



Safeguarding Policy and Procedure

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Policy Scope and Statement

Safeguarding is a term used to describe how we protect adults and children from abuse and neglect. It is about protecting those who may be in vulnerable circumstances. The term 'person at risk' is used in this policy to cover children and vulnerable adults. Safeguarding is defined as:

- protecting the person at risk from maltreatment
- preventing impairment of the person's health and development
- ensuring that the person grows up in circumstances consistent with the provision of safe and effective care
- taking action to enable all persons at risk have the best outcomes

The purpose of the policy:

- to provide protection for the person at risk who receives Manchester Hawks Korfball Club services.
- to provide volunteers with guidance they should adopt if they suspect a person at risk may be experiencing, or be at risk of, harm. All concerns and allegations of abuse will be taken seriously by the trustees and responded to appropriately. This may require a referral to social care services, local authorities, and in emergencies, the police.

The Manchester Hawks Korfball Club believes that it is always unacceptable for a person at risk to experience abuse of any kind and recognises our responsibility to safeguard the welfare of all people, by a commitment to practices which protect them.

All individuals associated with Manchester Hawks Korfball Club are responsible for promptly taking appropriate action as outlined in this policy. This includes actively safeguarding and promoting the welfare of everyone and fully cooperating with any investigation following a reported incident.

We recognise that:

- the welfare of the person at risk is paramount
- no-one must be treated any less favourably than others in accessing services which meet their particular needs.
- all people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have the right to equal protection from all types of harm or abuse.
- working in partnership with those at risk, parent(s) or legal guardian(s), carers and the agencies is essential in promoting the person's welfare.

This policy applies to the executive committee, volunteers or anyone associated with or acting on behalf of The Manchester Hawks Korfball Club. Members of the executive committee who should receive additional safeguarding training in line with EKA minimum standards are; Head Coach, Welfare Officer.

We will seek to safeguard people at risk by:



- valuing them, listening to and respecting them.
- adopting protection guidelines through procedures and a volunteer policy, which covers the code of conduct.
- recruiting safely, ensuring all necessary checks are made.
- sharing information about protection of those at risk and good practice with children, vulnerable adults, parent(s) or legal guardian(s), and volunteers.
- recording, storing, and sharing information about concerns with agencies who need to know, and involving parent(s) or legal guardian(s) and the person at risk appropriately.
- providing effective supervision, support, and training for those acting on behalf of the charity.

This policy has been prepared with reference to current legislation and guidance in addition to the constitution and code of conduct upheld by Manchester Hawks Korfball Club. We are also committed to reviewing our policy and good practice annually and upon any changes in legislation or our scope of activities.



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Introduction

The source of all definitions within this document are referenced in the References and Resources chapter.

Safeguarding is a term we use to describe how we protect children and vulnerable adults from abuse or neglect.

Definition of safeguarding children and child protection: Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

Definition of safeguarding vulnerable adults: protecting vulnerable adults from abuse and neglect.

Definition of a child: Anyone who has not reached their 18th birthday. Therefore, 'children' means 'children and young people'.

Definition of an adult at risk/vulnerable adult: An adult at risk/vulnerable adult is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and/or support. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.

What is child protection?

A process for responding to individual children who are suffering or likely to suffer, significant harm as a result of abuse or neglect.

What is meant by a 'child (or adult) in need'?

A child or adult in need are people who are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be



significantly impaired, without the provision of services, plus those who are disabled. This can also include children who are themselves young carers.



Recognising and Responding to Abuse

Please remember if you suspect or are concerned that a child, young person, or vulnerable adult is at immediate risk of harm please call 999.

The term 'significant harm' can include any form of abuse, neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of someone's life.

It can be very hard for children and vulnerable adults to speak out about abuse. Often they fear there may be negative consequences if they tell anyone what's happening to them.

Some may delay telling someone about abuse for a long time, while others never tell anyone, even if they want to.

It's vital that the person at risk is able to speak out and that whomever they tell takes them seriously and acts on what they've been told.

Even if the individual doesn't tell someone verbally about what's happened to them, there may be other indicators that something is wrong. People who work with children and vulnerable adults need to be able to recognise the signs and know how to respond appropriately.

Abuse

Abuse is the violation of an individual's human and civil rights by any other person or persons. The abuse can vary from treating someone with disrespect in a way which significantly affects the persons' enjoyment of life, to causing actual physical suffering.

Neglect

Neglect is the failure to protect a child or vulnerable adult from exposure to danger, and/or failure to meet an individual's basic needs likely to result in significant impairment to health or development, for example:

- Failure to provide adequate food, clothing and shelter
- Ignoring medical or physical needs
- Failing to provide access to appropriate health, social care, welfare benefits or educational service
- Withholding the necessities of life such as medication, adequate nutrition and heating



Neglect also includes a failure to intervene in situations that are dangerous to the person concerned, or to others, particularly when the person lacks the mental capacity to assess risk

Possible indicators:

- Failure to thrive and poor hygiene
- Constant hunger, tiredness and malnutrition
- Frequent accidental injuries, illnesses and untreated medical problems
- Developmental delays, poor state of clothing and low self-esteem
- Treated differently to others by their carer
- Apparent/s or legal guardians bed sores / pressure sores caused by unrelieved pressure to the skin (such as being confined to a bed or chair)

Self-neglect covers a wide range of behaviour with a person failing to care for their personal hygiene, health or surroundings.

Possible indicators: Very poor personal hygiene; lack of essential food, clothing or shelter; malnutrition and/or dehydration; neglecting household maintenance; collecting a large number of animals in inappropriate conditions; non-compliance with health or care services; inability or unwillingness to take medication or treat illness or injury.

This excludes children who cannot self-neglect as they should have an adult or organisation responsible for their wellbeing.

Physical Abuse

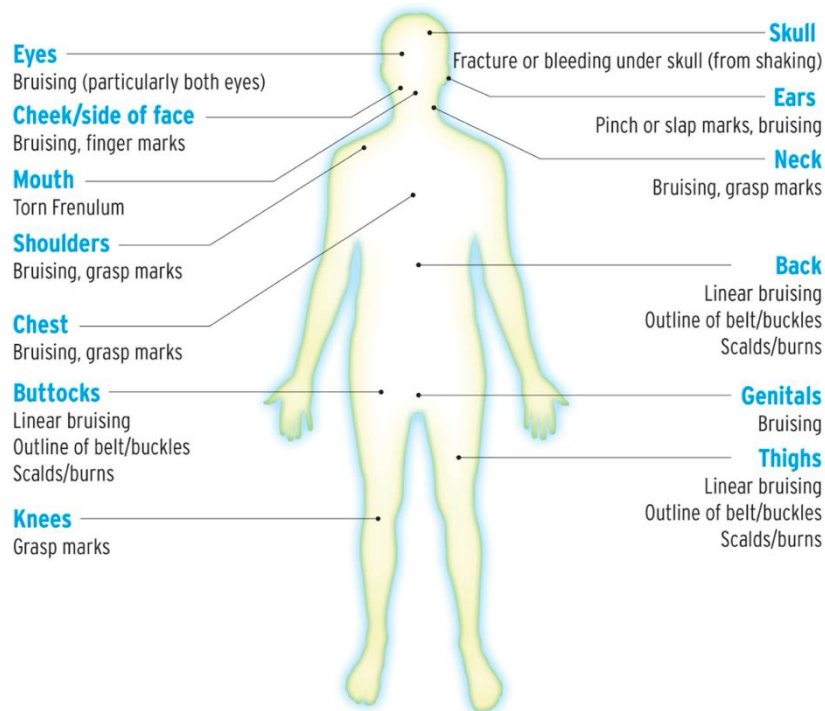
Physical abuse means any non-accidental act or behaviour towards a person causing injury, trauma or other physical suffering or bodily harm.

May involve (but is not limited to): Hitting; shaking; slapping; pushing; kicking; poisoning; drowning; burning or scalding, etc

Indicators of physical abuse (non-accidental injuries):

Injuries in unusual positions (i.e. back, buttocks, behind ears, genitals etc); injuries inconsistent with the age, ability or lifestyle of the person; apparent/s or legal guardians finger marks, slap marks, bite marks, burns and fractures on the body, etc

Common sites for non-accidental physical injury include:



Domestic Abuse

May involve (but are not limited to): physical, sexual, psychological or financial abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality.

Exposure to domestic abuse can include seeing or hearing the ill-treatment of others. Prolonged or frequent exposure can have a serious impact on a child's development, emotional well-being and can also have an impact on the child's education.

Children exposed to domestic abuse are seen as 'children in need' and in some cases, may be at risk of significant harm – a referral to Children's Social Care Services must be considered.

Sexual Abuse

Sexual abuse can involve forcing or enticing a child or adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not the individual is aware of what is happening.

May involve (but are not limited to): Physical contact including assault by penetration (rape or oral sex); non-penetrative acts such as masturbation, kissing, rubbing and touching



outside of clothing. Can also include non-contact activities such as involving children or adults in looking at, or in the production of sexual images; watching sexual activities; grooming a child or adult in preparation for abuse; encouraging a child to behave in sexually inappropriate ways.

Possible indicators:

Detailed sexual knowledge inappropriate to the age of the child

- Sexually explicit language and behaviour
- Increased frequency of visits to the toilet and bed wetting
- Behaviour that is excessively affectionate or sexual towards others
- Pregnancy, sexually transmitted diseases, indecent assault, loss of sleep
- Fear of medical examinations and being alone
- Vulnerable individuals who go missing from home or education
- Concerning behaviour by adults, for e.g. an unusual interest in a specific child

Emotional/Psychological Abuse

Emotional abuse is the persistent emotional maltreatment of a person such as to cause severe adverse effects on the persons' mental health, emotional development and self-esteem.

May involve making the person feel:

- Worthless
- Unloved
- Inadequate
- Valued insofar as they meet the needs of another person

May involve (but are not limited to): Bullying, deliberately silencing, frightening the child/adult, corruption, exploitation, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Possible indicators:

- Physical, mental and emotional developmental delays, difficulties with trust and affection
- Negativity, hopelessness and negative view of themselves, family and society
- Lack of empathy, compassion and remorse
- Changes in appetite, poor concentration, difficulty making friends, unexplained fear
- Carer constantly rejects and ignores the vulnerable individual, depriving them of responsiveness and stimulation



- Carer isolates the vulnerable individual and prevents them building relationships and making friends
- Carer constantly criticises or humiliates the vulnerable individual and appears unable to give praise

Some level of emotional abuse is involved in all types of abuse, though it may occur alone.

Financial or Material Abuse

May involve (but are not limited to): Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

Financial or material abuse may be planned or opportunistic.

Possible indicators: Unexplained sudden inability to pay bills or maintain lifestyle; unusual or inappropriate bank account activity; withholding money; recent change of deeds or title of property; unusual interest shown by family or others in the individual's assets; person managing financial affairs is evasive or uncooperative; fraud or intimidation in connection with wills and property.

Discriminatory Abuse

May involve (but are not limited to): Harassment, unwanted conduct or less favourable treatment based on a person's characteristics such as age, disability, ethnicity, gender, religion and sexual orientation or any other personal characteristics of the individual.

Discriminatory abuse may be persistent conduct or an isolated incident.

Possible indicators: Lack of respect shown to an individual; signs of a sub-standard service offered to an individual; repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status.

Organisational Abuse

May involve (but are not limited to): Neglect and poor standards of care in an institution or care setting, such as a hospital or care home, or if an organisation provides care in someone's home.



Possible indicators: Repeated failures on the part of an organisation, despite warnings and agreement to improve; routine acceptance of poor practice; lack of individual care plans; inappropriate physical intervention.

Modern Slavery

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

Possible indicators: Poor dishevelled appearance; poor command of English or awareness of local environment; Unwillingness to provide basic information about self.

Forced Marriage

Forced marriage takes place when one or more of the people involved do not want to get married but are forced to do so by others.

People forced into marriage may be tricked into going abroad, physically threatened and/or emotionally blackmailed to do so.

Unlike arranged marriages where the involved people have the choice whether they want to marry, there is no freedom of choice in a forced marriage.

Bullying

- Bullying occurs when an individual or group of individuals show hostility towards another individual
- It can include physical abuse such as hitting or pushing, and verbal abuse including name-calling and spreading malicious rumours
- Bullying can happen at school, at home, in the workplace or in the community. It can hurt both children and adults physically and emotionally

Electronic Media Abuse

Children and adults at risk can be abused through electronic media such as websites and social media platforms. Methods of abuse may include:



- Circulation of pictures and videos of abuse
- A person being groomed for the purposes of abuse
- Exposure to sexual and other offensive content
- The use of the internet to engage a person in extremist ideologies

Hate and Mate Crime

Hate crime

Discriminatory acts towards an individual motivated by another's hostility, prejudice or hatred based upon who or what they believe or perceive the other to be.

This may involve an individual being targeted because of their race, religion or belief, sexual orientation, transgender, disability etc. Such incidents may also result in an individual being discriminated against under the Equality Act 2010.

Mate crime

A form of crime in which a perpetrator befriends a vulnerable person with the intention of then exploiting the person financially, physically or sexually.

Victims of mate crime may be enticed into committing criminal acts themselves and taking the blame to protect the real perpetrator.

Female Genital Mutilation (FGM)

Also known as 'female circumcision' or 'cutting'.

It is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. This procedure is illegal in the UK and is a form of child abuse.

There is a mandatory reporting duty placed upon teachers, social care workers and healthcare professionals to report to the police where they discover that FGM appears to have been carried out on a girl under the age of 18.

Terrorism, Extremism and Radicalisation

Terrorism in the UK can involve the exploitation of adults at risk and children. People involved in extremist activity come from a range of backgrounds and experiences – there is no such thing as a "typical extremist".

People may become involved in terrorism or violent extremism for many reasons, including:



- To defend their culture and beliefs
- Peer pressure by friends and family
- A lack of identity in society
- Radicalised by extremist groups
- Seeking vengeance or retaliation

Possible indicators of radicalisation:

- Joining or seeking to join extremist organisations
- Becoming more argumentative over their viewpoints, condemning those who disagree
- Being overly secretive about what they are accessing and viewing online
- Using extremist narratives and a global ideology to explain personal disadvantage
- Losing interest in activities they used to enjoy
- Experiencing a high level of social isolation
- Altering their style of clothing and appearance



Identifying Concerns

Disclosure

Disclosure is the process by which an individual shares their experiences of abuse with others. This can take place over a long period of time – it is a journey, not one act or action.

Vulnerable individuals may disclose directly or indirectly and sometimes they may start sharing details of abuse before they are ready to put their thoughts and feelings in order.

Not all disclosures will lead to a formal report of abuse or a case being made or a case being taken to court, but all disclosures should be taken seriously.

It takes extraordinary courage for the person at risk to go through the journey of disclosing abuse.

It's vital that anyone who works with vulnerable individuals undertaking this journey is able to provide them with the support they need.

How disclosure happens

Vulnerable individuals may disclose abuse in a variety of ways, including:

- directly– making specific verbal statements about what's happened to them
- indirectly – making ambiguous verbal statements which suggest something is wrong
- behaviourally – displaying behaviour that signals something is wrong, this can include a persons' appearance (this may or may not be deliberate)
- non-verbally – writing letters, drawing pictures or trying to communicate in other ways.
- the disclosure may be made on their behalf – a parent/s or legal guardians or carer may disclose that an individual is being abused.

Sometimes the person at risk may make partial disclosures of abuse. This means they give some details about what they've experienced, but not the whole picture. They may withhold some information because they:

- are afraid they will get in trouble with or upset their family
- want to deflect blame in case of family difficulties as a result of the disclosure
- feel ashamed and/or guilty
- need to protect themselves from having to relive traumatic events.

When the person at risk does speak out it is often many years after the abuse has taken place (McElvaney, 2015) and so it is incredibly important to take any disclosure incredibly seriously.



Barriers to disclosure

There are a number of silencing factors that could prevent someone communicating their worries and concerns about a child or adult at risk who may be suffering from abuse:

- Fear that you may be wrong
- Doubts about the individual's truthfulness
- Attempts to bind you to secrecy
- Uncertainty of procedures and consequences
- Not wanting to interfere in family life

Some vulnerable individuals themselves are also reluctant to seek help because they feel they don't have anyone to turn to for support. They may have sought help in the past and had a negative experience, which makes them unlikely to do so again.

They may also:

- feel that they will not be taken seriously
- feel too embarrassed to talk to about a private or personal problem
- worry about confidentiality
- lack trust in the people around them (including parent/s or legal guardians) and in the services provided to help them
- fear the consequences of asking for help
- worry they will be causing trouble and making the situation worse
- find formal procedures overwhelming

(Mental Health Foundation and Camelot Foundation, 2006).

Spotting the signs of abuse

People at risk who have been abused may want to tell someone, but not have the exact words to do so. They may attempt to disclose abuse by giving those around them clues, through their actions and by using indirect words (Allnock and Miller, 2013; Cossar et al, 2013).

Adults need to be able to notice the signs that a vulnerable individual may be distressed and ask them appropriate questions about what might have caused this.

You should never wait until a vulnerable person tells you directly that they are being abused before taking action. Instead, ask the person at risk if everything is OK or discuss your concerns with the designated safeguarding lead.

Waiting for a vulnerable individual to be ready to speak about their experiences could mean that the abuse carries on and they, or another individual, are put at further risk of significant harm (Cossar et al, 2013).



Not taking appropriate action quickly can also affect the person at risk's mental health. They may feel despairing and hopeless and wonder why no-one is helping them. This may discourage them from seeking help in the future and make them distrust those around them.



Recognising and Responding to Abuse

Please remember if you suspect or are concerned that a child, young person, or vulnerable adult is at immediate risk of harm please call 999.

Safeguarding Adults from Abuse

Helping Vulnerable Individuals to Disclose Abuse

As defined in UK law, a vulnerable adult is anyone over the age of 18 years who may be unable to protect themselves from abuse, harm or exploitation, which may be by reason of illness, age, learning disability, mental ill-health, disability or other types of physical or mental impairment.

It's important to create an environment where people at risk are comfortable about speaking out if anything is worrying them. They need to:

- be able to recognise abuse and know it is wrong
- know who they can talk to about it.

The people they choose to disclose to need to listen, understand and respond appropriately so the vulnerable individual gets the help, support and protection they need.

Responding to Disclosures

Baker et al (2019) found three key interpersonal skills that help a vulnerable individual feel they are being listened to and taken seriously:

- show you care, help them open up: Give your full attention to them and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
- take your time, slow down: Respect pauses and don't interrupt the individual – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what's happened to them.
- show you understand, reflect back: Make it clear you're interested in what the individual is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.

Never talk to the alleged perpetrator about the individual's disclosure. This could make things a lot worse for the victim.



Non-biased approach

It's vital that anyone who is trying to disclose abuse feels that they are being listened to and taken seriously.

It's important to maintain an unbiased approach when responding to disclosures and follow the procedures outlined in this document to ensure each case is treated in a fair and transparent/s or legal guardians manner and that the individual gets the protection and support that they need.

Making notes

It's important to keep accurate and detailed notes on any concerns you have about an individual. You will need to share these with the designated safeguarding officer.

Information may include:

- Details of the people involved including the victim and the alleged perpetrator (if disclosed), including names, address details, date of birth, ethnic origin and any disabilities they may have
- Information regarding the nature of the allegation
- A description of any incident or injury sustained
- The time, date, location and any persons' present
- A concise account of what is said by the victim, using their own words
- Information about any action to be taken
- Details about the person recording the information
- Keep a record of any third-party correspondence (e.g. police officer, social care services etc.)

Referral Information

All referral information including decisions, phone calls, discussions and actions should be recorded and kept with the full record of disclosure.

This should also include a record of any decisions made not to refer the incident, along with the reasons.

You may use any type of paper or incident form for your recordings, but try not to use personal diaries and notebooks, as they could become evidence in the future.

If an individual is at imminent risk you must not delay - call 999 immediately.



Obtain urgent medical treatment if required and contact social care services immediately, or the police in an emergency.

Social care services are expected to:

- Discuss your concerns
- Decide what action is needed
- Agree with you what the individual and parent/s or legal guardians are told, by whom and when
- Involve the police if a crime may have been committed
- Tell you if they are taking no further action and why
- Acknowledge your written referral within one working day of receipt
- Check if the individual is the subject of a protection plan
- Consult with other agencies and take action to ensure the person is safe

At the end of this policy there is an indexed list of local authority contact details.

Safeguarding and Child Protection

All club members/volunteers should refer concerns to the Designated Safeguarding Officer as soon as possible. However, if you believe a child is in immediate danger, contact the Police immediately on 999.

In the meantime, they should:

1. Consider the child's welfare as paramount
2. Believe the child and take them seriously
3. Remain calm and caring
4. Reassure the child that they have done the right thing in talking to them
5. Make notes of the conversation as soon as possible, using the child's own words
6. Explain to the child what will happen next and who will be told

Club members **should not**:

1. Promise confidentiality
2. Postpone the discussion until a different time
3. Interpret what they have been told
4. Ask leading questions

If in doubt, contact the police immediately

Where the team member suspects that a child is being abused they should:

1. Immediately tell the Designated Safeguarding Officer for safeguarding and child protection about their concerns



2. Make factual notes of what has occurred, using the child's own words where relevant, and any action taken.

The Designated Safeguarding Officer will follow the procedure below:

1. Where possible, they will calmly discuss the concerns with the child and their parent(s) or legal guardian(s) and obtain agreement to making a referral to children social care services unless this discussion will put the child in increased risk of harm. Under no circumstances continue the discussion if it becomes confrontational. If a child's disclosure is about significant abuse from their parent(s) or legal guardian(s) under no circumstances confront the parent(s) or legal guardian(s) of the alleged abuse as there is a risk of compromising any investigation or prosecution.
2. Seek professional advice from Children Care Services if unsure about whether or not to talk to parent(s) or legal guardian(s) first.
3. If the perpetrator of the alleged abuse is not a parent or legal guardian of the child/children under no circumstances confront them.
4. When a referral is made, agree what the child and parent(s) or legal guardian(s) will be told, by whom and when. Inform the recipient of the referral what information has already been discussed with the child and their parent(s) or legal guardian(s).
5. If a telephone referral is made it must be confirmed in writing within 48 hours. Children's social care services should acknowledge the written referral within one working day of receiving it, indicating the course of action chosen. Contact children's social care again if nothing has been heard back within three working days.



Information Sharing

Why is this important?

Sharing information about an individual's welfare helps professionals build a clearer picture of their life and gain a better understanding of any risks that they may be facing.

Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet (DfE, 2018a). Fears about sharing information cannot stand in the way of the need to promote the welfare and protect the safety of that person.

General principles of best practice for information sharing are outlined below.

When to share information

Where there are concerns about an individual, the sharing of information in a timely and effective manner between organisations is very important and can reduce the risk of harm.

People who work with children and adults at risk, whether in a paid or voluntary role, may need to share information about the individual and families they are involved with for a number of reasons. These include:

- you are making a referral to arrange additional support for someone in the family
- someone from another agency has asked for information about an individual or family
- someone in the family has asked to be referred for further help
- a statutory duty or court order requires information to be shared
- you are concerned that an individual or a member of their family may be at risk of significant harm
- you think a serious crime may have been committed or is about to be committed which involves someone in the family

You must always have a clear and legitimate purpose for sharing a child/adult's personal information. Keep a record of the reasons why you are sharing or requesting information about a child/adult or their family. Concerns should only be shared privately and formally with the relevant people and should not be discussed with other parent/s or legal guardians or carers, or outside of work with family and friends.

You should also make sure you are not putting a child/adult's safety and welfare at risk by sharing information about them.

Always seek consent to share information about a individual and their family. However if consent isn't given, you can still share information with relevant professionals under certain circumstances, for example if you are protecting an individual from significant harm. The



Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not affect this principle.

What information to share

You need to decide what specific information is appropriate to share and who to share it with.

- Prioritise the safety and welfare of the individual at risk and anyone else who may be affected by the situation.
- Make sure you share the information quickly and securely. The sooner you report your concerns the better. This means the details will be fresh in your mind and action can be taken quickly.
- Identify how much information should be shared. This will depend on the reasons for sharing it.
- Use language that is clear and precise. Different agencies may use and understand terminology differently.
- Make sure the information you are sharing is accurate. Make it clear what information is factual and what is based on opinion (yours or other people's).

Facts and opinions

When working with children and adults at risk and families you will gather information from a variety of sources. How you interpret this information can depend on:

- any previous information received
- your knowledge of research and theory
- your own frame of reference

When recording information you should be as factual as possible. If you need to give your own or somebody else's opinion make sure it is clearly differentiated from fact. You should identify whose opinion is being given and record their exact words.



Consent

Seeking Consent to Share Information

Children and adults at risk should be given the opportunity to decide whether they agree to their personal information being shared. If they don't have the capacity to make their own decisions ask their parent/s or legal guardians or carer (unless doing so would put them at risk of harm).

You should always seek consent to share information about an adult.

Tips for getting consent:

- be open and honest
- make sure the person you're asking for consent understands what information will be shared and why
- explain who will see the information and what it will be used for
- make sure the person you're asking for consent understands the consequences of their information not being shared
- get the consent in writing, in case there are any disputes in the future. If it's only given verbally, make a written record of this
- make sure the person knows they can withdraw consent at any time.

Sharing information without consent

If consent is refused or if you're unable to seek consent, you can still share information with relevant professionals if this is in the public interest.

This includes protecting individuals at risk from significant harm and promoting the welfare of children and adults at risk.

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not affect this principle.

When deciding whether to share information without consent, you should consider each case individually.

Decide if the need to share information is in the public interest and whether it outweighs the need to maintain confidentiality.

Consider all the implications of sharing the information, for example if you are sharing sensitive details about a person's life.

If you're sharing information without consent keep a written record explaining:



- what steps you took to get consent
- the person's reasons for not giving consent (if known)
- why you felt it was necessary to share information without consent.
- Pass a copy of this record on to the agency/agencies you're sharing the information with.

Confidentiality

Never promise an individual that you will keep the things they're telling you a secret. Explain that you need to share what they've told you with someone who will be able to help.



Procedure: Reporting concerns

If a child/adult at risk is suffering or at risk of suffering significant harm, you can share information with appropriate agencies or professionals without the child/adult's or their parent/legal guardian's consent.

All allegations against club members will be taken seriously and managed by the executive committee in line with this policy and related club documents/guidance.

Questions to ask yourself when deciding whether to make a referral based on a concern:

Have we consulted the Safeguarding Adults Framework document?

1. Are the three safeguarding threshold criteria met?
 - Do they have care and support needs?
 - Are they experiencing, or are at risk of, abuse or neglect?
 - As a result of their care and support needs they are unable to protect themselves against the abuse or neglect or the risk of it?

Remember that being safe is only one part of a person's life. Wellbeing, learning and quality of life are also important factors.

2. What is the concern?
3. What are the person's personal preferences and circumstances that create a proportionate tolerance of acceptable risk?
4. What would be a proportionate intervention to the potential risk?
5. What is/are the vulnerability/ vulnerabilities of the adult?
6. What is the nature and extent of the abuse?
7. How long has the abuse been occurring?
8. What is the impact of the abuse on the individual?
9. What is the risk of repeated or increasingly serious acts involving the adult or other adults?
10. What is the equality of the relationship between the adult and the alleged abuser?
11. Are there similar allegations against the alleged abuser?
12. Is the person safe?
13. Do you have consent to share, If not is there an overriding public interest or vital interest to share the information without consent? e.g. Is anyone else at risk? Could a crime have happened/ be about to happen? There is a high risk to the health and safety of the adult at risk

You must make a referral if..

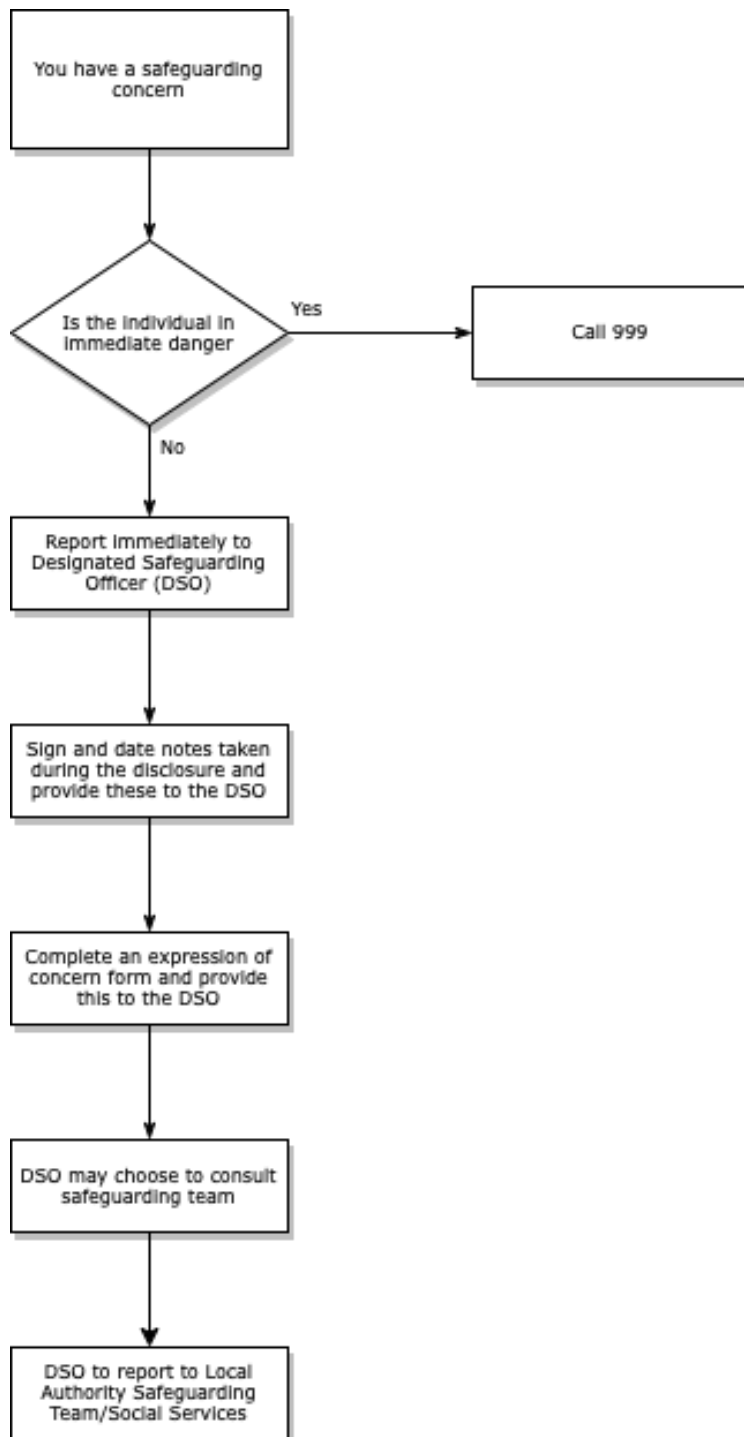
- The vulnerable adult/child considers they are being abused
- The vulnerable adult/child is caused distress or there is a deliberate attempt to cause the vulnerable adult/child distress
- Incidents are repetitive and targeted



- A crime has been committed

If a person at risk is in immediate danger, call the police on 999.

If a person at risk is not in immediate danger:



- Contact your local child protection services/local safeguarding team. Their contact details can be found on the website for the local authority the individual lives in.



- Contact the police. They will assess the situation and take the appropriate action to protect the individual.

If you have made a verbal referral to local services you should follow this up with a written referral as soon as possible, ideally within 48 hours.

Please refer to the appendices for the expression of concern form.



Mandatory reporting

Female genital mutilation (FGM)

It is illegal to carry out FGM in the UK. It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out.

In England and Wales, regulated health and social care professionals and teachers must make a report to the police, if, in the course of their duties:

- they are informed by a child under the age of 18 that they have undergone an act of FGM
- they observe physical signs that an act of FGM may have been carried out on a child under the age of 18.

In Wales, professionals who identify cases of FGM need to make a report to both the police and the local authority.

Criminal Law (Northern Ireland) Act 1967

Under Section 5 of the Criminal Law (Northern Ireland) Act 1967 it is an offence to fail to report a 'relevant offence' to the police. This includes:

- knowing or believing that an offence has been committed
- having information which could lead to the apprehension, prosecution or conviction of an offender.

This legislation covers offences against children and adults.

Duty to report in Wales

"Relevant partners" are required to inform the local authority if they have reasonable cause to suspect a child within the local authority's area is at risk of experiencing abuse, neglect or other types of harm. This includes people who work for the local authority such as teachers and social work practitioners, health practitioners, the police, probation services and others.



Obligation to report in the Catholic Church

Under a law issued by Pope Francis in May 2019, all clerics in the Catholic Church are obliged to inform Church authorities if they are aware of or suspect sexual abuse, sexual assault or a cover-up in the management of abuse. Anyone experiencing and reporting abuse will be protected. Dioceses or Eparchies must establish a public and accessible system for reporting, and laypeople are encouraged to use these systems to report violence and abuse.



Safeguarding Partners

Government agencies have significant involvement in safeguarding and promoting the welfare of individuals. This is led by four key bodies who make up the local safeguarding partnership:

- Local authorities
- Chief officers of police
- Clinical commissioning groups (health)
- Education

The key responsibilities of the safeguarding partnership are to:

- Involve relevant agencies in the area
- Identify and supervise the review of serious safeguarding cases
- Publish local safeguarding arrangements
- Arrange for independent scrutiny of their arrangements
- Publish annual review reports on their safeguarding activities

Local Authority Designated Officer (LADO): The LADO is employed within social care services with the specific role to examine allegations made against volunteers or staff who work with children.

Care Quality Commission (CQC): CQC ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Social Care Services

Local authority social care services support families and safeguard children, young people and adults at risk who may be at risk of abuse and neglect.

Children, young people and families: This includes preventative family support and child protection services, child placement, fostering, adoption, working with young offenders, children and young people who have learning or physical disabilities as well as support for families and carers.

Adults at risk: This includes support for the elderly, people with mental health problems, learning or physical disabilities, those with alcohol or substance misuse problems, the homeless, prevention of abuse or neglect, domestic abuse and associated support for families and carers.



Multi-Agency Safeguarding Teams

Each local authority will call their multi-agency/disciplinary teams using different terminology for example MASH, MAST, CASS etc.

Several high-profile safeguarding cases have highlighted the tragic consequences which can result when information indicating risk is held by one agency, and not appropriately shared with others.

In light of this, many areas have established a safeguarding hub to reduce the chances of cases slipping through the system.

Safeguarding hubs are supported by all relevant safeguarding provision and agencies, enabling real time information sharing, decision making and communication.

[Please see the supporting document entitled Local Safeguarding Contacts for a comprehensive list of local authority duty safeguarding numbers.](#)



References and Resources

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Associated Documents

Health and Safety Policy

Manchester Hawks Constitution

Code of Conduct

Equality and Diversity Policy

Respectful Resolutions Document



Appendices

Appendix A: Safeguarding Expression of Concern Form

This form should be completed when there is cause for concern and given to your Designated Safeguarding Officer as soon as possible.

Details of the vulnerable individual/child of whom the concern is about:

Name:

Date of Birth:

Local Authority Region (if know):

Details of the person reporting concerns:

Full Name:

Role:

Do these concerns relate to a specific incident/disclosure? If YES complete Section A; If NO, omit section A and move straight to Section B

Section A:

Date and time of incident/disclosure:

Location of incident/disclosure:

Date this form was completed:

Other persons present:



Section B:

Details of concern/disclosure/incident:
(What was said, observed, reported)

Action taken:
(What did you do following the incident/disclosure/concern?)

Any other relevant information:

Signed:

Date:



For completion by the Designated Safeguarding Officer (DSO):

DSO Response:

Action taken by DSO:

Rationale for decision making/actions taken:

Outcome of action taken by DSO:

Follow up action by DSO:

Feedback given to person reporting the concerns:

Signed by DSO:

Full Name:

Date:



Checklist for DSO:

- ✓ Concern described in sufficient detail?
- ✓ Distinguished between fact, opinion and hearsay?
- ✓ Individual's own words used? (Swear words, insults or intimate vocabulary should be written down verbatim)
- ✓ Jargon free?
- ✓ Free from discrimination/stereotyping or assumptions?
- ✓ Concern recorded and passed to DSO in a timely manner?