



<b>Policy Headings</b>	<b>ZSEA Safeguarding Policy</b>	<b>Date of Issue</b>	<b>July 2025</b>
<b>Section 1:</b> Introduction (Aim / Ethos)	<p>ZSEA is committed to promoting the safety and wellbeing of Children and Adults at Risk and their families in all that we do. Our belief is that a diverse and healthy natural world is valuable and is essential for ensuring secure and healthy lives for people. This motivates ZSEA's vision and mission, and our other core values follow from this.</p> <p>By actively 'connecting communities with nature' and showcasing our efforts in the field, we hope to motivate others to take conservation action in their daily lives. This includes all our visitors – families, adults and children, groups of school children and teenagers, and adults at risk and their carers. We are committed to safeguarding all children, young people, adults at risk, parents, carers / enablers, staff and volunteers who are involved in our work or visiting our zoos.</p> <p>We recognise that children and vulnerable adults have rights as individuals and should be valued, listened to and treated with respect. We therefore strive to achieve excellent standards of safeguarding in all areas. We recognise that some vulnerable people are especially at risk because of their level of dependency or their communication needs. Our approach to safeguarding is to promote a culture of care which supports wellbeing and encourages resilience and the prevention of harm.</p> <p>We believe that our staff, volunteers, and contractors have both an individual and organisational responsibility for safeguarding. We will give equal priority to keeping all children, young people, and adults at risk safe regardless of their age, disability, gender, race, religion or belief, sex or sexual orientation and we aim to embed a safeguarding ethos and practice which is both proactive and responsive towards issues of safety and wellbeing. We understand that where abuse or neglect does occur, it can have devastating effects on individuals, families and wider society. Our commitment to safeguarding in its widest sense is therefore vital.</p> <p>This policy and the accompanying procedures provide clear standards and processes for all our staff, volunteers (including trustees and young people) and partners. This ensures that everyone is clear about their roles, individual and organisational responsibilities, and the procedures to follow to protect children and adults at risk from harm.</p>		
<b>Section 2:</b> <i>Name and contact details of the Designated Safeguarding Lead</i>	<p><b>Designated Safeguarding Lead:</b> Sara Goatcher  <b>Contact Number:</b> 01953 887771 (ex 410)</p> <p><b>Designated Safeguarding Director:</b> Ian Bartlett  <b>Contact number:</b> 01953 887771 (ex 291)/Mobile 07792 885021</p> <p><b>Designated Safeguarding Trustee:</b> Andrew Hassan  <b>Contact:</b> Email – <a href="mailto:Andrewhassan@doctors.org.uk">Andrewhassan@doctors.org.uk</a>            Mobile - 07802 262907</p> <p><b>Relief Designated Safeguarding Trustee:</b> Kelly Edmunds  <b>Contact:</b> Email - <a href="mailto:k.edmunds@uea.ac.uk">k.edmunds@uea.ac.uk</a></p> <p>If the DSL / DSD cannot be contacted anyone with a safeguarding concern can contact the Children's Advice and Duty Service (CADS).            -A staff member or volunteer can call (0344 800 8021)            -A parent or member of the public can call (0344 800 8020).  <b>If you feel a child is at risk of immediate harm, call the Police on 999.</b></p>		

<p><b>Section 3:</b> Roles and Responsibilities</p>	<p>This policy deals with the protection of children and young people and all adults at risk. This policy applies <b>to anyone working on behalf of ZSEA including senior managers and the board of trustees, paid staff, volunteers, seasonal worker, agency staff and students</b>. We require that our partners, current or in future, share our commitment to safeguarding. This policy also applies to any researchers, students or sub-contractors involved in any of our activities in England or overseas.</p> <p><b>Safeguarding is everyone's responsibility.</b> Everyone should understand that safeguarding affects all the organisation, and they must be aware of this policy and the procedures to follow. However, to ensure all concerns or allegations are handled appropriately ZSEA has several designated positions and specific job roles. These are outlined below:</p> <p><b>Trustees</b> Are required to comply with the legal duties of charity trustees in the administration of ZSEA's purpose and activities. Trustees have a general duty to take reasonable steps to govern and assess risks ZSEA's activities, beneficiaries, property, work or reputation. <b>It is part of their duty of care to ensure ZSEA:</b></p> <ul style="list-style-type: none"> <li>• Acts in the best interests of the children, young people and adults at risk</li> <li>• Takes all reasonable steps to prevent any harm to them.</li> <li>• Assesses and manages risk.</li> <li>• Puts safeguarding policies and procedures in place.</li> <li>• Undertakes ongoing monitoring and reviewing to ensure that safeguards are being implemented and are effective.</li> <li>• Responds appropriately to allegations of abuse and whistleblowing cases.</li> </ul> <p>In addition, at least one <b>Designated Trustee for Safeguarding (DTS)</b> is identified who will:</p> <ul style="list-style-type: none"> <li>• Be suitably experienced and trained in safeguarding.</li> <li>• Meet with the Safeguarding Director/Lead to maintain an overview of all safeguarding measures across ZSEA.</li> <li>• Be informed of and contribute to decisions on high-risk cases and maintain oversight of any follow up to help ensure that all risks are appropriately managed.</li> <li>• In conjunction with the Exec Team and Safeguarding Director/Lead, ensure that Trustees are fully informed of safeguarding issues across the organisation and contribute to maintaining safe practice across all our operations.</li> </ul> <p><b>Safeguarding Lead and Safeguarding Director (DSL / DSD)</b> The Designated Safeguarding Lead (DSL / DSD) is responsible for:</p> <ul style="list-style-type: none"> <li>• Ensuring staff have access to appropriate safeguarding advice and support.</li> <li>• Liaise with Children's Services and other agencies and make referrals to The Children's Advice and Duty Service or Local Authority Designated Officer (LADO) when required.</li> <li>• Checking that safeguarding referrals, incident reports and actions taken are recorded, fully logged in a restricted file.</li> <li>• Enable children, adults at risk and their families to be aware of ZSEA safeguarding procedures.</li> <li>• Assess that the partner organisations working with ZSEA have appropriate safeguarding policies and procedures in place.</li> <li>• Appraise the training needs of the DSO/Duty Managers on a regular basis.</li> <li>• Develop guidance and training to increase the level of understanding and expertise on safeguarding across all teams.</li> <li>• Ensure that there is a clear and fair system of high-quality supervision for all staff who may benefit from it.</li> </ul>
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- Alerting the DST any significant safeguarding concern, contributing to decision making and ensuring appropriate follow up to manage and reduce risk.
- Giving feedback to the DSO's/Duty Managers about safeguarding trends, concerns, and emerging issues.
- Keeping up to date with relevant law, guidance and case examples.
- Be responsible for making a barring referral to the DBS. In the event that the referral is against the DSL or DSD, the DST will make the barring referral.

### **Designated Safeguarding Officer (DSO)/Duty Managers**

The Designated Safeguarding Officers are the main point of contact for staff requiring safeguarding advice or support. DSOs/Duty Manager are in place across the organisation to support the awareness and mainstreaming of safeguarding across all operations. To ensure that our safeguarding measures respond to our specific sites the DSOs/Duty Manager will be identified across ZSEA to:

- Provide safeguarding advice and support to staff.
- Ensure all concerns are recorded and logged, as necessary.
- Highlight immediately any serious concerns to the DSD/ Human Resources.
- Ensure that external referrals are of high quality and are followed up.
- Keep up to date with safeguarding training.
- Act as advocates for safeguarding and increase awareness of safeguarding measure in their areas.
- Help disseminate guidance, procedures, and signpost teams to relevant resources.
- Contribute to safeguarding self-assessments and action plans.

### **Line Managers**

Line Managers are responsible for:

- Supporting and encouraging their teams to follow all appropriate safeguarding procedures.
- Providing additional support and advice for a member of staff with any safeguarding concern.
- Abiding by safer recruitment practices.
- Ensuring that all new staff and volunteers are fully inducted/trained to the appropriate level in safeguarding practices (see section 4 for training requirements)

### **HR**

HR are responsible for:

- Providing advice and guidance on safer recruitment to those recruiting staff or volunteers, including the induction period.
- Supporting the management on the allegation process.

### **Staff**

Staff are responsible for:

- Ensuring they know and adhere to the safeguarding procedures as outlined in this policy and other related policies and procedures including when working with external partners.
- Completing the safeguarding training required for their role.
- Raising with their DSO/Duty Manager immediately, any safeguarding concerns they identify.
- Contacting appropriate services immediately, in an emergency.

### **Volunteers**

Volunteers (including young people, interns, and those on work experience) are responsible for:

- Raising any concerns immediately with their supervisor, or the DSO/Duty Manager.

	<ul style="list-style-type: none"> <li>• Completing training appropriate to the role.</li> </ul>
<b>Section 4:</b> Safer Working Practices for staff and volunteers	<p>A vital part of safeguarding is <b>prevention</b>, and this is best approached by undertaking a risk assessment for each project or activity undertaken in any of our sites, in the UK or overseas.</p> <p>Please refer to the Risk Assessment guidelines for Africa Alive and Banham Zoo visits for detailed guidance and note the following additions to the document:</p> <p>It is essential that the accompanying adults/carers understand:</p> <ul style="list-style-type: none"> <li>• the itinerary, timings and objective of the visit</li> <li>• that they are responsible for the behaviour of the children in their charge</li> <li>• that they are responsible for the safeguarding of the children in their charge and are able to respond appropriately if required</li> </ul> <p><b>Staff training:</b></p> <ul style="list-style-type: none"> <li>• All staff and volunteers receive ZSEA safeguarding policy training delivered by a trained DSO</li> <li>• DSO's, Duty managers and Education Staff undertake NSPCC Designated Safeguarding Officer training or Management Safeguarding 'A 5 Point Health Check' through Safe CIC</li> <li>• Refresher training is available on a yearly basis, but must be completed every 3 years.</li> </ul> <p><b>Safe recruitment and induction</b></p> <p>ZSEA wishes to recruit outstanding staff. The focus will therefore be upon ensuring that the new post is well considered and attractive, that a diverse and high-quality field is attracted, and that the selection methods allow applicants to demonstrate their suitability for the post to ensure that the right applicant is appointed.</p> <p>The appointment of all employees will be made on merit and in accordance with legislation. Applicants will be evaluated solely based on their abilities and potential, regardless of race, colour, nationality, ethnic origin, religious or political belief or affiliation, trade union membership, age, gender, gender reassignment, marital status, sexual orientation, disability, socio-economic background, or any other inappropriate distinction.</p> <p>It should be noted that in most circumstances, the work of our staff will not fall within the definition of 'regulated activity' and therefore a Disclosure and Barring Service (DBS) check cannot be sought. ZSEA recognises however that a DBS check, where available, does not in itself protect a child. ZSEA therefore has comprehensive recruitment and selection procedures for staff and volunteers (<b>Recruitment &amp; Selection</b> policy and procedures). All managers should adhere to these procedures and all managers should be aware of them. The procedures can be accessed on the ZSEA People HR System or from the HR department.</p> <p>Where individuals are undertaking roles, which are 'regulated activity', that is, activity which involves teaching, training, instructing, caring for or supervising children, on a regular, intensive or overnight basis, a DBS check will be sought. The checks will be undertaken before the individual member of staff starts in their role or where the individual previously had a DBS check we will use the portability scheme.</p> <p>Induction of new staff, volunteers and interns should include a discussion about safeguarding and the role and responsibilities of ZSEA. A copy of this policy should be given to each new member of staff or volunteer and everyone should sign to indicate that they have read and understood the document. Questions should be invited and answered.</p>

## **ZSEA Safeguarding Code of Conduct**

### **DO's**

- Always put the welfare of a child or adult at risk first
- Report on all suspicions, concerns, allegations, or disclosures of abuse made by a child or adult at risk, including any allegations made against you. Follow our safeguarding procedures for this purpose.
- Demonstrate commitment to ensure safety in all areas of organisation life, acting to safeguard and reduce risk to children and adults at risk of harm.
- Treat everyone with dignity and respect. All children and adults at risk have a right to equal protection regardless of their race, culture, age, gender, ability, faith, sexuality, sexual orientation, pregnancy or maternity.
- Be friendly and approachable but professional in your interactions.
- Work openly, avoiding private or unobserved situations and working in isolation. Try to ensure that you are not the only adult present and are at least within sight or hearing of others. Leave the door open if you find yourself in a room alone with a child or an adult at risk.
- Any physical contact with children or adults at risk can be potentially subject to misinterpretation or even malicious allegations and therefore avoid all such physical contact unless it is an emergency, or it is pre-planned and a necessary part of the work that you are doing.
- Ensure your behaviour and appearance is appropriate to the work or activity that you are undertaking.
- We reserve the right to take crowd shots for general promotional use, such as for marketing materials, social media posts, or other promotional campaigns. However, if an image or footage focuses specifically on a child, we will ensure that written consent is obtained from the child's parent, carer, or guardian before the image or video is used for any purpose. The privacy and consent of minors are of paramount importance, and we are committed to ensuring all appropriate measures are taken to protect them. All filming and photography will be conducted by ZSEA staff or authorised third-party contractors. These individuals will always be easily identifiable by wearing official lanyards and bibs. Signage will be displayed when filming to ensure guests have the opportunity to opt out of being filmed or photographed if they wish by speaking to a member of staff.
- All equipment used for photography or filming by ZSEA staff or contractors must ensure that any images or footage are transferred directly to ZSEA-approved devices. Personal devices used to capture images or footage must immediately transfer any content to ZSEA devices and properly delete any images from personal devices. This measure is in place to ensure that the data is securely handled, and personal information is not inadvertently stored inappropriately.
- Respect the right to personal privacy but never agree to keep any information relating to the harm of a child or adult confidential.

### **Do not:**

- Give out your personal contact details (personal phone or mobile number, email, home address or social networking links).
- Befriend children or adults at risk that you meet through their work or volunteering either face to face or on social networking sites such as Facebook and X (previously Twitter).
- Establish on-line networking, group or blog forums which are not regulated with controls relating to ZSEA governance and scrutiny.
- Engage in sexually provocative behaviour, use inappropriate or sexually suggestive language or gestures either in person, verbally or via texting/emails.
- Use any form of physical punishment as a means of discipline.

	<ul style="list-style-type: none"> <li>• Conduct a sexual relationship with a child or adult at risk or take part in any form of sexual contact with a child or adult at risk regardless of the age of consent.</li> <li>• Swear or make sarcastic, insensitive, derogatory or discriminatory comments or gestures to or in front of children or adults at risk.</li> <li>• Transport children or adults with whom you are working in your own vehicle.</li> <li>• Rely on your reputation, position or the organisation to protect you.</li> <li>• Work under the influence of alcohol or drugs.</li> <li>• Smoke or vape in front of children.</li> <li>• Discuss your own personal/ sexual relationships with children or adults at risk.</li> <li>• Give or receive gifts and/or substances such as drugs, alcohol, cigarettes, e-cigarettes from or to a child/adult at risk or their family.</li> <li>• Broadcast or share any audio and/or visual material (CDs, DVDs, videos, photos, films, computer, blogs or games etc.) during work hours that has inappropriate or obscene content.</li> <li>• Invite, or allow a child or an adult at risk whom you have met through your work to your home.</li> <li>• Arrange to meet a child or adult at risk outside of your work/volunteering role where the purpose is one of friendship or an intimate relationship.</li> <li>• Provide any child or adult at risk with support, such as personal care, unless this is a specified part of your job or volunteering role.</li> </ul> <p><b>In the event of a breach of conduct:</b>  If anyone is concerned that a staff member, volunteer, or contractor has breached the code of conduct they should consider first if they feel able to raise the matter with the person concerned but only if this is safe and appropriate to do so and this will depend on the nature of the concern and your role. Otherwise, alert the line manager in the first instance. If the concern is about the line manager then inform the second line manager. The line manager will need to consider the nature of the breach and the most appropriate action to take which might involve addressing poor practice, or using the relevant internal procedures e.g. disciplinary and/or safeguarding procedures and/or volunteer resolution.</p> <p>If the breach concerns a member of the board of trustees, then inform the chair of the board of trustees. If the breach concerns the Senior Director, then inform the chair of the trustees. Advice can always be sought from the Head or HR.</p> <p><b>Policy Distribution</b>  This policy, along with the staff code of conduct, is issued to all staff via our online portals (Sage HR) and is reissued with every update. Policies must be read and electronically accepted by all staff.</p>
<p><b>Section 5:</b>  Safer Working Practices specifically for volunteers under 18</p>	<ul style="list-style-type: none"> <li>• Safer working practices / risk assessments are in place specifically for volunteers and work experience students under 18's, which will need to be read and signed by new starters before their placement commences.</li> <li>• To ensure the young person is suitable for the role and fully aware of the responsibilities it includes, informal interviews are carried out to ensure the young person is the right fit for the role.</li> <li>• For over 16's we will consider the young person's individual circumstances to consider if it is still appropriate to obtain parental consent. If we do not seek parental consent, we still inform parents that they are volunteering with us.</li> <li>• Volunteers and work experience students under 18 will be asked to read and sign a written code of conduct and role description where we clearly set out what their role is and our expectations of them. They will be made aware of what happens if the Code is breached.</li> </ul>

	<ul style="list-style-type: none"> <li>• All volunteers and work experience students will receive an induction and training at an age-appropriate level and suitable to their role.</li> <li>• <b>Volunteers / work experience students under 18 will never be left alone to supervise others or included in adult to child supervision ratios.</b></li> </ul>
<b>Section 6:</b> Procedure for handling a disclosure from a child	<p><b>Introduction to the 4 'Rs'</b></p> <p>This section will tell you how to deal with a concern about possible abuse of a child or adult at risk. It will describe how concerns might arise in your work at ZSEA explaining that there are real barriers to recognition that need to be understood first. Using the structure of the 4 'Rs' is a useful way of identifying the key processes of dealing with a concern and guidance is provided for each of these processes.</p> <p><b>Please note: As we are a registered charity any serious incidents must be reported to the Charity's Commission (see section 11 for the procedure).</b></p> <p>These steps should be followed in all instances of concern about a child or adult at risk:</p> <ul style="list-style-type: none"> <li>• <b>Recognition</b></li> <li>• <b>Responding</b></li> <li>• <b>Reporting</b></li> <li>• <b>Recording</b></li> </ul> <p>First consider the nature of the ZSEA project/s you are working within and then read through the following ways that safeguarding concerns may arise:</p> <ul style="list-style-type: none"> <li>• A child or adult at risk may tell you about something that has upset or harmed them. This is called a <b>disclosure</b>.</li> <li>• You may <b>observe</b> something in a child or young adult's behaviour that indicates that something is causing them worry or upset.</li> <li>• Someone else might report that a child or adult at risk has told them, or that they believe, that they have been or are being harmed. This may include what is termed '<b>historical abuse</b>' i.e., possibly not occurring now, or the person has moved away, but may have happened in the past. Do not forget that if this is the case then the person causing the abuse may still be causing harm to other children or adults at risk and the matter should still be reported.</li> <li>• A child or adult at risk might show signs of physical injury or of chronic neglect for which there appears to be no explanation.</li> <li>• The behaviour or attitude of a member of staff, or volunteer (within ZSEA or outside the organisation) towards a child or adult at risk, worries you.</li> <li>• You witness worrying behaviour from one child or vulnerable adult to another.</li> </ul> <p>Remember that there may be innocent explanations about a change in the behaviour of a child or adult at risk and do not immediately jump to conclusions that abuse has occurred. The main thing to remember is that any suspicion about abuse should be explored sensitively, to follow the procedures in this document and that unlikely though you may feel it may be, you must always consider that abuse could be a possibility.</p> <p>Those who seek to abuse children or adults at risk do not 'just find themselves' in a compromising situation – they deliberately seek out situations, organisations or settings which:</p> <ul style="list-style-type: none"> <li>• Provide easy access to children (or to other vulnerable people – children or adults).</li> <li>• Have little direct supervision of vulnerable groups including children.</li> <li>• Have no safeguarding principles, policies or processes in place.</li> <li>• Have unsafe recruitment processes and rarely take up reliable references.</li> </ul>

- Have a culture and a belief that, “It couldn’t happen here – we know everyone we work with and anyway it’s never happened before”.

### **Barriers to recognition**

It is worth remembering that it is commonly believed that a child or adult at risk would resist abuse at all costs or immediately tell a trusted adult. This is not so and in fact children or adults at risk often need to overcome several barriers which are very real for them. Some of the reasons why children or adults at risk frequently don’t tell about abuse include that they:

- Are scared because they have been threatened.
- Believe they will be taken away from their home.
- Believe they are to blame.
- Think it is what happens to all children / adults at risk and is ‘normal’ behaviour.
- feel embarrassed and guilty.
- Don’t want the abuser to get into trouble.
- Have communication or learning difficulties.
- May not have the vocabulary for what happened e.g. use a different first language
- are afraid they will not be believed.

There are also barriers for us as adults. All of us have a natural revulsion upon hearing someone has maltreated a child or someone vulnerable and must resist the inclination to dismiss it as being untrue in favour of a more comfortable reason such as, “Oh - she’s making it up”. Other reasons we as adults find it hard to share our concerns may be that we:

- Find it hard to believe what we are seeing or hearing.
- Cannot believe the suspicion that may be about someone we know and trust.
- Fear we might ‘get it wrong’ and fear the consequences of getting it wrong – for the child or adult at risk, their family and / or for ourselves and our organisation.
- Simply ‘don’t want to be involved’.
- Do not know what to do or who to contact. That is why this policy is so important.

### **Recognition**

This is the ability to recognise and identify signs and indicators of harm as they are defined in guidance and as they may present during any of ZSEA’s activities or projects as described above. **(See section 8 – types of abuse)**

Child abuse affects girls and boys, babies and young people of all ages up to 18, including children with special educational needs and disabilities and children from all kinds of family background. It occurs in all cultures, religions and classes. Research shows that disabled children (and adults) are more vulnerable.

Equally, abuse affects adults at risk, including the same categories as above and others such as being an older person; a person with special educational needs or disabilities, including, but not limited to, a physical disability, a learning difficulty or a sensory impairment; someone with mental health needs, including dementia or a personality disorder; a person with a long-term health condition or someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living. But remember that many individuals who do occupy one of the above categories, such as sensory impairment, may well not regard themselves as vulnerable or at risk and do not wish to be treated as such; sensitivity should be shown.



Abuse may be happening in the home, at activities outside of the home or within relationships. It is rarely conducted by a stranger but by someone known and trusted.

Abuse can result in a child or adult suffering significant harm preventing children from achieving their full potential and undermining dignity and rights. The harm it causes can affect them at the time it is happening and in later life. The impact can be educational, emotional, psychological, and relational. Therefore, historic accounts are to be responded to with the same level of diligence

## **Responding**

### **Responding to a direct disclosure of abuse or neglect**

Sometimes a child or adult will tell a member of staff or volunteer about their experience of abuse or the way they are or have been treated by someone else. Respond in the following ways and then follow the steps outlined above

#### **Do**

- ✓ If possible, find an appropriate space to talk
- ✓ Show you care, help them open up: give your full attention to the child or adult and keep your body language open and encouraging.
- ✓ Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today.'
- ✓ Take your time, slow down: respect pauses and don't interrupt the young person – let them go at their own pace.
- ✓ Recognise and respond to their body language.
- ✓ Show you understand, make it clear you're interested in what they are telling you.
- ✓ Reflect back what they've said to check your understanding – and use their language to show it's their experience.
- ✓ Reassure them that they've done the right thing in telling you.
- ✓ Explain what will happen next in terms of the process at ZSEA.
- ✓ Make notes of your conversation and then follow the steps above.

#### **Do not:**

- × React strongly – for instance saying, 'that's terrible.'
- × Jump to conclusions especially about the alleged abuser.
- × Tell them you can keep this a secret.
- × Ask leading questions.
- × Make promises you cannot keep.
- × Stop them from speaking freely.
- × Tell them to stop talking so that you can fetch the DSO.

ZSEA has trained DSOs/Duty Managers in place. Concerns should be reported in the first instance to a DSO/Duty Manager at the Africa Alive or Banham Zoo site. If the DSO/Duty Manager is absent from the relevant site, a report should be made to the most senior manager on site, plus the DSO/Duty Manager on the other site. If this is emailed, the absent DSO/Duty Manager should be copied in, in all relevant communications.

**You should never ignore a concern or do nothing. Your role is to report after responding appropriately; someone else will decide whether the matter is significant or requires action and will also consider the issue of consent and capacity (adults at risk).**

**Step 1** Contact the DSO/Duty Manager to discuss your concern immediately if possible, but definitely on the same day you identify the concern.

**Step 2** A record of what was seen, said, and done needs to be made on the **Safeguarding Incident Report Form – (see Appendix 2)**. If you have this form to hand then complete it otherwise the DSO/Duty Manager will complete it when you speak with them.

**Step 3** Seek support from the DSO/Duty Manager if you feel you need it.

**Step 4** The DSO/Duty Manager will determine what action is necessary.

The options are:

- no action is required as it does not constitute a safeguarding concern.
- monitor the situation and arrange to speak with the person concerned again.
- speak to the adults in charge of the group if applicable (**see schools and colleges section below**)
- seek advice from one or more of the following: DSO/ DSL/DSD/ Human Resources, Norfolk CADS / Suffolk Safeguarding Partnership, adult social care, police, NSPCC Helpline, Professionals Online Safety Helpline, Ann Craft Trust
- Contact Norfolk CADS (BZ) / Customer First or the Professional Consultation Line (AA). See Appendix 1 for details.
- In addition, the police should be notified if it is thought a crime has been committed.
- consider whether any additional support is required for the child or young person and signpost them to sources of help.

**Step 5** The DSO/Duty Manager must make a record of their decision with a rationale even if no further action is to be taken. A decision to take no further action or monitor a situation (for example with regards to an apprentice) is as serious as a decision to make a referral out to the authorities.

**Step 6** The DSD/DSL/DSO must consider if consent is required to share information with the local authority and/or police. (**See Section 15 - Information sharing, consent, and confidentiality**) for further detail on information sharing and consent.

**Step 7** If the DSD or DSO/Duty Manager decides to make a referral to Norfolk CADS / Customer First (Suffolk) or Adult social care or the police then they must: make a phone call and then put the notification in writing within 48 hours by using the relevant process in the local authority area which will be found on their website. seek feedback having after three working days of making the notification to check it has been received, and action taken and implications for the child or young person.

**Step 8** The DSD or DSO/Duty Manager must keep a record of all the actions taken, any crime reference number, decisions made and any outcomes in accordance with good practice on recording, information storage and retention.

**Step 9** Where the concern is about an apprentice, then the DSD or DSO/Duty Manager will notify the designated safeguarding lead at the training provider. The apprentice should be made aware that this information about them is being shared with the training provider and their consent ideally sought to do this.

### **Responding to a child or adult protection emergency**

In some circumstances, there may be immediate concerns about the safety of a child or adult arising from the information disclosed to you either face to face or online, for example:

- A child or adult has taken steps to or expressed their intention to take their own life.
- Information that a child or adult could be subject of further abuse if they go home.
- Information that a child or adult has contact with a sex offender.
- Information that a child or adult is being groomed into terrorism, sexual exploitation or criminal exploitation.
- A serious crime has been committed on the child or adult.

In such circumstances, you should:

- Ring 999 and ask for the emergency service required - police and/or ambulance.
- Inform the DSO/Duty Manager afterwards.
- There will always be a Duty Manager available to contact via the contact details; (see Safeguarding contacts Section 2).
- The procedures for **Responding to a direct disclosure of abuse or neglect** (above) must then be followed by the DSO/Duty Manager on site.
- Alert the parent/carers if safe to do so, otherwise this is the responsibility of the social worker/police.

### **Sharing information**

- Try to gain consent to share information from a child or young person as appropriate to their age and understanding. You may still share information without consent if they are at risk of harm, or if a crime has been committed.
- If a child or young person refuses permission, you still need to discuss this with your designated safeguarding officer (DSO)/Duty Manager who will decide if there is an over-riding public responsibility to share the information with the local authority and/or police.
- If an adult at risk refuses to consent to share information, every effort should be made to support them by explaining that it is in their interests (and possibly of others), to share it, but ultimately, they have the right to refuse consent unless they or others are at risk.
- If the adult at risk appears not to have the capacity to understand the nature or consequences of the decision to share information this should be assessed by someone qualified to make this assessment. See below for further guidance about an adult at risk who may lack capacity to make decisions.
- Tell the child or adult what you will do next and with whom the information will / or will not be shared.
- If the disclosure or incident relates to recent physical or sexual harm or injury try to preserve any evidence that maybe important to an investigation e.g. clothing.
- The child or adult may need to be medically examined and consent will usually be required. This will be a decision for the police and/or medical services.
- Make a written record of the incident, including what the child or adult has said, as soon as possible. Use their own words and note their behaviour or demeanour. Include the date, time, any names mentioned, addresses, to whom the information was passed (or the reason if not shared) and who else is aware of it. Note or clearly describe any visible injury, using a sketch of the body showing the location of any injury.

- Contact your designated safeguarding officer (DSO)/Duty Manager as soon as possible to discuss your concerns, using the reporting form. If you are concerned that a child or children is/are experiencing or likely to suffer significant harm, then concerns should be reported **immediately** to the DSO.

**What should you say to a child or adult at risk who says that they are being abused by another child, young person, or adult at risk?**

- Reassure the child or adult at risk that they have done the right thing by telling someone about it and that you will do everything you can to keep them safe.
- Explain that you will have to tell someone else to protect them, and possibly others.
- Allow them to tell the whole story but do not ask them too many questions.
- If the child's parent is there, explain to them what has happened, if possible, in front of the child, so that the issue is discussed openly.
- In the case of an adult at risk it is important to seek their consent to the sharing and passing on of any information. Try to seek their views, reassuring them that the main aim is to keep them (and others) safe. If consent is refused, leave this to your DSO/Duty Manager who will discuss it with the local authority, **(See Safeguarding Contacts: Section 2** in this policy).
- You can ask what the child or adult at risk would like to happen because of what they have said, but do not make promises you cannot keep.

**Recording**

This section refers to the importance of prompt recording at all stages of your involvement. In all situations, including those in which the cause of concern arises either from a disclosure of abuse or from suspicion of abuse, it is vitally important to record the details as soon as possible, regardless of whether they are shared with a statutory agency. Complete the **Safeguarding Incident Reporting Form – (see Appendix 2)**, with an accurate note being made of the following information which is relevant to the current concern:

- Name of person reporting the incident.
- Date, time and location of the incident, disclosure or suspicious conversation or observation.
- Name, age and any impairment of the individual about whom there are concerns.
- Parties who were involved, including witnesses.
- What was said, seen or done and by whom.
- Whether consent to share information has been given and if not, whether there is an over-riding.
- Public concern about safety of the individual or others.
- Distinguishing between facts and opinions.
- Name of the Designated Safeguarding Officer, whether they have been contacted, and when. If not, has anyone else been informed?
- Immediate actions taken.
- Whether a staff member or volunteer is involved in the allegation and any further action taken, e.g .suspension.
- Where relevant, reasons why there is no referral to a statutory agency.
- What support is required and has been offered to the child, adult at risk, the volunteer or member of staff involved.

The record should be clear and factual as it may be needed by child or adult safeguarding agencies and may, in the future, be used as evidence in court. Records should be kept securely and shared only with those who need to know about the incident.

	<p><b>Children or adults under school or college supervision.</b> If a safeguarding concern is identified in these circumstances, for example when a school party visits ZSEA or when ZSEA are working in schools or colleges then the procedure is as follows:</p> <p><b>Step 1</b> You should notify either the person in charge of the party or class about the concern and ask that it be passed onto their Designated Safeguarding Lead.</p> <p><b>Step 2</b> You should make notes and contact the ZSEA's DSO/Duty Manager of the concern, and your actions on the same working day.</p> <p><b>Step 3</b> The DSO / Duty Manager should follow up with the school's designated safeguarding lead to check they have received the concern and are taking appropriate action to address it. A record of the outcome should be made. If the DSO/Duty Manager is not satisfied with the response from the school, contact the Norfolk CADS (BZ) or Customer First / the Professional Consultation Line (AA) for guidance on what to do next.</p> <p><b>Note:</b> If you are concerned about inappropriate behaviour of a member of staff in either the school, college or other organisation you are working in then do not share this with them. Rather notify the DSO who will refer to the procedures in <b>Section 9</b></p> <p><b>As we are a registered Charity, for any <u>Serious incident</u> we must follow these procedures for reporting:</b></p> <p>As a registered Charity ZSEA must comply with the serious incident reporting procedures required by the Charity Commission for England and Wales for safeguarding and other matters. This procedure is in respect of safeguarding only. <b>See section 11 for further details on reporting.</b></p>
<p><b>Section 7:</b> <b>d</b> Contacting The Children's Advice and Duty Service (CADS) (BZ) <b>or</b> Customer First or the Professional Consultation Line (AA)</p>	<p><b>If you feel a child is at risk of immediate harm, call the Police immediately on 999.</b></p> <p><i>Ensure you the following information ready before contacting CADS /Customer First.</i></p> <ul style="list-style-type: none"> <li>✓ all of the details known to you/your agency about the child;</li> <li>✓ their family composition including siblings, and where possible extended family members and anyone important in the child's life;</li> <li>✓ the nature of the concern and how immediate it is;</li> <li>✓ Any work/support you have provided to the child or family to date.</li> <li>✓ where the child is now and whether you have informed parents/carers of your concern</li> </ul> <p><b>BZ</b></p> <ul style="list-style-type: none"> <li>• If you are concerned that a child or children is experiencing or likely to suffer significant harm, telephone (CADS) immediately on 0344 800 8021</li> <li>• When considering whether to contact CADS ZSEA staff will consult the CADS Flowchart in Appendix 1 and the <u>Norfolk Continuum of Needs Guidance</u> 2023 produced by the Norfolk Safeguarding Children Partnership (NSCP)</li> <li>• We will gain consent from the parent to contact CADS, unless the concerns being raised suggest that the child or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parent is informed. Reasons for not seeking consent should be clearly stated when speaking with CADS and recorded on internal systems for our records.</li> </ul>

<p><b>Section 7b:</b>  <b>Adults at risk:</b>  Contacting The  Norfolk  Safeguarding  Adults Board  (BZ)  <b>or</b>  Customer First  or the</p>	<ul style="list-style-type: none"> <li>• CADS will advise us of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children's Services. Or a formal referral, recording the level of need, into the Family Help Team.</li> <li>• A consultation feedback letter will be provided as a record of all conversations and provide a clear audit trail of the outcome agreed.</li> <li>• We will not investigate and will be led by the Local Authority and/or the Police.</li> <li>• We will keep written dated records of all conversations with CADS.</li> <li>• We understand if we are unhappy about a decision made by CADS we can use the Resolving Professional Disagreements policy on <a href="https://norfolkscp.org.uk/">https://norfolkscp.org.uk/</a></li> <li>• Parents or members of the public can contact CADS on 0344 800 8020.</li> </ul> <p><b>AA</b></p> <ul style="list-style-type: none"> <li>• If you are concerned that a child or children is experiencing or likely to suffer significant harm, telephone (Customer First) immediately on 0808 800 4005</li> <li>• If you would like to discuss whether or not a referral is required, please call the Professional Consultation Line on <b>03456 061 499</b> to speak with a MASH (Multi-Agency Safeguarding Hub) social worker.</li> <li>• We will gain consent from the parent to contact Customer First, unless the concerns being raised suggest that the child or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parent is informed. Reasons for not seeking consent should be clearly stated when speaking with Customer First and recorded on internal systems for our records.</li> <li>• We can submit a multi-agency referral form (MARF) using the new secure Suffolk Children and Young People's Portal. We can find this at <a href="https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding">https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding</a></li> <li>• We will not investigate and will be led by the Local Authority and/or the Police.</li> <li>• We will keep written dated records of all conversations with Customer First / Suffolk Multi Agency Safeguarding Hub.</li> </ul> <p><b>Children with a Social Worker</b></p> <p>If we have concerns about a child, who we know already has a social worker or practitioner, we will call that worker. If we do not know the worker or their contact details, we will contact CADS on 0344 800 8020 and they will help to make sure our call gets put through to the right person.</p> <p><b>Concerns about Radicalisation and Extremism</b></p> <p>If we have concerns that a child or young person could be vulnerable to radicalisation, we will follow the procedure in the Appendix 3.</p> <p><b>Adults at Risk - Contacts</b></p> <p><b>BZ:</b> If you are concerned about an adult at risk, call 0344 8008020 and follow the prompts to the Safeguarding Adults option.</p> <p>Further guidance is available at <a href="http://www.norfolk.gov.uk/42502">www.norfolk.gov.uk/42502</a></p> <p>If a concern involves immediate or serious risk or injury, <b>we will report first to emergency services using 999</b></p> <p><b>AA:</b> If you are concerned about an adult at risk, we will make an adult safeguarding referral at <a href="https://earlyhelpportal.suffolk.gov.uk/web/portal/pages/adultsa#h1">https://earlyhelpportal.suffolk.gov.uk/web/portal/pages/adultsa#h1</a>. This form should only be used to make a referral about a vulnerable adult where you believe that abuse has happened, or is likely to happen. <b>If you feel the person is in immediate danger please call Customer First on 0808 800 4005 rather than completing this</b></p>
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Professional Consultation Line (AA)	<p><b>form, or dial 999 in an emergency.</b></p> <p>Before submitting this form you should try to get the person's consent, however this is not essential.</p>
<p><b>Section 8:</b> Types of Abuse - Children</p>	<p><b>Definitions of Abuse and Neglect from Working Together to Safeguard Children 2023</b></p> <p>Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:</p> <ul style="list-style-type: none"> <li>• providing help and support to meet the needs of children as soon as problems emerge</li> <li>• protecting children from maltreatment, whether that is within or outside the home, including online</li> <li>• preventing impairment of children's mental and physical health or development</li> <li>• ensuring that children grow up in circumstances consistent with the provision of safe and effective care</li> <li>• promoting the upbringing of children with their birth parents, or otherwise their family network</li> <li>• taking action to enable all children to have the best outcomes in line with the outcomes.</li> </ul> <p>Child protection is part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.</p> <p><b><i>What is abuse and neglect?</i></b></p> <p><b>Abuse</b> - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.</p> <p><b>Physical abuse</b>-A form of abuse which 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.</p> <p><b>Emotional abuse</b> -The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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.</p>

<p>Section 8b: <b>Types of Abuse</b> - Adults at risk</p>	<p><b>Sexual abuse</b>-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 Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p> <p><b>Neglect</b>-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.</p> <p>Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing, and shelter (including exclusion from home or abandonment)</li> <li>• protect a child from physical and emotional harm or danger</li> <li>• ensure adequate supervision (including the use of inadequate caregivers)</li> <li>• ensure access to appropriate medical care or treatment</li> <li>• provide suitable education It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs For information on indicators of abuse consult Appendix 4.</li> </ul> <p><b>Additional safeguarding concerns to be aware of are: (See Appendix 5)</b></p> <ul style="list-style-type: none"> <li>• Child Sexual Exploitation</li> <li>• Child Criminal Exploitation</li> <li>• FGM – Female Genital Mutilation</li> <li>• Forced Marriage</li> <li>• Honour Based Abuse</li> <li>• County Lines</li> <li>• Domestic Abuse</li> <li>• Online Abuse</li> <li>• Radicalisation</li> </ul> <p>For the purposes of this policy, adult at risk refers to someone over 18 years old who, according to paragraph 42.1 of the Care Act 2014:</p> <ul style="list-style-type: none"> <li>▪ has care and support needs</li> <li>▪ is experiencing, or is at risk of, abuse or neglect</li> <li>▪ because of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.</li> <li>▪ If someone has care and support needs but is not currently receiving care or support from a health or care service they may still be an adult at risk</li> </ul> <p><b><u>Types of Abuse and Neglect for Adults</u></b></p> <p>The statutory guidance in the Care Act 2014 lists ten types of abuse. However, this is not intended to be an exhaustive list but rather a guide to the sort of behaviours which could give rise to a safeguarding concern. It is important that we do not limit our view of what constitutes abuse or neglect to those types or the different circumstances in which they can take place.</p> <p>Physical Abuse - includes:</p> <ul style="list-style-type: none"> <li>• hitting, pushing, pinching, shaking, grabbing, biting, hair-pulling, scalding</li> </ul>
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- misusing medication
- withholding food or drink, force-feeding
- restraint or inappropriate physical sanctions
- failing to provide physical care or aids to living – for example glasses or a walking stick

Psychological & Emotional Abuse - includes:

- threats of harm or abandonment
- deprivation of contact
- radicalisation [being exploited by those who would want them to embrace terrorism]
- humiliation, blaming, controlling
- intimidation, coercion
- harassment, verbal abuse and cyber bullying
- isolation or unreasonable and unjustified withdrawal of services or support

Financial or Material Abuse – While it can occur in isolation, it is often present with other forms of abuse and includes:

- theft and fraud
- internet scamming
- some forms can involve the perpetrator seeking out and grooming individuals
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- misuse or misappropriation of property, possessions or benefits

Sexual Abuse – includes:

- rape, sexual assault or sexual acts to which the adult has not consented to, was unable to consent to, or was pressured into consenting to
- indecent exposure; sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography, subjection to pornography or witnessing sexual acts

Sexual Exploitation is a subset of sexual abuse. It involves:

- exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities
- can also involve serial abusing in which the perpetrator seeks out and 'grooms' individuals - Grooming is defined as developing the trust of an individual at risk of abuse and/or his or her family in order to engage in illegal sexual conduct

Organisational Abuse – includes:

- neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to care provided in one's own home
- this may range from one off incidents to on-going ill-treatment
- it can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and Acts of Omission includes:

- ignoring medical, emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services

	<ul style="list-style-type: none"> <li>withholding of the necessities of life, such as medication, adequate nutrition and heating</li> </ul> <p>Discriminatory Abuse – includes:</p> <ul style="list-style-type: none"> <li>forms of harassment, slurs or maltreatment because of someone’s actual or perceived age, disability, gender, gender identify, ethnic, racial, cultural or national origin, religious belief/non-belief or sexual orientation</li> <li>hate incidents are a form of discriminatory abuse</li> </ul> <p>Domestic Abuse – The Domestic Abuse Act 2021 defines this as an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been ‘personally connected’ (so no longer just intimate partner or family member) regardless of gender or sexuality.</p> <p>For this type of abuse the age range is extended down to 16. It includes:</p> <ul style="list-style-type: none"> <li>psychological, physical, sexual, financial, emotional abuse</li> <li>‘so called honour’ based violence</li> <li>female genital mutilation</li> <li>forced marriage</li> <li>it also includes being a witness to domestic abuse of another person</li> </ul> <p>Modern Slavery and Human Trafficking encompasses:</p> <ul style="list-style-type: none"> <li>Sexual exploitation including prostitution and ‘adult entertainment’</li> <li>Forced Labour – commonly in agricultural, construction, food processing, hospitality industries, factories, car washers and nail bars</li> <li>Domestic servitude</li> <li>Organ harvesting</li> <li>Forced criminality – includes cannabis cultivation, street crime, forced begging, burglary, metal theft and benefit fraud</li> </ul> <p>Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. They may use concerns about an individual’s immigration status or concerns that their families may be at risk if they resist exploitation.</p> <p>Self-neglect covers a wide range of behaviour - including:</p> <ul style="list-style-type: none"> <li>neglecting to care for one’s own personal hygiene, health, safety or surroundings</li> <li>behaviour such as hoarding.</li> </ul> <p>The definition of self-neglect excludes a situation in which a mentally competent person, who understands the consequences of their decisions, makes a conscious and voluntary decision to engage in acts that threaten their health or safety as a matter of personal choice.</p> <p>However, there is a need to assess your concerns - balancing the individual’s right to choose their lifestyle, considering their mental health or capacity to understand the consequences of their actions. It can often be a care or risk management issue rather than a safeguarding concern and may require a social care assessment in the first instance.</p>
<p><b>Section 9:</b> Managing allegations against people working or volunteering with children.</p>	<p><b>Respond and Manage an Allegation of Abuse made against ZSEA staff, volunteers, contractors.</b></p> <p>ZSEA recognises its duty of care to employees, volunteers and contractors and will act to manage and minimise the stress inherent in the allegations process.</p> <p>ZSEA takes seriously all allegations of abuse made against staff members, including contractors or volunteers. This excludes situations where an employee is bullying or harassing another colleague as this is covered by the Bullying and Harassment Policy.</p>

Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We work to the thresholds for harm as set out in *'Working Together to Safeguard Children'* (2023).

At **ZSEA** we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by our organisation to the LADO service directly at [lado@norfolk.gov.uk](mailto:lado@norfolk.gov.uk)

We will take all possible steps to safeguard our children and to ensure that the adults at **ZSEA** are safe to work with children. When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children and The Management of Allegations Against People Working with Children Procedure are adhered to and will seek appropriate advice.

If an allegation is made or information is received about *any* adult who works/ volunteer in our setting which indicates that they may be unsuitable to work / volunteer with children, the member of staff receiving the information will inform **HR / DSL/DSD** immediately. This includes concerns relating to agency, supply and specialist staff, students and volunteers.

**The Designated Safeguarding Lead / Director, should within 1 working day, report the allegation to the LADO in accordance with this procedure, by completing a LADO referral form.**

Should an allegation be made against the DSL/DSD this will be reported to our DST. In the event that DST is not contactable on that day, the information must be passed to and dealt with by our relief DST (**See section 2: contact details**)

The LADO referral form can be downloaded here under the LADO tab, along with more information:

<https://norfolklscsp.org.uk/people-working-with-children/how-to-raise-a-concern> (BZ)  
<https://www.suffolksp.org.uk/local-authority-designated-officers-lado> (AA)

**The procedure applies to all employees, volunteers and contractors (where ZSEA is the primary employer or has engaged the contractor).**

If ZSEA is not the primary employer (e.g., agency staff) the DSO/Duty Manager will notify the primary employer about the allegation and they will be responsible for the case management of the allegation with support from the DSO/Duty Manager.

### **Criteria for a safeguarding allegation**

The safeguarding allegations management procedure will be used in cases where it is alleged that an employee, volunteer or contractor, has:

- behaved in a way that has harmed a child or adult, or may have harmed a child; or
- possibly committed a criminal offence against or related to a child or adult; or
- behaved towards a child or adult in a way that indicates that they would pose a risk of harm to other children and/or adults; or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children or adults.

**Identifying an allegation**

Allegations may arise in several ways, for example a report from a child or adult, a complaint from a parent/carer, or a concern raised by another child or adult. An allegation may concern someone's behaviour or actions within their job or a voluntary activity, or within their family or private life. The concerns may be about any form of abuse or neglect. This will include concerns about inappropriate relationships between adults and children. For example,

- aggression or physical assault
- a sexual relationship between a child aged 16 or 17 years with an adult in a position of trust with them, even if the relationship may appear to be consensual.
- grooming, i.e. meeting a child under 16 with intent to commit a relevant offence (section 15 of the Sexual Offences Act 2003); or
- other behaviour that gives rise to concerns, such as possession of abusive images of children or inappropriate contact through texts or social media, gift giving or socialising with children or adults outside of work-related activity.
- concern about a colleague's posts on their personal social networks.
- serious or repeated breaches of the ZSEA's Safeguarding Code of Conduct.

If ZSEA are notified about an allegation or concern about an employee outside of their work, then this may present a risk to children or adults for whom the employee is responsible, and the general principles outlined in these procedures will therefore apply.

**Action by the person noticing concerns or receiving an allegation first,**

You should:

- Treat the matter seriously and keep an open mind.
- Do not make assumptions or offer alternative explanations.
- Do not investigate or ask leading questions, if seeking clarification.
- Do not promise confidentiality but give assurance that the information will only be shared on a need-to-know basis.
- Make a written record of the information. Where possible, record the exact words of the person making the allegation.
- Record the time, date and place and names of people present when the allegation was made or concerning behaviour was observed. Record the time, date and place of alleged incidents, persons present and what was said, if these were mentioned by the person making the allegation.
- Immediately report the matter to the DSO/Duty Manager in the same working day. In their absence, or if a DSO is the subject of the allegation, concerns must be reported to the DSL/DSD and Human Resources.
- The DSO/Duty Manager should notify Human Resources and the Head of Department unless the matter is clearly not a safeguarding allegation and has another explanation. A record of all decision making must be kept.
- Human Resources will manage the allegations process in conjunction with DSL/DSD and Head of Department.

**Initial response to a safeguarding allegation:**

The DSO/Duty Manager and HR Lead should:

- Obtain written details of the concern or allegation by the person reporting it and date it. Record any decisions made and the rationale. Complete the safeguarding incident report form – (**see Appendix 2**) if it has not already been done.

- Decide if any further clarifying information is needed or advice from a relevant authority (**see Section 19**) but do not do an investigation.
- Decide if any equipment (e.g. lap top or mobile phone) needs to be removed from the individual, as it might hold evidence of online abuse, or if their access to ZSEA channels must be suspended.

#### **Contact:**

- immediately report the allegation to the Local Authority Designated (LADO) if it meets one or more of the criteria regarding a child above or to consult with them if uncertain as to how to proceed; or,
- Safeguarding Adults if the alleged victim is aged 18 years and above (**See section 19**) to report the allegation if it meets one or more of the criteria regarding an adult as described above or to consult with them if uncertain as to how to proceed.
- Contact the police if it is thought a criminal offence has been committed.
- If the allegation requires immediate attention but is received out of office hours, contact the local authority Emergency Duty Team or the police and then inform the local authority or adult social care as soon as possible thereafter.
- Refer allegations against a staff member or volunteer who is no longer working at ZSEA to the police in the first instance and then inform the local authority or adult social care.
- If the allegation does not meet the criteria described above then consider if the matter is one of poor practice and needs to be addressed through other employment processes.

#### **Child victim of the allegation**

- If the allegation is not false and there is cause to suspect that a child is suffering or likely to suffer significant harm, the local authority will refer the case to children's social care and ask them to convene a strategy meeting.
- The local authority will consult the police if a criminal offence may have been committed. If the threshold for significant harm is not reached but a police investigation may be needed, the local authority will immediately inform the police.
- If an investigation by children's or adult social care or the police is deemed as not necessary after they have made further enquiries, then the DSO/Duty Manager, Human Resources and Head of Department and the local authority will discuss if any further actions are required. The options will depend on the nature of the allegation and the evidence available. This will range from taking no further action, training, dismissal or a decision not to use the person's services in the future.
- If the initial evaluation leads to no further action against the staff member, volunteer or contractor concerned, the decision and justification should be recorded. Agreement should be reached on what information should be put in writing to the individual who was subject to the allegation and what action should follow, including informing the person who made the allegation originally (but maintaining confidentiality about the full case details).

#### **Adult victim of the allegation**

The same process applies as a child victim except it will not be initiated by LADO, rather it will be the responsibility of the Adult Safeguarding Team. Telephone **0344 800 8020** follow the prompts to the Safeguarding Adults option (Norfolk based) or **0800 917 1109** (Suffolk based)

If a concern involves immediate or serious risk or injury, we will report first to emergency services using 999.

**See appendix 8:** Raising a Safeguarding Adults Concern

### **Persons to be notified**

- After consultation with the LADO or adult social care, Human Resources should inform the accused person about the allegation as soon as possible.
- However, if a strategy discussion is needed, or the police or children's social care need to be involved, Human Resources should not inform the accused person until those agencies have been consulted and have agreed what information can be disclosed to the individual.
- In principle, the DSL / DSD should inform the child's parents/carers about the allegation if known. LADO should be consulted first to ensure that this will not impede any investigation or disciplinary process. In some cases, the parents/carers may need to be informed right away, e.g., if a child is injured and needs medical attention.
- The parents/carers and the child, if sufficiently mature (around secondary school aged), should be helped to understand the process and kept informed about the progress of the case and the outcome if no criminal prosecution will take place.

### **Confidentiality**

- Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated. Information sharing should be restricted to those who need to know to protect the child concerned, carry out the enquiries and manage the disciplinary process, if applicable.
- The DSD should inform the parents/carers/child or adult concerned about the implications of publishing details of the allegation in any form of media or on social networking sites.
- The DSD should consider how best to manage speculation and press interest if it arises.

### **Human Resources:**

- A suitable representative from the HR team will keep the employee or volunteer updated on the progress of the investigation; this will continue during any investigation or disciplinary process.
- Will ensure that the employee is provided with appropriate support.

### **Managing risk during the investigation**

The perceived level of risk during the investigation needs to be considered and managed. In some situations, the level of risk may require the staff member/volunteer/contractor not to be working with children or adults.

Based on an assessment of risk, the Head of Department and DSD will determine what action to take with regards to the employment of the person – whether it is appropriate to suspend them, or redeploy them into another role without child contact, provide another person to be present when the individual has contact with children or young people, whilst the investigation is carried out. Suspension should not be the default position: an individual should be suspended only if there is no reasonable alternative. Human Resources, DSD, LADO or adult social care may have views on this which need to be considered.

If immediate suspension is considered necessary, the rationale and justification for such a course of action should be agreed and recorded. This should also include what alternatives to suspension have been considered and why they were rejected.

Possible risks to the child or adult involved and any children in the accused's home, work or community life will be evaluated and managed by the LADO or adult social care and the police.

### **Timescales**

- Cases will be resolved as quickly as possible, consistent with a thorough and fair investigation.
- It is expected that the investigations by the authorities in most cases should be resolved within one month and all, but exceptional cases should be resolved within 12 months.
- However, the timing will depend on the nature, seriousness and complexity of the case and the right outcome is far more important than meeting timescales.
- Cases where it is immediately apparent that the allegation is unsubstantiated or malicious should be resolved within one week.
- Disciplinary action should normally not be taken until the outcome of any external investigation has been completed. The decision to take such action lies with ZSEA.

### **Resignations and compromise agreements**

- Every effort will be made to reach a conclusion to the case should the staff member or volunteer refuse to cooperate, having been given a full opportunity to answer the allegation and make representation.
- Although it would not be possible to apply disciplinary sanctions if the period of notice expires before the conclusion of the investigation, the outcome of the disciplinary process will be recorded.
- ZSEA will not use 'compromise/settlement agreements' in respect of where there has been a safeguarding allegation, for example where the staff member agrees to resign provided that disciplinary action is not taken and that a future reference is agreed.

### **Outcomes of an investigations**

The following categories should be used in recording the outcome:

- **Substantiated** – there is sufficient evidence to prove the allegation.
- **Malicious** – there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive.
- **False** – there is sufficient evidence to disprove the allegation.
- **Unsubstantiated** – there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
- **Unfounded** - there is no evidence or proper basis which supports the allegation being made.

### **Malicious or unsubstantiated allegations**

If an allegation is determined to be unsubstantiated or malicious, LADO should refer the matter to children's social care services to determine whether the child needs services or may have been abused by someone else. Similarly, adult social care will consider this in terms of the adult who made the allegation.

<p><b>Section 10:</b> <i>Disciplinary Procedures when an allegation has been made against a staff member or volunteer</i></p>	<p><b>Disciplinary or suitability process and investigations</b></p> <p>The Human Resources department and Head of Department will discuss whether disciplinary action is appropriate in all cases where:</p> <ul style="list-style-type: none"> <li>• it is clear at the outset, or decided by a strategy discussion, that a police investigation or section 47 enquiry is not necessary: or</li> <li>• the police or the Crown Prosecution Service informs that the criminal investigation and subsequent trial is complete, or that an investigation is to be closed without charge, or prosecution is discontinued.</li> </ul> <p>The discussion will consider any potential misconduct or gross misconduct by the staff member, and consider:</p> <ul style="list-style-type: none"> <li>• the information provided by the police and children's or adult social care</li> <li>• the result of any investigation or trial; and</li> <li>• the different standards of proof in disciplinary and criminal proceedings.</li> </ul> <p>In the case of contractors, LADO / adult social care and Human Resources and Change will work with the providing agency in deciding whether to continue using the person's services.</p>
<p><b>Section 11:</b> Further Reporting of Allegations</p>	<p><b><u>Charity Commission Reporting</u></b></p> <p><b>The Charity Commission expects a report if a serious safeguarding risk materialises. This will usually be if any of the following occur:</b></p> <ul style="list-style-type: none"> <li>• Incidents of abuse or mistreatment (alleged or actual) of beneficiaries of the charity (adults or children) which have resulted in, or risk, significant harm to them and: <ul style="list-style-type: none"> <li>- This happened while they were under the care of the charity.</li> <li>- Someone connected with the charity, for example a trustee, staff member or volunteer, was responsible for the abuse or mistreatment (alleged or actual).</li> </ul> </li> <li>• Other incidents of abuse or mistreatment (alleged or actual) of people who meet the charity through its work, which have resulted in or risk significant harm to them and are connected to the charity's activities.</li> <li>• Breaches of procedures or policies at the charity which have put people who meet it through its work at significant risk of harm, including failure to carry out relevant vetting checks which would have identified that a person is disqualified in law from holding their position within the charity. This might be, for example, because they are disqualified under safeguarding legislation from working with children and or adults.</li> </ul> <p>The above may include incidents in the workplace that have resulted in or risk significant harm to trustees, staff, or volunteers. This does not mean that the Charity Commission expects charities to report every internal staffing incident - charities need to make a judgement call about which incidents either individually, or as a collection, are serious in the context of the charity. However, a report should always be made where the level of harm to the victims and/or the likely damage to the reputation of, or public trust in, the charity is particularly high (for example, sexual misconduct by the charity's Chief Executive or another person in a senior position or position of specific responsibility, such as the DSD). The Commission would also expect to receive a report if the number and nature of staffing incidents indicate there are widespread or systematic issues connected to sexual harassment, abuse and/or other misconduct in a charity. This is because abuse can thrive in such conditions or people may be fearful of sharing concerns because of the consequence treatment they may receive from colleagues.</p>



	<p>ZSEA may be alerted to alleged abuse of a beneficiary, staff member, volunteer or someone else who it encounters through its work, which has occurred outside of the charity (e.g. in the family home or community) In such incidents, ZSEA are <b>not</b> expected to report to the Commission <b>unless</b> it's found (or alleged) that the incident wasn't handled appropriately by us and this resulted in harm to the person or persons concerned. In such circumstances, a report should also be made to the police and local authority. The guidance (How to report a serious incident in your charity, June 2019) provides examples of the types of incidents that should be reported.</p> <p><b>Notifying the Registered Body or Regulator</b></p> <p>Where an individual is a registered practitioner with a professional body e.g. teacher or medical professional or social worker, ZSEA may need to notify them. The responsibility for doing this rests with the DSD or Human Resources.</p>
<p><b>Section 12:</b> Low level concerns about adults working or volunteering with children that do not meet the harm threshold for a LADO referral.</p>	<p>A low-level concern is any concern, doubt, or sense of unease, no matter how small, that someone may have acted in a way that is inconsistent with your organisations code of conduct.</p> <p>Behaviour that might be considered as inappropriate often depends on the circumstances. A low-level concern may not be seen as immediately dangerous or intentionally harmful to a child, but it can soon escalate and become a serious safeguarding concern.</p> <p><i>Examples of such behaviour could include:</i></p> <ul style="list-style-type: none"> <li>• Being over friendly with children</li> <li>• Excessive 1-1 to attention beyond what is required for their role</li> <li>• Having favourites</li> <li>• Adults taking photographs of children on their mobile phone</li> <li>• Engaging with a child on a one-to-one basis in a secluded area</li> <li>• Using inappropriate sexualised, intimidating or offensive language</li> <li>• Inappropriate sharing of images</li> <li>• Humiliating children</li> <li>• This list of examples is not exhaustive, and low-level concerns can arise from various forms of behaviour.</li> </ul> <p>Low-level concerns may arise in several ways and from several sources. For example: suspicion; complaint; or disclosure by a child, parent or other adult within or outside of the organisation.</p> <p>At ZSEA we promote an open and transparent culture in which all concerns about all adults working in or volunteering on behalf of our organisation are dealt with promptly and appropriately.</p> <p>Through induction, we ensure all staff/volunteers understand the importance of self-referring, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.</p> <p><u><i>Managing a Low-Level Concern</i></u></p> <p>At ZSEA staff/volunteers are expected to report all low-level concerns immediately to a DSO / Duty Manager</p> <p>The DSL/DSD will be the ultimate decision maker in respect of all low-level concerns.</p>

	<p>At ZSEA we understand the importance of recording low-level concerns and the actions taken in light of these being reported. We will review the records we hold to identify potential patterns and take appropriate action. This could be through a disciplinary process, or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, where it should be referred to the LADO.</p> <p>If our organisation is in any doubt as to whether the information which has been shared about a member of staff/volunteer as a low-level concern in fact meets the harm threshold, they should consult with the LADO, in Norfolk this is <a href="mailto:lado@norfolk.gov.uk">lado@norfolk.gov.uk</a></p>
<p><b>Section 13:</b> Making a Barring Referral to the Disclosure and Barring Service</p>	<p>If an allegation has been made about a staff member or volunteer, then our organisation has a legal duty to make a barring referral if the following conditions are met:</p> <p><b>Condition 1</b> You withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, retired, been made redundant or retired.</p> <p><b>Condition 2</b> You think the person has carried out 1 of the following: engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or; satisfied the harm test received a caution for, or a conviction for, or been convicted for a relevant offence</p> <p>More information on Barring Referrals can be found <u>online</u>. If we need guidance on making a Barring Referral, we will contact the <u>East of England DBS Outreach Advisor</u> for support. A Barring Referral can be completed online via the DBS <u>website</u>.</p> <p><b>It is the responsibility of the DSL/DSD with assistance from the HR team for making a barring referral. In the event that the referral is against the DSL or DSD the DST will make the barring referral.</b></p> <p>There could be times when we might consider that we should still make a referral in the interests of safeguarding children even if the legal duty to refer has not been met. This could include acting on advice of the police or a safeguarding professional, or in situations where there may not be enough evidence to dismiss or remove a person from working with vulnerable groups. DBS are required by law to consider any and all information sent to them from any source. This includes information sent to them where the legal referral conditions are not met. If we do make a referral to DBS where the referral conditions are not met, we will do so in consideration of relevant employment and data protection laws.</p>
<p><b>Section 14:</b> Working with parents and carers</p>	<ul style="list-style-type: none"> <li>• School parties / group bookings are given the option to be sent a copy of our policy on booking via email.</li> <li>• Parents / guardians of children taking part in Zoo clubs are given a form to sign on arrival confirming details such as allergies, health concerns and rules such as mobile phones. This form also informs them of our safeguarding policy and our legal duty to assist other agencies with Safeguarding enquiries and that we will we contact the Children's Advice and Duty Service (BZ), Customer First (AA) and / or Police if we have concerns about the welfare of their child. Parents will be made aware that we will need to share information with the relevant authorities if we have concerns about the welfare of their child, and that we do not have to seek consent from them if there are serious concerns about harm or likely harm to their child. Due to the length of the policy, every parent / carer is not given the full</li> </ul>

	document, but they are offered a full copy of our safeguarding policy if they would like it.
<b>Section 15:</b> Records and Confidentiality	<p><b>Safeguarding Records retention and storage guidelines</b></p> <ul style="list-style-type: none"> <li>• At ZSEA guidelines for the retention, storage and destruction of child and adults at risk records are part of our safeguarding policies and procedures. (<b>See Appendix 7 NSPCC Records retention and storage guidelines</b>).</li> <li>• In general terms, people have a right to expect that their personal information is not shared with other organisations and that their consent is obtained before sharing.</li> <li>• ZSEA has a duty to share information with other agencies to safeguard children and adults in certain circumstances when it is in the public interest, i.e. when there is a concern about actual or possible abuse/neglect or if we believe a crime has been committed.</li> <li>• Whilst consent to share information should be sought where it is safe and appropriate to do so, information may be shared without consent if there is good reason to do so as it is lawful to share such information without consent for the purpose of safeguarding a child or adult.</li> </ul> <p>Any information that is shared will only be shared on a need-to-know basis and these decisions will be made by the DSD/DSL. You must never promise any adult or child to keep information confidential when it is about safeguarding concerns or allegations.</p> <p>Government advice about when and how information in respect of children can be shared is laid out in 'seven golden rules':</p> <ol style="list-style-type: none"> <li>1. General Data Protection Regulation 2018 (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about individuals is shared appropriately.</li> <li>2. Be open and honest with the individual (and/or their family) from the start about why, what, how and with whom information may be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.</li> <li>3. Seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.</li> <li>4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.</li> <li>5. Consider safety and well-being: base information sharing decisions on the safety and well-being of the individual and others who may be affected by their actions.</li> <li>6. <b>Necessary, proportionate, relevant, adequate, accurate, timely and secure:</b> ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.</li> <li>7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.</li> </ol> <p>Consent to share information is different for adults. As they have a far greater say in what information can be shared about them and they are given more involvement, choice and control in such matters. Their ability to consent is dependent on whether they have the mental capacity to understand the risks of harm. ZSEA staff are not expected to assess the issue of mental capacity but it is important that an adult is involved as far as possible in making decisions about their own safety and wellbeing.</p>

**Section 16:**  
Online Safety

All staff and volunteers are required to read and sign **ZSEA's Code of Conduct** which gives guidance and rules regarding photography and video, the internet and social media sites and the use of mobile phones. Staff and volunteers must also read, sign and adhere to **ZSEA's Social Media policy** regarding content creation both on behalf of ZSEA and for personal use.

**Online images / ICT**

What to do if a member of staff/volunteer/contractor is inadvertently exposed to child sexual abuse images whilst using the internet:

- The URLs (webpage addresses) which contain the suspect images should be reported to the Internet Watch Foundation via [www.iwf.org.uk](http://www.iwf.org.uk) – staff /volunteers/consultants should refer to a DSO who will carry out the report. This is to avoid duplication – a key principle is that ZSEA must avoid sending actual copies of the images to the Internet Watch Foundation.
- Any copies that exist of the image, for example in emails, should be deleted.

**What to do if abusive images of children are found on ZSEA devices:**

- Staff/volunteers/consultants must report what they have found to the DSO/Duty Manager immediately.
- The URLs (webpage addresses) which contain the suspect images should be reported on to the Internet Watch Foundation via [www.iwf.org.uk](http://www.iwf.org.uk) by the DSO/Duty Manager. Copies of the actual images must not be sent to the Internet Watch Foundation.
- DSL /DSD (or DSO/Duty Manager in their absence) to contact the police regarding the images. If there is a doubt about whether the images are criminal, then a discussion will take place with the police regarding the best way for them to receive copies to determine whether they are criminal or not.
- Discuss with the police what to do about the device that the images are on.
- Quarantine the device in question and discuss with the police about checking for any other images on that device or any others.
- If any copies of images need to be stored at the request of the police, then they should be stored securely where no one else has access to them.
- Follow the allegations management procedures above in respect of who has been using the device.

**Photographing and Filming Children or Adults at Risk**

There could be concerns about the risks posed directly and indirectly to children and adults at risk using images on ZSEA's websites, social networks and other publications. Personal information can be used to identify children and adults at risk, and this can place a child or adult at risk to an individual who may wish to contact and start to 'groom' them. It is therefore important for ZSEA to be aware of the risks posed by taking and using images and to take reasonable precautions to prevent unauthorised taking of and limit how images may be used.

In addition, ZSEA may wish to take photos of children, adults at risk and other visitors for communication and marketing purposes and again, careful procedures must apply. The NSPCC Child Protection in Sport Unit and the NSPCC / Children England SafeNetwork11 site provide useful guidance which can be adapted for ZSEA events and can be found at: [www.thecpsu.org.uk](http://www.thecpsu.org.uk)

The following principles apply:

- The interest and welfare of children and adults at risk is paramount.
- The parents / carers of children and adults at risk have a right to decide whether their images are taken and how these may be used.

- The parents / carers of children and adults at risk must provide written consent for the images of the child or vulnerable adult to be taken and used.
- Consent is only meaningful when ZSEA ensure that the parents and carers of children and adults at risk understand how ZSEA will use the images or videos in the future, how these images or videos will be stored by ZSEA and agree to this use and storage.
- Such consent should be obtained using the current ZSEA "Consent form - use of video and photographs of children and adults at risk" (**Photography and Video Consent Form - see Appendix 6**).
- Where possible do not include the name of the child or vulnerable adult, or any other personal identifiers, in the image or video.
- If naming a child or adult at risk or group in an image or video, only use their first names, as this will reduce the risk of identification.
- Avoid the inclusion of other detailed personal information about individual children or adults at risk.
- Images should always portray positive images of the child or vulnerable adult.
- Be vigilant for other visitors (who are not the parents / carers of the children or adults at risk) who appear to be taking photographs or videos of a child or adults at risk.
- Any concerns about inappropriate or intrusive photography, or unauthorised photography, should be reported to the organiser of the activity.
- If you are particularly concerned about the activities of any individual who appears to be taking photographs or images of a child or adult at risk, ask a colleague to monitor their activities and report your suspicion immediately to the Designated Safeguarding Officer (DSO)/Duty Manager.
- All equipment used for photography or filming by ZSEA staff or contractors must ensure that any images or footage are transferred directly to ZSEA-approved devices. Personal devices used to capture images or footage must immediately transfer any content to ZSEA devices and properly delete any images from personal devices. Data will be stored on ZSEA secure servers in line with our ICT policy. This measure is in place to ensure that the data is securely handled, and personal information is not inadvertently stored inappropriately.
- All filming and photography will be conducted by ZSEA staff or authorised third-party contractors. These individuals will always be easily identifiable by wearing official lanyards and bibs. If you are approached by any staff or contractors requesting to take photographs or film, please feel free to ask for identification if it is not immediately visible.
- To ensure transparency and maintain a respectful environment for our guests, clear signage will be displayed upon admission when filming is taking place for specific promotional campaigns or media purposes. The signage will inform visitors that filming is in progress and that they may be included in the footage. Visitors will have the opportunity to opt out of being filmed or photographed if they wish by speaking to a member of staff
- We reserve the right to take crowd shots for general promotional use, such as for marketing materials, social media posts, or other promotional campaigns. However, if an image or footage focuses specifically on a child, we will ensure that written consent is obtained from the child's parent, carer, or guardian before the image or video is used for any purpose. The privacy and consent of minors are of paramount importance, and we are committed to ensuring all appropriate measures are taken to protect them.
- **These guidelines are available for guests / parents / guardians to see on our website.**

	<p><b>Zoo Children Clubs Device Use</b></p> <p>For children clubs and other activities, children and parents/guardians will be informed that mobile phones and all other devices are not to be used during clubs and no photographs are to be taken. If devices are brought with them, they are to be left in their bags until the end of the session.</p> <p>Parents / Guardians are made aware of this policy in advance, and again on arrival and will be asked to sign a form to confirm they are aware and their children will comply.</p>
<p><b>Section 17:</b> Relevant Guidance and Legislation</p>	<p>-Working Together to Safeguard Children 2023          -What to do if You're Worried a Child is Being Abused 2015          -Children Act 2004          -Children Act 1989          -The Online Safety Act 2023          -Data Protection Act 2018          -The Prevent Duty Guidance 2023          -Norfolk Continuum of Needs Guidance 2023  <a href="#">Norfolk Guidance to Understanding Continuum of Needs   NSCP   PWWC (norfolklscp.org.uk)</a>          -Norfolk Safeguarding Children Partnership Policies and Procedures  <a href="#">Policies &amp; Procedures   Norfolk Safeguarding Children Partnership (norfolklscp.org.uk)</a>          Suffolk Safeguarding Partnership Policies and Procedures: <a href="https://www.suffolksp.org.uk/">https://www.suffolksp.org.uk/</a></p>
<p><b>Section 18:</b> Other Relevant Policies</p>	<p>This policy should be read in conjunction with:</p> <ul style="list-style-type: none"> <li>• Public Interest Disclosure Act Policy (Whistle blowing) updated 2020.</li> <li>• Staff and Volunteer Code of Conduct</li> <li>• Risk assessments</li> <li>• Recruitment and Selection policy</li> <li>• ZSEA Education Guidelines for Schools</li> <li>• Lost child procedure.</li> <li>• Consent form for photography and filming (see Appendix 6)</li> </ul>
<p><b>Section 19:</b> <i>Useful Contacts</i></p>	<p>Norfolk Children's Advice and Duty Service (CADS) 0344 800 8021          Norfolk Children's Services 24 hours 0344 800 8020          Norfolk Police 101 / In an emergency 999          Norfolk Local Authority Designated Officers (LADO) Team <a href="mailto:lado@norfolk.gov.uk">lado@norfolk.gov.uk</a>          Norfolk Safeguarding Children Partnership (NSCP) <a href="http://norfolklscp.org.uk">norfolklscp.org.uk</a>          Safer Programme 01603 228966 <a href="mailto:safer@norfolk.gov.uk">safer@norfolk.gov.uk</a>          Suffolk Safeguarding Partnership - <a href="https://www.suffolksp.org.uk/">https://www.suffolksp.org.uk/</a>          Suffolk Customer First:  <a href="https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding">https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding</a>          Suffolk Multi-Agency Safeguarding Hub <a href="https://www.suffolk.gov.uk/care-and-support-for-adults/protecting-people-at-risk-of-abuse/mash">https://www.suffolk.gov.uk/care-and-support-for-adults/protecting-people-at-risk-of-abuse/mash</a>          The Disclosure and Barring Service Regional Outreach Service  <a href="#">The DBS Regional Outreach service - GOV.UK (www.gov.uk)</a></p> <p>BIAZA – <a href="http://www.biaza.org">www.biaza.org</a>          Action Counter Terrorism (ACT) – Details about Prevent and links for the Prevent referral form <a href="http://www.actearly.uk/">www.actearly.uk/</a></p>

**Policy Review**

We will make changes to our policy and procedures in line with Norfolk Safeguarding Children Partnership's guidance on [norfolklscp.org.uk](https://norfolklscp.org.uk)

Name: Ian Bartlett, Designated Safeguarding Director

Signed:

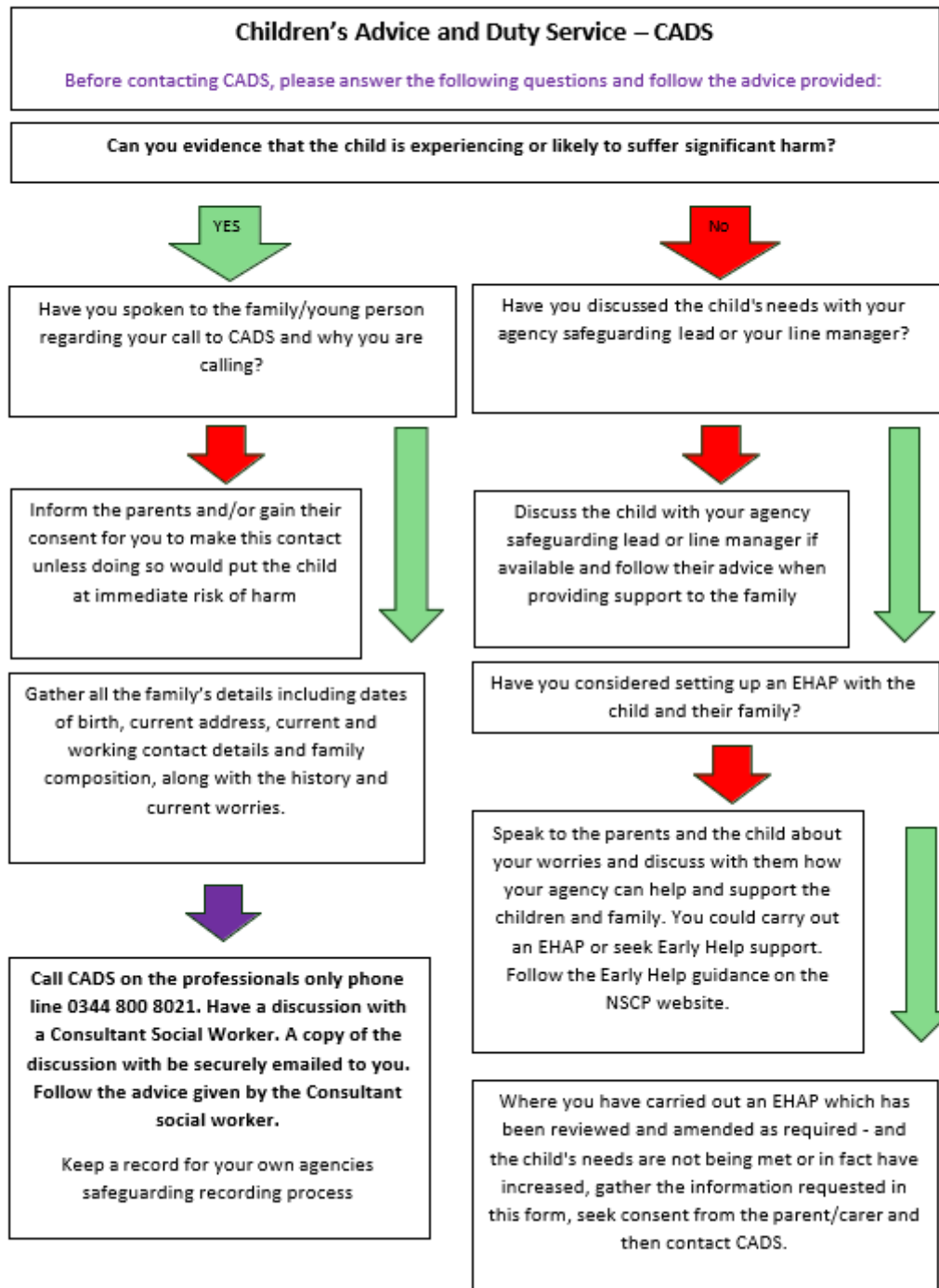


Date: 7<sup>th</sup> July 2025

**This policy will be reviewed by:** July 2026

**This policy will be reviewed by:** Sara Goatcher, Safeguarding Lead

## Appendix 1-The Children's Advice and Duty Service Flowchart



For Safeguarding Concerns in Suffolk: see <https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding> for more details



## **Appendix 2: Safeguarding Incident Reporting Form**

- *Enter as much detail as possible.*
- *Don't delay making a referral if there is information missing.*

<b>Part 1 Details of the child or adult</b>		
Name of child or adult		
Gender:	Age:	Date of Birth:
Religion	Ethnicity	Any additional needs (e.g. disability)
Parent/Carer name(s):		
Home address of child or adult		
Place/time/date where the concern was identified		
<b>Part 2 Details of a safeguarding allegation against employees/volunteers/ third parties</b>		
Name and role of person who is the subject of the allegation		
Age and/or Date of Birth		
Home address		
Place/time/date where the concern was identified		

**Part 3 Your Details:**

Your Name:

Your Position:

Your contact details

**Part 4 Report:**

Are you reporting your own concerns or responding to concerns raised by someone else?

- ☐ Responding to my own concerns
- ☐ Responding to concerns raised by someone else

If responding to concerns raised by someone else, please provide their name, role and contact details (if known):

Please provide details of the safeguarding concern or allegation including times, dates or other relevant information. Make it clear whether you are giving a fact, expressing your opinion or expressing the opinion of someone else.

The child or adult's account of what happened (e.g. of any incident, injury, disclosure, behavior) if known

Please provide details of the person alleged to have caused the incident/injury if known (e.g. names(s) /address/ incident address /relationship to child

Please provide details (name, role contact details if known) of any witnesses to the incident/concerns:

<b>Part 5: Actions Taken</b>	
State any risk of immediate harm	
Identify any action taken already e.g. contact with police, LADO , Norfolk CADS, Suffolk Safeguarding Partnership, Adult social services NSPCC helpline etc.	
Is the child, adult and parents/carers or accused person aware that a report has been made	
Any known previous records of safeguarding concerns or allegations	
Any further information or comments or actions to be taken	
Date and time of report being submitted and to whom	

<b>Part 6: Immediate action and decisions by DSO</b>

### **Appendix 3-The Prevent Duty in Norfolk Procedure**

**PREVENT** - Prevent is part of the UK's Counter-terrorism strategy CONTEST. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. The key terms to be aware of are as follows:

**Extremism** - the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

**Radicalisation** - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

**Terrorism** - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system.

#### **Responding to a Concern-Notice – Check – Share**

**Notice**-A staff member or volunteer working with a child or young person could be the person to notice that there has been a change in the individual's behaviour that may suggest they are vulnerable to radicalisation. Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

**Check**-The next step is for the staff member or volunteer to speak to the manager or safeguarding lead to better understand the concerns raised by the behaviours observed to decide whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action or a referral not related to radicalisation or extremism.

**Share**-Where the staff member or volunteer still has concerns that the individual may be vulnerable to radicalisation, then the organisation's safeguarding procedures will be followed, and this safeguarding concern will be reported to the Children's Advice and Duty Service (CADS).

Following this the Prevent referral form should be completed, which can be downloaded from here [referral form](#) and sent to: [preventreferrals-NC@Norfolk.police.uk](mailto:preventreferrals-NC@Norfolk.police.uk)

An initial assessment of the referral will be carried out prior to any further information gathering on the individual.

**For urgent radicalisation concerns contact Norfolk police on 101 or, in an emergency, 999.**

Additional [information and guidance on Prevent](#) is available on the Norfolk County Council website.

#### **Need advice or support?**

If it's not an emergency, please get in touch by emailing [prevent@norfolk.police.uk](mailto:prevent@norfolk.police.uk). You can also contact the Norfolk Police Prevent team on [01953 423905](tel:01953423905) or [01953 423896](tel:01953423896).

#### **Appendix 4-Indicators of Abuse**

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below *may* be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation.

#### **Emotional Abuse**

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- *Babies* – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- *Toddler/Pre-School* – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- *School age* – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- *Adolescent* – depression, self harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

#### **Neglect**

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's needs. The majority of these signs and symptoms can occur across any age group. Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important

- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

#### Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

### Physical Abuse

- Always obtain a medical diagnosis regarding any suspected abusive injury
- No injury is 100% symptomatic of abuse
- Look for unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries

#### Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes
- Consider the age of child:
- Any bruising to a young baby
- It is unusual for a child under the age of 1 year to sustain a fracture accidentally
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described
- Bruising:

- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury
- Bruises on black children will be more difficult to identify
- Mongolian blue spots may be mistaken for bruises. The Mongolian spot is a congenital developmental condition exclusively involving the skin. Usually, as multiple spots or one large patch, it covers one or more of the lower back, the buttocks, flanks, and shoulders. Mongolian spot is most prevalent among Asian groups. Nearly all East Asian infants are born with one or more Mongolian spots. Mongolian blue spot usually fades over the years and is most frequently gone by the time the child reaches adolescence
- Recent research indicates that bruises can not be aged accurately. Estimates of the age of the bruise are currently based on an assessment of the colour of the bruise with the naked eye
- Other injuries:
  - Bite marks may be evident from an impression of teeth
  - Small circular burns on the skin suggest cigarette burns
  - Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
  - Red lines occur with ligature injuries
  - Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate
  - Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
  - Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
  - Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

#### Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

#### **Sexual Abuse**

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys

- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a trusted adult
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

Behavioural changes in older children might involve:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

## **Appendix 5-Additional Safeguarding Issues**

**Child Sexual Exploitation**-CSE is a form of child sexual abuse. It occurs when an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a children or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through use of technology.



**Child Criminal Exploitation**-A term to describe where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) in exchange for something the victim needs or wants; and/or
- (b) for the financial or other advantage or the perpetrator or facilitator; and/or
- (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

**FGM – Female Genital Mutilation** - (*FGM*) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "*female circumcision*" or "cutting". FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. The maximum penalty for FGM is 14 years' imprisonment.

**Forced Marriage**-People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when some face physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (eg if they're made to feel like they're bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

**Honour Abuse**-Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere the victim doesn't want to go
- assault/killing

**County Lines**-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.

**Domestic abuse** -The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse. Young people can also experience domestic abuse within their own intimate relationships.

**Radicalisation** -When we talk about radicalisation it means someone is being encouraged to develop extreme views or beliefs in support of terrorist groups and activities. radicalisation and the potential path towards terrorism and extremism can occur through face to face or online interactions. It is sadly the case that it is becoming easier than ever to be groomed by terrorist recruiters on the internet and to find extremist materials. Encouraging susceptible individuals to commit acts of terrorism on their own initiative is a deliberate tactic seen in emerging ideologies and seen in their propaganda. This is exacerbated by online environments which bring together and facilitate individuals sharing and validating thoughts and ideas.

Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. The importance of noticing the hallmarks of concern within these online communities, in friends or wider social spaces as well as work and educational settings has probably never been as important as it is now. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.

- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

It's often the case that professional curiosity and belief in your own ability to determine if something just doesn't sit right is sometimes a good check point to flag up where something may be going wrong, especially in the early stages of radicalisation.

**Online Abuse**-any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. It can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online. Children may experience several types of abuse online: Cyberbullying, Emotional abuse- which can include emotional blackmail, Sexting-pressure or coercion to create sexual images, Sexual abuse, Sexual exploitation and Grooming-perpetrators may use online platforms to build a trusting relationship with the child to abuse them. A child experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet

Be mindful that some of the signs of online abuse are similar to other types of abuse.

## **Appendix 6**

# **Photography and Video Consent Form**

In accordance with our Safeguarding policy, we will not permit photographs, video or other images of young people to be taken without consent. If the child is under 16, consent must be obtained from a parent / carer.

(If the child is over 16, or an adult at risk it's good practice to inform parents that photographs and/or videos of their child may be used if the child has given consent.)

**ZSEA** will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately.

<b>Name of child</b>		<b>Age</b>	
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### **Declaration of consent – child aged 16 or over and Adult at Risk**

Please tick each box (or strike out what you do not consent to), then sign this form.

- ☐ I give permission for my photograph to be used for display purposes.
- ☐ I give permission for my photograph to be used within other printed publications.
- ☐ I give ZSEA permission for my photograph to be used on the website.
- ☐ I give permission for my photograph to be used on ZSEA's social media pages.
- ☐ I give permission for video of me to be used on the ZSEA's website.
- ☐ I give permission for video of me to be used on the ZSEA's social media pages.
- ☐ I give permission for video of me to be used for training or analysis purposes.

<b>Signature</b>		<b>Today's date</b>	
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### **Declaration of consent – parent / carer of child under 16**

Please tick each box (or strike out what you do not consent to), then sign this form.

- ☐ I give permission for my child's photograph to be used within ZSEA for display purposes.
- ☐ I give permission for my child's photograph to be used within other printed publications.
- ☐ I give permission for my child's photograph to be used on ZSEA's website.
- ☐ I give permission for my child's photograph to be used on ZSEA's social media pages.
- ☐ I give permission for video of my child to be used on ZSEA's social media pages.
- ☐ I give permission for video of my child to be used for training or analysis purposes.
- ☐ I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation.

<b>Signature</b>		<b>Today's date</b>	
<b>Print name</b>			

## **Appendix 7: NSPCC Records retention and storage guidelines**

**Supported by: [nspcc.org.uk/learning](https://nspcc.org.uk/learning) [learning@nspcc.org.uk](mailto:learning@nspcc.org.uk) 0116 234 7246**

**@NSPCCLearning** © NSPCC 2020. Registered charity England and Wales 216401. Scotland SC037717.

### **Child protection records retention and storage guidelines**

Guidance to help organisations understand the principles of keeping and managing records about child protection concerns.

#### **Background**

If an organisation needs to hold records about a child or adult for any reason, it must have policies and procedures in place regarding the retention and storage of that information. As well as this, as part of its safeguarding policy and procedures, every organisation must have clear guidelines for the retention, storage and destruction of child protection records. These are records which relate to concerns about a child's welfare and safety, and/or concerns about possible risks posed by people working or volunteering with children. Each nation of the UK has legislation and guidance about the retention and storage of child protection records. Some sectors, such as education, have their own specific guidance. Official inquiries, for example the Independent Inquiry into Child Sexual Abuse (IICSA), may also issue instructions requiring records to be retained for longer periods of time, which must be followed. We've put together an overview of the things organisations need to consider when deciding how to retain and store child protection records.

#### **Guiding principles of records management**

According to Data Protection principles, records containing personal information should be:

- adequate, relevant and not excessive for the purpose(s) for which they are held
- accurate and up to date
- only kept for as long as is necessary
- (Information Commissioner's Office, 2020).

The introduction of the General Data Protection Regulation (GDPR) in 2018 does not change the way child protection records should be stored and retained.

Your organisation must:

- know the reason why you're keeping records about children and/or adults (for example, because they relate to child protection concerns)
- assess how long you need to keep the records for
- have a plan for how and when the records will be destroyed.

To keep personal information secure, you should:

- compile and label files carefully
- keep files containing sensitive or confidential data secure and allow access on a 'need to know' basis
- keep a log so you can see who has accessed the confidential files, when, and the titles of the files they have used.

If you are creating records about the children and/or adults that take part in your services or activities, you need to make sure they understand what records you hold, why you need to hold them and who you might share their information with (for example as part of a multi-agency child protection team) (Information Commissioner's Office, 2020). If you are keeping records for child protection reasons, you don't necessarily need to get consent from the adults and/or children concerned.

## **Concerns about children's safety and wellbeing**

If anyone in your organisation has concerns about a child or young person's welfare or safety, it's vital all relevant details are recorded. This must be done regardless of whether the concerns are shared with the police or children's social care.

Keep an accurate record of:

- the date and time of the incident/disclosure
- the date and time of the report
- the name and role of the person to whom the concern was originally reported and their contact details
- the name and role of the person making the report (if this is different to the above) and their contact details
- the names of all parties who were involved in the incident, including any witnesses
- the name, age and any other relevant information about the child who is the subject of the concern (including information about their parents or carers and any siblings)
- what was said or done and by whom
- any action taken to look into the matter
- any further action taken (such as a referral being made)
- the reasons why the organisation decided not to refer those concerns to a statutory agency (if relevant).

Make sure the report is factual. Any interpretation or inference drawn from what was observed, said or alleged should be clearly recorded as such. The record should always be signed and dated by the person making the report.

You may find it helpful to create a standard form for recording concerns. This ensures all the necessary information is collected consistently.

## **Storage of child protection records**

Whether your child protection records are electronic or paper-based, they need to be kept confidential and stored securely. Electronic files should be password protected and stored on computers with protection against hackers and viruses.

- Information about child protection concerns and referrals should be kept in a separate child protection file for each child, rather than in one 'concern log'. The child protection file should be started as soon as you become aware of any concerns.
- It's good practice to keep child protection files separate from a child's general records. You should mark the general record to indicate that there is a separate child protection file.
- If you need to share records (within your own organisation or externally), make sure they are kept confidential. Use passwords and encryption when sharing electronic files.
- If your staff and volunteers use their personal computers to make and store records, you need a clear agreement to ensure the records are being stored securely.
- If the person responsible for managing your child protection records leaves your organisation, make sure you appoint somebody to take over their role and arrange a proper handover.

## **Retention periods: child protection records**

Some agencies, for example in the education and health sectors, have their own guidance for the retention of child protection information.

Child protection files should be passed on to any new school a child attends (Department for Education (DfE), 2020; Department of Education, 2016; Information and Records Management Society (IRMS), 2016).

The file should be kept until the child is 25 (this is seven years after they reach the school leaving age) (Information and Records Management Society (IRMS), 2016).

In Northern Ireland the government recommends that child protection files should be kept until the child's 30th birthday (Department of Education, 2016).

In some cases, records should be kept for longer periods – see the 'Exceptions' section below for more information.

### **Recording concerns about adult behaviour**

Sometimes concerns might be raised about an adult who works or volunteers with children. This could be because they have:

- behaved in a way that has harmed, or may have harmed, a child
- committed a criminal offence against, or related to, a child
- behaved in a way that indicated they are unsuitable to work with young people.

You must keep clear and comprehensive records of all allegations made against adults working or volunteering with children, including:

- what the allegations were
- how the allegations were followed up
- how things were resolved
- any action taken
- decisions reached about the person's suitability to work with children.

Keeping these records will enable you to give accurate information if you are ever asked for it. For example:

- in response to future requests for a reference
- if a future employer asks for clarification about information disclosed as part of a vetting and barring check
- if allegations resurface after a period of time.

### **Storing records relating to adults**

Records relating to concerns about an adult's behaviour should be kept in the person's confidential personnel file (not in a central 'concerns log') and a copy should be given to the individual.

### **Retention periods: concerns about adults**

If concerns have been raised about an adult's behaviour around children, the general rule is that you should keep the records in their personnel file either until they reach the age of 65 or for 10 years – whichever is longer (IRMS, 2016; Department for Education (DfE), 2020). This applies to volunteers and paid staff.

For example:

- if someone is 60 when the investigation into the allegation is concluded, keep the records until their 70th birthday
- if someone is 30 when the investigation into the allegation is concluded, keep the records until they are aged 65.

You should keep records for the same amount of time regardless of whether the allegations were unfounded. However, if you find that allegations are malicious you should destroy the record immediately.

Information should be kept for this length of time even if the person stops working or volunteering for the organisation.

In some cases, records should be kept for longer periods.

### **Exceptions**

In some cases, records can be kept for longer periods of time. For example, if:

- the records provide information about a child's personal history, which they might want to access at a later date
- the records have been maintained for the purposes of research
- the information in the records is relevant to legal action that has been started but not finished

- the records have been archived for historical purposes (for example if the records are relevant to legal proceedings involving the organisation).

Where there are legal proceedings it is best to seek legal advice about how long to retain your records.

Some records are subject to statutory requirements and have a specific retention period.

This includes records relating to:

- children who have been 'looked after' by the local authority
- adopted children
- registered foster carers
- residential children's homes.

You should check the legislation to see which rules apply to your organisation. Links to the legislation in each of the UK nations is available below.

You should also check whether your insurance company, regulating body or local safeguarding agencies make any stipulations about retention periods.

When records are being kept for longer than the recommended period, files must be clearly marked with the reasons for the extension period.

Organisations must keep any records that could be needed by an official inquiry (for example the Independent Inquiry into Child Sexual Abuse (IICSA) (IICSA,

Inquiries will issue directions for records to be retained and these must be followed.

## **Schools**

In England, schools and colleges have an obligation to preserve records which contain information about allegations of sexual abuse for IICSA. All other records should be retained at least until the accused has reached normal pension age or for 10 years from the date of allegation if this is longer (DfE, 2020).

In Northern Ireland, the Department of Education recommends that records of allegations against a member of staff should be retained indefinitely unless they are completely exonerated (Department of Education, 2015).

Schools in Scotland and Wales should follow general best practice guidance.

## **Criminal records checks**

You shouldn't store copies of criminal records check certificates unless there is a dispute about the results of the check. Instead, a confidential record should be kept of:

- the date the check was completed
- the level and type of check (standard/enhanced/barred list check and the relevant workforce)
- the reference number of the certificate
- the decision made about whether the person was employed (with reasons).

If there is a dispute about the results of a check, you may keep a copy of the certificate for no longer than six months.

## **Destruction of child protection records**

When the retention period finished, confidential records should be incinerated or shredded in the presence of a member of the organisation or entrusted to a firm specialising in the destruction of confidential material. At the same time any electronic versions of the record must be purged.

If not shredded immediately, all confidential records must be held in a secured plastic bag, labelled as confidential and locked in a cupboard or other secure place; or placed in a confidential waste bin. If your organisation or part of an organisation (for example a club, team or project) is closed down, you must make arrangements for the ongoing management of records. This includes the review, retention and disposal of records.



## **Reviewing your child protection records retention and storage policy**

You should review your child protection records retention and storage policy regularly to make sure it is effective and continues to comply with current legislation and guidance. This should be carried out as part of a wider review of safeguarding policies and procedures.

If you make changes to your child protection records retention and storage policy, it's best practice to keep a copy of the original version, including a record of the changes you made and why. You should clearly mark the old version so it's clear it has been superseded.

### **Summary: key points to consider**

You must consider the following questions when developing or reviewing your child protection records retention and storage policy.

- Is our record-keeping in line with data protection principles?
- What records will we retain and for what purpose?
- How will the records be stored and who will have access to them?
- How long should we retain records for?
- Do we need to follow any statutory requirements about the retention of our records?
- What arrangements do we need to review records?
- What arrangements do we need to destroy them?
- Does our insurer stipulate anything about record retention periods?
- Does our regulatory/inspection body (if applicable) set out any minimum expectations about record keeping, retention and destruction?
- Do our local safeguarding agencies provide guidance on record retention and destruction that we are expected to follow?

### **Further information**

NCVO provides further guidance on data protection for the voluntary sector:

**[ncvo.org.uk/practical-support/information/data-protection](https://www.ncvo.org.uk/practical-support/information/data-protection)**

Key legislation affecting the retention and storage of child protection records includes:

#### **UK:**

The Information Commissioner's Office provides a guide to the GDPR to help organisations comply with its requirements: **[ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr)**

#### **England:**

Data Protection Act 2018: **[legislation.gov.uk/ukpga/2018/12/contents](https://legislation.gov.uk/ukpga/2018/12/contents)**

The Fostering Services (England) Regulations 2011:

**[legislation.gov.uk/uksi/2011/581/contents/made](https://legislation.gov.uk/uksi/2011/581/contents/made)** The Children's Homes (England)

Regulations 2015: **[legislation.gov.uk/uksi/2015/541/contents/made](https://legislation.gov.uk/uksi/2015/541/contents/made)** Statutory

Guidance on Adoption for local authorities, voluntary adoption agencies and adoption support agencies: **[gov.uk/government/publications/adoption-statutory-guidance-2013](https://gov.uk/government/publications/adoption-statutory-guidance-2013)**

#### **Northern Ireland:**

Data Protection Act 2018: **[legislation.gov.uk/ukpga/2018/12/contents](https://legislation.gov.uk/ukpga/2018/12/contents)**

The Adoption Agencies Regulations (Northern Ireland) 1989: **[health-](https://health-ni.gov.uk/articles/adoption-agencies-regulations-northern-ireland-1989)**

**[ni.gov.uk/articles/adoption-agencies-regulations-northern-ireland-1989](https://health-ni.gov.uk/articles/adoption-agencies-regulations-northern-ireland-1989)**

The Foster Placement (Children) Regulations (Northern Ireland) 1996: **[health-](https://health-ni.gov.uk/articles/foster-placement-)**

**[ni.gov.uk/articles/foster-placement-](https://health-ni.gov.uk/articles/foster-placement-)**

The Children (NI) Order 1995 – guidance and regulations – volume 4 – residential care:

**<https://www.health-ni.gov.uk/publications/children-northern-ireland-order-1995-regulations-and-guidance-volume-four-residential>**

#### **Scotland:**

Data Protection Act 2018: **[legislation.gov.uk/ukpga/2018/12/contents](https://legislation.gov.uk/ukpga/2018/12/contents)**

Guidance on Looked after children (Scotland) regulations 2009 and the Adoption and

Children (Scotland) Act 2007: **[gov.scot/Resource/Doc/344490/0114631.pdf](https://gov.scot/Resource/Doc/344490/0114631.pdf)**

## **Wales:**

Data Protection Act 2018: **[legislation.gov.uk/ukpga/2018/12/contents](https://legislation.gov.uk/ukpga/2018/12/contents)**

The Fostering Service (Wales) Regulations 2003:

**[legislation.gov.uk/wsi/2003/237/contents/made](https://legislation.gov.uk/wsi/2003/237/contents/made)** The Children's Homes (Wales)

Regulations 2002: **[legislation.gov.uk/wsi/2002/327/contents/made](https://legislation.gov.uk/wsi/2002/327/contents/made)**

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<[education-ni.gov.uk/sites/default/files/publications/de/2015-13-dealing-with-allegations-of-abuse-against-a-member-of-staff.pdf](https://education-ni.gov.uk/sites/default/files/publications/de/2015-13-dealing-with-allegations-of-abuse-against-a-member-of-staff.pdf)>

Department of Education (2016) **Record keeping in schools (PDF)**. Belfast: Department of Education. <[education-ni.gov.uk/publications/circular-201620-child-protection-record-keeping-schools-0](https://education-ni.gov.uk/publications/circular-201620-child-protection-record-keeping-schools-0)>

Independent Inquiry into Child Sexual Abuse (IICSA) (2018) **Guidance Note: Retention Instructions and Data Protection Requirements (PDF)** [Accessed 23/07/2020]. <[iicsa.org.uk/key-documents/115/view/2018-07-25-guidance-note-retention-instructions-data-protection-requirements-version-2.pdf](https://iicsa.org.uk/key-documents/115/view/2018-07-25-guidance-note-retention-instructions-data-protection-requirements-version-2.pdf)>

Information and Records Management Society (IRMS) (2016) **Information management toolkit for schools version 5 (PDF)** [Macclesfield]: IRMS. <[cdn.ymaws.com/irms.site-ym.com/resource/collection/8BCEF755-0353-4F66-9877-](https://cdn.ymaws.com/irms.site-ym.com/resource/collection/8BCEF755-0353-4F66-9877-CCDA4BFEEAC4/2016_IRMS_Toolkit_for_Schools_v5_Master.pdf)

[CCDA4BFEEAC4/2016\\_IRMS\\_Toolkit\\_for\\_Schools\\_v5\\_Master.pdf](https://cdn.ymaws.com/irms.site-ym.com/resource/collection/8BCEF755-0353-4F66-9877-CCDA4BFEEAC4/2016_IRMS_Toolkit_for_Schools_v5_Master.pdf)>

Information Commissioner's Office (2020) **Guide to the General Data Protection Regulation (GDPR)** [Accessed 23/07/2020].

**Tel: Norfolk Adult Social Care: 0344 800 80 20**

This checklist is to assist you to have the right information when you are raising a safeguarding adult concern. We know that it is often a stressful conversation and you may forget vital information when you make the call. Do not worry if you do not have all the information below. Concerns will always be considered when some of this information is not available.

	Essential	Desirable
<b>Name of Alerter</b> (You can remain anonymous)		✓
<b>Contact details of Alerter</b>		✓
<b>Relationship to person at risk of abuse / neglect</b>		✓
<b>Organisation of person raising safeguarding concern</b>		✓
<b>Name of adult at risk of abuse or neglect</b>	✓	
<b>Address of Adult at risk of abuse or neglect</b>	✓	
<b>Address, if different, of place of alleged abuse</b>	✓	
<b>Contact details of Adult at risk</b>	✓	
<b>Details of Category of Vulnerability</b> (frailty, physical disability, Mental Health, Learning Disabilities etc.)	✓	
<b>Date of Birth or Age</b>		✓
<b>Gender</b>		✓
<b>Ethnicity</b>		✓
<b>Religion</b>		✓
<b>Capacity and understanding</b>		✓
<b>Communication needs</b> (sensory loss, language, other)		✓
<b>Name of Person or Service alleged to have caused harm</b> (P/SACH)		✓
<b>Address of P/SACH</b>		✓
<b>Date of Birth of P/SACH</b>		✓
<b>Details of Safeguarding Concern</b> - You need to consider the following so that the person taking the referral decision can gain adequate information		
<b>Nature of abuse/incident</b>	✓	
<b>When did it happen?</b>	✓	
<b>Where did it happen?</b>	✓	
<b>Was anyone else involved?</b>		✓
<b>Was the incident witnessed?</b>		✓
<b>Have you had previous concerns regarding this person? If so what?</b>		✓
<b>Does the adult at risk of abuse or neglect know you are making this referral?</b>	✓	
<b>What does the person want to happen?</b>		✓
<b>Have you done anything to assist the adult at risk at this time?</b> (What actions have been taken?)	✓	
<b>How do you want to be contacted in the future?</b>	✓	

# Raising a Safeguarding Adults Concern: Reminder

- ❖ A safeguarding adult concern is about fuller consideration with multi-agency partners on the best way forward – the concern does **NOT** necessarily lead to a section 42 enquiry under formal safeguarding adults' procedures.
- ❖ A safeguarding adult concern is about finding the best way to support the individual – it accesses wider multi-agency information, perspectives, skills and resources
- ❖ A safeguarding adult concern is about accountability, openness and transparency – it is about learning and improving care to the person concerned
- ❖ A safeguarding adult concern is **NOT** about predetermining that neglect or abuse has occurred. It is the start of seeking more information, finding out if something went wrong and then putting it right