there should also be a consideration of potential risk to other girls in the family and practicing community. Professionals should be alert to the fact that any one of the girl children amongst these groups could be identified as being at risk of FGM and may need to be safeguarded from harm.

The majority of FGM cases are thought to take place between the ages of 5 and 8 although the age can vary from when a girl is newborn to her first pregnancy. They may be taken to their country of origin so that FGM can be carried out during the summer holidays, allowing them time to ‘heal’ before they return to school.

It is prevalent in Africa, the Middle East and Asia. Over 20,000 girls under the age of 15 in the UK are thought to be at risk each year with 66,000 women living with the consequences of FGM.

If you are worried that a child or adult may be at risk of FGM you should discuss this with your manager in the first instance. Any concerns should be reported to social care services, the police or you can call the free 24-hour FGM helpline on **0800 028 3550** at [fgmhelp@nspccc.org.uk](mailto:fgmhelp@nspccc.org.uk).

The safety and welfare of the child at risk is paramount and professionals should not be deterred from protecting vulnerable girls by fears of being branded ‘racist’ or ‘discriminatory’. (HM Government, 2011)

Department of Health: Female Genital Mutilation Risk and Safeguarding Guidance for Professionals: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf>

HM Government: Multi-Agency Statutory Guidance on Female Genital Mutilation: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM__-_FINAL.pdf>

**Controlling and Coercive Behaviour:** This offence is constituted by behaviour on the part of the perpetrator which takes place ‘’repeatedly or continuously’’. The victim and alleged perpetrator must be ‘’personally connected’’ at the time the behaviour takes place. The behaviour must have had a ‘’serious effect’’ on the victim, meaning that it has caused the victim to fear violence will be used against them on ‘’at least two occasions’’, or it has had a ‘’substantial adverse effect on the victims’ day to activities’’. The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she ‘’ought to have known’’ it would have that effect.

Controlling or coercive behaviour should be dealt with as part of adult and/or child safeguarding and public protection procedures.

For Further details: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf>

**County Lines**

County lines description County lines drug dealing is a national issue involving organised drug dealing networks exploiting children and vulnerable adults to move, hold and sell Class A drugs across the UK, using dedicated mobile phone lines to take orders. Although Class A drug supply underpins county lines offending, exploitation remains integral to the business model and county lines offenders recruit, transport and exploit children and vulnerable adults to carry out activity including preparing, moving, storing and dealing illegal drugs.  The victims are often children, commonly males aged 15 to 17 years, who are groomed with money, gifts or through sexual and violent relationships, and forced to move, store and deal, Class A drugs. Children as young as 11 years of age have been reported as being exploited. It is important to stress here that child victims can be both male and female. Methods of control include:

• Debt bondage, including staged robberies;

• Sexual abuse, particularly against females, including for blackmail and humiliation purposes;

• Violence (real and threatened) is used to coerce victims to become dealers, enforce debts, and use victim’s accommodation as an operating base;

• Kidnap against victims and their families.

County lines and the associated violence, drug dealing and exploitation has a devastating impact on children, vulnerable adults, families and local communities. The UK Government defines county lines as: “County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.”

County Lines Exploitation Practice guidance for YOTs and frontline practitioners - Published by the Ministry of Justice on 1 October 2019

**Interfamilial Abuse:** As the wording suggests this abuse only occurs within the family. This can include parent to child, brother to sister and other close relation to the child e.g. grandmother/father or uncle/aunt etc. Additionally, may include step parents/siblings. (The independent enquiry into Sexual Abuse, Oct 2019 – identified 45% of sexual abuse reported was prerertarted by the victim’s family)

Often due to family dynamics this may go unreported due to a range of factors:

* The abuser is in a position of power and can control who the abused child has contact with.
* The abused child may view any abuse as them being at fault.
* The abused child may view the abuse as normal, never having known anything else.
* The abuse child may fear that they will be removed from the family or be rejected by the family member/s.

Disabled children and young people may be the victims of maltreatment, caused by fabricated or fictitious illness and neglect which may not be detected because parents have built up relationships with external visitors and other professionals who anticipate the child will be ill.

For a disabled child this is compound further by sensory impairments, communication challenges, leaning disability, poor mobility, and cognitive understanding.

In families where a disabled child lives (who may be subjected to abuse), their siblings may also be being abused, but as the focus is on the disabled child this may go undetected.

**Forced Marriage:** A forced marriage is a marriage without the full consent of both parties and where pressure or threats are a factor. This is very different to an arranged marriage, which both people will have agreed to. Emotional pressure from their family might stop them from saying anything to anyone else. The lack of control over their own decisions can lead them to depression and self – harm.

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they’re bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

If there are concerns that a child, male or female, is in danger of a forced marriage, you should discuss this with your manager in the first instance. Local agencies and professional workers should contact the Forced Marriage Unit or call 020 7008 0230 where experienced case workers will be able to offer support and guidance. If they are closed, contact the Foreign Office Response Centre or call 020 7008 1500. If someone is in immediate danger than call police on 999. For further details <https://www.gov.uk/guidance/forced-marriage>

**Honour Based Violence (HBV):** is a term used to describe violence committed within the context of the extended family which are motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim. Most victims of HBV are women or girls, although men may also be at risk.

Women and girls may lose honour through expressions of autonomy, particularly if this autonomy occurs within the area of sexuality. Men may be targeted either by the family of a woman who they are believed to have ‘dishonoured’, in which case both parties may be at risk, or by their own family if they are believed to be homosexual.

Common triggers for HBV include:

* Refusing an arranged marriage
* Having a relationship outside the approved group
* Loss of virginity
* Pregnancy
* Spending time without the supervision of a family member
* Reporting domestic violence
* Attempting to divorce
* Pushing for custody of children after divorce
* Refusing to divorce when ordered to do so by family members

Further Information:<http://hbv-awareness.com/honour-based-violence/>

**Hate Crime:** Involvesany criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a personal characteristic. Hate crime can be motivated by disability, gender identity, race, religion or faith and sexual orientation. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Such incidents may constitute a criminal offence.

**Cyber-bullying:** Cyberbullying takes place online, on social networking websites or through mobile phones. Children are threatened, teased, upset or humiliated. It can happen on its own or with other forms of bullying. The signs of cyberbullying are not always obvious. It can happen 24 hours a day, seven days a week and can continue even when a child is alone, causing them to feel trapped and unable to escape.

Cyberbullying is a growing problem and includes:

* Sending threatening or disturbing text messages
* Homophobia, racism or sexism
* Making silent, hoax or abusive calls
* Creating and sharing embarrassing images or videos
* Trolling: the sending of menacing or upsetting messages on social networks, chat rooms or online games
* Excluding children from online games, activities or friendship groups
* Setting up hate sites or groups about a particular child
* Encouraging young people to self-harm
* Voting for someone in an abusive poll
* Hijacking or stealing online identities to embarrass a young person or cause trouble using their name
* Sending texts to pressure a child into sending images or other activity

**Note:** Children may be bullied by someone they know or someone using a fake account to remain anonymous.

**Sexual Exploitation:** Child Sexual exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or ‘grooming’ process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim’s options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited.

Child sexual exploitation can manifest itself in different ways. It can involve an older perpetrator exercising financial, emotional or physical control over a young person. It can involve peers manipulating or forcing victims in to sexual activity, sometimes within gangs and in gang affected neighbourhoods, but not always. Exploitation can also involve opportunistic or organised networks of perpetrators who may profit financially from trafficking young victims between different locations to engage in sexual activity with multiple men.

Grooming and sexual exploitation can be very difficult to identify. Warning signs can be easily mistaken for ‘normal’ teenage behaviour and/or development. However, parent, carers, school teachers and practitioners are advised to be alert to the following signs and symptoms:

* Inappropriate sexual or sexualised behaviour
* Repeat sexually transmitted infections: in girls repeat pregnancy, abortions, miscarriage
* Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
* Going to hotels or other unusual locations to meet friends
* Getting in/out of different cars driven by unknown adults
* Going missing from home or care
* Having older boyfriends or girlfriends
* Associating with other young people involved in sexual exploitation
* Truancy, exclusion, disengagement with school, opting out of education altogether
* Unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* Drug or alcohol misuse
* Getting involved in crime
* Injuries from assault, physical restraint and sexual assault.

**Smacking:** It is unlawful for a parent or carer to smack their child except where this amounts to ‘reasonable punishment’. This defence is laid down is section 58 of the Children Act 2004, but it is not defined in this legislation.

Whether a ‘smack’ amounts to reasonable punishment will depend on the circumstances of each case taking into consideration factors like the age of the child and the nature of the smack.

However, physical punishment will be considered, ‘’unreasonable’’ if it leaves a mark on the child or if the child is hit with an implement such as a cane or belt. It is suggested that common assault is where injuries amount to no more than the following:

* Grazes
* Scratches
* Abrasions
* Minor bruising
* Swellings
* Reddening of the skin
* Superficial cuts
* A ‘black’ eye

The charging standard goes on to say that:

‘’….there may be cases where the injuries suffered by a victim would usually amount to common assault but due to the presence of serious aggravating features, they could more appropriately be charged as actual bodily harm.’’

Additional Indicators of Abuse

The following is a guide to possible symptoms/indicators of abuse. The list is not a complete list of the potential indicators of abuse. The child or young person may have limited formal communication and can give messages about their experiences in a variety of ways. Changes in usual behaviour may be especially significant and should be observed with care. If you are unsure; you can ask your line manager.

The following definitions have been taken from the *NSPCC Child Protection Fact Sheet: The definitions and signs of child abuse.*

**Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**The physical signs of abuse may include:**

* unexplained bruising, marks or injuries on any part of the body
* multiple bruises in clusters, often on the upper arm, outside of the thigh
* cigarette burns
* human bite marks
* broken bones
* scalds, with upward splash marks
* multiple burns with a clearly demarcated edge

**Changes in behaviour that can also indicate physical abuse:**

* fear of parents being approached for an explanation
* aggressive behaviour or severe temper outbursts
* flinching when approached or touched
* reluctance to get changed, for example in hot weather
* depression
* withdrawn behaviour
* running away from home

**Emotional Abuse**

Emotional abuse can be difficult to measure as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child put on weight in other circumstances, for example when hospitalised or away from their parents’ care. Even so, children who appear well cared for may nevertheless experience emotional abuse by being taunted, put down or belittled, for example discrimination could be a cause of such behaviours. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

**Changes in behaviour which can indicate emotional abuse include:**

* neurotic behaviour e.g. fretting, hair twisting, rocking
* being unable to play
* fear of making mistakes
* sudden speech disorders
* self-harm
* fear of parent being approached regarding their behaviour (for example repercussions)
* temporary developmental delay in terms of emotional progress (for example resulting from neglect)

**Sexual Abuse**

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child’s behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore that they are listened to and taken seriously.

It is important to remember that it is not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

**The physical signs of sexual abuse may include:**

* pain or itching in the genital area
* bruising or bleeding near genital area
* sexually transmitted disease
* vaginal discharge or infection
* stomach pains
* discomfort when walking or sitting down
* pregnancy

**Changes in behaviour which can also indicate sexual abuse include:**

* sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
* fear of being left with a specific person or group of people
* having nightmares
* running away from home
* sexual knowledge which is beyond their age, or developmental level
* sexual drawings or language
* bedwetting
* eating problems such as overeating or anorexia
* self-harm or mutilation, sometimes leading to suicide attempts
* saying they have secrets they cannot tell anyone about
* substance or drug abuse
* suddenly having unexplained sources of money
* not allowed to have friends (particularly in adolescence)
* acting in a sexually explicit way towards adults

Sex and consent is a difficult issue, for many people, because something that seems so simple is continually ‘misunderstood’ and when it goes wrong can result in prosecution for rape. This [video](http://www.thamesvalley.police.uk/crime-prevention/keeping-safe/consent-is-everything.htm) has been produced by Thames Valley Police who have decided to tackle the issue by comparing sex to a well-known British pastime – drinking a cup of tea. The result is this simple and effective video, which gives clear instructions as to what constitutes sexual consent.

See Video: Tea and Consent Video: <https://www.youtube.com/watch?v=pZwvrxVavnQ#t=13>

**Neglect**

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

**The physical signs of neglect may include:**

* constant hunger, sometimes stealing food from other children
* constantly dirty or ‘smelly’
* loss of weight, or being constantly underweight
* inappropriate clothing for the conditions
* neglect of needs relating to the child’s deafblindness

**Changes in behaviour which can also indicate neglect may include:**

* complaining of being tired all the time
* not requesting medical assistance and/or failing to attend appointments
* having few friends
* mentioning being left alone or unsupervised

Further types of abuse:

**Bullying**

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

* physical: pushing, kicking, hitting, pinching and other forms of violence and threats
* verbal: name-calling, sarcasm, spreading rumours, persistent teasing, threats
* emotional: tormenting, ridiculing, humiliating or excluding

Persistent bullying can result in:

* depression
* low self esteem
* shyness
* poor academic achievement
* isolation
* threatened or attempted suicide
* aggression towards others
* changes in personality
* changes in physical abilities e.g. wetting themselves
* increased levels of anxiety

Signs that a child may be being bullied can be:

* coming home with cuts and bruises
* asking for stolen possessions to be replaced
* losing dinner money
* falling out with previously good friends
* wanting to avoid leaving their home
* aggression with younger brothers and sisters
* doing less well at school
* sleep problems
* anxiety
* becoming quiet and withdrawn
* sudden use of inappropriate language aimed at others

**Fabricated or induced illness (FII).** This is when a carer fabricates signs or symptoms of illness and can include falsification of past medical history. It also refers to when a carer induces an illness (by a variety of means). These cases can be extremely complex.

Fabricated or induced illness may be suspected if a child’s history, presentation or findings of examinations leads to a discrepancy with a recognised clinical picture and one or more of the following is present:

* Reported symptoms and signs only appear or reappear when the parent or carer is present.
* Reported symptoms are only observed by the parent or carer
* An inexplicably poor response to prescribed medication or other treatment
* New symptoms are reported as soon as previous ones have resolved
* Despite a definitive clinical opinion being reached, multiple opinions from both primary and secondary care are sought and disputed by the parent or carer and the child continues to be prepared for investigation and treatment with a range of signs and symptoms
* The child’s normal daily activities (for example, school attendance) are being compromised, or the child is using aids to daily living (for example, wheelchairs) more than would be expected for any medical condition that the child has.

**Organisational abuse** can include any of the above types of abuse. Institutional abuse occurs where the procedures and practices of an organisation lead to abuse or allow it to go unnoticed or unchallenged. For example, systematic and repeated failures that are culturally inherent to the organisation - for example, a collective failure within an organisation to take action on safeguarding incidents.

* Patterns of challenging behaviour, medication errors, accidents
* Inability to make decisions or take appropriate action
* Inadequate staffing
* Bullying, harassment or restricting access to services that the individual is assessed as requiring

**County Lines**

Signs that a child may be being exploited through county lines Children exploited through county lines may exhibit some of these signs, either as a member or as an associate of an organised drug dealing network. Any sudden change in a child’s lifestyle should be discussed with the child. Some potential indicators of county lines exploitation are listed below, with those at the top being of particular association with county lines:

• Persistently going missing from school, home, care

• Children travelling to locations, or being found in area’s they have no obvious connections with, including seaside or market towns

• Unwillingness to explain their whereabouts

• Unexplained acquisition of money, clothes, accessories or mobile phones which they are unable to account for

• Excessive receipt of texts or phone calls

• Children having multiple mobile phone handsets or sim cards

• Withdrawal or sudden change in personality, behaviour or language used

• Relationships with controlling or older individuals and groups

• Leaving home or care without explanation

• Suspicion of physical assault or unexplained injuries

• Parental concerns

• Carrying weapons

• Significant decline in school results or performance

• Gang association or isolation from peers or social networks

• Self-harm or significant changes in emotional wellbeing.

Supporting Children and Young People following an Allegation of Suspected or Actual Abuse

Children and Young People (and their families) that have been abused or are suspected of being abused should be given information about how they can obtain support, for as long as they need it.

This might be from an advocacy service, health service, counselling or access to legal advice.

To help prevent such occurrences young people should have access to information about:

* What abuse is and how to recognise it.
* What they should do if they or another person are being abused or they suspect abuse.
* What they might expect to happen when a concern is raised or abuse is identified.

Guidance for Managers

* If a referral has been made to the Local Authority or the Police, it is important for the matter to be resolved as quickly as possible. The manager should do weekly checks with the appropriate agency to progress the matter. HR Business Partners should be copied in to such communications.
* Where a local authority fails to take action on a safeguarding matter, the Head of Safeguarding or Director of Operations can be contacted for advice on how to prompt action.
* Managers will arrange access to training for their staff and should monitor and review training competition on a regular basis, such as induction, eLearning, competency checks and refresher training.
* Managers should promote good working relationships with the Local Authority, Local Safeguarding Children’s Boards and the Police.
* Support should be provided for Sense staff who have been the subject of abuse allegations.
* In the event that an allegation of abuse has been made and not upheld, managers should fully debrief with the staff member. Managers should offer support, recognise that confidence will be affected and offer additional support to the individual concerned and their colleagues.
* Remember to take in to account your experiences of the child or young person and their preferred communication style. This will support your judgement in relation to keeping children and young people safe.
* Wherever possible, forensic evidence should be preserved in safeguarding cases.
* Early involvement of the police will help to ensure that forensic evidence is not lost or contaminated. It will also possibly avoid the need for unnecessary subsequent interviewing.
* When working with children and young people Sense staff need to take into account and be aware of diversity of cultures, religions, ethnicities, a range of disabilities, beliefs, life experiences and different parenting styles in order to manage any safeguarding concerns in a sensitive manner.
* We can be biased by our own experiences and ignorant to the experiences of others. This can unintentionally affect our behaviour and our understanding of a situation. It is important to self-regulate and to seek the support of others if a situation triggers unknown sensitivities. In this way Sense seeks to ensure staff, children and young people, families and communities are supported fairly, consistently and transparently.
* If a child or children is / are causing harm to an adult, this should be dealt with under the Safeguarding Adults at Risk Procedure, but will also need to involve the Local Authority Children’s Services.

Registered Intermediaries

Registered Intermediaries play an important role in allowing vulnerable witnesses with communication needs equal access to justice. Some vulnerable witnesses and victims need assistance with communication and understanding in order to achieve their best evidence – Registered Intermediaries assist them in communicating during an investigation and at trial. Registered Intermediaries will help to make the justice process accessible to some of the most vulnerable people who use Sense services. In some cases, a Registered Intermediary will be the difference between a witness being able to testify or not.

**Who are the registered Intermediaries?**

A wide range of professional’s, including speech and language therapy, occupational therapy, psychology, social work, teaching and nursing all of whom have specialist communication expertise.

**What does an Intermediary do?**

Intermediaries facilitate communication, by ensuring that witnesses can understand questions put to them by police or in court and can make themselves understood to the police or in court.

An intermediary is not a second interviewer, an appropriate adult, a witness supporter, an expert witness, or an interpreter.

**Who is entitled to a Registered Intermediary?**

A vulnerable witness both prosecution and defence – under Section 16 of the 1999 Act. This includes:

* Under 18 years of age; or where
* Quality of evidence may be affected by: mental disorder or impairment of intelligence and social functioning or physical disability / disorder.

Registered Intermediaries assess:

* Has the witness got the communication skills to give evidence?
* What assists the witness’s understanding and expression?
* Do they need a Registered Intermediary so that they can give their best evidence?
* Am I the right Registered Intermediary? (skills and witness views)

**Registered Intermediaries assist at police interview:**

* They will discuss and provide written guidelines for the officer on how to question the witness
* Recommend appropriate visual aids or props to help communication
* Planning meeting with interviewing officer
* Assist at interview

**Registered intermediaries assist at court:**

* Court report: detailing communication issues, advice on Special Measures and questioning
* Court familiarisation visits
* Memory refreshing
* Ground rules hearing: Advising lawyers and judge or magistrate on questioning etc
* Intervene if witness is being questioned inappropriately

**Note:** The Registered Intermediary is an impartial agent of the court

**Obtaining a registered Intermediary:**

Officer identifies need for Registered Intermediary

**Note:** Sense staff should prompt an officer if this has not been identified

Referral form sent to National Crime Agency (NCA)

Registered Intermediary contacts officer to gather information

An Assessment is undertaken which will include advice and planning for a meeting

Video Interview

Report put together

CPS will make a decision regarding case

* + No Further action, or;
  + Special Measures applied for: eg. Court visits, memory refresh, ground rules etc

Trial

**Note:** It is law and a legal obligation that any safeguarding concerns need to be reported promptly by Sense staff, internally and externally.

Speaking to parents and carers about concerns

* If a child or young person has alleged or disclosed abuse or as a member of staff you suspect abuse, it is important that you report the facts so far as you are aware of them at that initial time and you talk to your Line Manager/on-call.
* Sense Managers will support staff to sensitively discuss safeguarding concerns with family and carers.
* It is important for the staff member, who will discuss sensitive safeguarding issues with families/carers, to already have a good relationship with them.
* Staff need to have the right skill set in order to take on the responsibility of having discussions of this nature. If you feel you need further support, please discuss this in advance with your manager.
* Some key points to remember:
* Be open and honest
* Do not judge
* Keep to the facts
* Do not make promises
* If possible prior to meeting with parents find out what will happen next
* Be aware a parent/carer may want some immediate action; be clear on what you can and can’t do.
* If the child has been injured provide practical support e.g. transport to hospital etc
* If a parent/carer has questions that you cannot answer – reassure them that you will find out and get back to them promptly
* Managers need to ensure the appropriate level of ongoing support is in place for staff in order for them to support children, young people, their families and carers through this process. A regular debriefing arrangement should be made.

Abuse suspected in the child or young person’s home

Where abuse is alleged/suspected/disclosed directly in relation to the child or young person’s home it can be challenging to address.

* Staff are expected to initially discuss this with their Manager/on-call and share the facts they have been told or observed.
* Managers will support staff to inform the relevant authorities.
* It may also be necessary to share with the family member the concerns you have. This should only be done with prior agreement with the local authority. It should never be done if the nature of the concern is such that the police need to be contacted. Such a discussion will be handled as described above – with prior discussion with a line manager and HR Business partner if necessary. This discussion should also take place in the presence of another Sense member of staff or professional colleague directly involved in the young person’s care. The discussion should be fully documented.
* Staff involved in such discussions should be offered a debrief afterwards and reminded of the support available to them, including the confidential counselling helpline.

Local Authority Designated Officer (LADO)

Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who is responsible for co-ordinating the response to concerns that an adult who works with children may have caused them or could cause them harm. The Local Authority Designated Officer (LADO) works within Children’s Services and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people. Included in this group are volunteers, agency staff and foster carers as well as people who are in a position of authority and have regular contact with children, such as religious leaders, political figures or school governors.

Social Networking

Social networking sites such as Facebook and Twitter provide an exciting opportunity for young people to interact socially. However, safeguarding issues can sometimes arise through the use of social networks.

The following points should be taken into consideration:

1. Changes in behaviour should be monitored and opportunities should be given to discuss concerns.
2. Communication online should be treated in the same way as face to face communication. Hurtful communication is hurtful whether it is face to face or electronic.
3. Safeguarding concerns raised through social networks must be treated as any other safeguarding concerns: the procedure is exactly the same.
4. Photos and videos should not be posted on social networking sites unless consent has been received from each person in the photo or video.
5. Photos, videos or location trackers (such as pins, check–ins, photo and video locators) must not identify the address of a Sense service.
6. Safeguards may be required for people who wish to meet online friends face to face.
7. Communication via online activity and text messages can be easily misread in relation to emotional intent.

Note: Sense has a separate OS26 Social Media Procedure.

Please also see a range of ‘Keeping Safe Resources’ <https://iris.sense.org.uk/Interact/Pages/Content/Document.aspx?id=7094>

Confidentiality and Data Protection

### Sense staff must handle other people’s information in a way that is fair and lawful. Sense recognises that everyone is entitled to privacy and will respect that right in its handling of people’s personal information. Sense is committed to good practice in the handling of Personal Data and careful compliance with the requirements of the Data Protection Act 1998 and GDPR 2018.

### Sense aims to be open and transparent in the war in which we use personal data and will seek to give individuals as much choice as is possible and reasonable over what personal information is held and how it is used and shared.

Staff acting on behalf of Sense have a moral and also a legal duty under the Data Protection Act 1998 and GDPR 2018 to protect and respect people’s privacy and safeguard any personal information we may hold about them. Any personal data must:

* Only used for the purpose for which it was given to us
* Be kept up to date
* Not to be given to people outside of Sense without the consent of the person involved (except in some very specific circumstances).

**Note:** Please see CEO02Confidentiality and Data Protection Policy and Guidance.

Reference to Linking Policies, Procedures, Guidance and Tools

### Keeping Safe Resources

The Sense Safeguarding Board commissioned the Keeping Safe project to provide web-based resources for individuals who are deafblind, families and carers and professionals with information that will support people to understand how they can keep themselves safe.

Keeping Safe means having a right to be safe at all times, whether that is being safe in your home, when working and when out and about in the community. Everyone should be enabled to say NO when someone does something to them that they do not like – this may include inappropriate touching, being hurt or being treated differently.

People with the most significant disabilities may be more vulnerable to abuse as this can affect a person’s ability to learn about how to keep SAFE. ‘KEEPING SAFE’ will mean different things to different people. For some it is about learning how to report concerns and for others it may be learning ways to reduce their vulnerability. For all individuals it is the responsibility of the people who support them to become more aware of abuse and how it should be reported.

### Please see the Keeping Safe Resources <https://iris.sense.org.uk/Interact/Pages/Content/Document.aspx?id=7094>

* + 1. **CEO02 Confidentiality and Data Protection Policy**

Staff should not give individuals promises of confidentiality, as concerns may have to be shared if they or others are at risk.

It is appropriate to tell a line manager about any concern, or for a manager to tell a director, report a matter to an agency and so on. However, as part of investigations a member of staff may become aware of personal information about an individual, their family or your colleagues. Such information must be kept strictly confidential and breaches of such confidentiality will be treated as either misconduct or gross misconduct.

Some people making safeguarding reports prefer to remain anonymous. While anonymity will be honoured as far as possible, it cannot be unconditionally guaranteed, as they may be required to give evidence, or their name may have to be disclosed in Court or during a disciplinary hearing.

### HR05 Whistleblowing Policy and Procedure

Where a whistle blower raises a safeguarding concern, the whistle blowing procedure and the safeguarding procedure will be followed at the same time, as there may be a need to report the safeguarding concern to the police, the local authority, CQC, Ofsted, DBS and so on.

Whistle blowers who make reports in these circumstances will be protected.

**Note:** Whistle blowers are protected in Northern Ireland by the Public Interest Disclosure (Northern Ireland) Order 1998.

### HR15 Rehabilitation of Offenders Policy

The Policy on Rehabilitation of Offenders will be followed when employing staff and volunteers or when transferring people to work with vulnerable adults. To ensure that good safe recruitment decisions are made all potential employees/volunteers must complete a Sense application form and references will be verified.

### HR06 Recruitment and Selection Policy (Recruitment Checks – England and Wales)

Subject to the paragraphs below, Sense will ensure that an Enhanced DBS is obtained for all staff/volunteers before commencing direct work with deafblind adults or their information.

In residential services, checks against the children’s barred list will be completed for those working in adult services where there is an identified need to complete this check. This check will be completed through the enhanced DBS form.

In community services, checks against the children’s barred list will be completed for all those working in adult services. This check will be completed through the enhanced DBS form.

In exceptional circumstances, staff and volunteers may be allowed to commence work before a full and satisfactory DBS check has been received. In such circumstances, the person will not be permitted to work unsupervised with a vulnerable adult (or child). Staff and volunteers are only allowed to start at work before a full and satisfactory DBS check has been received if:

* an ISA Adult First check confirms that the staff member is not barred;
* an appropriately qualified and experienced member of staff is appointed to supervise them;
* wherever it is possible, this supervisor is on duty at the same time as the new worker, or is available to be consulted;
* new workers do not escort people away from the premises unless accompanied by a staff member for whom a full and satisfactory DBS check has been received.

DBS checks will be considered valid for three years for permanent staff and twelve months for bank/casual staff.

All staff must inform their line manager if they receive any convictions, cautions or are bound over, which may change their status.

Human Resources will advise staff in the Operations Group to enable the Operations Group to make decisions following safeguarding checks.

**Recruitment Checks – Northern Ireland**

Sense will ensure that an enhanced Access NI check is obtained for all staff/volunteers before commencing direct work with deafblind children and young people or their information. The Access NI check will include a check of both the adults list and the children’s list.

All staff must inform their line manager if they receive any convictions, cautions or are bound over, which may change their status.

Human Resources will advise staff in the Operations Group to enable the Operations Group to make decisions following safeguarding checks.

**Guidance on Interviewing Individuals supported by Sense**

The guidance on interviewing individuals supported by Sense should be referred to where appropriate.

**Part Three:** Further information

Disclosure and Barring Service

This organisation’s role is to prevent unsuitable people from working with adults and children. The DBS receives referrals about people who may be unsuitable to work in health and social care and maintains lists of people unsuitable to work with adults and children.

[*https://www.gov.uk/government/organisations/disclosure-and-barring-service/about*](https://www.gov.uk/government/organisations/disclosure-and-barring-service/about)

[*https://www.gov.uk/government/organisations/disclosure-and-barring-service*](https://www.gov.uk/government/organisations/disclosure-and-barring-service)

Ofsted

Ofsted is the Office for Standards in Education, Children’s Services and Skills. Ofsted report directly to Parliament and are independent and impartial. Ofsted inspect and regulate services which care for children and young people, and those providing education and skills for learners of all ages.

Ofsted regulates Sense College

Website: <http://www.ofsted.gov.uk/>

Ofsted  
Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

General Helpline 0300 123 1231

Prefix for Typetalk 18001

For textphone/minicom users 0161 618 8524

Whistle blowing: [*http://www.ofsted.gov.uk/contact-us/whistleblower-hotline*](http://www.ofsted.gov.uk/contact-us/whistleblower-hotline)

Education Funding Agency

The Education Funding Agency

Sanctuary Building

20 Great Smith Street

London

SW1P 3BT

Website: [*https://www.gov.uk/government/organisations/education-funding-agency*](https://www.gov.uk/government/organisations/education-funding-agency)

Tel: 0370 000 2288

Keeping Safe Resources [*https://iris.sense.org.uk/Interact/Pages/Content/Document.aspx?id=7094*](https://iris.sense.org.uk/Interact/Pages/Content/Document.aspx?id=7094)

Child Exploitation and Online Protection Centre (CEOP)

This website provides details about keeping safe online. [*http://ceop.police.uk/*](http://ceop.police.uk/)

Ann Craft Trust

National organisation protecting people with learning disabilities from abuse. Provides information, advice, support and training. [*http://www.anncrafttrust.org/*](http://www.anncrafttrust.org/)

Respond

Provides a range of services for victims and perpetrators of sexual abuse who are learning disabled and training and support for those working with them. [*www.respond.org/.uk*](http://www.respond.org/.uk)

The Advocates Gateway [*http://www.theadvocatesgateway.org/*](http://www.theadvocatesgateway.org/)

For more information about safeguarding, see:

* *Children’s Legal Centre* [*http://www.childrenslegalcentre.com/userfiles/Smacking.pdf*](http://www.childrenslegalcentre.com/userfiles/Smacking.pdf)
* *Every Child Matters*: Change for Children: <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DfES/1081/2004>
* *Nice: When to suspect child maltreatment* [*http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89/research-recommendations#fabricated-or-induced-illness-2*](http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89/research-recommendations#fabricated-or-induced-illness-2)
* *NSPCC: The definitions and signs of child abuse* [*http://www.nspcc.org.uk/inform/trainingandconsultancy/consultancy/helpandadvice/definitions\_and\_signs\_of\_child\_abuse\_pdf\_wdf65412.pdf*](http://www.nspcc.org.uk/inform/trainingandconsultancy/consultancy/helpandadvice/definitions_and_signs_of_child_abuse_pdf_wdf65412.pdf)

[*http://www.nspcc.org.uk/help-and-advice/for-parents/online-safety/cyberbullying/cyberbullying\_wda99645.html*](http://www.nspcc.org.uk/help-and-advice/for-parents/online-safety/cyberbullying/cyberbullying_wda99645.html)

[*http://www.nspcc.org.uk/help-and-advice/for-parents/online-safety/cyberbullying/cyberbullying\_wda99645.html*](http://www.nspcc.org.uk/help-and-advice/for-parents/online-safety/cyberbullying/cyberbullying_wda99645.html)

[*http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction\_wda97566.html*](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-introduction_wda97566.html)

* *Social Care Institute for Excellence*: <http://www.scie.org.uk/adults/safeguarding/resources/index.asp>
* *Safe Network* [*http://www.safenetwork.org.uk/help\_and\_advice/best\_safeguarding\_practice/Pages/forced-marriage.aspx*](http://www.safenetwork.org.uk/help_and_advice/best_safeguarding_practice/Pages/forced-marriage.aspx)
* Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2013: [*http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf*](http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf)
* Working Together to Safeguard Children, 2018 *https://www.gov.uk/government/publications/working-together-to-safeguard-children--2*

**Further Information – Wales**

* Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children: [*http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf*](http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf)

# Children in Wales

# All Wales Child Protection Procedures Review Group

The All Wales Child Protection Procedures are an essential part of safeguarding children and promoting their welfare.  The common standards they provide guide and inform child protection practice in each of the Local and Regional Safeguarding Children Boards across Wales.  They outline the framework for determining how individual child protection referrals, actions and plans are made and carried out.  They are based on the principle that the protection of children from harm is the responsibility of all individuals and agencies working with children and families, and with adults who may pose a risk to children.  Partnership working and communication between agencies is identified as key in order to identify vulnerable children and to help keep them safe from harm and abuse.

[*http://www.childreninwales.org.uk/our-work/safeguarding/wales-child-protection-procedures-review-group/*](http://www.childreninwales.org.uk/our-work/safeguarding/wales-child-protection-procedures-review-group/)

Care Inspectorate Wales (CIW)

Welsh Government office  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ

**Tel:** 0300 7900 126

**Email:** [ciw@gov.wales](mailto:ciw@gov.wales)

**Webiste:** <https://careinspectorate.wales/>

## **Further Information – Northern Ireland**

* Co-Operating to Safeguard Children [*http://www.dhsspsni.gov.uk/co-operating\_to\_safeguard\_children\_may\_2003.pdf*](http://www.dhsspsni.gov.uk/co-operating_to_safeguard_children_may_2003.pdf)

The Northern Ireland Social Care Council (NISCC)

This organisation helps to increase public protection by improving and regulating standards of social care workers' conduct, training and practice.  Social care workers are required to register with the NISCC. [*http://www.niscc.info/Home-1.aspx*](http://www.niscc.info/Home-1.aspx)

Address: 7th Floor Millennium House, 19-25 Great Victoria Street, Belfast BT2 7AQ

To contact them about a conduct issue, email [conduct@nisocialcarecouncil.org.uk](mailto:conduct@nisocialcarecouncil.org.uk) or telephone them on 028 9041 7600

To make a compliment or a complaint email them on [caroline.cumberland@nisocialcarecouncil.org.uk](mailto:caroline.cumberland@nisocialcarecouncil.org.uk) or telephone them on 028 9041 7600.

The Regulation and Quality Improvement Authority (RQIA)

This organisation is the independent regulator for health and social care. The RQIA inspects services registered with them.

Address: <http://www.rqia.org.uk/home/index.cfm>   
9th Floor Riverside Tower, 5 Lanyon Place, BELFAST BT1 3BT

By e mail: info@rqia.org.uk  
By telephone number: 028 9536 1111 (Switchboard is manned 9am - 5pm Monday to Friday)  
Whistle blowing: [*http://www.rqia.org.uk/contact\_us/complaints\_and\_feedback/whistleblowing.cfm*](http://www.rqia.org.uk/contact_us/complaints_and_feedback/whistleblowing.cfm)

Access NI: Criminal Record Checks

This organisation’s role is to prevent unsuitable people from working with adults and children. The service receives referrals about people who may be unsuitable to work in health and social care and maintains lists of people unsuitable to work with adults and children.

[*https://www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks*](https://www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks)

For more information about safeguarding in Northern Ireland, see:

1. Department of Health, Social Services and Public Safety: The Safeguarding Board for Northern Ireland (SBNI)

The SBNI replaces the Regional Child Protection Committee (RCPC) which was in operation from November 2009.  The RCPC and its predecessor bodies (the four Area Child Protection Committees which were aligned to former Health and Social Services Boards) were responsible for promoting inter-agency work to protect children and to monitor and evaluate how well child protection services were working.  Local Safeguarding Panels, which are independently chaired Committees of the SBNI, replace the Health and Social Care Trust Child Protection Panels which facilitated child protection practice at a local level. [*http://www.dhsspsni.gov.uk/safeguarding\_board\_for\_northern\_ireland*](http://www.dhsspsni.gov.uk/safeguarding_board_for_northern_ireland)

2. The Protection of Freedoms Act 2012 <http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

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| **Procedure No.** | OS11 CYP Safeguarding Guidance | | **Version** | | 09 |
| **Date Issued:** | Feb 2021 | **Review Date:** | | Feb 2022 | |
| **Owner:** | Steve Kiekopf – Head of safeguarding | | | | |

1. This HM Government advice is non-statutory - [Information sharing: advice for practitioners providing safeguarding services (PDF).](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417195/Information_sharing_advice_for_safeguarding_practitioners.pdf) [↑](#footnote-ref-1)