

# Safeguarding Leads & Deputies

## Handbook

# Introduction

Welcome to the Thirtyone:eight Safeguarding Leads course. This handbook is designed to accompany the webinar and contains the case scenarios, discussion questions and polls we will be using in the webinar.

Safeguarding Leads is a four UK nations friendly course. Most of the information in the handbook is applicable to all four nations, but there are also individual sections related to each nation. Please find the section(s) that relates to the nation(s) you work in. **This handbook has a lot of information and isn't designed to be read cover-to-cover.** We do encourage you to use the contents page to identify the information relevant to you, and to revisit this information when you need a refresher and as things arise.

Every organisation working with children and adults at risk of harm should have a clearly identifiable and designated person who takes the lead in safeguarding. At Thirtyone:eight, we believe that having an engaged [and supported] Safeguarding Lead is the most impactful thing an organisation can do to create a safer place for all. This course is designed to equip you as a safeguarding lead (or whichever title you use for your role) to fulfil your role with clarity and confidence.

Applying the key learning from this course should give you the resources you need to navigate this role well, and to know where to look for more guidance in those more complicated situations. We are looking forward to supporting you as you safeguard those you work with through your role as Safeguarding Lead.

The Thirtyone:eight team

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# Questions and Exercises in the webinar

Throughout the webinar there will be opportunities to have discussions, share knowledge and participate in activities to apply our learning in context. These are included here for reference only. There is no need to work through anything in advance.

## **Poll:** Who's in the room?

1. Name of role
2. Which UK nation are you from?
3. How long have you held this role?
4. Type of organisation
5. Size of organisation (this is subjective, chose whichever you would describe your organisation as)

## **What is this role?**

- To listen, advocate and empower: **I understand that giving people voice and control is an essential part of decision making.**
- To co-ordinate, build team and communicate: **I understand everyone's roles and responsibilities in the safeguarding process.**
- To be informed, fair and organised: **I have the ability to make clear and proportionate decisions.**

# Module 1: Recognise

## **Discussion:**

- Who are you safeguarding? Adults, children or both?
- What form do your activities normally take?
- What are the challenges facing those you serve?

# Module 1: Recognise (continued)

**Practical exercise:** Simplify the following portion of text so that it can be easily understood by a group of 11-year-olds, or an adult with a learning disability:

“Stonehenge is an enigmatic and perplexing assemblage of megalithic stones situated on the Salisbury Plain, which continues to defy definitive explanations regarding its construction, purpose, and cultural significance. Despite numerous archaeological investigations and theoretical conjectures, Stonehenge's ultimate purpose remains shrouded in mystery, oscillating between interpretations of it as a temple, a calendar, or an intertribal meeting place - each hypothesis marked by as much ambiguity as certainty.”

**Pause and consider:** What factors can increase someone's vulnerability / risk of being harmed?

## Module 2: Respond

**Discussion:** What is your emotional response to the following situations?

- Someone comes to you with a low-level concern, or something that isn't safeguarding (yet).
- You hear a rumour while out for a coffee with a friend.
- A new group / activity starts on your premises without including any safeguarding processes.
- An allegation of abuse occurred outside of your organisation, but the suspected perpetrator also holds a role with you.
- The harm being reported was perpetrated by a child.

**Consider the following case scenarios and discuss:**

- What determines your next steps?
- How would you practically respond?

## Module 2: Respond (continued)

### Case Scenario 1: Trevor

Trevor is a deacon at your church. He is also involved with the welcome team and children's church and is a popular choice for babysitting among the families as he's a firm believer in parents investing in their marriages. A parent asks to speak to you as the safeguarding lead over a concern he has about Trevor, you weren't surprised. His son Alex is 5 years old.

The dad tells you that last Sunday his son came over to him and his mum crying saying, "Trevor hurt me." Trevor quickly explained that they were just playing "tickle monsters". His wife brushed it off by saying to Alex, "Aww you like playing that with daddy" and to Trevor she says, "He is probably tired, Trevor, we were out late last night, don't worry".

He and his wife talked about the incident when they went home and realised that this was the second time Alex has come home upset because "Trevor has hurt him." Alex's dad is angry that this has happened for the second time and wants the church to take some action to stop it happening again.

### Case Scenario 2: Anna

One of your charity's paid children's workers, Seamus, recently got married. When out for a coffee, your friend tells you that there's been rumours going around about his new wife's (Anna) 'dark past' and how some of the families don't want 'that kind of person' around their children. She wonders how you're okay with this considering 'your role as a safeguarding lead'? She doesn't seem to know any details.

### Case Scenario 3: Jomo

Jomo attends your church. He's posted an online fundraiser to your church's social media accounts for a group he volunteers with that works with victims of sex trafficking in the UK. In the comment, someone mentions using the back hall for the social activities the group runs with the women. This is the first you have heard about this venture, and you're concerned about the current lack of safeguarding considerations.

## Module 2: Respond (continued)

### Case Scenario 4: Nancy

Your charity provides a creche for the children of parents attending your weekend courses. Nancy is one of your creche volunteers. Nancy also is a staff member at the local nursery.

As safeguarding lead, a concerned parent has come to you and told you that she has heard that the nursery is currently under investigation. She alleges that Nancy has been accused of being physically and verbally abusive to the children in her care, causing children to go home upset and not wanting to go to nursery.

She tells you that one of the parents involved told her that Nancy had shouted at a child, while pulling his arm “You really are a spoiled brat, I’m sick of listening to your whining, go and sit down now!” and that she pushed him into his seat. She says that this was just one example that she had heard.

The parent is worried because her child attends the creche at the times Nancy is volunteering. This is the first time a parent has reported a concern about Nancy to you.

### Case Scenario 5: Fin

Fin is 15 years old and attends your community youth group on a Friday night. He has some social difficulties (you are unsure if he has an official diagnosis) and you know he attends a local mainstream school.

You are the Safeguarding Lead, and his youth worker has asked for your help and advice in managing Fin’s behaviour. Fin does not always understand social cues and can overstep especially when it comes to physical contact with both leaders and his peers.

The youth worker tells you of a recent incident: Fin tried to kiss one of the girls in the group last Friday night. The other boys were cheering him on while the girl in question Bella was telling him “No Fin, stop it” and trying to push him off. It wasn’t until one of the leaders intervened that he stopped the behaviour.

# Module 3: Record

## Take a moment:

- What was helpful?
- What are you still hoping to gain?

## Case Scenarios: Anna and Nancy (cont.)

What should you note down for each of the 10 areas covered on a recording template?

- Information
- Advice sought
- Advice received
- Advice regarding consent
- Assessment of concern
- Actions taken
- Referrals made
- Ongoing support
- Parent/carers informed?
- Other relevant info

## Anna – Part 2:

Seamus grew up in the area and has been in his paid position of children's worker with your charity for 5 years. He also manages the volunteer team who help him. Seamus occasionally has the young people and volunteers over to his home for BBQs over the summer. He and Anna met in Scotland 18 months ago and they've been married a few months. Seamus didn't tell you much about Anna, but he knows that you want to do a criminal records check on her because some of the charity activities happen in their home and she works directly with the kids from time to time. Anna discloses to you that she has been in contact with a person who has been convicted of

### **Nancy – Part 2:**

Almost immediately after hearing from the concerned parent, Nancy calls you saying that someone has been spreading lies about her. She tells you that it's all just a personal vendetta, that her creche line manager has already fallen for it, and she hopes that you know better. She said she's been depressed lately and doesn't know how she'll cope if anything else is 'taken away from her'.

## **Module 4: Report**

### **Case Scenario: Trevor (cont.)**

- Would you need to report externally?
- Who would you report to?
- What challenges might you face as Safeguarding Lead in this situation?

### **Trevor – Part 2**

On Tuesday morning you receive a phone call from Alex's mum. She tells you that last night was Alex's bath night. When she was helping him wash his hair, she noticed a small bruise on each armpit and a couple on the top of his arms. When she pointed them out to Alex he said, "That's where Trevor hurt me. I don't like his games" You thank Alex's mum for telling you and advise her that you may need to pass this information on once you've sought advice and will keep her informed.

### **Case Scenario: Fin (cont.)**

- Would you need to share concerns with his parents?
- Why / why not?
- If so, at what stage would you inform them?

The next week the same youth worker calls you and says they have 'had another incident with Fin'. During a game, he pulled back the waistband of one of the girl's trousers. She shouted, "get off" and pushed him away. The youth worker then overheard Fin say, "Oh I'm just playing, Jessie lets me." Jessie is Fin's younger sister.

## Module 4: Report

### Case Scenario: Fin (cont.)

The youth worker spoke to Fin reminding him of the group's agreed behaviours and the need to respect people's body boundaries. Fin apologised and the rest of the evening carried on as normal. The youth worker was going to speak to Fin's parents, but he went home with a friend last night, and now they're not sure what to do.

## Module 5: Review

### Breakout Room – Discuss the following:

- How could this role adversely affect your wellbeing?
- How would you know?
- How can you avoid it?
- How can you maintain healthy boundaries?

### Case Scenario: Jomo (cont.):

What about your current processes meant that Jomo was unaware of the need for safeguarding?

### Jomo – Part 2:

The fundraiser was a success, and lots of people have asked for photos and updates of the charity's work with the victims of sex trafficking. He promises to update his socials and share stories. You have a chat to him the week after the fundraiser to mention that you want to make sure people involved in this are kept safe. You ask him if he's thought about safeguarding, and he says he 'doesn't even know where to start'. He's happy for you to help him out.

# Relevant laws across the 4 UK nations

Safeguarding practice is usually based on the laws made by one of the 4 UK Governments (Westminster, Holyrood, Stormont and the Senedd). You do not need to memorise or have a deep understanding of these pieces of legislation, it's enough to have an awareness that there is a legal framework that informs how you fulfil the role of safeguarding Lead.

For those interested in the details, the key pieces of legislation related to Safeguarding Leads for each UK nation are listed below. The full legislation documents are available online by searching the name and date given here.

## UK Wide:

Human Rights Act 1998 (based on European Convention of Human Rights)  
 UN Convention on the Rights of the Child 1989  
 UN Universal Declaration of Human Rights 1948

We've listed here by most-recent to make finding up-to-date practice easier.

| England  | Northern Ireland   | Scotland   | Wales  |
|--|--|--|--|
| Safeguarding Children Laws and Guidance                                |  |  |  |
| Working Together to Safeguard Children 2018 (updated 2023)             | Safeguarding for Northern Ireland (SBNI) Procedures Manual (Nov 2017)        | UNCRC (Incorporation) (Scotland) Act 2024                              | Social services and Wellbeing (Wales) Act 2014   |
| Children Act 1989 and [1]2004  | Co-operating to Safeguard Children and Young People in Northern Ireland 2017 | National Guidance for Child Protection in Scotland 2021 (updated 2023) | Wales Safeguarding Procedures                    |
| Keeping Children Safe in Education (updated annually) Trustee act 2000 | The Children (NI) Order 1995   | Children and Young People (Scotland) Act 2014                          | Working Together to Safeguard People volumes 1-6 |
|  |  | Children (Scotland) Act 1995 and 2020                                  | The Children Act 1989 and 2004                   |



## Relevant laws across the 4 UK nations (continued)

| England                                      | Northern Ireland   | Scotland   | Wales  |
|--|--|--|--|
| <b>Safeguarding Adults Laws and Guidance</b> |  |  |  |
| The Care Act 2014                            | Adult Safeguarding: Prevention and Protection in Partnership Key Documents (2015)  | Adult Support and Protection (Scotland) Act 2007 and Code of Practice (2014 updated in 2022) | Social Services and Wellbeing (Wales) Act 2014 |
| The Mental Capacity Act 2005                 | Mental Capacity Act (Northern Ireland) 2016  | Adults with Incapacity (Scotland) Act 2000   | Mental Capacity Act 2005                       |
| <b>Vulnerable Groups Laws</b>                |  |  |  |
| Safeguarding Vulnerable Groups Act 2006      | Safeguarding Vulnerable Groups (Northern Ireland) Order 2007   | Protection of Vulnerable Groups (Scotland) Act 2007  | Safeguarding Vulnerable Groups Act 2006        |
|  |  | Police Act 1997 (as amended)   |  |
| <b>Equal Opportunities Laws</b>              |  |  |  |
| Equality Act 2010                            | Disability Discrimination Act 1995<br>See also: <a href="#">ECNI - The Law, Equality Legislation, Equality Commission, Northern Ireland (equalityni.org)</a> | Equality Act 2010  | Equality Act 2010                              |

## Relevant laws across the 4 UK nations (continued)

| England  | Northern Ireland   | Scotland   | Wales  |
|--|--|--|--|
| <b>Rehabilitation of Offenders Laws</b>  |  |  |  |
| Rehabilitation of Offenders Act 1974   | Rehabilitation of Offenders (Northern Ireland) Order 1978  | Rehabilitation of Offenders Act 1974   | Rehabilitation of Offenders Act 1974   |
| <b>Position of Trust Laws</b>  |  |  |  |
| 'Position of trust' offences within ss.16 – 19 of the Sexual Offences Act 2003 now include situations where certain activities take place in a sport or religion (as amended by the Police, Crime, Sentencing & Courts Act, 2022). | Section 5 of the Justice (Sexual Offences and Trafficking Victims) Act (Northern Ireland) 2022 known as 'Abuse of Position of Trust' | 'Positions of trust' law in Scotland remains as originally set out in the Sexual Offences Act (2009), which does not cover religious or sports settings. | 'Position of trust' offences within ss.16 – 19 of the Sexual Offences Act 2003 now include situations where certain activities take place in a sport or religion (as amended by the Police, Crime, Sentencing & Courts Act, 2022). |

# The UK Charity Regulators

Safeguarding practice is usually based on the laws made by one of the 4 UK Governments (Westminster, Holyrood, Stormont and the Senedd). You do not need to memorise or have a deep understanding of these pieces of legislation, it's enough to have an awareness that there is a legal framework that informs how you fulfil the role of There are three Charity Regulators in the UK. They are independent, non-ministerial government departments who are accountable to the relevant government. The Charity Commission for England and Wales has jurisdiction in England and Wales (accountable to Westminster), the Charity Commission for Northern Ireland has jurisdiction in Northern Ireland (accountable to Stormont) and the Office of the Scottish Charity Regulator has jurisdiction in Scotland (accountable to Holyrood).

## **Charity Commission for England and Wales:**

[The Charity Commission - GOV.UK](#)

[Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](#)

## **Charity Commission for Northern Ireland:**

[Home | The Charity Commission for Northern Ireland \(charitycommissionni.org.uk\)](#)

[Safeguarding resources | The Charity Commission for Northern Ireland \(charitycommissionni.org.uk\)](#)

## **Office of the Scottish Charity Regulator:**

[OSCR | Home](#)

[OSCR | Safeguarding Guidance: Keeping vulnerable beneficiaries safe](#)

# Safeguarding Leads in England

The following pages contain useful information for those fulfilling the role of Safeguarding Lead in England.





# Safeguarding Leads in England: Key legislation and guidance

## Safeguarding Children:

The main statutory guidance for safeguarding children in England is **Working Together to Safeguard Children [WTSC]** (updated 2023). It applies to all settings where work and activities relate to children, including churches, charities and community groups. Its aim is to strengthen how different organisations work together to provide the best safeguarding for children.

The guidance is split into the following chapters:

### **Chapter One: A Shared Responsibility**

This chapter is new for the 2023 update and emphasises the importance of a child-centred, positive relationship between agencies and families and carers and a strengths-based approach to safeguarding.

### **Chapter Two: Multi-Agency Safeguarding Arrangements**

This chapter outlines the different roles and responsibilities of agencies involved with children, including charities and faith groups.

# Safeguarding Leads in England: Key legislation and guidance (continued)

## **Chapter Three: Providing Help, Support and Protection**

This chapter is split into three sections: Section one: Early help – how organisations can identify children in need of support. Section two: Safeguarding and promoting the welfare of children – covers the assessment and referral of children in need or at risk, including young carers, children with disabilities and children experiencing abuse. Section three: Child Protection – outlines the process for creating a child protection plan.

## **Chapter Four: Organisational Responsibilities**

This chapter looks at the wide range of organisations that may be involved in a child's life. It also outlines the role of the LADO (Local Authority Designated Officer) and how to refer allegations about those in Positions of Trust.

## **Chapter Five: Learning From Serious Child Safeguarding Incidents**

This focuses on the processes and importance of Child Safeguarding Practice Reviews so that lessons can be learned and children kept safer in the future.

## **Chapter Six: Child Death Reviews**

The chapter linked below looks at the process of a child death review and the responsibilities of all agencies and organisations involved.

[Working together to safeguard children 2023: statutory guidance](#)

## **Safeguarding Adults:**

The Care Act 2014 is the main law that informs us about safeguarding adults in England. There are six key principles named in the Care Act that underpin our approach to safeguarding adults.



Empowerment  
Prevention  
Proportionality  
Protection  
Partnership  
Accountability

# Safeguarding Leads in England: Key legislation and guidance (continued)

## Safeguarding Adults:

**Empowerment:** We support and encourage adults to make their own choices and give informed consent to any safeguarding measures.

**Prevention:** We take action before harm occurs.

**Proportionality:** We only get involved as much as we are needed, and any action taken is the least intrusive response appropriate to the situation.

**Protection:** We act to support and protect those in greatest need.

**Partnership:** We work with other local agencies to prevent, detect and report neglect and abuse.

**Accountability:** We are accountable and transparent in our safeguarding work.

## Adults at Risk:

The Care Act 2014 states that adult safeguarding duties apply to anyone aged 18 or over who meets all three of the following conditions:

- Has care and support needs (whether or not the Local Authority is meeting those needs)
- Is experiencing, or is at risk of, abuse or neglect
- Is unable to protect themselves from the abuse or neglect because of their care and support needs.

The Local Authority has a duty to conduct enquiries (or instruct others to do so) into safeguarding concerns about 'adults at risk'. That is what is meant by a 'statutory duty'.



# Safeguarding Leads in England: Safeguarding Structures Glossary

**Adult Social Care:** Local social work departments that are responsible for assessing needs and investigating concerns where a person is aged over 18.

**Children's Social Care:** Local social work departments responsible for assessing needs and investigating concerns for children (anyone under 18). These departments may have different names according to where abouts they are located in the country.

**Lead Safeguarding Partner (LSP):** A role created in the 2023 update of Working Together to Safeguard Children. The head of each sector in the local authority, police and the health service will be named the LSP and they will also appoint a Delegated Safeguarding Partner (DSP). These people will form close links with representatives from education to strengthen relationships and share information.

**Local Authority Designated Officer (LADO) / Designated Officer for Allegations (DOFA):** The senior social worker responsible for managing and overseeing concerns, allegations and offences relating to staff and volunteers working with children in a Position of Trust in any organisation across a local authority area. Some local authorities have a role known as a 'PIPOT' (Persons in a Position of Trust) that covers both those working with children and adults at risk of harm.

**Local Safeguarding Children's Partnerships (LSCPs):** Established following the Children Act 2004, these Boards play an important role in ensuring that everyone works together. They have a duty to find out what children's activities are taking place in their area, including voluntary and church activities.



# Safeguarding Leads in England: Safeguarding Structures Glossary

**Multi-Agency Public Protection Arrangements (MAPPA):** The process through which various agencies, such as police, prison service and probation, work together to manage risks posed by people with violent and sexual offending history living in the community.

**Multi-Agency Risk Assessment Conference (MARAC):** Meetings where information is shared between representatives of local police, health service, child protection, probation and other specialists (statutory and voluntary sector) about the highest risk domestic abuse cases.

**Multi Agency Safeguarding Hubs (MASH):** Teams made up of highly skilled professionals from different agencies including social work, police, health service and education. The team usually provide an early triage and multi-agency assessment of safeguarding concerns in respect of both children and adults.

**Police:** Will become involved in a safeguarding matter if there is a criminal aspect to the concern whereby an investigation may lead to prosecution.

**Safeguarding Adults Boards (SABs):** Established following the Care Act 2014, these Boards function in a similar way to LSCBs but in regard to adults at risk of harm.

The **Unified Probation Service**. Since 2021, this centralised service has been responsible for managing all those on a court order or licence following their release from prison in England and Wales.

[Victim support work is managed by the department of Justice.](#)

# Safeguarding Leads in England:

## Categories of harm and abuse named in legislation

In England, the following four types of abuse are named in legislation relating to children and adults:

**Physical abuse:** The deliberate use of physical force by one person against another to cause harm, including: assault, hitting, slapping, pushing, misuse of medication and restraint.

**Emotional / Psychological abuse:** Any persistent emotional ill-treatment that is likely to cause severe and long-lasting adverse effects on someone's emotional development. Including: conveying to a child that they are worthless, unloved or inadequate, frequently causing someone to feel frightened, humiliation, threats of harm or abandonment, coercion, intimidation, isolation, harassment and bullying (including cyber bullying).

**Neglect:** The persistent failure to meet a person's basic physical or emotional needs which is likely to have a serious negative impact on their health or development. Including: ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care, support or educational services; not meeting basic needs such as food, warmth and shelter.

**Sexual abuse:** Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Including: forcing or enticing a child to take part in sexual activities, rape, sexual harassment, indecent exposure, sexual assault, sexual photography and inappropriate looking, touching or sexual teasing.

The Care Act 2014 defines a further six forms of abuse and neglect that can affect adults. It also states that it isn't intended to be an exhaustive list, and that abuse, and neglect can take many forms (see following page).

# Safeguarding Leads in England: Categories of harm and abuse named in legislation (continued)

Six further types of abuse relating to adults:

**Financial or Material abuse:** including theft, fraud, coercion in relation to finances including wills, property, inheritance or transactions and misuse of possessions or benefits.

**Domestic abuse:** including control and coercion, psychological, physical, sexual, financial abuse and so called 'honour' based violence.

**Modern Slavery:** including forced labour and domestic servitude, human trafficking and coercing, deceiving or forcing someone into a life of abuse, servitude and inhumane treatment.

**Discriminatory abuse:** including harassment, slurs and unfair treatment based on race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse:** including neglect and poor care as a result of the structure, policies, processes and practices within an institution, care setting, or by those providing care services in someone's own home.

**Self-neglect:** including neglecting to care for personal hygiene, health or surroundings.

A really helpful and more detailed description of types and indicators of abuse is available in [this document](#) produced by SCIE (Social Care Institute of Excellence).

# Safeguarding Leads in England: Safeguarding Reviews

## **Child Safeguarding Practice Reviews (CSPRs)**

In England, the local authority must notify the Child Safeguarding Practice Review Panel if:

- a child has died or been seriously harmed, and
- abuse or neglect of the child is known or suspected.

There are three types of review that may be submitted: Local Child Safeguarding Practice Reviews; Child Safeguarding Practice Reviews (previously known as Serious Case Reviews) and National Child Safeguarding Practice Reviews (for particularly complex cases or cases of national importance).

The purpose of these reviews is to provide accountability and to learn lessons so that child safeguarding practice can be strengthened and children protected in the future. One of the key considerations in these reviews is what would need to be done differently to prevent harm occurring to a child in similar circumstances.

The guidance for these reviews can be found in Working Together to Safeguard Children: [Working together to safeguard children - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272024/Working_together_to_safeguard_children_v20.pdf)

## **Safeguarding Adults Reviews (SARs)**

A Safeguarding Adults Review (SAR) is carried out when an adult with care and support needs dies or experiences significant harm, in circumstances where they may have experienced abuse or neglect.

The main aims of a SAR are to identify lessons to be learned; to apply these lessons to make future practice safer and to prevent similar harm from occurring to other adults in the future.

The mandate for SARs is laid out in Section 44 of The Care Act 2014. [Care Act 2014](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272024/Working_together_to_safeguard_children_v20.pdf)

# Safeguarding Leads in Northern Ireland

The following pages contain useful information for those fulfilling the role of Safeguarding Lead in Northern Ireland.





## Safeguarding Leads in Northern Ireland: Key legislation and guidance

Alongside The Children (Northern Ireland) Order 1995 legislation, Co-operating to Safeguard Children and Young People in Northern Ireland (2017) is the national policy that covers safeguarding children in Northern Ireland. It provides a framework for all organisations working with children, including voluntary and faith sectors. The SBNI Core Policy and Procedures (2018) gives more detailed operational guidance on how to apply the national policy. The Safeguarding Board of Northern Ireland (SBNI) is made up of representatives from various sectors and exists to ensure that agencies and organisations work together to protect and promote the welfare of children.

Another important framework for safeguarding children in Northern Ireland is UNOCINI (Understanding the Needs of Children in Northern Ireland). It's an assessment and referral tool that should be used by all organisations involved in a child's life. It looks at four key areas:

1. **Needs** – deficits in any aspect of the child's life, which have an impact upon their well-being and development.
2. **Strengths** – aspects of the child, their life, the family circumstances and the environment, which are positive.

# Safeguarding Leads in Northern Ireland: Key legislation and guidance (continued)

3. **Existing and/or Potential Risks** – matters which may impair or endanger the child's safety and development.

4. **Resilience and Protective Factors** – relationships and structures that promote the wellbeing of the child.

UNOCINI encourages practitioners to take a 'whole child' approach and consider all of the factors impacting a child's life. These will be both positive and negative. At the time of writing, the UNOCINI guidance is under review to ensure that it remains effective and up to date.

[SBNI Core Procedures](#)

[Co-operating-to-Safeguard-Children-and-Young-People.pdf](#)

[Understanding the Needs of Children in Northern Ireland \(UNOCINI\)](#)

[Guidance | Department of Health](#)

## Safeguarding Adults:

Prevention and Protection in Partnership (2015) is the national policy and guidance for safeguarding adults in Northern Ireland. There are five key aspects of the national approach to safeguarding adults. These are, that safeguarding should be: rights-based, empowering, person-centred, consent driven and collaborative.

The guidance differentiates between an adult at risk of harm and an adult in need of protection.

**An adult at risk of harm** is an adult whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) personal characteristics, and/or
- b) life circumstances



# Safeguarding Leads in Northern Ireland: Key legislation and guidance (continued)

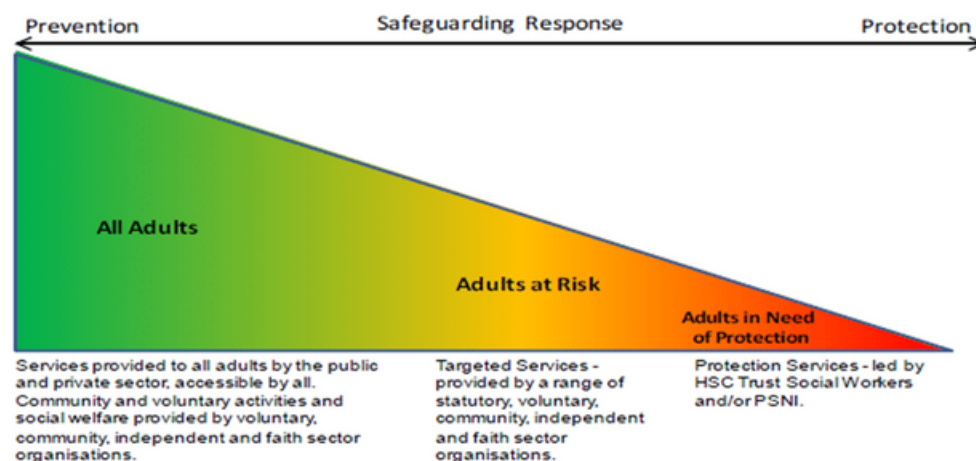
**An Adult in need of protection** is an adult, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) personal characteristics, and/or
- b) life circumstances, and
- c) who is unable to protect their own well-being, property, assets, rights or other interests; and
- d) where the action or inaction of another person or persons is causing, or is likely to cause, them to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

## Adult Safeguarding Continuum:

The image below shows different levels of safeguarding provision and activity in Northern Ireland.



- All adults can access practical help, care, support and interventions designed to prevent harm and promote wellbeing. Our community, voluntary and faith sector organisations may provide some of these services.
- There are also targeted services to support adults at risk; our organisations may provide these or signpost and refer people to them.



- Protection Services are led by Health and Social Care Trusts and / or Police Service Northern Ireland. These services are for adults who are in need of protection, that is, when harm from abuse, exploitation or neglect is suspected, has occurred, or is likely to occur.

We need to work in partnership so that adults at risk and adults in need of protection can have their needs assessed and receive the safeguarding responses and protection to which they are entitled.

[Adult Safeguarding: Prevention and Protection in Partnership | Department of Health](#)

## Safeguarding Leads in Northern Ireland: Safeguarding Structures Glossary

**Adult Social Work Services** - Social workers within HSCTs are the lead professionals for safeguarding adults at risk. If an adult is at risk or in danger of serious harm, then a referral can be made to the Adult Protection Gateway Service.

**Children's Social Work Services** - Social workers within HSCTs are the lead professionals for safeguarding children and young people. As a profession, social workers and their managers have responsibility to safeguard children and young people, including the management and maintenance of the Child Protection Register, its associated systems and for ensuring that all statutory functions delegated to HSCTs in respect of safeguarding and protecting children are satisfactorily fulfilled. Wherever you live in Northern Ireland, Out of Hours Social Workers can be contacted through one central telephone number: Tel: (028) 0800 197 9995

**Health and Social Care (HSC) Trusts:** These trusts have the principal responsibility for protecting against harm (alongside PSNI when a crime is alleged or suspected). Adult Social Work Services and Gateway Teams sit within the local HSC Trusts.

# Safeguarding Leads in Northern Ireland: Safeguarding Structures Glossary (continued)

**Independent Guardian** - The Independent Guardian advocates on behalf of separated and trafficked children until such times as their long-term care arrangements are determined and may continue to have a role into leaving care and aftercare arrangements.

**Local Adult Safeguarding Partnerships (LASP's)** - there are 5 LASP's that are located within, and accountable to their respective HSC Trust. Their role is to implement the NIASP Strategic Plan, policy and operational procedures. Each LASP has responsibility to promote all aspects of safeguarding activity in its area.

**Multi-agency Public Protection Arrangements Northern Ireland (PPANI):**

The process through which police, probation, prison service, social services and other government and voluntary organisations work together to manage risks posed by people with violent and sexual offending history living in the community.

**Northern Ireland Guardian ad Litem Agency (NIGALA)** - The NIGALA is an arm's length body of Dept. of Health which provides an independent service to children and young people within the court system. The Guardian ad Litem (GAL) is an independent officer of the Court who represents the interests of a child in specified Children Order proceedings, and in adoption proceedings, where it is considered to be in the child's best interests to do so.

**Northern Ireland Adult Safeguarding Partnership (NIASP)** - this is a regional collaborative body led by the Health and Social Care Board (HSCB). Membership is drawn from mainly statutory, voluntary, community, independent and faith organisations involved in adult safeguarding across the region. They include membership from service providers and service users.

# Safeguarding Leads in Northern Ireland: Safeguarding Structures Glossary (continued)

**Police Service of Northern Ireland** - Where there is an immediate concern about the safety of a child or young person the PSNI has powers which enable its officers to afford emergency protection.

**Safeguarding Board for Northern Ireland (SBNI)** - they are the body with responsibility for agreeing how children's agencies will cooperate and work together to promote the safety and welfare of children in N.I. They will also review cases where children have been significantly harmed or have died.

## Safeguarding Leads in Northern Ireland: Categories of harm and abuse named in legislation

In Northern Ireland, the following four categories of abuse are named in legislation and guidance relating to children and adults:

**Physical abuse:** The deliberate use of physical force by one person against another to cause harm, including: hitting, shaking, throwing, poisoning, burning or scalding, confinement or inappropriate use of medication.

**Emotional / Psychological abuse:** Any persistent emotional ill-treatment that is likely to cause severe and long-lasting adverse effects on someone's emotional development. Including: conveying to a child that they are worthless, unloved or inadequate, frequently causing someone to feel frightened humiliation, threats of harm or abandonment, coercion, intimidation, isolation, harassment and bullying (including cyber bullying).

# Safeguarding Leads in Northern Ireland: Categories of harm and abuse named in legislation (continued)

**Neglect:** The persistent failure to meet a person's basic physical or emotional needs which is likely to have a serious negative impact on their health or development. Including: ignoring medical, emotional or physical care needs; failure to provide access to appropriate health care, support or educational services; not meeting basic needs such as food, warmth and shelter.

**Sexual abuse:** Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Including: forcing or enticing a child to take part in sexual activities, rape, sexual harassment, indecent exposure, sexual assault, sexual photography and inappropriate looking, touching or sexual teasing.

**Adult Safeguarding:** Prevention and Protection in Partnership also names these additional categories of abuse in relation to adults:

**Financial abuse:** Theft, fraud, exploitation, misuse or misappropriation of money, property, benefits and material goods that the person did not or could not consent to.

**Institutional abuse:** Mistreatment or neglect of an adult by systems or individuals in places where they live, visit or receive services.

**Exploitation:** Deliberate maltreatment, manipulation or abuse of power and control over another person. The policy names slavery, servitude, forced labour, domestic violence, abuse, and human trafficking as examples of exploitation.

The Policy also states that the above list of types of harmful conduct is not exhaustive and other indicators of harm should not be ignored. If you are concerned about someone, talk to the Adult Safeguarding Champion or Safeguarding Lead in your organisation.

# Safeguarding Leads in Northern Ireland: Categories of harm and abuse named in legislation (continued)

Full definitions pages 13 -15 of policy: [Adult Safeguarding: Prevention and Protection in Partnership key documents \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-in-partnership-key-documents)

Definitions of abuse from SBNI: [What is abuse](#)

## Safeguarding Leads in Northern Ireland: Safeguarding reviews

### **Case Management Reviews (CMRs)**

In Northern Ireland, child safeguarding reviews are known as Case Management Reviews (CMRs). These reviews are conducted when a child has died or been significantly harmed, and there are concerns about the effectiveness of safeguarding practices. The purpose of CMRs is to review and reflect on practice, and to learn lessons so that practice can improve, and children can be better protected in the future.

Reviews are carried out by the SBNI and the guidance can be found here: [Case Management Review Multi Agency Guidance](#)

### **Adult Safeguarding Case Reviews (ASCRs)**

Reviews for adults are called Adult Safeguarding Case Reviews (ASCRs). They are called for when an adult dies or experiences significant harm as the result of abuse and neglect, and there are concerns about the effectiveness of safeguarding practices. As with CMRs, the purpose of these reviews is to learn lessons to improve practice so that adults can be more effectively safeguarded in the future.

The mandate and guidance for conducting these reviews can be found in Adult Safeguarding: [Prevention and Protection in Partnership](#).

# Safeguarding Leads in Scotland

The following pages contain useful information for those fulfilling the role of Safeguarding Lead in Scotland.







## Safeguarding Leads in Scotland: Child protection learning and development framework

This framework clearly sets out what workers at various levels in all sectors should know and do when it comes to their learning about – and acting on – safeguarding concerns.

The full framework is available here: [Child protection learning and development 2024: national framework - gov.scot](https://www.gov.scot/publications/child-protection-learning-and-development-2024/national-framework/pages/2/)

Our Safeguarding Leads training seeks to be compliant with the 'specific workforce' group, which in addition to the standards required for everyone, also holds the responsibility of advocating for the child and family.

More details can be found in our course documents, under the national learning framework transcripts.

# Safeguarding Leads in Scotland: Key legislation and guidance

In 2024, Scotland became the first UK nation to incorporate the United Nations Convention on the Rights of the Child [UNCRC] into domestic law. You can read more about this and what it means for your organisation here: [Scotland Embraces the UNCRC: What It Means for You](#)

**Children and Young People (Scotland) Act 2014** aims to make Scotland 'the best place in the world for children to grow up'. It has three themes:

- a) The child's views should be taken into account in decisions that affect their lives;
- b) The welfare of the child is the paramount consideration;
- c) No court or hearing should make an order, unless the court or hearing considers that to do so would be better for the child than making no order at all (known as the 'no order' principle).

This act gives the children's commissioner greater powers to act on behalf of children.

It also introduced the concept of a **Named Person** scheme which now sits under GIRFEC.

**Children (Scotland) Act 1995 and 2020** is Scotland's main law for child protection – which is the focus of chapter 7. The law states that where there is 'significant harm', there needs to be intervention to protect a child. The term "significant harm" is not defined in the Act. It will, therefore, be a matter for the judgement of those concerned with determining the outcome of applications to consider whether the degree of harm to which the child is believed to have been subjected, or is suspected of having been subjected, or is likely to be subjected. This gives us our threshold for referral for children in Scotland, but it requires you to make a decision on what is, or might result in, significant harm.



# Safeguarding Leads in Scotland: Key legislation and guidance (continued)

## **National Guidance for Child Protection in Scotland 2021 (updated 2023).**

This guidance describes the responsibilities and expectations for all involved in protecting children and will support the care and protection of children, including charities and faith groups.

It requires safeguarding leads to be able to recognise the main types of harm and abuse and know how to respond in cases of concern. It also recently added that all organisations should have a whistleblowing policy so they can be held to account.

For faith groups and charities, this guidance also states that those concerned for the safety of a child or parent should contact Police Scotland or social work. As far as possible, taking into account the urgency of the situation, this should be in collaboration with the non-abusing parent/carer. On all occasions when children are present during an incident that requires the police to attend, officers in attendance will consider all information, including previous incidents, to assess whether there is a child wellbeing or protection concern. Information about the incident will be considered for sharing by Divisional Concern Hubs with appropriate statutory and non-statutory agencies who have support, wellbeing or health responsibilities, or who provide domestic abuse advocacy services.

## **GIRFEC: Getting it Right for Every Child**

Introduced in the Children and Young People (Scotland) Act 2014 legislation <http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model>

This model is Scotland's commitment to provide all children, young people and their families with the right support at the right time. This is so that every child and young person in Scotland can reach their full potential.

# Safeguarding Leads in Scotland: Key legislation and guidance (continued)

It emphasises a holistic approach to wellbeing, placing the child and their family at the centre of decision-making and promoting collaboration among services. eight key wellbeing indicators that help assess and support children's needs. The indicators are **SHANARRI**:

**Safe:** Children should feel secure and protected from harm.

**Healthy:** They should have access to good physical and mental health care.

**Achieving:** Support for learning and skill development is essential.

**Nurtured:** A loving and supportive environment is crucial for growth.

**Active:** Opportunities for play and physical activity are important.

**Respected:** Children should have their voices heard in decisions affecting them.

**Responsible:** Encouragement to take on roles and responsibilities is vital.

**Included:** Support to overcome barriers and be part of their community is necessary.

## Safeguarding Adults:

**Adult Support and Protection (Scotland) Act 2007 and Code of Practice (2014 updated in 2022)** is designed to protect those adults who are unable to safeguard their own interests for various reasons and harm is defined as all harm including self-harm and neglect. The act states that everyone has the right to be safe, and that local authorities must step-in if the person is being harmed or is at risk of it.

The website [Home - Act Against Harm](#) has a huge amount of resources helping people working with at-risk adults in Scotland to act in a way that helps the individual and is in-line with the adult safeguarding law in Scotland.

# Safeguarding Leads in Scotland: Safeguarding Structures Glossary

**Commissioner for Children and Young People in Scotland.** The Children and Young People's Commissioner is a person. Their job is to help you understand your rights and to make sure those rights are respected.

**Child Protection Team** is the team within each council who can offer help and guidance if you're worried about a child. Alongside the child's Named Person and the Social Work Duty Team, they can provide a 'front door' to services. Contact numbers for each team can be found [here](#).

**Guardianship Scotland** is a statutory service that provides a Guardian to unaccompanied asylum-seeking and trafficked children and young people in Scotland. The Guardians provide assistance and support in navigating the complex welfare, care, immigration, asylum and trafficking systems, often in a foreign language. The Guardian can advocate for children in engaging with the various authorities and can speak on the child's behalf to avoid the need for them to re-live their experiences through constant re-telling of their story to different authorities. International research has shown that unaccompanied and trafficked children benefit enormously from guardianship arrangements.

**Multi-Agency Risk Assessment Conferences (MARAC)** are local meetings where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. A referral to a MARAC should be considered at the point this risk is identified. MARACs can play a vital role in terms of safety planning for victims of domestic abuse and their children. SafeLives, a UK-wide domestic abuse charity, has developed a suite of resources to help ensure that each MARAC keeps as many victims of domestic abuse as possible safe ([Home | Safelives](#)).

**Multi-Agency Tasking and Co-Ordination (MATAC)** is a Police Scotland-led and chaired initiative to identify and manage the most harmful domestic abuse perpetrators. MATAC aims to effectively tackle offending by domestic abuse perpetrators who present the greatest risk of harm.

# Safeguarding Leads in Scotland: Safeguarding Structures Glossary (continued)

**Named Person.** A child's Named Person is a single point of contact with responsibility for promoting, supporting and safeguarding the child's wellbeing. This role sits under GIRFEC. For faith groups and charities, it gives a main person to share concerns with. This is usually the midwife until the baby is 10 days old, then the health visitor if they're under school age, the headteacher in primary schools and the guidance counsellor in secondary schools.

**National Care Service** – adult and children's social services. They are responsible for the national processes such as unaccompanied children, palliative care, placement in care homes, children's hearing and adoptions. Concerns about both adult and children's welfare should always go to the local authority, not the National Care Service.

**Police Scotland.** The single service responsible for policing in Scotland. It is held to account by the Scottish Police Authority (SPA) which is accountable to Scottish Ministers and the Scottish Parliament.

**Scottish Children's Reporter Administration (SCRA).** The main role of the Reporter is to receive referrals for children and young people who may require compulsory levels of supervision. The Reporter will decide if the child should be referred to a Children's Hearing.

**The Promise** – The Promise is a commitment to care experienced children and young people that they will grow up safe, loved and respected. It came out of the Independent Care Review of 2020. [The Promise Scotland](#) supports people and organisations to keep The Promise. [The Pinky Promise](#) is a wonderful resource designed to communicate The Promise to the children and young people to whom it is made.

# Safeguarding Leads in Scotland:

## Categories of harm named in legislation

In Scotland, the following four categories of harm are named in legislation and guidance relating to children and adults:

**Physical harm:** The deliberate use of physical force by one person against another to cause harm, including: hitting, kicking, rough-handling, physical punishments, burning or scalding, inappropriate use of restraint, misuse of medication, involuntary isolation, forcible feeding or withholding food.

**Emotional / Psychological harm:** Any persistent emotional ill-treatment that is likely to cause severe and long-lasting adverse effects on someone's emotional development. Including: conveying to a child that they are worthless, unloved or inadequate, frequently causing someone to feel frightened, humiliation, threats of harm or abandonment, coercion, intimidation, enforced social isolation, failing to respect someone's privacy, harassment and bullying (including cyber bullying).

**Neglect or acts of omission:** The persistent failure to meet a person's basic physical or emotional needs which is likely to have a serious negative impact on their health or development. Including: ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care, support or educational services; not meeting basic needs such as food, warmth and shelter; providing care in a way the person dislikes and ignoring and isolating the person.

**Sexual harm:** Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Including: forcing or enticing a child to take part in sexual activities, rape, sexual harassment, indecent exposure, sexual assault, sexual photography and inappropriate looking, touching or sexual teasing.

# Safeguarding Leads in Scotland: Categories of harm named in legislation (continued)

**The Adult Support and Protection (Scotland) Act 2007** also names these forms of harm in relation to adults.

**Financial or material harm:** Can include theft, fraud, scamming, pressure and influence in connection with loans, wills, inheritance, property etc, false representation (using another person's bank card or documents), misuse of benefits.

**Self-Neglect:** This is a complex concept and covers a wide range of behaviours. At its most basic, it's an inability to care for your own basic needs - for example being unable to manage personal affairs, persistent inattention to personal hygiene, health and surroundings.

**The Adult Support and Protection (Scotland) Act 2007** makes it clear that we should consider 'all harm' and that no concern or harm should be overlooked just because it is not specifically named.

## Safeguarding Reviews:

Learning Reviews (previously called a Significant Care Review) are conducted by child protection committees to reflect on and improve practices when a child has died or experienced significant harm. These reviews aim to identify lessons learned and enhance the protection of children by analysing the circumstances surrounding the case. They are initiated when specific criteria are met, such as suspected abuse or neglect, and involve gathering insights from various agencies to inform future practices. The process emphasises collaboration and aims to ensure that the rights and needs of children are prioritised in all decisions.

Learning reviews are also used in adults' care in Scotland, particularly under the framework of Adult Support and Protection. These reviews are conducted to learn lessons from cases where an adult at risk has died or experienced significant harm. The aim is to improve practices and ensure better protection for vulnerable adults.

# Safeguarding Leads in Wales

The following pages contain useful information for those fulfilling the role of Safeguarding Lead in Wales.







## Safeguarding Leads in Wales: Safeguarding learning and development framework

In Wales, the National Safeguarding Training, Learning and Development Standards and Framework detail what practitioners of different levels of responsibility need to know about safeguarding. The aim is to ensure that vulnerable people are protected and have their rights upheld because everyone working with them has a shared understanding of safeguarding principles, roles and responsibilities. The standards apply across every sector, including charities and faith groups.

The level of training you need is determined by the role you hold. The framework is arranged into six Groups, from A-F, where Group A applies to all staff and volunteers and Group F to Welsh Government Ministers and senior leaders from different agencies. As a Safeguarding Lead, you are working as a 'Group C Practitioner'.



# Safeguarding Leads in Wales: Key legislation and guidance

Alongside the Children Act (1989), the primary piece of safeguarding legislation in Wales is the Social Services and Wellbeing (Wales) Act 2014. Guidance on how to apply this is given in the Wales Safeguarding Procedures<sup>[1]</sup> and statutory safeguarding guidance.

The **Social Service and Wellbeing (Wales) Act 2014** recognises safeguarding as one key strand of our overall wellbeing. Other strands include ensuring people have their rights recognised, being part of the community, being physically, mentally and emotionally happy and having positive relationships with family and friends. There is a focus throughout the Act on person-centred working, including enabling the person to communicate and access services in their own language and in a format they can understand.

The **Social Service and Wellbeing (Wales) Act 2014** includes a mandatory duty to report safeguarding concerns. This means that if there is cause to suspect that an adult or child is at risk, this **MUST** be reported to the local authority.

- Four fundamental principles that come from the Social Service and Wellbeing (Wales) Act 2014 and shape the approach to safeguarding in Wales are:
- Voice and control: This means the person is at the centre of their own care. They have a voice and control over how they achieve wellbeing.
- Prevention and early intervention: Providing services within the community to prevent harm or escalation to the point of critical need.
- Well-being: Supporting people to be happy, healthy and comfortable with their life and what they do.
- Co-production: Designing and delivering services alongside the people who use them.

[1] Also outworking Working Together to Safeguard People.

# Safeguarding Leads in Wales: Key legislation and guidance (continued)

These fundamental principles are part of the wider person-centred approach that is really important in Wales. A person-centred approach ensures that the individual's rights are upheld; that they will be treated with respect and dignity; that their views, wishes and feelings will be sought and acted upon wherever possible; that the characteristics, culture, language and beliefs of the individual will be taken into account.

[Overview of the Social services and well-being... | Social Care Wales](#)

The **Wales Safeguarding Procedures** were designed to bring together the key laws, policies and guidance and turn them into procedures so that everyone who works with children - whether in the charity sector, education, social services, or police - have a shared understanding of what is expected.

These helpful resources can be accessed:

- Online
- In Welsh: [www.diogelu.cymru](http://www.diogelu.cymru)
- In English: [www.safeguarding.wales](http://www.safeguarding.wales)
- On the Wales Safeguarding Procedures App

## Safeguarding structures - glossary:

**Adult Social Care** – these are local social work departments that are responsible for assessing needs and investigating concerns where a person is aged over 18.

**Children's Social Care** - these are the local social work departments that deal with children and families. These departments may have different names according to where abouts they are located in the country.

# Safeguarding Leads in Wales:

## Safeguarding structures - glossary

### (continued)

**Local Authority Designated Officer (LADO/DOFA)** - they are responsible for managing and overseeing concerns, allegations and offences relating to staff and volunteers in any organisation across a local authority area. In Wales this is for Children and Adults. The role is sometimes called DOFA (Designated Officer for Allegations)

**Multi-Agency Public Protection Arrangements (MAPPA):** The process through which various agencies, such as police, prison service and probation, work together to manage risks posed by people with violent and sexual offending history living in the community.

**Multi-Agency Risk Assessment Conference (MARAC):** Meetings where information is shared between representatives of local police, health, child protection, probation and other specialists (statutory and voluntary sector) about the highest risk domestic abuse cases.

**Multi Agency Safeguarding Hubs (MASH)** - these are teams made up of highly skilled professionals from different agencies including social work, police, health and education. The team usually provide an early triage and multi-agency assessment of safeguarding concerns in respect of both children and adults. Not all areas have MASH teams.

**National Independent Safeguarding Board Wales** - the National Board has three primary duties:

1. To provide support and advice to Safeguarding Boards with a view to ensuring that they are effective
2. To report on the adequacy and effectiveness of arrangements to safeguard children and adults in Wales
3. To make recommendations to the Welsh Ministers as to how those arrangements could be improved.

# Safeguarding Leads in Wales:

## Safeguarding structures - glossary

### (continued)

**National Probation Service Wales** - Since 2021, this centralised service has been responsible for managing all those on a court order or licence following their release from prison in England and Wales.

**Police** - They will only become involved in a safeguarding matter if there is a criminal aspect to the concern whereby an investigation may lead to prosecution.

**Regional Safeguarding Boards** – There are six Regional Safeguarding Boards in Wales. Each board is responsible for overseeing local safeguarding efforts. They work together with various agencies to protect and promote the welfare of children and adults at risk. [Find Your Regional Board - Safeguarding Board Wales](#)

## Categories of harm and abuse named in legislation:

In Wales, the following five categories of abuse are named in the Social Services and Wellbeing (Wales) Act 2014. This applies to both children and adults.

**Physical abuse:** The deliberate use of physical force by one person against another to cause harm, including: hitting, kicking, rough-handling, scalding, physical punishments, inappropriate use of restraint, misuse of medication, involuntary isolation, forcible feeding or withholding food.

**Emotional / Psychological abuse:** Any persistent emotional ill-treatment that is likely to cause severe and long-lasting adverse effects on someone's emotional development. Including: conveying to a child that they are worthless, unloved or inadequate, frequently causing someone to feel frightened, humiliation, threats of harm or abandonment, coercion, intimidation, isolation, harassment and bullying (including cyber bullying).

# Safeguarding Leads in Wales: Categories of harm and abuse named in legislation (continued)

**Neglect:** The persistent failure to meet a person's basic physical or emotional needs which is likely to have a serious negative impact on their health or development. Including: ignoring medical, emotional or physical care needs; failure to provide access to appropriate health care, support or educational services; not meeting basic needs such as food, warmth and shelter.

**Sexual abuse:** Any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Including: forcing or enticing a child to take part in sexual activities, rape, sexual harassment, indecent exposure, sexual assault, sexual photography and inappropriate looking, touching or sexual teasing.

**Financial abuse:** Can include theft, fraud, scamming, pressure and influence in connection with loans, wills, inheritance, property etc, false representation (using another person's bank card or documents), misuse of benefits. For children it can include child workers without pay, misusing grants for children's care or child's belongings being sold or going missing.

A full list of descriptions and indicators is available in the Wales Safeguarding Procedures [here](#):

Procedures and policy in Wales make it clear that there are other ways in which these forms of harm can be experienced and behaviours that put people at a greater risk of experiencing these named categories. They give the particular examples of: Violence against women, domestic abuse and sexual violence (VAWDASV) this includes female genital mutilation, modern slavery, domestic abuse and violence against men and criminal exploitation. But emphasise that this is not an exhaustive list.

# Safeguarding Leads in Wales: Safeguarding Reviews

In Wales, safeguarding reviews are conducted under the Single Unified Safeguarding Review (SUSR) system. This system integrates all types of safeguarding reviews into a single process to ensure reviews are effective, take place quickly and reduce the need for families participating in several reviews.

The types of a review covered by an SUSR are:

- Adult Practice Reviews
- Child Practice Reviews
- Domestic Homicide Reviews
- Mental Health Homicide Reviews
- Offensive Weapons Homicide Reviews

“The SUSR brings agencies and individuals connected to the incident into a safe learning environment to:

- Build a greater understanding of what happened during an incident and why
- Improve the understanding of the impact of the actions of organisations
- Look into whether different actions may have resulted in different outcomes for the child or adult at risk
- Identify any learning opportunities for the future
- Provide a clear action plan on how to improve service provision.”

[Single Unified Safeguarding Review | GOV.WALES](#)

# Safeguarding Leads in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

|  | Key points:  | What it means in practice for you[1]:  |
|--|--|--|
| <b>Legislation:</b><br>Social Services and Well-being (Wales) Act 2014 | <p>It outlines the ways those who need care and support (and their carers) can access it. You can see an <a href="#">easy read version here</a>.</p> <ul style="list-style-type: none"> <li>- The aim is to promote wellbeing.</li> <li>- People should be at the heart of the system.</li> <li>- Agencies should work in partnership.</li> <li>- Prevention is a key goal.</li> </ul> | <p>This Act was mostly designed to help social services meet the changing needs of people.</p> <p>The vast majority of this is written for professionals, but the principles listed beside should be honoured in our work. Ask yourself: Do your activities, projects and ministries promote wellbeing? Are people at the heart of what you do? Do you work in partnership? Do you seek to prevent harm or need?</p> <p>There's also a requirement for joined up thinking if people are getting/can get support from the community, which often involves our groups. Be available where possible and feel empowered to reach out and offer to work together to support those in your care.</p> |

# Safeguarding Leads in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

|   | Key points:  | What it means in practice for you:  |
|---|--|---|
| <b>Guidance:</b><br>Wales<br>Safeguarding<br>Procedures | <p>This is a set of procedures designed to make the above 'Social Services and Well-Being (Wales) Act 2014' and 'Working Together to Safeguard People' easier to apply to our day-to-day practices.</p> <p>It includes sections on:</p> <ul style="list-style-type: none"> <li>- Safeguarding children and young people</li> <li>- Adults at risk</li> <li>- Regional Safeguarding Boards</li> <li>- Glossary of terms you should be familiar with.</li> </ul> | <p>These procedures apply to anyone working with children or adults in Wales, and they're very clear that this includes us in the third sector (voluntary groups).</p> <p>There's a helpful app dedicated to this, which you can find on <a href="#">App store</a> and <a href="#">Google Play</a>.</p> <p>You should be familiar with the terms in the glossary and use them when working with other agencies.</p> <p>You should read the sections relevant to your work and projects before safeguarding incidents occur and refer back to the information regularly.</p> |
| <b>Legislation:</b><br>Mental Capacity<br>Act 2005      | <p>This applies to 16-17-year olds and adults who lack the ability to decide or complete an action.</p> <p>It's 'decision specific' to reflect the reality that people will have differing levels of capacity in different situations. The least restrictive measures should be always taken.</p>  | <p>Capacity assessments are done by professionals - you won't need specifics , but a couple of principles are helpful:</p> <ul style="list-style-type: none"> <li>- Always assume the individual has capacity until professionals have proven otherwise</li> <li>- Every possible alternative should be explored before a person should be considered to lack capacity.</li> </ul>  |



# Safeguarding Leads in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

|  | Key points:  | What it means in practice for you:   |
|--|--|--|
| <b>Legislation:</b><br>Children and Young Persons Act 2008   | This act looks to extend the framework of support for children who are looked-after, previously looked after, disabled, or adopted.  | <p>This is another piece of legislation written for social services – it ensures those in care get the services they need.</p> <p>For those of us in the third sector, it's helpful for us to know a few of these things, so we can signpost those we work with to these services:</p> <ul style="list-style-type: none"> <li>- For parents/carers of disabled children, 'care breaks' can be provided.</li> <li>- Care experience children should get support through higher education and should have access to an independent visitor to support them.</li> </ul> |
| <b>Legislation:</b><br>Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 | <p>It's the first piece of UK law to address violence towards women and girls more broadly, rather than only domestic violence.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> <li>- To prevent gender-based violence, domestic abuse and sexual violence.</li> <li>- To protect the victims of gender-based violence, domestic abuse and sexual violence.</li> <li>- To support people affected by gender-based violence, domestic abuse and sexual violence.</li> </ul> | <p>Most of this applies to Welsh government, local authorities and health and education services. It's helpful to note the definitions given on 'abuse' and 'gender-based violence.'</p> <p>Like other legislation, it stresses the important of working together. It also lays out the 'Ask and Act' principle – asking potential victims about the possibility of gender-based violence, domestic abuse and sexual violence where such abuse is suspected and to 'act' so suffering and harm as a result of the violence and abuse is prevented or reduced</p>     |

# Safeguarding Leads in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

|  | Key points:  | What it means in practice for you:   |
|--|--|--|
| <b>Legislation:</b><br>Regulation and Inspection of Social Care (Wales) Act 2016 RISCA | <p>Five principles inform the law around how social care services are regulated and inspected. They should:</p> <ul style="list-style-type: none"> <li>- Reflect the changes brought about by the Social Services and Well-being (Wales) Act 2014</li> <li>- Put people at the centre of their care and support</li> <li>- Develop a coherent and consistent Welsh approach</li> <li>- Tackle provider failure</li> <li>- Respond quickly and effectively to new models of service and any concerns over the quality of care and support.</li> </ul> | <p>This applies to those providing 'regulated services.'</p> <p>Regulated services are services that deliver social care in Wales, are managed by Welsh local authorities and are regulated by Care Inspectorate Wales (CIW). This currently doesn't apply to us in the third sector, but we should be aware that any 'regulated services' should be run with the five principles mentioned.</p> |
| <b>Legislation:</b><br>Wellbeing of Future Generations (Wales) Act 2015                | <p>Another law that really applies to public bodies, but an interesting one that helps us think through future impacts of our work. It's built around 7 wellbeing goals:</p> <ol style="list-style-type: none"> <li>1.A prosperous Wales</li> <li>2.A resilient Wales</li> <li>3.A more equal Wales</li> <li>4.A healthier Wales</li> <li>5.A Wales of cohesive communities</li> <li>6.A Wales of Vibrant Culture &amp; Thriving Welsh Language</li> </ol> <p>A globally responsible Wales</p>   | <p>This law isn't written for those in the third sector, but there are some healthy ways of working here that we can borrow. They are: Balancing long- and short- term needs, integration of services – how what I do affects others, involving as diverse group of people as possible in our work, working collaboratively, and preventing problems.</p>  |

# Safeguarding Leads in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

|   | Key points:  | What it means in practice for you:   |
|---|--|--|
| <b>Legislation:</b><br>The Health and Social Care (Quality and Engagement) (Wales) Act 2020 | This law is focused on ministers and NHS bodies. It focuses on the quality of care and incorporating patient voices in health processes.   | This isn't directly applicable to those in the third sector, although if your work overlaps with healthcare, e.g., hospital chaplaincy, it might be worth reading through a quick guide on this law.   |
| <b>Legislation:</b><br>The Serious Crimes Act 2015  | This law is an important one in terms of safeguarding. It covers some really key areas including Clarifying that child cruelty includes psychological damage and not just physical harm, controlling and coercive behaviour, non-fatal strangulation, female genital mutilation [FGM] and protecting children through making sexual communication with a child illegal.                          | We need to know that these things are against the law, to report the crimes to the police when appropriate and to support the victims of these crimes. In several ways, this law also underscores that harm does not need to be visible to be a crime, that safeguarding issues are evolving and we must constantly update our training to know how to respond to new forms of abuse as they emerge. |
| <b>Interventional Convention:</b><br>European Convention on Human Rights                    | Member government of Europe compiled a set of rights that build greater peace and unity. They include: <ol style="list-style-type: none"> <li>1. The obligation to respect human right.</li> <li>2. The right to live.</li> <li>3. The prohibition of torture.</li> <li>4. The prohibition of slavery and forced labour.</li> <li>5. The right to liberty and security (continued...)</li> </ol> | Charities and faith groups should make sure none of their practices impinge these rights and should look to safeguard those in their care from these rights being impinged. Some charities, schools and groups now proactively teach children about these rights to empower them to be able to speak out when they are being harmed.   |

# Safeguarding Leads in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

|   | Key points:  | What it means in practice for you:  |
|---|--|---|
| <b>Interventional Convention:</b><br>European Convention on Human Rights  | 6. The right to a fair trial<br>7. No punishment without law<br>8. The right to respect for private and family life.<br>9. Freedom of thought, conscience, and religion.<br>10. Freedom of expression.<br>11. Freedom of assembly and association.<br>12. Right to marry.<br>13. Right to an effective remedy through courts of other public body.<br>14. The prohibition of discrimination.<br><br>Articles 15-18 unpacks where these rights might be restricted. The rest of the convention sets out how the European Court of Human Rights works. | A recent resource from Scotland can be found here:<br><a href="http://www.cypcs.org.uk/resources/lets-explore-our-rights/">www.cypcs.org.uk/resources/lets-explore-our-rights/</a>  |
| <b>Interventional Convention</b><br>Universal Declaration of Human Rights | A set of rights agreed after World War II, this was a landmark agreement as it was the first time a universal agreement was ever made. Almost every country of the world has signed up to this. It includes 30 'articles' (important rights) and some of the most important include:   | As above, charities and faith groups should make sure none of their practices impinge these rights and should look to safeguard those in their care from these rights being impinged. The universal and international nature of these rights means that even harms occurring in a different national context should be addressed. |

# Safeguarding Leads in Wales: Summaries of the legislation and statutory guidance connected to safeguarding.

|   | Key points:   | What it means in practice for you:  |
|---|---|---|
| <b>Interventional Convention</b><br>Universal Declaration of Human Rights | <ol style="list-style-type: none"> <li>1. Children should be born free.</li> <li>2. These rights are universal, that means they apply even when you are/have:               <ul style="list-style-type: none"> <li>- a different sex</li> <li>- a different skin colour</li> <li>- speak a different language</li> <li>- think different things</li> <li>- believe in another religion</li> <li>- own more or less</li> <li>- born in another social group</li> </ul> </li> <li>3. The right to freedom and safety.</li> <li>4. Prohibition of slavery and forced labour.</li> <li>5. Prohibition of torture.</li> <li>6. Right to be protected.</li> <li>7. The universal application of the law.</li> <li>8. Right to an effective remedy through courts of other public body.</li> </ol> |   |
| <b>Guidance:</b><br>Controlling or coercive behaviour (2023)              | Controlling or coercive behaviour is an overlooked form of domestic abuse, It applies to intimate or family relationships and comes with a prison sentence of up to 5 years. The victim and perpetrator don't have to live together for it to be considered domestic abuse.   | We should make sure that all our workers understand that domestic abuse doesn't need to be physical to be harmful. Create a culture where people share information with you about these concerning behaviours, pay particular attention to record keep in these situations and share the information as appropriate with statutory organisations. |



## Appendix: ACEs and Trauma

Adverse Childhood Experiences (ACEs) are stressful experiences that occur during childhood. They include experiences that directly harm a child (for example, abuse and neglect) and those that affect the environment in which they live (for example, parental separation, having a parent with a long-term physical or mental illness or parental substance misuse). Around half of all adults in the UK have experienced at least 1 ACE and between 9 – 15% have experienced 4 or more.[1] ACEs may be part of your own experience.

Experiencing extreme (acute) or long-term (chronic) stress in childhood can change how your body and brain develop. The fight or flight hormones that are usually released as a temporary survival response are in continual use. This would have an impact at any age but when this is experienced in childhood, the release of those hormones has a toxic effect on the formation and development of a growing brain and body.

[1] A 2014 UK wide study by Bellis et al indicated that 47% of adults had experienced at least one ACE, with 9% experiencing four or more. A survey of adults in Scotland in 2020 indicated that 71% had experienced at least one, 15% had experienced four or more, the ACE Hub Wales states that 50% of adults in Wales experienced at least one, 14% four or more



## Appendix: ACEs and Trauma (continued)

Studies show that ACEs can have negative impacts in five areas across the course of someone's life:

- Physical health: ACEs have been linked to certain health problems in adulthood such as heart disease and diabetes.
- Emotional and Mental health: ACEs increase the risk of someone developing anxiety, depression and post-traumatic stress, for example.
- Social outcomes: Adverse experiences can affect a child's ability to engage in education and therefore can affect qualifications and future earnings. ACEs have also been linked to health-harming behaviours such as drug and alcohol dependence.
- Executive functions: The skills we use to plan, focus and manage our daily lives aren't automatic, they are developed as we grow. Adverse experiences in childhood can disrupt the development of these functions.
- Relationships: ACEs can affect the way a person interacts with others and builds relationships.

The impact of ACEs often increases when more are experienced. For example, research shows that someone who has experienced four or more ACEs is twice as likely to have a chronic disease, three times more likely to develop coronary heart disease, four times more likely to develop type 2 diabetes and twenty times more likely to go to prison than peers without these experiences.[1]

### Resilience and Reducing Impact

As a safeguarding lead, having an awareness of ACEs is important so you can respond with understanding if you recognise the impact of ACEs on people you are working with. It should also empower you to take action to safeguard a child, so they don't remain in a situation of adversity and toxic stress without support.

[1] Statistics taken from [What are ACEs? \(safeguardingni.org\)](https://safeguardingni.org/what-are-aces/)

## Appendix: ACEs and Trauma (continued)

A hopeful aspect of research into ACEs is the evidence that the impact of ACEs can be significantly reduced through a variety of positive factors, often termed 'resilience resources'. Resilience resources include:

- Good social support in the community
- Supportive family and a healthy, nurturing home environment
- A trusted, supportive relationship with an adult (whether that be a parent, caregiver or other caring adult or peer)
- Individual self-esteem, ability to recognise own emotions, healthy coping strategies, education and life skills.'[1]

As the ACE Hub Wales states: "ACEs do not define anyone; it is never too late to break the cycle of adversity."

### **Related Resources:**

[ACE Hub Wales](#): The ACE Hub Wales seeks to create an ACE Aware Wales and make Wales a leader in tackling, preventing and mitigating ACEs. It has a wide range of information and resources.

[Scottish Government ACEs Policy Information](#): Information on ACEs and Trauma and how the Scottish Government are working to reduce the impact of ACEs.

[Safeguarding Board for Northern Ireland ACEs Information](#): Clear information and helpful resources, including leaflets, infographics and short video.

[Free online ACES Training](#): funded by the Home Office Early Intervention Youth Fund.

[How childhood trauma affects child brain development | ChildHub - Child Protection Hub](#) : Video and guide about brain development in children. Helpful and clear, drawing on research from Harvard University and other partners.

[1] From A practical handbook on Adverse Childhood Experiences (ACEs) Delivering prevention, building resilience and developing trauma-informed systems. A resource for professionals and organisations by World Health Organisation, Public Health Wales and Liverpool John Moores University [PHW-WHO-ACEs-Handbook-Eng-18\\_09\\_23.pdf \(phwwhocc.co.uk\)](#).



## Appendix: ACEs and Trauma (continued)

### Trauma

The UK Trauma Council describes trauma in this way:

“Trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person’s ability to cope, resulting in lasting negative impact.”[1]

The charity ‘Mind’ further explains that:

“What's traumatic is personal. Other people can't know how you feel about your own experiences or if they're traumatic for you. You might have similar experiences to someone else but be affected differently or for longer.”[2]

How and why does trauma affect a person?

Experiencing physical, emotional, sexual abuse and neglect are examples of traumatic events. This is why an awareness of trauma is really important for safeguarding leads as you may find yourself working with and supporting victim-survivors.

As the earlier quote from Mind indicates, traumatic events affect people in different ways and on different timescales. When we feel stressed or threatened, our bodies release hormones to prepare us to respond to danger. This is an automatic reaction we have no control over. If we experience trauma, automatic reactions can continue long after the event itself is over. For example, if we're in a situation that reminds us of the trauma (even when no physical danger is present) we might respond in a way that we can't control.

[1]<https://uktraumacouncil.org/trauma/trauma>

[2]<https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/about-trauma/>

## Appendix: ACEs and Trauma (continued)

Trauma responses can be emotional, physical and behavioural.

For example:

- Emotional effects and responses can include anger, numbness, fear, confusion, shame and hypervigilance (being very alert or aware of surroundings in case of danger).
- Physical effects and responses can include headaches, bodily aches and pains, tiredness, sweating, appetite changes, memory difficulties, shaking and visual disturbances.
- Behavioural effects and responses can include withdrawal from relationships and social situations, aggression, alcohol or substance misuse, self-harm and self-neglect.

There are also some specific trauma-related experiences that a person might have. For example:

- Flashbacks (vividly reliving aspects of a traumatic event),
- Panic attacks,
- Dissociation (coping mechanism for overwhelming stress – feeling numb or detached from reality, your body or surroundings),
- Sleep difficulties and nightmares,
- Suicidal feelings,
- Triggers (sensory cues / stimuli that take a person back to a time of pain and can therefore bring back memories, feelings or induce automatic trauma responses)

### **Secondary or Vicarious trauma**

The British Medical Association defines vicarious trauma as: “a process of change resulting from empathetic engagement with trauma survivors.” It identifies signs such as “experiencing lingering feelings of anger, rage and sadness; experiencing bystander guilt, shame or feelings of self-doubt; loss of hope, pessimism or cynicism; distancing, numbing or detachment or [conversely] becoming overly emotionally involved and having difficulty maintaining boundaries.”

## Appendix: ACEs and Trauma (continued)

If you recognise these signs in yourself as you support victim-survivors, pay attention to them. Take care of yourself emotionally, take part in activities you find restful and restorative, take regular breaks and seek support from your organisation.

### **Re-traumatisation:**

Being retraumatised means being mentally taken back to a place of pain and trauma and experiencing its effects again. It is not always possible to predict what will retraumatise someone. However, there are certain things that you can avoid making re-traumatisation less likely:

- Asking somebody to re-tell their account of a traumatic event, particularly in detail or repeatedly. As safeguarding lead, making accurate records is an important part of your role and you may need to support someone to make a record of their experience so they can get the protection they need. However, we can be mindful of the impact this may have on the person and ensure that we do all we can to make this as safe and comfortable as possible, not ask for details we don't need or make them retell their account an unnecessary number of times. The following quote emphasises why: "To this day it's the worst thing I ever had to do...Having to put myself back in that situation – having to think about what happened – having to force myself back into the worst moment – back where I never want to go." [1]

[1] Quote from Letters from the experts- training resource created by survivors of sexual abuse [Trauma responses can be emotional, physical and behavioural.](#)

- Asking someone to return to a place where a traumatic event happened. Seeing, smelling, hearing the same things that they encountered during the traumatic event can retraumatise someone. If someone experienced a traumatic event in your building, they should not be required to return there to make a report, receive support or have meetings etc.

## Appendix: ACEs and Trauma (continued)

- Exposing someone to known triggers. A traumatic event can hold associations with particular sensory cues, called 'triggers' – smells, words, songs, sounds, materials, colours – these cues are unique to each individual. We can ask if someone is aware of any triggers so we can avoid them in our interactions.
- Indicating that we don't believe their account of what happened. Not being believed can retraumatise someone. As safeguarding leads, it is not our role to make judgements about what somebody tells us but to listen and take any necessary safeguarding steps.

### Related Resources:

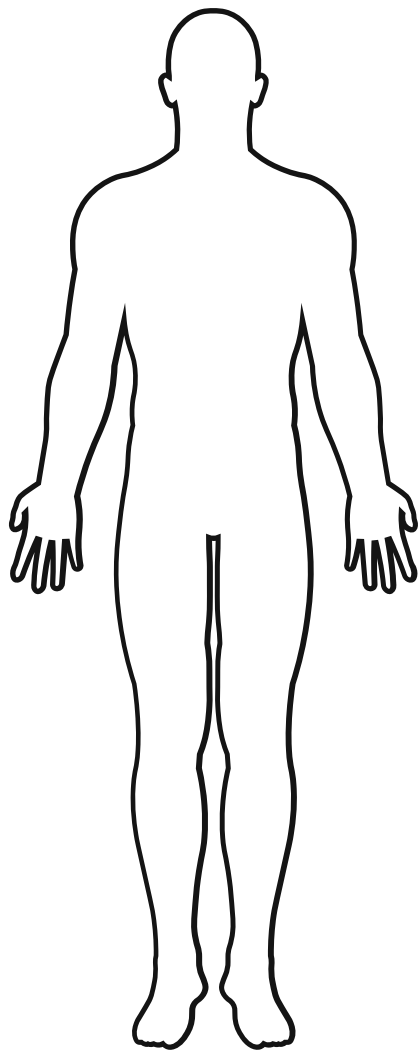
[Mind](#): Clear and helpful information about trauma including a wide range of signposting for support.

[UK Trauma Council](#): Research and resources focused on supporting those working with children and young people who have experienced trauma. Lots of information and resources about supporting refugees and asylum seekers and others who have experienced conflict.

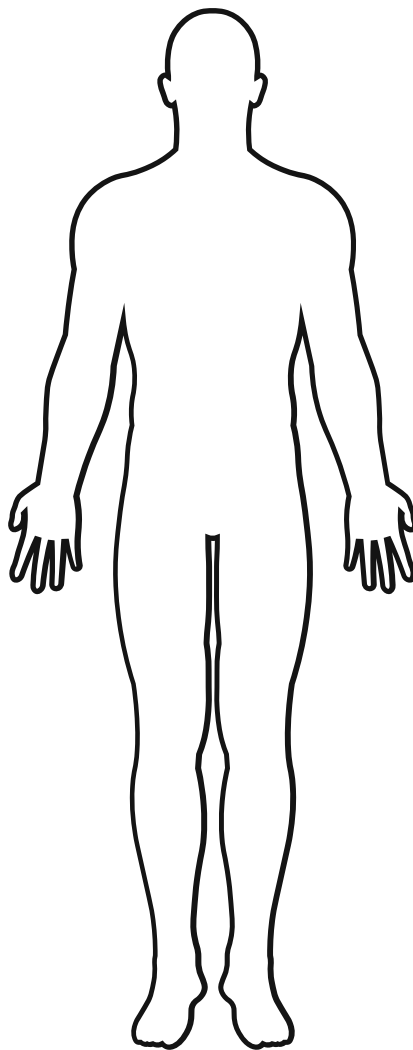
[Young Minds](#): Information and Resources about trauma and adversity and how they can affect young people.

## Appendix: Body Map

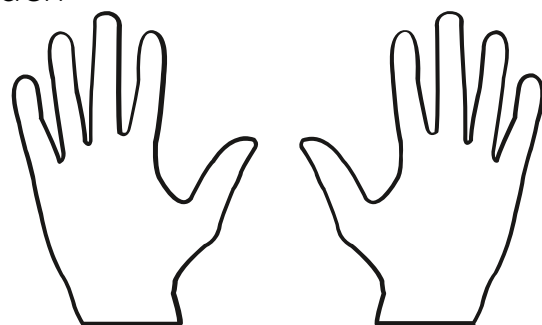
Some organisations use body maps as a helpful communication tool in various circumstances, or to clearly record size and placement of injuries. These may be triggering for people, so use with care. Remember, your role is not to investigate. We shouldn't use these to try to elicit further information.



Front



Back



Completed by:

Completed on:

Ethnicity (optional)

Communication  
difficulty (optional):



## Appendix: Child development, Gillick competency and Fraser Guidelines

A basic awareness of stages of child development is helpful for safeguarding leads because it enables us to recognise the impact of harm and abuse experienced at different stages. Also, if a child is presenting differently to our expectations of their age and stage of development this can be an indicator of abuse or neglect – although there are MANY reasons for this, and each child is unique.

### **0-3 Years: Infancy and toddler**

In these early years, a child is forming their image of the world and of others. These are key years for building trust, bonding and attachment. They learn through exploration and stimulation.

The human brain continues to develop after birth (in fact, brain development isn't complete until the age of 25). 75% of this development occurs in the first three years of life.

There is a significant impact on a child's brain development if they experience trauma in the first three years of life. The 'sponginess' of the brain that enables an infant to learn to walk and talk in these early years is also the reason why trauma has such an impact when experienced this early.



# Appendix: Child development, Gillick competency and Fraser Guidelines (continued)

## **3-4 Years: Pre-School**

These are often high-energy years! Children are learning who they are and what they want and don't want. They often learn through repetition and asking questions. What they are experiencing at home is likely to show in their play as they master the skills of language, movement and imagination through imitating those around them. It is common for children of this age to demonstrate their emotions and needs through their behaviour as they are not always able to articulate them verbally.

## **4-11 Years: Primary School**

During these years, children are learning social skills and independence. They are learning how to take turns, compromise, share and make friends. It is common to fall in and out of friendships during these primary school years. Children are building their self-esteem and confidence at this age, mastering new skills through trial and error and with the guidance of parents, carers, siblings and teachers. As they go through these ages, children will become more skilful and independent – mastering things like dressing, personal hygiene, different forms of communication, organisational skills, empathy, developing physical and academic skills, understanding and controlling their emotions.

## **12-18 years: Adolescence**

During adolescence, children are developing an identity separate from their parents and carers. They will seek peer approval often as priority over the approval of their families and sometimes even their own desires. This is a stage of experimentation, learning by doing and making mistakes. The hormones that flood an adolescent body during puberty change not only their bodies but their brains and emotions as well. Self-consciousness, 'moodiness', and self-doubt can be common. As also are a seeming recklessness or over-confidence as risks are not fully realised.

# Appendix: Child development, Gillick competency and Fraser Guidelines (continued)

## **Gillick Competency and Fraser Guidelines**

Children are covered by Child Safeguarding legislation and guidance until they are 18 years old. However, there is a concept that we need to be aware of when safeguarding adolescents.

'Gillick Competency' gets its name from the case which set a legal precedent around a child's competency to make decisions about their own medical treatment without parental consent. Although the ability to make decisions and consent to medical treatment (including counselling) is still linked to the child's age, it is recognised that competence in children varies and a child under 16 could consent to treatment providing they could demonstrate 'sufficient understanding to make informed decisions'. (This only relates to medical treatment and does not relate in any way to giving consent to any sexual activity).

The 'Fraser guidelines' add an additional requirement that before any advice/counselling is given, a counsellor should be confident that it is 'in the best interests of the child'.

As safeguarding leads, these laws could be relevant for us if we have young people who we may want to signpost for sexual health or substance misuse support, and they don't want us to tell their parents. We would always want to encourage a child to talk to their parents and carers about decisions they are making (unless it would increase risk to do so). It is also important to say here that child protection is paramount, and we must follow our reporting procedures in order to safeguard a child, even if it goes against their wishes to do so. Seek advice in any situation where a child doesn't want you to pass on their information to parents and carers or other agencies.

For further information:

[Gillick competency](#) (member resource)

[Gillick competence and Fraser guidelines | NSPCC Learning](#)





## Appendix: Contextual Safeguarding

For Safeguarding Leads, the concept of contextual safeguarding is a really helpful one for keeping the person at the centre of any concern. It also demonstrates how important our role is in ensuring they have access to the safeguarding support they need.

Contextual safeguarding recognises that people are influenced by the whole range of environments that they interact with, and for many people, their involvement in faith and community groups is one of, or the single most, defining influence in their lives. Professionals simply couldn't safeguard that person without involving the faith and community groups they're involved with. For Safeguarding Leads outside of statutory services, this creates both a responsibility and opportunity to make a difference in the lives of people who are 'at risk'.

Contextual safeguarding is the view that people aren't only affected by their home and school/work/care lives, but that their environments also include online spaces, their neighbourhood, their faith communities and any social situations they're in. People can encounter risk in any of these environments. Contextual safeguarding looks at how we can best understand these risks, how we can understand the whole person and use that knowledge to make decisions that keep makes life safer for them.

# Appendix: Contextual Safeguarding

Practically, contextual safeguarding means that we:

## **Understand the individual's multiple environments:**

What aspects of an individual's environment may be increasing or decreasing the risk posed by any given experience?

## **Understand your environment:**

How might your environment be increasing risk or acting as a protective factor building resilience in an individual?

## **Understand that nothing happens in isolation:**

Human beings are complicated, and what happens in one area of our lives often affects multiple areas of our lives.

## **What does this mean for us?**

- Be curious. Are the behaviours you're seeing a sign that harm could be happening elsewhere?
- Be broad. The narrow view that harm only happens in the home or in institutionalised care is false and means we can miss safeguarding people in other areas of their lives. Often the role of the safeguarding lead is to hold small puzzle pieces until it becomes clearer how they might fit together.
- Be intentional. The support we offer and the skills we teach in our interactions can help people in all of their environments.
- Be part of the conversations. Your lack of a professional role does not and should not mean that you're not an essential voice when safeguarding decisions are made. We need to share concerns and advocate for the voice of the 'at risk' individual. Safeguarding should be a team effort.



## Appendix: Emerging and Evolving Forms of Harm and Abuse

**Cuckooing** – also known as ‘forced home invasion, where perpetrators take over the homes of vulnerable people to use them as a base for crimes such as drug dealing. People with learning difficulties, physical or mental health conditions, financial problems or drug and alcohol addictions are particularly targeted.

The signs and indicators include the vulnerable person not being seen for a while, unfamiliar vehicles being seen at the property, blinds and curtains being drawn in the daytime and crowds congregated at the front or back door. There might also be an increase in litter outside the property, including takeaway boxes and drug paraphernalia. Because this form of abuse has often gone under the radar, there is a call for many ‘frontline workers’, including the faith and voluntary sector to be aware of this and report concerns.

For further information:

[Criminal exploitation of children and vulnerable adults: county lines \(accessible version\) - GOV.UK](#)

[‘Cuckooing’ suspects arrested in Bath crackdown - BBC News](#) (good summary of signs and indicators)

[‘Cuckooing’: Calls for government to introduce new criminal offence - BBC News](#)  
[Understanding and preventing ‘cuckooing’ victimisation | College of Policing](#)



# Appendix: Emerging and Evolving Forms of Harm and Abuse (continued)

**Catfishing** - This involves the use of a false identity online to befriend and exploit victims, the 'catfish' is the person who has created the fake persona. Most often, this happens online for abuse and fraud and has had devastating effects on people of all ages.

Catfishing isn't currently a crime, but depending on the form it takes, the resulting harm and abuse often is, i.e. fraud, sexual abuse, etc. In October 2024 Alexander McCartney received a life sentence for online child abuse and manslaughter following a horrendous run of catfishing thousands of children.

For further information:

[Catfishing: Alexander McCartney jailed for minimum of 20 years - BBC News](#)

[How to spot a catfish – catfish meaning and advice | Age UK](#)

[What is catfishing and what can you do if you are catfished? | CNN Business](#)

[Catfishing | What is catfishing and how to spot one | eSafety Commissioner](#)

**Sextortion** – Sometimes overlapping with catfishing, though not always, 'Sextortion' is 'financially motivated sexual extortion', a type of online blackmail where criminals threaten to share sexual pictures, videos, or information about you. They may be trying to take money from you or forcing you to do something else you don't want to. Anyone can be targeted but most often young people aged between 15 to 17, and adults aged under 30 are often most at risk. There have been several cases of suicide resulting from this form of abuse. We've included signposting to places to report and respond to this type of abuse, and support for the victim.

[Online blackmail](#) (information and advice for Under 18s from CEOP)

[Sextortion - National Crime Agency](#) (information and advice for adults)

[Sextortion - Safer.scot](#)

[Sextortion - Hwb](#)

[Sextortion | Police Service of Northern Ireland](#)

[Sextortion | Metropolitan Police](#)

[Revenge Porn Helpline - 0345 6000 459 | Revenge Porn Helpline](#)

# Appendix: Emerging and Evolving Forms of Harm and Abuse (continued)

**Mate crime** – this is a type of hate crime where perpetrators target people with learning disabilities, pretending to be their friend for the purpose of abusing them. It can include physical abuse, financial abuse, torture and even murder and should be reported to the police.

[Mate and hate crime - Bullying | Mencap | Learning disability](#)  
['Mate crime': Fake friend abuse that can end in murder - BBC News](#)

**Domestic abuse** - Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading, and violent behaviour, including sexual violence. It is usually perpetrated by a partner or ex-partner and can also occur within families or by caregivers. Coercive control is now a crime in all UK nations, it can take the form of love bombing, gaslighting, isolating the individual, monitoring their time, controlling finances or threats and intimidation. Police powers for perpetrators of domestic abuse were extended in 2024, and there's also been the introduction of Raneem's law which ensures a domestic abuse specialist is in every 999-call centre. It can't be overstated how widespread an issue this is, with over 100 reports of domestic abuse being made to the police every hour.

Support and signposting for domestic abuse can be found in the signposting section at the end of this handbook. See below for information about domestic abuse from all UK nations:

[New measures set out to combat violence against women and girls - GOV.UK](#)  
[Coercive-Control-is-a-Crime-Factsheet.pdf](#)  
[Domestic Abuse and Civil Proceedings Act \(Northern Ireland\) 2021](#)  
[Domestic Abuse \(Safe Leave\) Act \(Northern Ireland\) 2022](#)  
[Domestic Abuse \(Scotland\) Act 2018](#)  
[Domestic Abuse \(Protection\) \(Scotland\) Act 2021](#)  
[Violence against women and girls \(VAWG\) - gov.scot](#)  
[New domestic abuse powers 'better reflect experience of victims' - gov.scot](#)  
[Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026 \[HTML\] | GOV.WALES](#)  
[VAWDASV - Wales Safer Communities](#)  
[Domestic Abuse Act 2021](#)  
[Domestic Abuse Act 2021: overarching factsheet - GOV.UK](#)  
[Domestic Abuse Statutory Guidance](#)

# Appendix: Emerging and Evolving Forms of Harm and Abuse (continued)

**Fabricated/induced illness** – this is a form of child abuse that’s been known about for a while, but since it’s rare, is one that isn’t normally covered in standard safeguarding training. It’s where a parent or carer exaggerates or deliberately causes symptoms of illness in the child. This is harmful to the child for several reasons. Signs can include an illness where symptoms only persist when the parent or carer is present, the only person claiming to notice the symptoms is the parent or carer and the child’s activities are being limited far beyond what you would usually expect for a certain condition.

If you suspect this is happening, do not confront the parent, but follow the normal process of recording and reporting to child social care in your area.

[Overview - Fabricated or induced illness - NHS](#)

[Signs - Fabricated or induced illness - NHS](#)

[Perplexing Presentations and Fabricated or Induced Illness | Safeguarding Network](#)

**Child criminal and sexual exploitation** – The Jay Review released in November 2023 highlighted that thousands of children and young people across the country are controlled and manipulated by criminal gangs, while countless more are at risk.

The toll on these young lives is immeasurable, leading to serious physical harm, long-term trauma and criminalisation. Children are paying with their freedom, their childhoods and their lives.

Signs and indicators include often being outside of the local area, having items that seem expensive, getting lots of calls or texts (sometimes on more than one phone), secretive behaviour or unexplained injuries.

[The Jay Review of Criminally Exploited Children | Action For Children](#)  
[Child Sexual Exploitation \(CSE\) for Professionals](#)

# Appendix: Emerging and Evolving Forms of Harm and Abuse (continued)

**Honour based violence** – Honour-based abuse is a form of control or punishment used to protect or defend perceived cultural/religious beliefs and honour. It's an umbrella term that includes physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or community.

Victims are predominantly women and girls, but males can also be victims, particularly where it's believed they've engaged in 'inappropriate' sexual relations, such as same-sex, or are supporting a victim of honour-based violence.

[What is Honour Based Abuse? - Police Scotland](#)

[Karma Nirvana](#)

[Honour-based abuse & FGM | Reducing the Risk](#)

[Home - Savera UK](#)

**Child abuse linked to faith and belief** – We need to recognise the impact of family's cultural and religious background when assessing risk. Both faith and a close community are factors that we know can increase a person's resilience and lessen the impact of harm. But sadly, these backgrounds can occasionally also be a source of harm and abuse. This includes situations like belief in concepts of witchcraft and spirit possession, the evil eye or djinns and Dakini, ritual or muti murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies.

Signs can include low self-esteem, a child describing themselves as bad or evil. Concerns about how a person's faith or culture may be harming a child must be reported, not simply accepted as 'part of their belief system'.

[Child Abuse Linked to Faith or Belief – National FGM Centre](#)

[Child abuse linked to faith or belief | Metropolitan Police](#)





## Appendix: Legislation, guidance, and policy – what’s the difference?

Legislation, statutory guidance, national policies and codes of conduct and professional practice that relate to the safeguarding of people, and what these mean in practice can be difficult to understand. We hope the following is helpful.

Understanding, and being able to apply the following information, is one component of Group C of the Welsh National Training, Learning and Development Standards. Group C describes anyone who has greater safeguarding duties than entry level, and they will have decisions to make about keeping people safe and when they need to put protection processes in place. For example, this could be a designated safeguarding lead (which may have a different title for the same function), a manager or a trustee for safeguarding.

### **Useful terminology.**

If your work is based in a faith setting (e.g., a church) or a community group, it can be hard to know which sections of law, policy or guidance is relevant to you.

# Appendix: Legislation, guidance, and policy – what’s the difference? (continued)

In official documents, you might come across the following:

- **Charity groups:** This usually describes groups that are registered with one of the Charity Regulators<sup>1</sup>. Registered charities must stick to charity law.
- **Third sector:** Also known as not-for-profit. This is a ‘catch all’ for groups that aren’t public or private but have a social or charitable purpose or motivation.
- **Voluntary, Community and Faith Sector:** Because there’s no universally accepted definition for the organisations that make up the ‘third sector’, and faith groups aren’t necessarily included in the phrase, this terminology ‘voluntary, community and faith sector’ is used to cover all groups – whether they’re registered charities, of faith-based or not.

Where you see any of these terms used, the legislation, statutory guidance, etc. will apply to you.

## Legislation

Legislation is a law, or a set of laws, that have been passed by Parliament<sup>2</sup>. We’ve listed the key ones with things you need to know in the table at the end of this document. Sometimes this is referred to as an ‘Act’, meaning ‘an act of law’. Some of these laws apply to the whole of the UK, others are nation specific for England, Northern Ireland, Scotland, and/or Wales.

This is especially true for safeguarding issues, as social care is one of the main issues decided on a ‘local’ or devolved basis. The UK government in Westminster remains responsible for policy for England, and overall policy in areas like defence and immigration, but other laws are made by the Scottish Parliament, the National Assembly for Wales (now called the Senedd) and the Northern Ireland Assembly. It’s important to check where the legislation – or laws/acts – are relevant to before deciding if you need to follow them or not.

# Appendix: Legislation, guidance, and policy – what’s the difference? (continued)

**Statutory guidance** When a law is not a law. (...but it also kind of is.)

Statutory guidance is guidance from governments that certain agencies must stick to. Most of the time, the relevant agencies are social care or education. But some significant statutory guidance also applies to the voluntary, community and faith sector. Each individual piece of guidance will explain what must be done and will include a list of the agencies it applies to.

The concept of statutory guidance is based on an Act from the 1970s. The word ‘guidance’ is used because, in rare situations and with good reason, agencies can deviate slightly from it. But it does carry legal authority and, almost all the time, we must follow it. It’s also usually a helpful summary of relevant laws. A well-known example of a piece of statutory guidance that you may have come across is [Working Together to Safeguard Children](#).

Again, most statutory guidance applies to doctors, teachers, and social workers, but some specifically mention charities and faith communities, and are legally binding to us when they do. We’ve listed the key ones with things you need to know in the table at the end of this guide.

## National policies

The ‘Inside Government’ team defines policy as ‘a statement of the government’s position, intent or action’.

Each policy is given the name of the outcome the government is hoping to achieve. For example, there will be policies on making roads safer, increasing the number of available homes and reducing greenhouse gas emissions from transport. In a similar way to statutory guidance, a lot of these national policies won’t directly apply to your work, but a couple of helpful examples are [Positive Approaches to Reduce Restrictive Practices](#) and [Improving multiagency information sharing policy](#).

In general, there are very few national policies connected with Safeguarding - laws and statutory guidance are much more common.

# Appendix: Legislation, guidance, and policy – what’s the difference? (continued)

## Codes of conduct and professional practice

In many areas of life, workers will be expected to sign up to a code of conduct. This is even more important if your work involves or includes vulnerable groups. It spells out the behaviour expected from a person while in a role or associated with the organisation, and the worker could be asked to leave if they don’t follow these behaviours. While laws and guidance unpack what you do, codes of conduct and professional practice are more concerned with how you behave.

Codes of conduct can come from a couple of different sources:

- Internally produced: For workers, both paid or voluntary. Faith-groups and charities should produce their own Code of Conduct as part of their Safer Recruitment and HR processes. There is often a separate code of conduct for trustees.
- External/umbrella bodies: Some Codes of Conduct are produced by an umbrella or national body; one relevant and helpful one is the Charity Governance Code. It was written by a voluntary steering group and overseen by the Charity Commission for England and Wales and outlines the essentials needed to govern well. It’s a [free resource to download](#) and use and is available in English and Welsh.

Codes of professional practice apply more to public bodies – such as police, social workers, and those in health care – than faith-based and community organisations. They outline how work should be delivered by those in that profession, for example, with dignity and individualised care.





## Appendix: Mental (in)capacity

In general, mental capacity is about an individual's ability to make decisions for themselves and to understand, retain and weigh up the information that's needed to make those decisions. It's important for safeguarding adults because so much of our involvement depends on the individual's ability to make decisions that keep themselves safe, and whether they can consent to us sharing the harm they're experiencing to the police or social services. In other words, if we're not sure if the person has mental capacity or not, it can be difficult to know whether the concern is a safeguarding decision or not.

Think, for example, of an adult woman whose boyfriend spends all her money. This would likely be a poor relationship choice. However, if the woman has a learning disability and lacks capacity, this is 'mate crime' or financial abuse. There are laws that give us guidance around this. As much as possible, people should be able to make decisions for themselves and in our role as Safeguarding Lead, we can help to advocate for them in those situations. But if someone can't do one of the following things, we believe that they lack capacity in this situation; 1) Understand the information relevant to the decision, 2) retain the information for long enough to make the decision, 3) use or weigh that information and/or communicate their decision.

## Appendix: Mental (in)capacity (continued)

In Scotland, this law is known as Mental Incapacity and includes everyone 16 and over and is broadly takes the same approach as the other UK nations except for the different name. Scotland does emphasise providing as much support as possible for decision making, a role that safeguarding leads can make a significant difference in.

In the UK, the decision around whether or not someone lacks capacity has to be made by a professional who will follow the two stage test, looking at stage 1: a functional test – can the person make the decision, and stage 2: a diagnostic test – is the inability to make a decision caused by an impairment or disturbance in the functioning of the mind or brain? When dealing with a safeguarding issue, it's helpful to hold these two stages in mind so we know whether we need to flag an individual's potential lack of mental capacity with adult services when making a report.



## Appendix: Managing Allegations

Managing allegations against a staff member or volunteer in your organisation can be one of the most challenging aspects of the role of safeguarding lead. When you are in this situation, it is important that you remain objective and accountable and also that you are well supported.

### **Initial concern:**

When the initial concern comes to you, you may experience a variety of emotions - including shock, anger, disbelief and disappointment. It can also be something that even the most experienced Leads among us may feel ill-equipped to deal with. But take a breath, and follow your process:

- Refer to policy and follow steps and guidance – your policy is there to guide you through what to do. It is neutral and designed to achieve fair outcomes for everyone.
- Ring Thirtyone:eight for reassurance and advice – having an independent voice to advise you of next steps is a helpful part of remaining objective when you know the people involved.

Communicate with your denomination / network – your policy may include the need to report allegations to a regional or national lead so you can get support and guidance.



# Appendix: Managing Allegations (continued)

## Next steps:

Depending on the nature of the allegation and any other information you have, you may have to report externally:

- If appropriate, contact:
  - Statutory agencies: Police if a crime has been or may have been committed. Children's or Adult's Social Care Services if a child or at-risk adult is in need of protection.
  - Other Safeguarding Professionals: For example, a child's named person (Scotland), the person responsible for assessing allegations about adults in Positions of Trust, local MASH team.
  - Your Charity Regulator: If a serious safeguarding concern has occurred within your church or charity (this report is often made by your lead trustee for safeguarding. They may need information from you to complete this report.
  - Disclosure Scotland / DBS: This may come later in the process, but if an adult is unsafe or unsuitable to work with children or adults at risk of harm, we have a duty to inform the bodies that hold the lists of those barred from working in Regulated activity with these groups. You do not need to wait for the outcome from a criminal investigation to pass this concern to them.

## Organisational considerations:

It's also helpful to consider your organisation. If the allegation you've received implicates a leader or someone well known in the community, then you need to consider both the relational and power elements at play. This is especially true in faith communities where submission to leadership can increase our reluctance to act. Some ways to do this are:

- Risk assessments – what risks does the alleged perpetrator pose to those in your care while the investigation is ongoing? How can you mitigate these risks?
- Decide if the decision making at the trustees' level is more appropriate than you as the operational safeguarding lead. This will also depend on existing relationships.

## Appendix: Managing Allegations (continued)

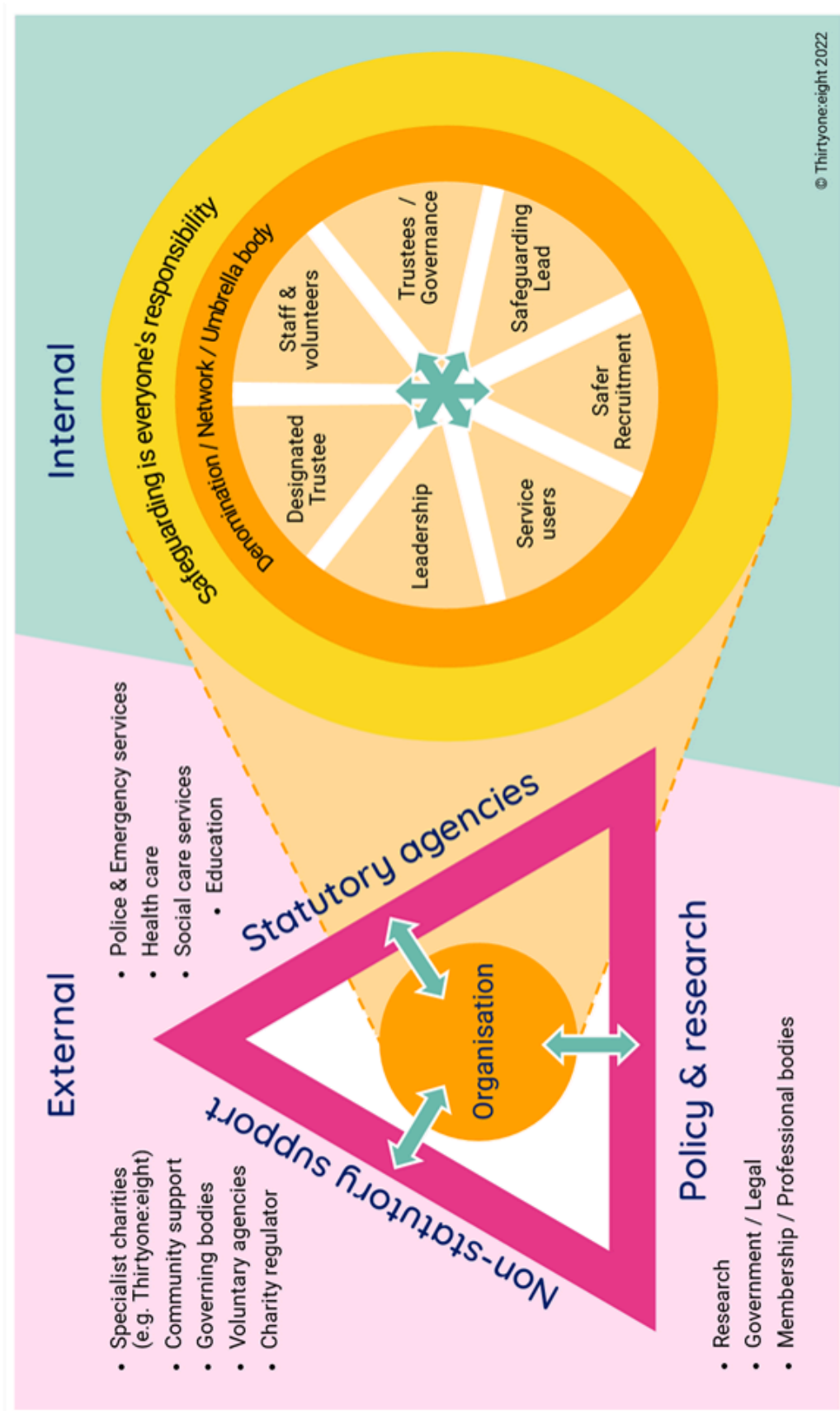
- Identify conflicts of interest – in churches and charities, people often come into the roles through existing relationships and it's not uncommon for allegations to be made about someone personally related or connected to the perpetrator. Consider whether this person should be asked to remove themselves from decisions about the allegation in order to limit bias.
- Good practice recommends that different people are allocated for pastoral and decision-making roles, and even the pastoral roles supporting the victim and alleged perpetrators are held by separate individuals. This helps us make fairer decisions.
- We need to make sure we're providing care for all involved. Harm and abuse, and allegations of harm and abuse, have deep and wide-reaching implications. Consider both the victims and the alleged perpetrator, and also any family members they might have.

### **In review:**

As with all our safeguarding processes, once the live situation has come to an end, we should step back and reflect: Did our processes serve us well? Are there any changes needed?

# Appendix: Safeguarding Roles

The illustration shows that safeguarding really is everyone's responsibility. The role of Safeguarding Lead is essential but is one of many roles.



## Appendix: Safeguarding Lead Audit Tool

The following tool is designed to support you in your practice by providing a checklist of helpful documents, practices and processes. It is not designed to be completed in one sitting or with expectation that you will have all these aspects in place straight away.

|   | Yes | Not yet | n/a | Review date |
|---|-----|---------|-----|-------------|
| <b>Safeguarding Policy</b>  |     |         |     |             |
| We have a safeguarding policy.  |     |         |     |             |
| The safeguarding policy has been reviewed by trustees within the last year.   |     |         |     |             |
| The safeguarding policy reflects the activities of our organisation and is up to date with current legislation.                           |     |         |     |             |
| The safeguarding policy is easily available for all members of our community.   |     |         |     |             |
| The safeguarding policy is available in accessible formats, easy read version and translation as needed for all members of our community. |     |         |     |             |
| The safeguarding policy includes names and contact details of key personnel.  |     |         |     |             |
| The safeguarding policy tells me what to expect will happen after I share a concern or a report   |     |         |     |             |
| (For faith groups) The safeguarding policy includes a definition and indicators of spiritual abuse.                                       |     |         |     |             |

## Appendix: Safeguarding Lead Audit Tool (continued)

|  | Yes | Not yet | n/a | Review date |
|--|-----|---------|-----|-------------|
| <b>Other Policies</b>  |     |         |     |             |
| We have a whistleblowing policy.   |     |         |     |             |
| We have an antibullying and harassment policy.   |     |         |     |             |
| We have an online safety policy.   |     |         |     |             |
| We have a safer recruitment policy.  |     |         |     |             |
| <b>Procedures</b>  |     |         |     |             |
| We have role profiles / codes of conduct for each paid and volunteer role in our organisation. |     |         |     |             |
| We safely recruit all staff and volunteers.  |     |         |     |             |
| Everyone in our organisation knows how and when to report a concern.                           |     |         |     |             |
| There is a procedure to follow if concerns occur when I am not available.                      |     |         |     |             |
| Our organisation has a complaints procedure and we are open to hearing people's reviews.       |     |         |     |             |
| <b>Training and development</b>  |     |         |     |             |
| I have completed training in safeguarding children.  |     |         |     |             |

## Appendix: Safeguarding Lead Audit Tool (continued)

|   | Yes | Not yet | n/a | Review date |
|---|-----|---------|-----|-------------|
| I have completed training in safeguarding adults at risk of harm.   |     |         |     |             |
| I renew my safeguarding leads training every two years.   |     |         |     |             |
| I have completed training in supporting victim-survivors.   |     |         |     |             |
| (If I'm also the main recruiter) I have completed training in safer recruitment   |     |         |     |             |
| I have completed training in managing abusive behaviours / working with those who may pose risk to others                   |     |         |     |             |
| Everyone in our organisation who works with children or adults at risk of harm has access to regular safeguarding training. |     |         |     |             |
| <b>Record keeping</b>   |     |         |     |             |
| I keep records of all concerns.   |     |         |     |             |
| I have completed training in safeguarding children.   |     |         |     |             |
| Safeguarding records are stored securely.   |     |         |     |             |
| My safeguarding records are clear, factual and dated.   |     |         |     |             |

## Appendix: Safeguarding Lead Audit Tool (continued)

|  | Yes | Not yet | n/a | Review date |
|--|-----|---------|-----|-------------|
| If I was no longer in post, my safeguarding records would be searchable and informative for somebody else.   |     |         |     |             |
| I have safeguarding training records for staff and volunteers working with vulnerable groups.  |     |         |     |             |
| I have records to ensure that criminal record checks for staff and volunteers are up to date.  |     |         |     |             |
| <b>Reporting</b>   |     |         |     |             |
| I have the contact details for local statutory services stored in my phone or in easy reach.   |     |         |     |             |
| I am familiar with the current process for referring to statutory services where I live.   |     |         |     |             |
| I am confident that I know when a safeguarding concern needs referring to statutory services.  |     |         |     |             |
| I know how to escalate a concern if I am not satisfied with the response.  |     |         |     |             |
| I have contact details of local specialist agencies for signposting e.g. domestic abuse support, modern slavery, homelessness, mental health crisis. |     |         |     |             |



## Appendix: Safeguarding Lead Audit Tool (continued)

|   | Yes | Not yet | n/a | Review date |
|---|-----|---------|-----|-------------|
| I know how and when to refer a concern about an adult in a Position of Trust.                     |     |         |     |             |
| I know how and when a concern would need referring to the Charity Regulator.                      |     |         |     |             |
| <b>Key relationships</b>  |     |         |     |             |
| I have a deputy / lead with whom I work closely.  |     |         |     |             |
| Our organisation has a safeguarding trustee, and we support each other.                           |     |         |     |             |
| I have someone in my organisation who gives me supervision and support.                           |     |         |     |             |
| I feel supported by my organisation's leadership.   |     |         |     |             |
| I have good relationships with team leaders, staff and volunteers working with vulnerable groups. |     |         |     |             |
| The children in our organisation know who I am and how I can support them.                        |     |         |     |             |
| The adults at risk of harm in our organisation know who I am and how I can support them.          |     |         |     |             |

## Appendix: Safeguarding Lead Audit Tool (continued)

|  | Yes | Not yet | n/a | Review date |
|--|-----|---------|-----|-------------|
| <b>Safeguarding culture</b>  |     |         |     |             |
| Safeguarding is spoken about positively in our organisation.   |     |         |     |             |
| Safeguarding is prioritised in planning events and activities.   |     |         |     |             |
| I feel appreciated and supported in my role by the community.  |     |         |     |             |
| We have a victim-survivor centred approach to safeguarding.  |     |         |     |             |
| I regularly talk with key leaders and teams about safeguarding to build relationship and increase understanding. |     |         |     |             |



## Appendix: Signs and Indicators of Abuse

As safeguarding lead, you may become aware that somebody is being abused because they tell you, or somebody else passes on a concern. However, this is a big step, and some people take many years to report their experiences while others never do. Therefore, it is also important to be familiar with common signs and indicators of abuse so you can act on things you notice and equip others to do the same. The signs and indicators listed here related to the categories of harm and abuse that are recognised for children and adults. There are additional ones, but the signs and indicators often overlap. If you are dealing with a particular type of harm and abuse, seek advice on the signs and indicators that you may need to know about.

### **Signs of physical harm and abuse**

Some indicators of physical harm include: bruises, cuts, burns, loss of hair in clumps and other marks. We can all become injured in the normal course of daily life, but accidental injuries tend to occur on bony, prominent areas such as knees, elbows and forehead. Injuries to other areas of the body such as torso, back, ears and behind the knees are less likely to occur accidentally – though this may vary depending on the types of work people are involved in, clothing worn etc.

## Appendix: Signs and Indicators of Abuse (continued)

We would pay particular attention to physical injuries in people who aren't mobile as these are also less likely to occur accidentally. If injuries are frequent or unexplained, this is further cause for concern.

An important question to ask ourselves in terms of signs of physical harm and abuse is, would we recognise injuries in people whose skin tone is different from our own?[1] For example, the increased melanin pigmentation in dark skin tones can make it harder to spot the early signs of bruising that appear as red in light skin tones. Bruising might only become apparent as the colour develops into a dark purple, brown or black which is darker than the surrounding skin. If you are working with people whose skin tone is different from your own, take time to research what injuries may look like for those with whom you are working- and also other potential causes of changes in skin pigmentation- so you can pass on concerns with cultural sensitivity and awareness.

### Signs of emotional harm and abuse

Signs of emotional harm and abuse can be difficult to spot as each individual is different. Our demeanour, expression, responses to situations and people can be as unique as we are. What can indicate that a person is being emotionally harmed is a change from their typical presentation. A person may become withdrawn, distressed, gain or lose weight, display low self-esteem or act differently when a particular person is present. They may develop sudden speech disorders, misuse drugs, alcohol or other substances, self-harm or develop an eating disorder. You might witness concerning interactions between family members, friends or children and their carers.

[1] In the UK, lack of diversity and representation in medical education has led to poor outcomes for Black and Brown people. Research and campaigns are seeking to change this. For example, [British Journal of Community Nursing - Skin tone and wound care: bridging the knowledge and care provision gap](#) and resources have been produced such as the Mind the Gap clinical handbook: [Mind the Gap – Black & brown skin](#) ([blackandbrownskin.co.uk](#)).

# Appendix: Signs and Indicators of Abuse (continued)

## Signs of neglect

We might recognise neglect through changes in someone's physical appearance, deterioration of personal hygiene, unexplained weight loss, inadequate clothing and untreated injuries or medical problems. It also may be that a child or adult at risk of harm who we used to see a lot is no longer being brought to activities and events. Neglect can also include failure to keep someone safe or provide the love that they need to thrive, so we might see physical injuries through frequent accidents or a deterioration in someone's emotional wellbeing. We might also notice low self-esteem, attachment difficulties, poor relationships with peers or self-soothing behaviours that don't seem age-appropriate (e.g. thumb-sucking, hair-twisting).

## Signs of sexual harm and abuse

Depending on the work we are involved with, we may not be in a position to notice the physical indicators of sexual abuse, such as bruising to thighs, buttocks, upper arms and neck, or torn or stained underclothing. However, we may notice things like someone having difficulty walking or sitting. We can also notice other changes such as a person becoming withdrawn, looking excessively tired, seeming fearful, self-harming or uncharacteristically using explicit sexual language or behaviour. Other indicators include other sudden changes in behaviour, reluctance to be alone with a particular person, unexplained gifts or money or alluding to a secret that can't be disclosed.

## Signs of financial harm and abuse

Financial abuse can be difficult to identify because many people in UK culture don't speak about openly about finances, and also because there are several reasons why a person's financial situation can change. However, there are some signs and indicators that we can be curious about. We might recognise financial abuse through noticing a person's possessions have gone missing, or they might have an unexplained lack of money or ability to maintain their typical lifestyle.

## Appendix: Signs and Indicators of Abuse (continued)

We might notice family or friends showing an unusual interest in someone's finances or possessions, or we have concerns about the person who has been appointed to manage the finances of someone who doesn't have capacity. If we visit someone's home, financial abuse might be indicated through unnecessary property repairs or a disparity between someone's living conditions and what we know of their financial situation.

We have explored the signs and indicators of the above forms of harm and abuse because these are common to legislation in all 4 UK nations. It is also recognised that other forms and contexts of harm and abuse involve a combination of these experiences. Some UK nations name additional forms of harm and abuse in Safeguarding Adults legislation, these are explored more fully in Advanced Safeguarding Adults courses.



# Appendix: Template for reporting

## Part 1: Record of concern about a child/adult's safety and welfare

(for use by any staff/volunteers– This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)<sup>1, 2, 3</sup>

|   |  |                                    |
|---|--|------------------------------------|
| Child/Adult's name (subject of concern): <b>Alex (child)</b><br><b>Trevor (adult)</b>   | Date of birth/age: <b>5</b><br><br>Child/Adult: <b>Child</b>   | Address:<br><b>Child's address</b> |
| Date & time of incident: <b>Sunday</b><br><b>DD/MM/YY</b>   | Date & time <b>Monday DD/MM/YY</b><br>(of writing):  |                                    |
| Your Name (print): <b>My Name.</b> Role/Job title: <b>Safeguarding Lead</b><br><br>Signature: <b>My signature</b>   |  |                                    |
| Other members of the household <sup>4</sup> : <b>Alex's mum (name) and Alex's dad (name)</b><br><b>Alex's siblings? (names)</b>   |  |                                    |
| Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.)</i> | <p><b>On Sunday, Alex came to his mum crying and said, "Trevor hurt me." Trevor had come with Alex and explained, 'they were just playing tickle monsters.'</b></p> <p><b>At home, Alex's mum and dad spoke about the incident again and realised this was the second time that Alex has been upset because 'Trevor has hurt him'.</b></p> <p><b>Alex's dad phoned me wanting reassurance that we will take action to stop this happening again.</b></p> |                                    |
| How did the concern come to light?  | <b>Alex's dad (name) phoned me (name) on Monday morning.</b>   |                                    |
| What is the child/adult saying about what has happened <sup>4</sup> ?   | <p><b>Alex says, "Trevor hurt me".</b></p> <p><b>Trevor says, 'they were just playing tickle monsters.'</b></p>  |                                    |
| Any other relevant information. Previous concerns etc.  | <b>This is the second time Alex has told his parents that Trevor hurt him. No previous concerns in records relating to Alex or his family.</b>   |                                    |



# Appendix: Template for reporting

|   |  |
|---|--|
|   | [No previous concerns in records relating to Trevor] |
| Date and time of discussion with Safeguarding Co-ordinator <sup>5</sup> : _____ |  |

Check to make sure your report is clear to someone else reading it.

**Please pass this form to your Safeguarding Coordinator without delay**

**Guidance notes for Form 1 (volunteers/staff only):**

Following are some helpful pointers in completing the above form:

1. As a registered body the church/charitable organisation is required to ensure that its duty of care towards its beneficiaries is carried out in line with the principles enshrined within the Working together to safeguard children and young people, 2018 and the Care Act, 2014. (Refer to your own church's/organisation's safeguarding policy at this point too).
2. Essential principles of recording the information received/disclosed/observed:
  - a. Remember: do not investigate or ask any leading questions
  - b. make notes within the first one hour of receiving the disclosure or observing the incident
  - c. be clear and factual in your recording of the incident or disclosure
  - d. avoid giving your opinion or feelings on the matter
  - e. aim to record using the 4 W's and 1 H: When, where, what, why and how
  - f. do not share this information with anyone else except your safeguarding co-ordinator in the first instance and they will advise on who else will need to be informed, how and when.
  - g. make use of the additional information section to add any other relevant information regarding the child/adult/ family that you may be aware of. This can include any historic concerns or observations.
3. **What constitutes a safeguarding concern?** – any incident that has caused or likely to cause significant harm to a child can be classed as a safeguarding concern. Abuse is classified under four different categories (with regards to children) as already stated within the safeguarding policy (physical, sexual, emotional, neglect). With regards to adults there are 6 further categorisations. Whilst it may be helpful to record a specific category in the above form, if possible, this may not always be the case. Therefore, it is important to seek advice from your safeguarding co-ordinator or ~~thirtyone:eight~~ at this stage.
4. **Why do you need information regarding 'other household members'?** – It has been demonstrated as important to include information about significant adults in the household especially when concerns relate to children as this has been a recurrent risk factor in several serious case reviews.
5. **Why is the view of the child/adult significant?** It is important to give whatever detail is available of the child or adult's explanation (or verbatim) of the matter

# Appendix: Template for reporting

to help ascertain if it is plausible and to help offer a context to the concern identified.

6. ***Passing information to the Safeguarding co-ordinator*** – Your safeguarding co-ordinator holds ultimate responsibility in responding to any safeguarding concerns within the church/organisation and therefore it is important that they have oversight of the actions being taken and make relevant and appropriate contact with statutory agencies if required. They will remain the most appropriate link between the organisation and external agencies.

# Appendix: Template for reporting

## Part 2: Record of concern about a child/adult's safety and welfare

(for use by Safeguarding Coordinator - This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| Information received by SC:   | Date: <b>Monday</b><br><b>DD/MM/YY</b>   | Time completed:<br><b>11 a.m.</b>    | From whom:<br><b>Alex's Dad</b>  |
| Any advice sought, if applicable  | Date: <b>Monday</b><br><b>DD/MM/YY</b>   | Time completed:<br><b>11.30 a.m.</b> | Source of advice: name/organisation:<br><b>Helpline staff member's name -</b><br><u><b>Thirtyone:eight</b></u> |
|   | <p>Advice received:</p> <ul style="list-style-type: none"> <li>• Check records for any other concerns relating to Trevor</li> <li>• Check Trevor's safer recruitment documents including code of conduct / role profile in relation to physical touch</li> <li>• Arrange meeting with Trevor</li> <li>• Talk to Alex's parents to see if Alex can explain more about how Trevor hurt him</li> </ul> <p>Advice received about informing parents or in the case of adults, seeking consent/capacity<sup>1</sup>:</p> <ul style="list-style-type: none"> <li>• Parents brought concern – thank and inform them we are taking action to address it.</li> </ul> |                                      |  |
| Initial Assessment of concern following advice <sup>2</sup>   | <ul style="list-style-type: none"> <li>• Alex has been hurt and upset by an adult working for our church. Exact nature of the hurt <u>as yet</u> unknown.</li> <li>• This is the second time it has happened.</li> <li>• Trevor has acted in a way that goes against our code of conduct for working safely with children and young people.</li> <li>• If hurt constitutes abuse or risk of abuse, refer to children's social care services.</li> </ul>  |                                      |  |
| Action taken with reasons recorded (e.g. Referral completed, monitoring advice given to appropriate staff, CAF etc) | Date: <b>DD/MM/YY</b>  | Time completed:<br><b>HH:MM</b>      | By whom: <b>My name (Safeguarding Lead)</b>  |
|   | Referral   |                                      | To whom  |
|   | Signposting to other community resources   |                                      |  |
|   | Pastoral Care and other support from church  |                                      |  |
|   | Ongoing Monitoring   |                                      |  |

# Appendix: Template for reporting

|                                   |   |  |                   |                |  |
|-----------------------------------|---|--|-------------------|----------------|--|
|                                   | Monitor Trevor's interaction with children and families.  |  |                   |                |  |
| Parent/carer informed?            | Y   | Who spoken to:<br>Alex's dad<br>(name) | Date:<br>DD/MM/YY | Time:<br>HH:MM | By whom:<br>My Name<br>(Safeguarding Lead) |
|                                   | N   |  |                   |                |  |
| Any other relevant information    | Trevor is church deacon, on welcome team and children's church helper. He babysits for several church families. |  |                   |                |  |
| Name of Safeguarding Coordinator: | My name   |  | Signature:        | My signature   |  |

## OVERVIEW OF ACTIONS<sup>3</sup>:

| S.No. | Date | Outcome (if known) | Service currently involved | Ongoing support offered by church (this can include monitoring)- include dates |
|-------|------|--------------------|----------------------------|--|
| 1.    |      |                    |                            |  |
|       |      |                    |                            |  |
|       |      |                    |                            |  |
|       |      |                    |                            |  |
|       |      |                    |                            |  |

## Guidance notes for Form 2:

Following are some helpful pointers in completing the above form(s)

- Importance of consent from parents/carer or adults (in the light of mental capacity)** – With regards to children, consent of the parents is considered important before a referral is made to external agencies, unless of course doing so will place the child(ren) at greater risk of harm. With regards to adults, it is important to be aware that their consent is crucial before reporting concerns onto statutory agencies. The individual's mental capacity will also be a

# Appendix: Template for reporting

significant factor to consider at this stage. You can always seek the advice of local authority social services.

2. **Initial assessment**- Based on the advice you may have received from relevant individuals/agencies (i.e. this could be school/[thirtyone:eight](#)/CEOP etc), what are the concerns categorised as?
3. **Overview of actions** - Includes a summary of the actions taken so far and who holds responsibility for it. You can use this section to add on information gathered when monitoring the situation or offering pastoral care over a defined period of time.





## Appendix: Thresholds for reporting

For all UK nations, in emergency situations or where a crime is being committed, call 999.

### England – Adults:

- The thresholds for reporting in England are either:
- Where you see any recognise type of harm and abuse and you believe the person is at risk of or is experiencing 'significant harm'.
- The adult has care and support needs, you believe them to be unable to protect themselves and is at risk of neglect or abuse.

In both situations, the local authority should be informed of your concern. Produced by one local authority, this [decision tree](#) can help you think through whether the situation you're concerned about merits a referral even in the absence of an adult's consent to report.

### England – Children:

For children the threshold is lower. If you suspect a child is at risk, it's important to report your concerns to the appropriate authorities. Again, if the child is in imminent danger or risk of significant harm, the police should be contacted on 999.

# Appendix: Thresholds for reporting (continued)

## Northern Ireland – Adults

In Northern Ireland, the criteria for the adults we should be supporting are broadly the same as England, with the additional of being at risk through life situations or personal circumstances.

**Duty to report:** If you're concerned about an adult, you must report all types of harm, abuse and exploitation and where you're concerned they're not able to make safe decisions due to their care needs.

## Northern Ireland – Children

If you suspect a child is at risk and unable to protect themselves, you should report. This includes if you suspect they are likely to experience harm, abuse or exploitation. There is a duty to report where you suspect a child at risk. This includes where you see: signs of abuse, situations you believe the child is being neglected or exploited and the child is in immediate danger.

## Scotland – Adults:

When adults meet all three of the following criteria, they're considered to be an adult at risk of harm:

- Aren't able to safeguard themselves,
- Are at risk of harm, and
- They are affected by disability, mental disorder, illness, or physical or mental infirmity, making them more vulnerable to harm than adults who are not affected.

You're expected to report all situations for 'adults at risk' that includes concerns around all types of abuse, neglect and exploitation, or you believe the adult is at immediate risk of this. Adult Services in Scotland encourage people to ask if they're unsure or are in situations outside of this criteria.



# Appendix: Thresholds for reporting (continued)

## **Scotland – Children:**

Any individual could identify a concern that a child or young person may be at risk from abuse, neglect, exploitation or violence. Concerns about risk to a child or young person should be reported without delay to social work or, in situations where risk is immediate, to Police Scotland.

## **Wales – Adults:**

Criteria is the same as England, with the addition of:

Duty to report: If you're concerned about an adult, you must report all types of harm, abuse and exploitation and where you're concerned they're not able to make safe decisions due to their care needs.

## **Wales – Children:**

Duty to report: In Wales, practitioners (including volunteers) must report abuse or harm for anyone under 18 that they're concerned about. This includes potential harm, i.e. where harm is likely to happen without intervention.

Indicators of risk: You should pass on concerns where you see indicators of risk even where this is suspected not known harm or abuse. Our appendix on Signs and Indicators list what these may be.

Immediate danger: In these situations, you should contact the police on 999. If it's not an emergency, contact your local social services.



## Appendix: Voice of the person

The 'voice of the person' in safeguarding helps us actively listen to and consider the views, experiences, and feelings of individuals – whether they are children or adults – who may be at risk or harm, or who have been harmed or abused. There are challenges to this, including communication and emotional barriers, time pressure and lack of training. But we want to advocate for people's voices wherever possible.

The main principles of this are:

1. **Trust** – When we're listening to those who've experienced harm and abuse, we need to build trust with them. This includes being transparent about what we can and can't promise, listening to them and following through on any support we've offered.

What this can look like for us: If something changes, tell the victim-survivor as soon as possible and take the time to explain in ways they understand.

2. **Empowerment** – in safeguarding situations, we're often limited in our options for responding to safeguarding concerns, but we want to give meaningful choice that empowers people to navigate these situations in ways that feel comfortable. What this can look like for us: Give meaningful choice and space to consider what their preferences are. For example, when would you like to go report? Who would you like to accompany you?

3. **Active participation** – people should be involved in the conversations and decisions that affect their lives.

What can this look like for us: Allow them to be there when we're speaking to police or other statutory agencies about them (where appropriate and doesn't place them at more harm). Make sure we use their words and emphasize their preferences as much as possible.

# Signposting

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

## In times of crisis:

Call 999 in emergency situations

Local A&E departments are open 24 hours a day

[Samaritans](#) | [Every life lost to suicide is a tragedy](#) | [Here to listen](#) Helpline open 24 hours a day, 365 days a year

## Urgent mental health support:

[Mental Health Triage - NHS 111](#) (England)

[Lifeline](#) | [Lifeline Helpline](#) (Northern Ireland)

[Mental health services at NHS 24](#) ([nhsinform.scot](#)) (Scotland)

[NHS 111 Wales - Contact Us](#) (Wales)

## ACEs and Trauma:

[Mind](#)

[UK Trauma Council](#)

[Home](#) | [Trauma Recovery UK](#) ([trc-uk.org](#)).

[Young Minds](#)

[ACE Hub Wales](#)

[Scottish Government ACEs Policy Information](#)

[Safeguarding Board for Northern Ireland ACEs Information](#)

[Free online ACES Training](#)

## Alzheimer's and Dementia

[Alzheimer's Society](#) ([alzheimers.org.uk](#)).

[Home - Dementia UK](#)

[Caring for people with Dementia](#) | [Thirtyone:eight](#) ([thirtyoneeight.org](#)).

## Asylum Seekers and Refugees

[Get help as a refugee or asylum seeker](#) | [British Red Cross](#)

[Help for people seeking asylum - Refugee Council](#)

[Asylum helplines - GOV.UK](#) ([www.gov.uk](#)).

[Help and Advice services for asylum seekers - Refugee Action](#) ([refugee-action.org.uk](#)).

[Asylum services](#) | [Migrant Help](#) ([migranthelpuk.org](#)).

[Asylum seekers and refugees: help and advice](#) | [nidirect](#) (Northern Ireland)

[Supporting refugee children](#) | [Resources](#) | [YoungMinds](#)

# Signposting (continued)

## **Bereavement:**

[AtaLoss.org signposting and information for bereaved people](#)

[What is bereavement? - Mind](#)

[Get help with grief after bereavement or loss - NHS \(www.nhs.uk\)](#)

[Home - Cruse Bereavement Support](#)

[Sue Ryder's Online Bereavement Support | Sue Ryder](#)

[Bereavement support after the death of a baby or child - The Lullaby Trust](#)

[Child Bereavement UK](#)

[Winston's Wish - giving hope to grieving children \(winstonswish.org\)](#)

## **Case Management Systems:**

[iKnow Church - Church Management Software](#)

[Case Management System: My Concern](#)

[Case Management System: CPOMS \(schools focus\)](#)

## **Care-experienced children:**

[Adoption UK Charity](#)

[Homepage - Kinship - The kinship care charity](#)

[Care experienced children and young people's mental health | Iriss](#)

[Looked after children | NSPCC Learning](#)

[Looked-after children and young people \(nice.org.uk\)](#)

[Looked after children | Department of Health \(health-ni.gov.uk\)](#)

[Find out more about what we're doing to help... | Social Care Wales](#)

## **Criminal Record Checks:**

[Gov.uk disclosure and barring service](#)

[Disclosure Scotland](#)

[PVG Scheme](#)

[Access NI](#)

[Criminal Record Checks for Overseas Applicants](#)

## **Domestic abuse:**

[How to respond to domestic abuse \(thirtyoneeight.org\)\\_](#)

[Domestic abuse \(thirtyoneeight.org\) \(Members' resource\)\\_](#)

[Home - Restored \(restored-uk.org\)\\_](#)

[Homepage - National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)\\_](#)

[Men's Advice Line | Respect](#)

[Home - Women's Aid \(womensaid.org.uk\)\\_](#)

[Refuge, the largest UK domestic abuse organisation for women](#)

# Signposting (continued)

## **Ex-offenders, prison leavers and families:**

[Apex Scotland – A Positive Future](#)

[Bounce Back | Bounce Back - Training and employment of ex offenders](#)

[Circles UK – Circles of Support and Accountability](#)

[Families Outside - Help, information, and support for families affected by imprisonment](#)

[Inside Out Support Wales - We Aim To Reduce Re-offending In Wales](#)

[Nacro | We See Your Future, Whatever The Past](#)

[NIACRO |](#)

[Offenders & Family Support](#)

[Unlock](#)

## **Lone Working:**

[Lone working \(thirtyoneeight.org\)](#) (Members' resource)

[Personal Safety & Lone Working training \(suzylampugh.org\)](#)

[Lone working - HSE](#)

## **Mental Health:**

[Mental Health Foundation | Everyone deserves good mental health](#)

[What are mental health problems? - Mind](#)

[Rethink Mental Illness](#)

[Mental Health UK - Forward Together \(mentalhealth-uk.org\)](#)

[The Mind and Soul Foundation : Christianity and Mental Health](#)

[Home | Kintsugi Hope](#)

## **Newsletters for Regular Updates:**

[Ann Craft Trust - Safeguarding Advice and Newsletter](#)

[Case reviews update | NSPCC Learning](#)

[CASPAR - NSPCC weekly newsletter](#)

[Children in Scotland Newsletter sign up](#)

[NI Voluntary and Community eNews](#)

[Safeguarding in Schools - Weekly updates from Andrew Hall](#)

[Subscriptions · Social Care Wales Portal](#)

[WCVA](#)

## **Older Adults:**

[Age UK | The UK's leading charity helping every older person who needs us](#)

[Welcome to Hourglass | Hourglass \(wearehourglass.org\)](#)

[The Silver Line Helpline](#)

# Signposting (continued)

## Poverty in the UK

[Home](#) | [CAP UK](#)

[Home](#) - [The Trussell Trust](#)

[CPAG](#) | [We are the trusted voice on child poverty](#)

[Home](#) - [Let's End Poverty \(letsendpoverty.co.uk\)](#)

[Your Local Pantry](#) - [Church Action on Poverty \(church-poverty.org.uk\)](#)

[Food banks](#) | [The Salvation Army](#)

[Get help with the cost of living](#) - [Citizens Advice](#)

[Help with the cost of living](#) | [Age UK](#)

[Warm Welcome Campaign](#)

## Risk of suicide – resources for crisis:

[SPUK](#) - [Suicide Prevention UK](#)

[Papyrus UK Suicide Prevention](#) | [Prevention of Young Suicide \(papyrus-uk.org\)](#)

[Samaritans](#) | [Every life lost to suicide is a tragedy](#) | [Here to listen](#) 24/7 telephone support line

[Shout: the UK's free, confidential and 24/7 mental health text service for crisis support](#) |

[Shout 85258 \(giveusashout.org\)](#) Free text service

[I feel suicidal](#) | [Campaign Against Living Miserably \(CALM\) \(thecalmzone.net\)](#)

[Where to get urgent help for mental health](#) - NHS ([www.nhs.uk](http://www.nhs.uk))

[Stay Alive App](#) - [Grassroots Suicide Prevention \(prevent-suicide.org.uk\)](#)

[Staying Safe](#) Make a safety plan

[Zero Suicide Alliance \(ZSA\)](#) - Resources for suicide prevention, including a free 20-minute online training course.

## Self-Harm:

[Tips for coping with urges to self-harm right now](#) - [Mind](#)

[Self-harm tool](#) | [Childline](#)

[Information for 11-18 year olds on coping with self-harm](#) - [Mind](#)

[Self-harm - what you need to know.](#) ([rethink.org](http://rethink.org))

[Samaritans](#) | [Every life lost to suicide is a tragedy](#) | [Here to listen](#)

[Self-harm](#) | [Mental Health Foundation](#)

[Phone support](#) | [Self Injury Support](#)

[YoungMinds](#) | [Mental Health Charity For Children And Young People](#) | [YoungMinds](#)



# Signposting (continued)

## **Spiritual Abuse:**

[Spiritual Abuse \(thirtyoneeight.org\)](https://thirtyoneeight.org) (Member resource)

[Home - Replenished](#)

[Escaping the Maze of Spiritual Abuse: Creating Healthy Christian Cultu – Thirtyone:eight \(thirtyone-eight-charity.myshopify.com\)](#)

[A Church Called Tov](#)

## **Thirtyone:eight Resource Links:**

[Thirtyone:eight Help Guides](#)

[7 Top Tips for a Safer, Healthier Culture](#)

[Raise you Roar - Roarry the Lion Resources for Children](#)

[Safeguarding Sunday](#)

[Worker's Pocket Guides](#)

# Resources Commonly Shared in the Webinar

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

These are shared in the order they're likely to be mentioned during our webinar. Some of these are also included in our signposting section.

## National frameworks for learning:

Framework for Scotland: <https://www.gov.scot/publications/national-framework-child-protection-learning-development-scotland-2024/>

Framework for Wales: <https://socialcare.wales/resources-guidance/safeguarding-list/national-safeguarding-training-learning-and-development-standards>

Survivor Quote: [https://s40641.pcdn.co/wp-content/uploads/KN\\_Report\\_2324\\_Final.pdf.pdf](https://s40641.pcdn.co/wp-content/uploads/KN_Report_2324_Final.pdf.pdf)

Literacy and Scottish Prisoners statistic: <https://www.bbc.co.uk/news/uk-scotland-scotland-politics-20852685>

Poverty in the UK In 2024: [https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk#\\_-poverty-across-the-uk](https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk#_-poverty-across-the-uk)

Impact of poverty: <https://safeguarding.network/content/safeguarding-resources/impact-of-poverty/>

Cuckooing: <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines/criminal-exploitation-of-children-and-vulnerable-adults-county-lines> and <https://www.bbc.co.uk/news/articles/czj73ry1n9xo>

Catfishing: <https://www.bbc.co.uk/news/articles/cj4d40922xvo>

Sextortion: <https://www.met.police.uk/advice/advice-and-information/sexual-offences/sextortion/>

Mate crime: <https://www.bbc.co.uk/news/uk-19009826> and <https://www.mencap.org.uk/help-and-advice/health/wellbeing/bullying/mate-and-hate-crime>

Danny, survivor voice: <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/the-jay-review-of-criminally-exploited-children/>

# Resources Commonly Shared in the Webinar (continued)

Domestic abuse: <https://www.volunteernow.co.uk/app/uploads/2023/04/Coercive-Control-is-a-Crime-Factsheet.pdf> and <https://www.gov.uk/government/news/new-measures-set-out-to-combat-violence-against-women-and-girls>

Fabricated/induced illness: <https://www.nhs.uk/mental-health/conditions/fabricated-or-induced-illness/overview/>

Child exploitation: <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/the-jay-review-of-criminally-exploited-children/> and <https://www.safeguardingni.org/children-and-young-people/advice-professionals-and-volunteers/child-sexual-exploitation-cse>

Honour based violence: <https://www.scotland.police.uk/advice-and-information/honour-based-abuse-and-forced-marriage/what-is-honour-based-abuse/>

Child abuse linked to faith and belief [CALFB]:  
<http://dx.doi.org/10.1177/1359105320984537> and  
<https://nationalfgmcentre.org.uk/calfb/>

Care experience: <https://www.preventingexploitationtoolkit.org.uk/home/what-is-exploitation/what-is-vulnerability/children-and-young-people-in-care/> and  
<https://ayph.org.uk/wp-content/uploads/2023/09/AYPH-Care-leavers-experiences-of-health-inequalities-Data-report-1.pdf>

Environmental factors on harm: [packed with useful links]  
<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place>

Survivor voices: <https://survivorsvoices.org/>

Andrew, Survivor Voice: <https://www.channel4.com/news/exclusive-seventh-day-adventist-church-failed-to-act-on-child-sexual-abuse-claims>

# Resources Commonly Shared in the Webinar (continued)

Capturing the voice of the child: <https://learning.nspcc.org.uk/media/cwlppzjb/evidence-snapshot-childs-voice.pdf>

Unconscious Bias: <https://www.acas.org.uk/improving-equality-diversity-and-inclusion/unconscious-bias>

Dorota, Survivors Voice: <https://thesurvivorstrust.org/survivor-stories/dorotas-story/>

Decision tree for adult safeguarding:  
<https://safeguardingadults.salford.gov.uk/professionals/safeguarding-adults-reporting-crimes-to-the-police/>

Reporting concerns about children:

England - <https://www.multiagencysafeguardinghub.com/>

Northern Ireland - <https://www.nidirect.gov.uk/publications/gateway-service-teams-contact-details>

Scotland – [named person is initially the health visitor, and then the headteacher/guidance teacher] <https://www.scra.gov.uk/>

Wales - <https://www.gov.wales/safeguarding-children-reporting-suspected-abuse-neglect-or-harm>

Sara Sharif's story: <https://www.bbc.co.uk/news/articles/c5ym5476222o> and <https://www.independent.co.uk/news/uk/crime/sara-sharif-murder-trial-urfan-father-stepmother-b2630092.html>

Link to book peer reflection:

<https://learninghub.thirtyoneeight.org/products/Safeguarding-Leads-Peer-Reflection.aspx>

Dóchas Guide to Ethical Communications: [Dóchas | Ethical Communications](#)

Jo Saxton quote available from: [https://www.instagram.com/reel/DCGIV\\_0uJ60/?igsh=MWZmODdxdWR3bzdhOQ==](https://www.instagram.com/reel/DCGIV_0uJ60/?igsh=MWZmODdxdWR3bzdhOQ==)

# Self-hosted Training Application Form