

## **Broadland District Council Guidance for Safeguarding Children, Young People and Adults**

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If you have a concern for a child, young person or adult and wish to get advice or make a referral without consulting this guidance - please refer to the Children, Young People and Adult [Safeguarding Reporting Procedure Flowchart](#)

Outside normal office hours or should a Designated Safeguarding Officer not be available, contact the Norfolk Multi-agency Safeguarding Hub (MASH) – 0344 800 8020.

**If you have immediate concerns for the safety of an individual, you should call 999 for an emergency response.**

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## 1. Introduction

Broadland District Council is committed to:

1. The welfare and protection and encouraging participation of young people.
2. The welfare, protection and the right to live independently for adults.

We will do this by:

- Accepting the moral and legal duty of care for children, young people and adults, as per Section 11 of the Children Act 2004 and also the Care Act 2014. Implementing procedures to safeguard their well-being protect them from abuse and offering a safe platform for individuals to report abuse.
- Respecting and promoting the rights, wishes and feelings of children, young people and adults.
- Ensuring that no individual or group is treated any less favourably than others in being able to access services which meet their particular needs as per the Equality Act 2010.
- Training and supervising employees and volunteers to safeguard and protect people from abuse and through best practice reduce the likelihood of allegations being made against them. See Section 8 of this document for more information regarding best practice.
- Using appropriate recruitment procedures and checks that safeguard children, young people and adults.
- Requiring all staff, members and volunteers abide by the Safeguarding Procedure.
- Requiring all relevant staff to attend child protection training at least every three years and advising that they attend safeguarding adults training.
- Ensuring that all service providers commissioned by Broadland District Council comply with the Safeguarding procedure as part of our statutory duties.

### Our duty:

As a local authority we have a duty under the following acts:

- **The Children Act 2004** – Section 11: *Provide Arrangements to safeguard and promote welfare.* Further information can be found in the government document *Working Together to Safeguard Children 2018*
- **Children and Social Work Act 2017** – Corporate Parenting principles for Local Authorities
- **The Care Act 2014** – *Promote that individual's wellbeing including Protection from abuse and neglect.*
- **The General Data Protection Regulations and Data Protection Act 2018**
- **PREVENT** duty under **The Counter Terrorism and Security Act 2015** - Section 26: *A specified authority must have due regard to the need to prevent people from being drawn into terrorism.*
- **The Equality Act 2010 – Public Sector Equality Duty:** *To have due regard to the need to:*
  1. *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
  2. *Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it*
  3. *Foster good relations between people who share and relevant protected characteristic and those who do not share it.*The nine protected characteristics covered by the act are; Age, Disability, Gender reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation, Marriage and Civil Partnership.

- **The Modern Slavery Act 2015:** A local authority is required to notify the government where they have reasonable grounds to believe that a person may be a victim of slavery or human trafficking.
- **Mandatory reporting duty for Female Genital Mutilation (FGM) under The Serious Crime Act 2015:** The duty applies to healthcare, social work or teaching professionals but the legislation states that non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks.

**All Council staff and elected Members have a responsibility to report any concern they may have about the welfare of a child, young person or adult.**

## Principles

This guidance is based on the following principles:

- The welfare of children, young people and adults is paramount. The Children Act 1989 describes a young person as under 18 years of age. For the purposes of this guidance we have adopted this definition when speaking of children and young people. Individuals over the age of 18 will be referred to as adults.
- Any individual, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse.
- It is the responsibility of safeguarding professionals from the statutory agencies to determine whether or not abuse has taken place, but safeguarding is everyone's responsibility.
- An understanding of the needs and wants of the child, young person or adult.
- Using a Signs of Safety approach to focus on increasing safety, reducing risk and work towards collaboratively agreed goals in a constructive and positive manner.
- All incidents of poor practice and allegations will be taken seriously and responded to swiftly and appropriately.
- The Council recognises its duty of care towards employees and will provide appropriate support and training in the operation of this procedure.

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## 2. What is Neglect and Abuse?

Neglect and abuse can be seen in many different forms and can be caused by someone inflicting harm or failing to act to prevent harm, either intentionally or unintentionally. Individuals can be neglected or abused within a family, community or institutional setting by a person(s) known or unknown to them. Neglect and abuse crosses gender and age lines. For example; between a same sex couple, a female relative to a child and a young person to an adult.

**Neglect and acts of omission:** Neglect is the persistent failure to meet an individual's physical and/or psychological needs, which is likely to result in the serious impairment of that person's physical and mental health and development. The wilful neglect and ill-treatment of a person (aged 16+) who lacks capacity are criminal offences under the Mental Capacity Act 2005. Neglect may also occur during pregnancy for example, as a result of maternal substance abuse.

Neglect may involve a person, carer-giver or parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect an individual from physical and emotional harm or danger
- Ensure access to appropriate medical care and treatment
- Ensure adequate supervision (including the use of inadequate care-givers)
- It may also include neglect of, or unresponsiveness to, an individual's basic emotional needs.

**Psychological (Emotional) Abuse:** Emotional Abuse is the persistent emotional maltreatment of an individual. It may involve conveying to an individual that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the individual opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It can also involve manipulating the individual into thinking that they are dependent on the other person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing an individual from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying - see below) causing individuals to feel frightened or in danger, or the exploitation or corruption of individuals (as below). Some level of emotional abuse is involved in all types of maltreatment of individuals, though it may occur alone

**Physical Abuse:** Inflicting deliberate harm on an individual and may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning and suffocating. Physical harm can also be caused when a parent, relative or carer fabricates the symptoms of, or deliberately induces, illness in an individual.

**Sexual Abuse:** This can be direct, involving sexual activity where consent is explicitly denied or the individual lacks the capacity to give informed consent and can include violence, or the threat of violence to themselves and/or others.

The Sexual Offences Act 2003 definitions are:

Rape – Penetration of the vagina, anus or mouth using a penis.

Assault by Penetration – Penetration of the vagina or anus (but not the mouth) using a part of the body or anything else.

Sexual assault – Intentional touching of another person

Sexual Abuse can involve non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities or encouraging individuals to behave in sexually inappropriate ways, or grooming someone in preparation for abuse.

Sexual abuse can also include the failure of measures to prevent a young or vulnerable person from being exposed to sexual activities by others.

In 2015 legislation came into force criminalising revenge porn - the distribution of a private sexual image of someone without their consent and with the intention of causing them distress. Those found guilty could face up to two years imprisonment.

**Financial or Material Abuse:** The unauthorised, fraudulent obtaining and improper use or restriction of funds, property or any resources of a person, this can also include scams.

**Domestic Violence and Abuse:** Is violence and abuse that occurs in intimate or familial relationship and can be found in all relationship types regardless of age, gender, social and cultural background. For example, heterosexual married couple, a lesbian couple, and a child being abusive to a parent.

The abuse can be physical, psychological (emotional) sexual or financial. A large factor in Domestic Abuse is the intention of the perpetrator, and their belief in the right, to exert control over the individual/s experiencing the abuse.

**Honour based abuse (HBA):** is defined as a crime or incident which has or may have been committed to protect or defend the honour of the family and/or the community. It is a collection of practices used to control behaviour and includes Forced Marriage (FM) and Female Genital Mutilation (FGM).

Honour-based abuse can affect both men and women, and cuts across a number of cultures and communities. It is closely associated with domestic abuse and child protection matters. Issues such as dress, choice of friends, relationships with members of the opposite sex and career choice among others could all impact on a family's honour. Violence and abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code – this is honour-based abuse.

There are many examples of how honour-based abuse can affect someone's life including being isolated from local communities, not being allowed independence, forced into marriage or under duress from their family.

Honour-based abuse can result in the following:

- Common assault
- Domestic abuse
- Forced marriage
- Cruelty to persons under 16 (including neglect and abandonment)
- Theft (e.g. passport)
- Child abduction
- Abduction of an unmarried girl under the age of 16 from parent or guardian
- Abduction of a woman by force or for the sake of her property
- Rape
- Aiding and abetting a criminal offence
- Kidnapping
- False imprisonment
- Female Genital Mutilation
- Murder

**Female Genital Mutilation (FGM):** Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or Sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health. The maximum sentence for carrying out FGM or helping it to take place is 14 years in prison.

**Forced Marriage:** 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. 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 (withholding wages or other money) can also be a factor.

**Modern Slavery:** Victims can be men, woman and children of all ages and cut across the population. Normally more prevalent amongst the most vulnerable, minority or socially excluded groups and it is not something that only happens in other parts of the country. Types of modern slavery include;

- Child Trafficking - Movement of young people for the purposes of exploitation.
- Forced Labour/Debt Bondage – Victims work to pay off debts that they may never be able to pay off. Debts can be passed onto children.
- Forced Labour – Victims work against their will, usually involving threats of violence or harm to themselves or their families. Victims can be employed in many sectors across the UK from Mining, Tarmacking, Food Packaging and Hospitality.
- Sexual Exploitation (see below)
- Criminal Exploitation – Victims are forced into criminal activity such as cannabis cultivation or pick pocketing against their will. They are often controlled and maltreated

**Discriminatory Abuse:** Can involve a lack of regard or hostility to the values, belief or culture of an individual. For example:

- Lack of respect shown to an individual
- Failure to respect dietary needs
- Failure to respect cultural and religious needs
- Signs of a substandard service offered to an individual
- Exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status
- Lack of insight or understanding of person's needs or behaviour
- Cold, dismissive or intolerant attitude by care-giver or other significant persons.

**Organisational (Institutional) Abuse:** Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the child/adult/young person, 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 from domiciliary services. 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 and Hoarding:** Self-neglect may not be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions. This refers to a person for whom there is a concern about their mental competence for the situation in which they find themselves. Once identified as a situation that cannot be managed through regular case management, high risk or self-neglect situations could be managed by using elements of the safeguarding process, i.e. professional meetings.

**Self-neglect** is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. A definition of self-neglect excludes a situation in which a mentally competent adult, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as matter of personal choice.

**Hoarding** is described as a persistent difficulty discarding or parting with possessions because of a perceived need to save them. A person with hoarding disorder experiences distress at the thought of getting rid of these items. Excessive accumulation of items, regardless of actual value, occurs. Commonly hoarded items are newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food and clothing.

**Self-harm** can be seen as a way to deal with difficult feelings, old memories or overwhelming situations and experiences. Ways of self-harming can include:

- Cutting, scratching, hair pulling
- poisoning
- over-eating or under-eating
- burning your skin
- inserting objects into your body
- overdosing
- exercising excessively
- engaging in risky behaviour such as sexual activity or substance/alcohol misuse.

Reasons why individuals self-harm vary and can involve ways to cope with; pressures at school or work; bullying; experiences of abuse, confusion about sexuality, difficult feelings, such as depression, anxiety, anger or numbness, experienced as part of a mental health problem and can also be a way to express suicidal feelings or thoughts without taking definitive steps to take their own life.

**Disability and Abuse:** A disabled person is more likely to experience domestic abuse and may be less able to protect themselves - making them more vulnerable to the possibility of being abused. The risk of abuse can be increased as they are often reliant on the perpetrator for their care.

The perpetrator may be abusive or neglectful in their care of the victim or even withhold care altogether. Abuse can be withholding sensory or mobility aids from the victim to isolate them. It can also be withholding medication or a person's means of any independence. The perpetrator may take control of the finances of the victim and cause them to get into debt, or refrain from giving them the funds they are owed. The perpetrator may insist on being present at any medical or social care appointments, making it difficult for the victim to disclose any disability abuse. Disabled people will find it more difficult to remove themselves from an abusive situation or to leave their home if it has been adapted for their disability.

**Bullying and Cyber-bullying:** Bullying and harassment means any unwanted behaviour that makes someone feel intimidated, degraded, humiliated or offended. It is not necessarily always obvious or apparent to others. It may happen at school or in the workplace without a teacher's or employer's awareness.

Bullying can be:

- Physical: e.g. hitting, kicking and theft.
- Verbal: e.g. name calling, constant teasing, sarcasm, racist or homophobic taunts, threats, graffiti and gestures or being excluded by their peers.
- Emotional: e.g. tormenting, ridiculing, humiliating and ignoring.
- Sexual: unwanted physical contact or abusive comments.

**Cyber-bullying:** Cyber-bullying involves using technology to bully people. It can include texting, instant messaging and posting on social media and gaming websites. Cyber-bullying can happen at any time of the day. To make matters worse, bullying messages and images can be shared so they are seen by more people for longer than other kinds of bullying. And this kind of sharing can quickly get out of control.

Examples of cyberbullying include:

- emailing or texting threatening or nasty messages to people
- posting an embarrassing or humiliating video of someone on a video-hosting site such as YouTube
- harassing someone by repeatedly sending texts or instant messages through an app or in a chat room

- setting up profiles on social networking sites, such as Facebook, to make fun of someone
  - "happy slapping" – when people use their mobiles to film and share videos of physical attacks
  - posting or forwarding someone else's personal or private information or images without their permission – known as "sexting" when the content is sexually explicit
  - sending viruses that can damage another person's computer
  - making abusive comments about another user on a gaming site
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### **3. What is Child Sexual Exploitation and Grooming?**

Sexual exploitation of children under 18 involves exploitative situations, contexts and relationships where children (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Grooming is when someone builds an emotional connection with a child or adult to gain their trust for the purposes of sexual abuse or exploitation. Groomers can do this by:

- pretending to be someone they are not, for example saying they are the same age online
- offering advice or understanding
- buying gifts
- giving the person attention
- using their professional position or reputation
- Taking them on trips, outings or holidays.

Once they have established trust, groomers will exploit the relationship by isolating them from friends or family and making the individual feel dependent on them. They will use any means of power or control to make someone believe they have no choice but to do what they want. Groomers may introduce 'secrets' as a way to control or frighten the individual. Sometimes they will blackmail the person, or make them feel ashamed or guilty, to stop them telling anyone. Victims of grooming may believe that the groomer has their best interests at heart i.e. the groomer is their boyfriend or girlfriend or a close friend of the family.

#### **Grooming for Sexual Abuse/Exploitation – Child Sexual Exploitation**

90% of children who are sexually abused are abused by someone they know. However, the use of the internet offers a platform for abusers to interact with children anonymously and away from parental supervision.

Groomers may look for:

- Usernames or comments that are flirtatious or have a sexual meaning.
- Public comments that suggest a child has low self-esteem or is vulnerable.

Groomers don't always target a particular child. Sometimes they will send messages to hundreds of young people and wait to see who responds.

Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.



## Grooming for Radicalisation.

Radicalisation is a process where a person, often from a vulnerable background begins to adopt extreme political, religious, or social view(s) and through these - engage in extremist activity. Their views will often be formed through misguidance, misunderstanding, jealousy, anger, a 'sense of injustice', resentment or fear.

Radicalisation can occur when a person comes across extreme individuals who groom them into adopting radical views. These people manipulate the young person by using emotional triggers to engage with them, potentially during a time of hardship for that person; targeting somebody who for example:

- Is grieving the loss of a loved one
- Has failed school, college or university
- Suffers from emotional difficulties or other mental health issue
- Struggles to make ends meet, financially
- Feels that they have no prospects or purpose in life
- Is neglected, disowned or feels unloved by his or her family
- Struggles to make friends or fit in with the community
- Has tried and is failing to find a job
- Has been involved in some kind of criminal behaviour
- Has or is serving time in prison

**The neglect and abuse a person may experience can be a mix of those types detailed above. Neglect and abuse may come from one person or from a range of people found in an individual's life for example, a young person experiencing neglect from within their family, is bullied at school and being groomed online. Similarly, one individual may experience different forms of abuse as they progress through life.**

## 4. Signs and Indicators of Abuse

The examples below highlight some of the indicators that abuse may be occurring, however they are not exhaustive, nor are they exclusive to that particular form of abuse. It is also worth noting that some of the indicators can be present where there isn't abuse, for example; ill health, relationship breakdown, birth of a child, or a move to a new school.

### NEGLECT AND ACTS OF OMISSION

Personal Indicators	Environmental Indicators
<ul style="list-style-type: none"> <li>• Over or under weight.</li> <li>• Growth and development outside of expected range</li> <li>• Poor sense of self-worth/self esteem</li> <li>• Untreated health Conditions including Mental Health</li> <li>• Frequent accidents</li> <li>• Unkempt appearance/dirty or smelly.</li> <li>• Tired/hungry or irritable.</li> <li>• No attachment apparent with caregiver</li> <li>• Drug/Alcohol use</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver inappropriate response to needs.</li> <li>• Lack of food, inadequate clothing, poor home environment.</li> <li>• Unsuitable caring responsibilities</li> <li>• Financial difficulties</li> <li>• Domestic Abuse</li> <li>• Isolation</li> <li>• Sensory deprivation - lack of access to glasses, hearing aids etc.</li> <li>• Absence of appropriate privacy and dignity</li> <li>• Absence of method of calling for assistance</li> </ul>

### DOMESTIC ABUSE

Health or Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> <li>• Have frequent injuries, with the excuse of “accidents”</li> <li>• Frequently miss work, school, or social occasions, without explanation</li> <li>• Dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors)</li> <li>• Physical symptoms of stress and anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Seem afraid or anxious to please</li> <li>• Go along with everything the perpetrator says and does</li> <li>• Withdrawing from friends, family, hobbies etc.</li> <li>• Check in often with the perpetrator to report where they are and what they’re doing</li> <li>• Receive frequent, harassing phone calls</li> <li>• Talk about the perpetrators temper, jealousy, or possessiveness</li> <li>• Rarely go out in public without their partner</li> <li>• Have limited access to money, credit cards, or a car</li> <li>• Being spoken for at appointments etc.</li> <li>• Minimalising and carrying the blame for the perpetrator’s behaviour.</li> </ul>

### SEXUAL ABUSE

Health or Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> <li>• Physical injuries such as bruising, bleeding or itching suggestive of either physical or sexual assault</li> <li>• Stomach pains or discomfort when walking or sitting down</li> <li>• A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI’s</li> <li>• Pregnancy and/or seeking an abortion</li> <li>• Eating disorder resulting in weight gain or loss</li> <li>• Health problems associated with drug/alcohol use</li> <li>• Learning disability</li> <li>• Mental Health concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Sexually risky behaviour</li> <li>• Self-harming</li> <li>• Thoughts of or attempted suicide</li> <li>• Drug/Alcohol use</li> <li>• Sudden or unexpected changes in behaviour e.g. aggression, withdrawn or secretive</li> <li>• Fear of being left with a specific person or group of people</li> <li>• Having nightmares and or bedwetting</li> <li>• Running away from home, missing from school or residential care</li> <li>• Sexual knowledge beyond age or developmental age</li> <li>• Sexual drawings or language</li> <li>• Disclosing they have secrets they can’t tell anyone about</li> <li>• Eating problems such as overeating or anorexia.</li> </ul>

### GROOMING AND EXPLOITATION

Indicators
<ul style="list-style-type: none"> <li>• Entering or leaving vehicles driven by unknown adults.</li> <li>• Excessive use of mobile phones including receiving calls late at night</li> <li>• Concerns raised that a child may be exposing other children to risk</li> <li>• Reports that the individual has been seen in places known to be used for sexual exploitation</li> <li>• Unexplained relationships with older adults</li> <li>• Associating with other people who are known to be sexually exploited, including in school/residential setting</li> <li>• Sexual relationships with a significantly older person</li> <li>• Phone calls, texts or other communication from unknown adults</li> <li>• Mobile phone being answered by an unknown adult</li> <li>• Accounts of social activities with no plausible explanation of the source of necessary funding</li> <li>• Having keys to premises other than those they should have</li> <li>• Possession of money and/or goods with no plausible explanation</li> </ul>

### PHYSICAL ABUSE

Health or Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> <li>• Unexplained bruising, marks or injuries on any part of the body</li> <li>• Bruises which reflect hand marks or fingertips (from slapping or pinching)</li> <li>• Injuries that are not concurrent with developmental level or physical ability</li> <li>• Cigarette burns</li> <li>• Bite marks</li> <li>• Broken bones</li> <li>• Scalds</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of parents/care-giver being approached for an explanation</li> <li>• Aggressive behaviour or severe temper outbursts</li> <li>• Flinching when approached or touched</li> <li>• Reluctance to get changed or show certain parts of the body, for example wearing long sleeves in hot weather</li> <li>• Depression</li> <li>• Withdrawn behaviour/Running away from home.</li> </ul>

### EMOTIONAL ABUSE

Health or Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> <li>• Loss of appetite or overeating at inappropriate times</li> <li>• Bed-wetting or bed soiling that has no medical cause</li> <li>• Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)</li> <li>• Prolonged vomiting or diarrhoea</li> <li>• Has not attained significant developmental milestones</li> <li>• Dressed differently from other children in the family</li> <li>• Has deprived physical living conditions compared with other children in the family</li> <li>• Neurotic behaviour e.g. hair twisting</li> </ul>	<ul style="list-style-type: none"> <li>• Inability of the vulnerable person to sleep or tendency to spend long periods in bed</li> <li>• Anxiety, confusion or general resignation</li> <li>• Tendency towards social withdrawal and isolation</li> <li>• Fearfulness and signs of loss of self-esteem</li> <li>• Uncharacteristic manipulative, uncooperative and aggressive behaviour</li> <li>• Fear of making mistakes</li> <li>• Being unable to play</li> <li>• Self-harm</li> <li>• Fear of parent/care-giver being approached regarding their behaviour</li> </ul>

**SELF-NEGLECT AND HOARDING**

Self-neglect Indicators	Hoarding Indicators
<ul style="list-style-type: none"> <li>• Living in unclean circumstances</li> <li>• Neglecting household maintenance</li> <li>• Hoarding</li> <li>• Poor diet and nutrition, for example, little or no fresh food available or what there is being mouldy.</li> <li>• Persistent declining or refusing prescribed medication and/or other community health care support</li> <li>• Continued refusing to allow access to health and/or social care staff in relation to personal hygiene or care</li> <li>• Refusing to allow other organisations with an interest in the property e.g. utilities companies, housing services</li> <li>• Repeated episodes of anti-social behaviour – either as victim or perpetrator</li> <li>• Unwillingness to attend external appointments</li> <li>• Lack of personal hygiene</li> <li>• Social isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Avoids throwing away possessions</li> <li>• Experiences severe anxiety about discarding possessions</li> <li>• Has trouble making decisions about organising possessions</li> <li>• Feels overwhelmed or embarrassed by possessions</li> <li>• Is suspicious of other people touching possessions</li> <li>• Has obsessive thoughts about possessions i.e. Fear of running out of an item, checking the rubbish to see if it was accidentally discarded</li> <li>• Loss of living space inside the home</li> <li>• Social isolation</li> <li>• Family or marital problems</li> <li>• Financial difficulties</li> <li>• Health hazards</li> </ul>

**Impact of Neglect and Abuse**

The impact of neglect and abuse can be wide reaching and last for a long time. In the short term, neglect and abuse can have an immediate impact, such as disruption to home/school life, depression, physical injury and even death.

Longer term impacts include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self-harm, suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others, or engaging in other abusive relationships
- learning difficulties, lower educational attainment, difficulties in communicating behavioural problems including anti-social behaviour, criminal behaviour.

**Links to more information regarding the different types of neglect and abuse and how to recognise them can be found at Section 10 of this guidance.**

## **5. Who are MHAT, CADS, Early Help and the MASH? What is Signs of Safety?**

### **MHAT**

The Mental Health Advice Team based at the Police Call Centre in Wymondham consists of a Mental Health Team Leader and 5 Mental Health Nurses, with experience in working with Autism, Asperger's, self-neglect and hoarding, drugs and alcohol.

The service can be used by all Broadland District Council staff to report or discuss mental health concerns they may have about residents they are working with.

What the MHAT can do to help:

- They have access to the Police records and the Adult Social Care Carefirst system, can contact GPs and GPs can prescribe for them.
- They can undertake a Mental Health state assessment.
- Following a report/referral the team may recommend a joint visit to the individual/household. The joint visit would include an IMHT Nurse and an Officer from the referring council department, ideally the referring Officer. The joint visit is important for not only safety purposes but it also facilitates joint learning by both parties and it can help determine further actions.

### **Children's Advice and Duty Service (CADS) for professionals only.**

CADS is based within Children's Services at County Hall and made up of senior social workers providing advice and support to other professionals who have a concern about a child or young person. They ask key questions about the risks and strengths within families. They will then agree with the reporting professionals who is best placed to meet the needs of a child.

The aim is to get the right support to children and families first time by talking through concerns and solutions with professionals we can work better together and get support earlier to families.

### **Early Help**

Early help is about working with children, young people and their families to offer the right support at an early stage before a small need becomes a bigger one.

A number of different professionals and organisations may be involved in the early help process to offer support in a range of areas. The goal of early help is to support families to resolve their own problems and prevent further problems in the future and is realised through the Family Support Process (FSP), although this may also be referred to as Norfolk Early Help Family Focus (NEHFF).

The FSP is how people who work with children and families find out what sort of support the family needs so they can offer help at the earliest opportunity. The process is a way of coordinating support and services around a child/young person and their family by consent and without involving social workers. The family may already be involved with these agencies and services or would be willing to have the additional help. The lead worker, as identified by the family, will undertake the assessment of the needs with the family and invite the family and any other professionals they wish to involve to a FSP meeting so a plan can be made that supports and encourages the parents and family network to resolve the difficulties they are facing and stops them from getting worse.

The North and Broadland locality Early Help team is located in the Help Hub at Thorpe Lodge and they are happy to provide advice and information.

## The MASH

The Multi Agency Safeguarding Hub (MASH) for Norfolk operates as the central location where safeguarding concerns and referrals for adults are submitted. Tel: 0344 800 8020. The MASH is a partnership between Norfolk County Council Social Care, Police, Probation Services and Health Services although any organisation or individual can contact them with a concern.

When a concern is given or a referral is made the MASH undertakes further information gathering about the individual from relevant agencies and their own multi-agency records, and from this combination of information will make a decision as to what further action can be taken. Even if it is only a contact that is made, this helps to build up a picture of the circumstances of the individual.

## What is Signs of Safety?

Norfolk County Council adopted Signs of Safety as the basis of work with children and young people across all partner agencies engaged in providing services for children in Norfolk in 2015.

Signs of Safety originated during the 1990's in Australia and is a way to assess risk and find solutions. It uses four questions to ask when thinking about and working with a family:

1. What are we worried about?
2. What's working well?
3. What needs to happen?
4. How worried are we on a scale of 0 – 10?

The focus is on enabling constructive conversations between the child, their family and professionals.

The council has extended this approach to our Safeguarding reporting form which incorporates both child/young people and adult safeguarding.

## Safeguarding Boards and Localities

Children's and Adult's Social Services are the lead organisations in preventing and identifying possible abuse and as part of their statutory duties they host:

- The Norfolk Safeguarding Children Board (NSCB)
- The Norfolk Safeguarding Adults Board (NSAB)

The two boards have a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements, including training.

Each board is split into sub-groups to ensure all aspects of safeguarding are covered, for example, leadership, performance, health and education. At a district council/practitioner level locality groups ensure an effective front line coordination of agencies to safeguard and promote the welfare of children, young people and adults as part of a collaborative approach. They also act as a key link in ensuring that knowledge and intelligence from the local groups informs the NSCB and NSAB. For Broadland District Council:

Norfolk Safeguarding Children Board



Norfolk Safeguarding Adults Board



North and Broadland Locality  
Local Safeguarding Children Group  
(LSCG)

Northern Locality  
Local Safeguarding Adult Partnership  
(LSAP)

**This guidance follows and defers to the policies and procedures set by the [NSCB](#) and [NSAB](#). They can be found in full by following the links.**

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## 6. Responding to Disclosure, Suspicions and Allegations

### Responsibilities

What you **SHOULD DO** is set out below:

### Responding to a Disclosure or Allegation by an individual

#### Actions to take

The person receiving the disclosure should:

- Act calmly so as not to frighten the individual
- Ensure the immediate safety of that person, this may include seeking medical attention
- Tell the individual they are not to blame and that they have the right to tell
- Take what the individual says seriously, recognising the difficulties inherent in interpreting what is said by a child, an individual who is disabled, or an individual who speaks a different language
- Keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said – **Do not investigate**
- Reassure the individual, but do not make promises of confidentiality which might not be feasible in the light of subsequent developments
- Make a written record of what has been said/heard/or seen as soon as possible once away from the individual and using their language, for example, a child.
- Follow the appropriate action set out in this document

#### *Please note:*

It may be that the individual is not able to express themselves verbally. Communication difficulties may mean it is hard for them to complain or be understood. Sometimes it is hard for them to complain or be understood. Sometimes it is difficult to distinguish the signs of abuse from the symptoms of some disabilities or conditions. However, where there are concerns about the safety of a child, young person or adult, record what has been observed in detail.

#### Actions to Avoid

The person receiving the disclosure or allegation should not:

- Panic
- Allow their shock or distaste to show
- Probe for more information than is offered
- Speculate or make assumptions
- Make negative comments about the alleged abuser

- Approach the alleged abuser
- Investigate
- Make promises or agree to keep secrets

**If honour based abuse is being disclosed, you should never offer to act as a mediator or approach family or community members. Government guidance on dealing with honour based abuse and forced marriage highlights the 'One chance' rule, that is you may only have one chance to speak to a potential victim and thus may only have one chance to save a life.**

## **Records and Information**

Information passed to a Designated Safeguarding Officer, Social Services or the Police must be as helpful as possible, hence the necessity for making a detailed record as soon as possible. (A safeguarding reporting form is included in Section 7 of this document and can also be found on the intranet under *Safeguarding*).

## **Sharing concerns with Parents/Family/Carers**

The council advocates working in partnership with parents or carers where there are concerns about an individual/family. Therefore in most situations, it would be important to talk to parents or carers in a sensitive manner to help clarify any initial concerns. For example, if a child seems withdrawn, there may be a reasonable explanation, such as, an upset in the family such as bereavement or house move. Where this would not be appropriate is where such discussions could lead to a risk of harm.

## **Confidentiality and Information Sharing?**

The Data Protection Act 2018 in line with the General Data Protection Regulations came into force on 25<sup>th</sup> May 2018.

The regulations require Local Authorities to consider their legal basis for processing personal data and to ensure that:

- Individuals understand why their data is being collected (and in some cases consent to this), the purpose it is being collected and their rights in relation to this
- Any personal data collected is used only for the purpose it was collected for
- Any personal data is stored securely
- Any personal data is destroyed after the appropriate period of time has passed.

In terms of Safeguarding, consent is considered necessary from an individual to discuss their circumstances with another organisation or service, such as a Health Visitor or to make a referral, for example to Social Services.

However, there are conditions within the legislation that state, where appropriate, consent does not have to be provided.

**As a general guide if you are unable to obtain consent or consent is refused but you feel that the individual and/or their family is at risk of harm as detailed below then there is a lawful basis for you to share that information. However it is advisable that you speak to a Designated Officer beforehand**

**You must detail on the Safeguarding reporting form reasons the information is being shared or referral made without consent.**

**This can include:**

- Steps you have taken to obtain consent
- If consent has been refused and why



Specific wording from the Data Protection legislation is given below:

**Schedule 9**

*Conditions for processing under Part 4*

**Paragraph 4**

The processing is necessary to protect the vital interests of the data subject or another individual

There is also:

**Schedule 1, part II**

**Substantial Public Interest Conditions**

*Safeguarding of children and of individuals at risk*

**Paragraph 18 (1) This condition is met if—**

- (a) the processing is necessary for the purposes of—
    - (i) protecting an individual from neglect or physical, mental or emotional harm, or
    - (ii) protecting the physical, mental or emotional well-being of an individual,
  - (b) the individual is—
    - (i) aged under 18, or
    - (ii) aged 18 or over and at risk,
  - (c) the processing is carried out without the consent of the data subject for one of the reasons listed in sub-paragraph (2), and
  - (d) the processing is necessary for reasons of substantial public interest.
- (2) The reasons mentioned in sub-paragraph (1)(c) are—
- (a) in the circumstances, consent to the processing cannot be given by the data subject;
  - (b) in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing;

(c) the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the provision of the protection mentioned in subparagraph (1)(a).

(3) For the purposes of this paragraph, an individual aged 18 or over is “at risk” if the controller has reasonable cause to suspect that the individual—

(a) has needs for care and support,

(b) is experiencing, or at risk of, neglect or physical, mental or emotional harm, and

(c) as a result of those needs is unable to protect himself or herself against the neglect or harm or the risk of it.

(4) In sub-paragraph (1)(a), the reference to the protection of an individual or of the well-being of an individual includes both protection relating to a particular individual and protection relating to a type of individual.

#### *Safeguarding of economic well-being of certain individuals*

#### **Paragraph 19 (1) This condition is met if the processing—**

(a) is necessary for the purposes of protecting the economic well-being of an individual at economic risk who is aged 18 or over,

(b) is of data concerning health,

(c) is carried out without the consent of the data subject for one of the reasons listed in subparagraph (2), and

(d) is necessary for reasons of substantial public interest.

(2) The reasons mentioned in sub-paragraph (1)(c) are—

(a) in the circumstances, consent to the processing cannot be given by the data subject;

(b) in the circumstances, the controller cannot reasonably be expected to obtain the consent of the data subject to the processing;

(c) the processing must be carried out without the consent of the data subject because obtaining the consent of the data subject would prejudice the provision of the protection mentioned in subparagraph (1)(a).

(3) In this paragraph, “individual at economic risk” means an individual who is less able to protect his or her economic well-being by reason of physical or mental injury, illness or disability.

#### **Mental Capacity**

Mental capacity may be considered an issue if it is felt that an individual is refusing to provide consent, engage with professionals or accept a service which it is believed may benefit them.

The Mental Capacity Act 2005 (MCA) applies to young people and adults aged 16 or over. It is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about any support or care they could receive.

The Act is underpinned by five key principles: (Section 1, MCA)

- 1:** A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
- 2:** Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.
- 3:** Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
- 4:** Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- 5:** Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

In the first instance mental capacity should always be assumed. However, if it is felt that an individual may lack capacity to make decisions an assessment would have to be carried out by Social Services in conjunction with that individual's GP/Health Care provider.

If someone is found to lack the capacity to make a decision and such a decision needs to be made for them, the MCA states the decision must be made in their best interests.

### **Seeking Advice**

If there is uncertainty about what to do with a safeguarding concern, seek advice! Initially this could be a line manager or a designated safeguarding officer. The Early Help team in the Hub are happy to provide advice or the MASH (0344 800 8020) could be contacted.

**If you have immediate concerns for the safety of an individual, you should call 999 for an emergency response.**

### **Support for members of staff who have experienced abuse**

The Domestic Abuse Policy for the Council can be found on the intranet and seeks to reassure anyone who has or is experiencing Domestic Abuse that they will be treated compassionately and receive appropriate support and assistance.

Access to counselling and advice to improve wellbeing is also available to staff, more information can be obtained from your line manager or by contacting HR.

### **Domestic Abuse Champions**

Broadland has 10 Domestic Abuse Champions who have received training to identify the signs of domestic abuse and what to do if concerns of domestic abuse are disclosed to them. They also have access to resources and details for signposting people for further support.

### **Support for the Reporter of Suspected Abuse**

It is acknowledged that feelings generated by the discovery that a member of staff, an elected member or volunteer is, or maybe the perpetrator of abuse, will raise concerns among other staff, elected members or volunteers. This includes the difficulty involved in reporting such matters.

The council assures all staff, elected members and volunteers that they will fully support and protect anyone, who in good faith (without malicious intent), reports their concern about a colleague's practice or the possibility that an individual/s maybe being abused by a colleague.

If you feel that the council has not dealt with a children's or young person's safeguarding issue effectively and you have already tried to resolve the issue with them, the NSPCC have launched a whistleblowing advice line where a concern against the council can be raised. The number to call is 0800 028 0285 and further information can be found in Section 10 of this guidance.

## **What you should do if you have a concern – Child, Young Person and Adults Safeguarding Procedure.**

### **Designated Safeguarding Officers**

The role of the designated officer is as follows:

- Respond immediately to the person raising the concern and assist if requested in clarifying the details in the Safeguarding Reporting form
- If needed, discuss the concerns with another designated officer
- Decide on the immediate actions to be taken
- Keep in contact with the persons reporting the concern and give them support and any follow up information as appropriate
- Ensure correct completion and storage of recording documentation including recording further actions and follow-up.

Broadland District Council has 10 Designated Safeguarding Officers within the different service areas.

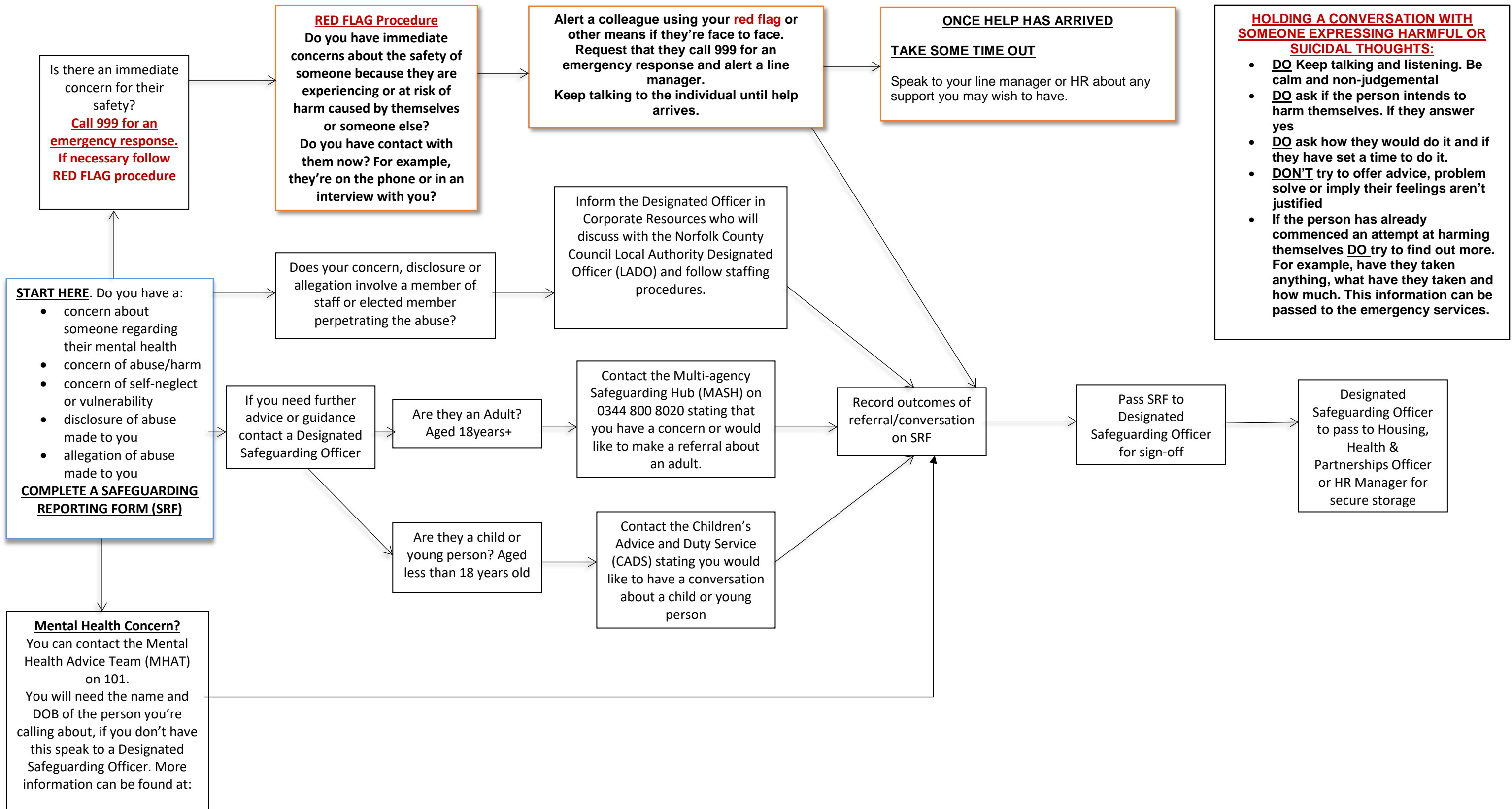
### **The Procedure**

A flow chart is given below detailing the safeguarding procedure for Broadland District Council.

In all instances a Safeguarding Recording form should be completed, this provides an opportunity to examine the detail behind a concern and to enable accurate information to be recorded and passed on to CADS/MASH as necessary.

In addition, Serious Case Reviews (SCRs) for children and young people, Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs) for adults take place when an individual dies or is seriously injured and abuse or neglect is thought to be involved. The reviews look at lessons that can help similar incidents from happening in the future.

Many recent reviews cite a lack of information sharing and escalating concerns between organisations to be a factor in help not getting to an individual in a timely manner. Therefore, regardless of whether a concern becomes part of a formal referral, it is important that any concerns are recorded as a means to potentially form part of a bigger picture for that individual/family.



**ALL COUNCIL STAFF AND ELECTED MEMBERS HAVE A RESPONSIBILITY TO REPORT ANY CONCERN THEY MAY HAVE ABOUT THE WELFARE OF A CHILD, YOUNG PERSON OR ADULT**



**Safeguarding Reporting Form**

**Date of Completion:**

**IMPORTANT: Do you have consent from the individual/parent/guardian to make the referral?** Y/N

**Are they aware that the conversation/referral is taking place?** Y/N

Please provide details below (details on information sharing and consent can be found in Section 6 of the Safeguarding guidance).

<p><b>Details of individual/family:</b> name, age, address, telephone number (if known) Please provide as much detail as possible, including their family composition, including siblings, extended family members, any other important people in their life.</p>
<p><b>What are you worried about?</b> Is there an immediate concern? Have we worked with the individual/family historically?</p>
<p><b>What's working well?</b> Is the individual/family in receipt of any current support?</p>
<p><b>What needs to happen?</b></p>

Further questions to consider when completing this form can be found below.

**Safeguarding Reporting form**

**How worried are we on a scale of 0 – 10?**

With **0** being the individual will be exposed to the **worst** example of the concern again and **10** might be that there is **very little/no risk** of the concern ever happening again.

**0**



**10**

**Who have you/we already had a conversation with?** For example, parents, a designated safeguarding officer, the MASH, CADS.

**What happened next?** (If you have not already done so, please make a designated safeguarding officer aware that you are completing this form)

**Officer name:**

**Designated Officer name:**

**Once completed please pass form to a designated safeguarding officer for signing and secure storage**



## Completing the Safeguarding Reporting form

The Safeguarding reporting form for Children/Young People and Adults has been designed to fit with the Signs of Safety approach adopted by Norfolk County Council. The form aims to provide a focus for the conversations that take place when we believe that a child/young person or adult's needs are not being met and something else is needed to improve outcomes.

### Questions you might ask when completing the Safeguarding Reporting form

What are we worried about?	What's working well?	What needs to happen?
<ul style="list-style-type: none"> <li>- What have you seen or heard that worries you?</li> <li>- Are there any barriers preventing the individual/family from speaking openly?</li> <li>- What are you most worried about?</li> <li>- If nothing changes what are you worried will happen to the individual?</li> <li>- Have things become worse recently?</li> <li>- What has been the impact on the individual?</li> <li>- What are their worries?</li> <li>- What do you know about the individual/family's needs and difficulties that makes this problem harder for them to manage?</li> <li>- Include dates/times and locations</li> <li>- You can also include quotes if available/appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>- Where does the individual/family get their best support from?</li> <li>- Who and what are these supports?</li> <li>- In relation to the worry, what does the individual/family do already that makes things even a little better?</li> <li>- What has already been done to try and help the situation: who did what and when?</li> </ul>	<ul style="list-style-type: none"> <li>- What do you think needs to happen to make the situation better?</li> <li>- Are other universal services needed for this individual/family?</li> <li>- Will a coordinated, multi-agency approach help this individual/family?</li> <li>- Has the individual/family been told about Early Help?</li> </ul>

### The Scaling question

The scaling question can be used to help ascertain risk and the threshold of need for professional involvement. 0 on the scale might be that the individual will definitely be exposed to the worst example of the concern again and 10 might be that there is very/little no risk of the concern ever happening again.

Questions to ask yourself could include:

- How worried are you?
- What makes it that number in your opinion?
- What would need to happen to make it a 10?
- How likely is it that it will stay at that figure?

[The NSCB Norfolk Threshold Guide: A Framework for Making Decisions](#) provides advice and information regarding the reporting of concerns surrounding children and/or young people.

**If you are unsure about any aspect of completing the Safeguarding Reporting Form speak to a Designated Safeguarding Officer.**

To ensure that we:

- Safeguard any personal information disclosed as a result of the recording of a concern or referral to Early Help/MASH
- Have a central point for the storage of any reporting forms and additional documents

A secure electronic file has been created which can only be accessed by three officers:

Designated Safeguarding Officers – If a safeguarding reporting form has been passed to you for signature, could you please forward to one of the DSO's with access to secure storage.

### **What happens when I call?**

#### **Children and Young People: Children's Advice and Duty Service (CADS) –**

The Consultant Social Worker will have a conversation with you regarding your concerns.

They may ask questions around:

- All the details known to you/the council about the child/young person
- Their family composition including siblings, and where possible extended family members and anyone important in the child's life
- The nature of the concern and how immediate it is
- Any and what kind of work/support you have provided to the child or family to date.

In this respect, it's important that you complete the Safeguarding Reporting Form (SRF) as fully as you can. Although it is acknowledged that you may not have all the details about the child/young person and their family this is not a reason to delay contacting CADS if you have a concern.

Each phone call will be followed up in writing by the Consultant Social Worker. Please record details of the contact in Broadland council's SRF

#### **Adults: Multi-agency Safeguarding Hub (MASH)**

**0344 800 8020**

The MASH team member will take as much detail as possible from you. They will check to see if the individual is already known to them and will also complete a Decision Support tool and a risk assessment to determine the next steps.

The MASH will inform referrers of the decision(s) that have been taken and what is going to happen next, for example; no further action but the information given has been recorded, an assessment is due to take place or action by another agency is going to take place.

**It is important that you record any follow up and actions on the Safeguarding Reporting form**

**If you disagree with the decision that has been made**

If you feel that the wrong decision has been made about the approach to a concern/referral you have made you can:

- In the first instance speak to your line manager or the designated safeguarding officer lead for the council
- Check that all of the relevant information has been disclosed when making a referral or having a conversation and that worries have been clearly articulated.

If you are still unhappy with the decision, the conversation should be progressed to the line manager/safeguarding leads of each agency, as set out in the Resolving Professional disagreement Policy (see Section 10).

## 7. Good Practice Guidelines

All staff and members should demonstrate exemplary behaviour in order to promote the welfare of children, young people and adults and reduce the likelihood of allegations being made. The following are common sense examples of how to create a positive culture and climate within leisure based activities:

All elected members and members of staff (paid or voluntary) will:

- Always work openly (e.g. avoiding private or unobserved situations and encouraging an open environment i.e. no secrets)
- Treat all individuals equally, and with respect and dignity
- Always put the welfare of the other person first, before winning or achieving goals
- Maintain a safe and appropriate distance with individuals (e.g. it is not appropriate to have an intimate relationship with a child)
- Build a balanced relationship based on mutual trust which empowers silent children (or adults) to share in the decision making process
- Make all activities fun and enjoyable
- Ensure that if any form of manual/physical support is required, it should be provided openly and according to the guidelines provided. Care is needed where it is difficult to maintain hand positions when the child is constantly moving.
- Keep up to date with policies and procedures
- Involve parents/carers wherever possible (e.g. for the responsibility of their children in the changing rooms). If groups have to be supervised in changing room, always make sure you work in pairs
- Ensure that if young people are taken on trips, a male and female member of staff should always accompany them. (NB however, same gender abuse can occur.)
- Be an excellent role model – this includes not smoking or drinking alcohol or using offensive language in their company
- Give enthusiastic and constructive feedback rather than negative criticism
- Recognise the developmental needs and capacity of individuals – avoiding excesses and not pushing them against their will
- Secure parental consent in writing to act *in loco parentis*, if the need arises to give permission for the administration of emergency first aid and/or other medical treatment (this will only be carried out by a person/s qualified to do so)
- Be aware of any medicines being taken by participants, or existing injuries or other health issues.
- Keep a written record of any injury that occurs, along with the details of any treatment given
- Request written parental consent if staff are required to transport young people in their cars. This must never be one to one.

### Practice never to be allowed

All staff and members need to be aware of practice that is not acceptable when in contact with children and young people. A common sense approach should also be considered by applying the same principles to adults, particularly those that are potentially vulnerable.

You should never:

- Allow allegations made by an individual to be unrecorded or not acted upon
- Spend excessive amounts of time alone with a child
- Take a child to your house and be alone with them
- Engage in rough, physical or sexually provocative games, including horseplay

- Share a bedroom with a child
- Allow or engage in any form of inappropriate touching
- Allow children to use inappropriate language unchallenged
- Make sexually suggestive comments to a child, even in fun
- Reduce a child to tears as a form of control
- Do things of a personal nature for children, that they can do themselves.

Please note: this list is not exhaustive but serves as a guide.

For some organised activities (for example: school holiday activities) it may sometimes be necessary for staff or volunteers to do things of a personal nature, particularly if they are young and/or disabled. Staff will only be asked to undertake such actions if they are trained and tasks are carried out with the full understanding and written consent of parents/guardians. If a person is fully dependant on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not properly trained. All children will be of school age and therefore unless it has been indicated by parent's children should not need assistance going to the toilet.

### **Guidance for use of Photographic Filming Equipment including Mobile Phones**

This council is keen to promote positive images of its residents participating in activities and is not banning the use of photographic or filming equipment. However, it is possible that some individuals will take inappropriate photographs or footage of children, young people and even adults in vulnerable positions.

In order to mitigate this:

- The appropriate Head of Service must give consent for a photographer/videographer being booked for any session. It is not acceptable for photographers to turn up unannounced at any sessions.
- Consent forms are required before photographic or video images are taken or used. (Forms must be signed by a parent or carer for children and young people.) Individuals need to understand what the photographs will be used for, who will be taking them, where they will be stored and for how long they will be kept on record. The organisers of the event will be responsible for obtaining such permissions.
- Any concerns during an activity should be reported to the leader of the session who will subsequently inform the appropriate Head of Service.

Please note: this guidance excludes parents or guardians taking photographs of their child/children.

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## **8. Recruitment, Employment and Deployment of Staff, Volunteers and Contracted Services**

Broadland District Council will take the following steps to ensure unsuitable people are prevented from working with young people and those in vulnerable situations. The same procedures will be adopted whether employees are paid or unpaid.

### **Pre-recruitment Checks**

The following pre-recruitment procedures will always be carried out:

1. If any form of advertising is used to recruit staff, it will state the:
  - Responsibilities of the role
  - level of experience or qualifications required (e.g. experience of working with children, sports related qualifications)

2. Pre-application information sent to interested or potential applicants will contain:
- A job description including roles and responsibilities
  - A person specification (e.g. stating qualifications or experience required)
  - An application form.
  - will identify where a post is deemed to require a Disclosure and Barring Service (DBS) check along with the reasons for designation. Council's equal opportunities statement.

### **Applications / Applicants**

Where the post has been identified as potentially having contact with children and/or dealing with people in vulnerable situations all applicants whether for paid, voluntary, full or part-time positions will complete an application and Disclosure and Barring Service (DBS) form which will elicit the following information:

- Name, address and National Insurance Number (to confirm identity and right to work)
- Relevant experience, qualifications and training undertaken.
- Listing of past career or involvement in related activities (to confirm experience and identify any gaps that require training).
- Any criminal record (to include all convictions, cautions and formal warnings)
- The names of at least two people (not relatives) willing to provide written references that comment on the applicant's previous experience.

All employees or volunteers whose roles have been assessed as working with people in vulnerable situations and/or who work with children will be required to undergo an enhanced DBS check. A DBS check will not be required if the employee/volunteer presents valid Update Service registration details. Staff whose contract is for more than 12 months will be required to register with the Update Service and be required to maintain this registration annually. The Update Service registration is a personal and portable registration and is usually the individual's own responsibility. However, the Council believes it is in the interests of national safeguarding that the numbers registered are maximised and therefore will pay for this registration.

A minimum of two written references will be taken up and at least one should be associated with former work with children/young people. These must be received and reviewed prior to a job offer being confirmed.

### **Existing Employees**

A rolling programme to identify and maintain a list of roles within the organisation which require DBS checks will be kept.

Staff within those roles will be required to undertake a DBS check and to register for the Update Service.

### **Risk Assessments**

A risk assessment to determine the suitability of an employee for their role/ employment will be undertaken where:

- the DBS check contains police information
- An employee fails to undergo a DBS check and/or maintain their Update Service Registration - see also the Council's policy on Employing People with a Criminal Record.

All staff, paid or voluntary, will undergo an induction process in which:

- General procedures and policies are outlined
- Safeguarding procedures are explained and training needs around this established.
- The expectations, roles and responsibilities of the post are clarified and discussed.

### Training

Everyone must accept and recognise their responsibilities for their own good practice and reporting suspected poor practice/concerns of possible abuse. Regular safeguarding training will be provided and everyone with safeguarding responsibilities should ensure they have up to date training. Managers will be responsible for supporting staff with the training which will be arranged and paid for by the Council.

Training includes but is not limited to:

Course/Training	Refresher	All Staff	Designated Safeguarding Officers	Relevant Staff
Introduction to Children's Safeguarding	3 yearly			✓
Adult Safeguarding				✓ (recommended)
Designated Safeguarding Officer Training	3 yearly		✓	
Domestic Abuse Champions Training				✓ (staff request)
Dementia Friends Training		✓ (recommended)		
PREVENT Workshop		✓ (recommended)		
Neglect Awareness				✓
Suicide Prevention Training				✓ (recommended)

### Supervision and Support

Staff or volunteers will be given the opportunity to receive and give feedback. Managers will be sensitive to any concerns about poor practice or abuse and act on them at an early stage. They should also offer support to staff or volunteers who report concerns/complaints.

## Monitoring

The Chief Executive will have the responsibility for overseeing the procedure; ensuring it is implemented and will monitor and review its effectiveness annually.

## Contracted Services

Section 11 of the Children Act 2004 places a duty on local authorities to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

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## 9. Further information

Below is a list of organisations, websites and policies that can provide further information on some of the issues discussed in this policy.

Children's Advice and Duty Service – 0344 800 8021 (Professionals only)  
Norfolk MASH – 0344 800 8020 or [mash@norfolk.gcsx.gov.uk](mailto:mash@norfolk.gcsx.gov.uk)  
Central Early Help – 01603 223161 or [nehffdatateam@norfolk.gcsx.gov.uk](mailto:nehffdatateam@norfolk.gcsx.gov.uk)  
Broadland Early Help Team – 01603 430120  
Norfolk Constabulary non-emergency number – 101

Norfolk Safeguarding Children's Board (NSCB) - <http://www.norfolkscb.org/>

Norfolk Safeguarding Adults Board (NSAB) -  
<http://www.norfolksafeguardingadultsboard.info/>

Early Help – Norfolk County Council  
<https://www.norfolk.gov.uk/children-and-families/early-help>

Signs of Safety –  
<http://www.signsofsafety.net/>

### **Policies and Procedures**

HM Government: Working Together to Safeguard Children 2018 -  
<https://www.norfolkscb.org/working-together-2018/>

The Norfolk Threshold Guide -  
<https://drive.google.com/file/d/0B0dx9NWXeMnDZ0tWdXF0ZjFWd2M/view?pref=2&pli=1>

Resolving Professional Disagreements –  
<http://www.norfolkscb.org/about/policies-procedures/10-2-resolving-professional-disagreements/>

HM Government: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

HM Government: Seven Golden Rules for Information Sharing –



<http://www.norfolkscb.org/wp-content/uploads/2015/04/Seven-Golden-Rules-for-information-sharing.pdf>

The MASH Model –

<https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/multi-agency-safeguarding-hub/mash-model>

Shows the path enquiries take when they are passed to the MASH, the different organisations involved and the possible outcomes.

NSPCC Whistleblowing -

<https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>

## **General Information**

NSPCC - <https://www.nspcc.org.uk/>

Action on Elder Abuse – 080 8808 8141 or <http://elderabuse.org.uk/>

## **Domestic Abuse**

Norfolk County Council - <https://www.norfolk.gov.uk/safety/domestic-abuse>

Leeway – 0300 561 0077 or <https://www.leewaysupport.org/>

Womens Aid – <https://www.womensaid.org.uk/>

Refuge - <http://www.refuge.org.uk/>

Domestic Violence Helpline run in partnership between Women's Aid and Refuge - 0808 2000 247

Galop LGBT Domestic Abuse Advice - <http://www.galop.org.uk/domesticabuse/>

National LGBT Domestic Abuse Helpline – 0800 999 5428

Men's Advice Line: Advice and Support for Men experiencing Domestic Abuse – 0808 801 0327 or <http://mensadviceline.org.uk/>

Duluth Wheels - <https://www.theduluthmodel.org/wheels/>

Power and Control Wheel -

A graphic that documents common abusive behaviours and tactics.

Equality Wheel - <https://www.theduluthmodel.org/wp-content/uploads/2017/03/Equality.pdf>

A graphic that documents equal behaviours and factors found in healthy relationships  
Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model (to be completed by DASH trained personnel only)

<http://www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/DASH-2009-2016-with-quick-reference-guidance.pdf>

## **Neglect**

NSCB Neglect Strategy 2017 - <https://www.norfolkscb.org/revised-neglect-strategy-2017/>

Neglect Identification Tool - <http://www.norfolkscb.org/wp-content/uploads/2015/04/Neglect-Identification-Toolkit-NIT1.pdf>

A good tool to aid recognition of factors which may indicate a child or young person is suffering from neglect.

Graded Care Profile -

<http://www.norfolkscb.org/wp-content/uploads/2015/05/GCP-Norfolk-Version-2.pdf>

A practical tool to give an objective measure of the care of children across all areas of need.

Self-Neglect and Hoarding strategy-

A link to the strategy from NSAB

<https://www.norfolksafeguardingadultsboard.info/assets/SELF-NEGLECT-and-HOARDING/NSAB-Self-neglect-and-hoarding-Strategy-AUGUST2016-FINAL.pdf>

## **Sexual Safety, CSE and Grooming**

CSE

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/what-is-child-sexual-exploitation/>

Talk PANTS – NSPCC - <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

Talking PANTS teaches children important messages, like their body belongs to them and they should tell an adult if they're upset or worried. Also features the Pantosaurus song.

The Harbour Centre- 01603 276381

<http://www.theharbourcentre.co.uk/aboutus.html>

A service to empower and support victims of rape and serious sexual assault including penetration, where specialist workers can discuss options and assist in making decisions about care.

Consent and a cup of tea - <https://www.youtube.com/watch?v=pZwvrXVavnQ>

A YouTube video from Thames Valley Police illustrating consent using a cup of tea.

Contraceptive and Sexual Health in Norwich -

<https://www.icash.nhs.uk/>

Think U Know - <https://www.thinkuknow.co.uk/>

Guidance for internet safety from CEOP Command. Information is given in age appropriate formats and includes sections for parents/carers and teachers.

Grooming -

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/grooming/>

WRAP – Workshop Raising Awareness to Prevent

<http://www.norfolkscb.org/people-working-with-children/further-safeguarding-resources/>

## **Honour Based Abuse, FGM and Forced Marriage**

Honour Based Abuse -

[http://www.cps.gov.uk/legal/h\\_to\\_k/honour\\_based\\_violence\\_and\\_forced\\_marriage/](http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/)

Karma Nirvana - 0800 5999247 or <http://www.karmanirvana.org.uk/>

A charity that supports victims of honour crimes or forced marriage

Forced Marriage - <https://www.gov.uk/guidance/forced-marriage>

Forced Marriage Unit – 020 7008 0151 Monday – Friday 9-5pm 020 7008 1500 Global Response Centre (out of hours) or [fmf@fco.gov.uk](mailto:fmf@fco.gov.uk)

World Health Organisation: FGM - <http://www.who.int/mediacentre/factsheets/fs241/en/>  
**If you are worried about FGM you can contact the NSPCC anonymously on 0800 028 3550** or [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

Modern Slavery - [www.modernslavery.co.uk](http://www.modernslavery.co.uk))

Duty to Notify - <https://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery>

### **Other Information**

Financial Abuse -

AGE UK - <http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/protecting-yourself/what-is-financial-abuse/>

Bullying –

<http://www.bullying.co.uk/>

Cyber Bullying –

<http://www.bullying.co.uk/cyberbullying/what-is-cyberbullying>

Self-Harm -

<https://www.mentalhealth.org.uk/a-to-z/s/self-harm>

### **Legislation**

The Children Act 2004 –

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

The Children and Social Work Act 2017

<http://www.legislation.gov.uk/ukpga/2017/16/section/1/enacted>

The Care Act 2014 –

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Equality Act 2010 –

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Mandatory reporting for FGM – <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Legislation designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.