



ICN Safeguarding Policy & Procedures for Children and Adults

Date of Last Review:	11.09.2024
Review Completed by:	Stephen Foster (COO)
Date Signed off by Trustees:	19.09.2024
Signed off by:	Trustees in a Trustees Meeting
Next review due on:	19.09.2025



Contents

		Page
1	Introduction & Policy Statement	3
2	Legislation & Statutory Guidance	4
3	Safeguarding Children	5
4	Safeguarding Adults	10
5	Other Types of Harm	15
6	Particular Vulnerabilities	17
7	How Concerns Might Emerge at ICN	18
8	Barriers to reporting	19
9	Confidentiality, Consent and Information Sharing	19
10	Roles and Responsibilities	21
11	Responding to Disclosures, Allegations, Suspicions and Concerns	22
12	Concerns and Allegations about Staff/Volunteers	28
13	Safer Recruitment	29
14	Training, Support and Supervision	30
	Appendix 1: Safeguarding and Wellbeing Concern Procedure Flow Charts	32
	Appendix 2: Safeguarding Report Form	34
	Appendix 3: Useful Contacts	38
	Appendix 4: Serious Wellbeing Concern Report Form	40
	Appendix 5: Declaration of Offences Form	43



1. Introduction & Policy Statement

ICN is a registered charity on the charity commission, supporting Refugees and asylum-seekers in Bournemouth.

This policy is designed for all ICN staff, Trustees, volunteers, students, contractors, visitors and others who may relate to ICN and its services and service users and intended to cover all ICN activities and services. Throughout this policy and procedures, all these different people will be called 'staff' but it should be noted that this term refers to any stakeholders.

ICN recognises that all children and adults have the right to live their lives to the fullest potential, to be protected, to have the opportunity to participate in and enjoy any activity and to be treated with dignity and respect. We understand and accept our moral and legal responsibility to safeguard children and adults at risk who use our services.

We aim to do this by:

- Developing and sustaining a listening culture throughout ICN where we respect and promote the rights, wishes and feelings of children and adults.
- Creating a safe and healthy environment within all our services, avoiding situations where harm, abuse or allegations of abuse may occur.
- Raising awareness of our duty of care to children and adults throughout ICN and that the welfare of children, young people and vulnerable adults is the primary concern. Ensuring that Designated Safeguarding Officers and Lead have the capacity to address safeguarding concerns as they arise and to sustain a safeguarding culture in the organisation.
- Consistently applying legislation, government guidance and Dorset/BCP multi-agency safeguarding procedures to ensure that children and adults at risk are protected from harm.
- Promoting and implementing our procedures to safeguard the well-being of children and adults at risk and reviewing and updating them on a regular basis.
- Recruiting, training, supporting and supervising staff, members and volunteers to adopt best practice to safeguard and protect children and adults from abuse and minimise risk to themselves.
- Clarifying the responsibility of all ICN staff to report any concerns about abuse and supporting the management of these concerns alongside partner agencies where appropriate.



- Responding to all incidents of alleged poor practice, misconduct and abuse seriously, swiftly, appropriately and in line with this Policy and Procedures.
- Ensuring that in all our work, we are responsive to the needs of diverse service users, and our safeguarding responsibilities are applied to all, regardless of the differences between them. We recognise that many of our service users will experience greater vulnerability and have experienced discrimination due to their personal circumstances. All children and vulnerable adults irrespective of their age, culture, disability, gender, language, racial origin, socio-economic status, religious belief and/ or sexual orientation have the right to protection from abuse.
- Being mindful of the 'think family' approach whereby the concerns about children's safety may lead to consideration of parent/carer or other adults needs, and vice versa.
- Maintaining an attitude of 'it could happen here' with regards to safeguarding, to be alert to signs of abuse.
- Requiring staff, members and volunteers to adopt and abide by ICN Safeguarding Policy and Procedures as well as allied policies and procedures such as the Whistleblowing, Health & safety, Lone Working, Equal Opportunities and the Code of Conduct.
- Requiring staff and volunteers to only engage with service users within the context of the ICN activity and to not have social contact with service users outside of this context. This includes not sharing personal details such as phone numbers, social media accounts and addresses and not exchanging social invitations.
- Ensuring we continue to learn from safeguarding issues as they arise, debrief effectively to learn as an organisation and continually improve our practices.

We will make this policy and the procedures available to all staff to enable them to access it at all times, and it will be made available on shared files on ICN's server, and printed copies where required. The policy is required reading for all staff at the point of induction.

2. Legislation & Statutory Guidance

This policy and procedures have been drawn up based on UK legislation, statutory guidance and Dorset partnership safeguarding arrangements as related to the safeguarding of adults and children in the UK and includes Data Protection legislation as well as:



Children's Sector

- Children Act 1989: [Children Act 1989 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/1989/41)
- Children Act 2004: [Children Act 2004 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2004/31)
- Working Together to Safeguard Children (2023): [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/115222/working-together-to-safeguard-children-2023-statutory-guidance.pdf) London: HM Government.
- Information Sharing Guidance (2018): [Information sharing: advice for practitioners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711221/information-sharing-guidance-2018.pdf) London: HM Government.
- Pan Dorset Safeguarding Board procedures for children <https://pandorsetscb.proceduresonline.com/>
- Keeping Children Safe in Education (2024): [Keeping children safe in education 2024 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/115222/keeping-children-safe-in-education-2024.pdf)
- Safeguarding and protecting people for charities and trustees - GOV.UK (www.gov.uk)
- Ofsted - [Guide to the supported accommodation regulations including quality standards \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/115222/ofsted-guide-to-the-supported-accommodation-regulations-including-quality-standards.pdf)

Adults Sector

- Care Act 2014: [Care Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2014/16)
- Care and Support Statutory Guidance 2024: [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115222/care-and-support-statutory-guidance-2024.pdf)
- Mental Capacity Act 2005: [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2005/9)
- Pan Dorset Safeguarding Board procedures for adults <https://www.dorsetcouncil.gov.uk/care-and-support-for-adults/information-for-professionals/dorset-safeguarding-adults-board.aspx>
- Safeguarding and protecting people for charities and trustees - GOV.UK (www.gov.uk)

3. Safeguarding Children

All definitions taken from Working Together 2023

Definition of 'child'

A 'child' is anyone who has not yet reached their 18th birthday. 'Children' therefore also means young people, including those who may be living and working independently, as long as they are under the age of 18 years.

Definition of 'safeguarding'

- 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 safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. This is interwoven within the information and procedures of this safeguarding policy.

Definition of 'abuse'

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Paramountcy Principle

A key principle of the Children Act 1989 is that the welfare of children is paramount. This means that in any decisions about a child, that child's welfare needs must remain uppermost in our considerations, and this child centred approach is fundamental to safeguarding every child.

Children may be vulnerable to neglect and abuse or exploitation from their family or from others. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.

Categories of Abuse (Children)

Government guidance (Working Together 2023) says there are four main categories of abuse: physical abuse, sexual abuse, emotional abuse and neglect. The definitions of these categories is given below, followed by a list of some of the common signs and indicators for each category. It should be remembered that some children may not show any signs of abuse, or signs may be misunderstood as, or be about, something else (eg ill-health, accident or just growing up). It is important to be observant and to check out with the child and others what you are seeing and hearing. Child on child abuse has been added here and it is important to remember that children can also be affected from the categories of abuse highlighted in the safeguarding adults section below. So do refer to this as well when working with children.



i. Physical Abuse

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

PHYSICAL ABUSE	
Physical Signs	Behavioural Indicators
May include: <ul style="list-style-type: none"> • Unexplained bruising, marks or injuries on any part of the body • Bruises which reflect hand Marks, fingertips, buckle marks • Burns, from cigarettes, irons etc • Bite marks • Broken bones, fractures • Scalds • Frequent accidents, attendance at A&E 	May include: <ul style="list-style-type: none"> • Fear of carers being asked for explanation • Aggressive behaviour or outbursts • Flinching • Reluctance to get changed, covering up • Depression • Withdrawn behaviour • Running Away

ii. Sexual Abuse

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

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

SEXUAL ABUSE	
Physical Signs	Behavioural Indicators
May include: <ul style="list-style-type: none"> • Pain or itching in the genital/anal areas • Bruising or bleeding near genital/anal areas 	May include: <ul style="list-style-type: none"> • Sudden or unexplained changes in behaviour, eg becoming aggressive or withdrawn



<ul style="list-style-type: none"> • Sexually transmitted disease • Vaginal discharge or infection • Stomach pains • Discomfort when walking or sitting down • Pregnancy • Use of alcohol or substances 	<ul style="list-style-type: none"> • Fear of being left with a specific person or group of people • Having nightmares • Running away • Sexual knowledge which is beyond their age or development age • Sexual drawings or language • Bedwetting • Saying they have secrets they cannot tell anyone about • Self-harm or suicide attempts • Eating problems • Sleep disturbance
---	--

iii. Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development.

It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

EMOTIONAL ABUSE	
Physical Signs	Behavioural Indicators
May include:	May include:



<ul style="list-style-type: none"> • A failure to thrive or grow • Sudden speech disorders • Developmental delay, either in terms of physical or emotional progress 	<ul style="list-style-type: none"> • Neurotic behaviour, e.g. hair twisting, rocking • Being unable to play • Fear of making mistakes • Self-harm • Fear of carer being approached regarding their behaviour • Alcohol or substance misuse • Running away
--	--

iv. Neglect

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

NEGLECT	
Physical Signs	Behavioural Indicators
May include: <ul style="list-style-type: none"> • Not developing or growing • Constant hunger, sometimes stealing food from others • Constantly dirty or ‘smelly’ • Loss of weight, obesity • Inappropriate dress for the conditions • Illness, infections • Dental decay • Accidents, eg road traffic 	May include: <ul style="list-style-type: none"> • Tired all the time • Not having health needs met • Having few friends • Left alone or unsupervised • Poor social skills • Poor academic attainment

v. Child-on-Child Abuse



Child-on-child abuse is defined as inappropriate behaviours between children that are abusive in nature including physical, sexual, or emotional abuse, exploitation, sexual harassment, all forms of bullying, coercive control, hazing/initiation rituals between children and young people, both on and offline (including that which is within intimate personal relationships).

Additionally, children who abuse other children may suffer from unstable conditions in their own lives; they may be exposed to domestic abuse or be subject to abuse themselves and therefore project their trauma onto other children. Regardless, child-on-child abuse is wrong and no children should have to suffer from this treatment.

ICN staff are trained to challenge inappropriate behaviours between children, as outlined in KCSiE 2024.

Child-on-Child Abuse	
Physical Signs	Behavioural Indicators
May include: <ul style="list-style-type: none"> • Unexplainable marks/bruises or other physical injuries • Tiredness/lack of sleep 	May include: <ul style="list-style-type: none"> • Absence from school/education or lack of interest in school/education activities. • Bullied/teased • Displaying harmful behaviour towards others. • Withdrawn/anxious • Inappropriate knowledge of sexual intercourse for their age • Poor mental health • Behavioural changes • Random bursts of anger • Alcohol or other substance abuse

4. Safeguarding Adults

Definition of 'safeguarding adults at risk'

The definitions below are taken from The Care Act 2014 and the Care & Support Guidance 2024.

Safeguarding adults applies to people aged 18 years and over who:

- have care or support needs (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect and



- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

It is important to recognise that some adults may struggle to protect themselves from harm. This can be for many reasons for this, such as having a learning difficulty, mental or physical health difficulties, trauma, addiction, elderly and those who are vulnerable to others control and abuse behaviours.

Six Principles in Adult Safeguarding

The Care Act (2014) sets out the legal framework about how we should protect adults who may be at risk of abuse and neglect. ICN adheres to the following six principles as set out in the Act:

- Empowerment – We empower adults to make their own decisions by providing them with support, advice and guidance to make informed choices.
- Prevention – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to take action before harm occurs.
- Proportionality – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.
- Protection – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.
- Partnership - We work together with multi-agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.
- Accountability – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

Who abuses and neglects adults?

Anyone can perpetrate abuse or neglect, including:

- family members and spouses/partners
- neighbours, friends, acquaintances
- local residents, community members, strangers
- paid staff, professionals and volunteers, carers

It is far more likely that the person responsible for abuse is known to the adult and may be in a position of trust and power, than for the abuser to be a stranger.



Abuse can happen anywhere: for example, in someone’s own home, in a public place, in a care setting, a community setting or on the streets. It can take place when an adult lives alone or with others.

Categories of abuse (Adults)

The Care and Support Statutory Guidance 2024 sets out ten categories of abuse and neglect that adults may experience. They are defined in the following ways and particular signs and indicators that may alert to the type of harm is also noted. Please note the signs and indicators listed are not exhaustive either and there may be no or few signs for some people.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
Physical abuse covers: Assaults, hitting, slapping, pushing, misuse of medication, inappropriate restraint, inappropriate physical sanctions	<ul style="list-style-type: none"> • bruising, cuts, burns and/or marks on the body, clumps of hair loss • frequent injuries, unexplained falls • inconsistency or no explanation for injury • subdued or noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment or frequent changes of GP
Domestic Abuse	
Domestic abuse covers the following: physical, psychological, sexual, financial and emotional abuse and so called ‘honour’ based violence. <i>‘Honour-based’ violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.</i> (CPS and Home Office definition). Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be	<ul style="list-style-type: none"> • low self-esteem • self blame for events outside of their control • injuries • hearing derogatory comments, intimidating or humiliating comments made about the person • fear of an individual • isolation – not seeing friends and family, partaking in activities • limited access to money, without reason



false representation due to the power another individual can gain.	
Sexual Abuse	
<p>Sexual abuse includes: Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting</p>	<ul style="list-style-type: none"> • bruising or injuries, particularly to areas such as thighs, buttocks, genital area. • torn, stained or bloody underclothing. • difficulty walking or sitting. • infections or sexually transmitted diseases • changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal from others, sleep disturbance • excessive fear or apprehension of certain relationships
Psychological Abuse	
<p>Psychological abuse includes: emotional abuse, threats of harm or abandonment, deprivation of contact, isolation, humiliation, blaming, controlling, intimidation, verbal abuse, coercion, harassment, cyber bullying, unreasonable and unjustified withdrawal of services or supportive networks</p>	<ul style="list-style-type: none"> • an air of silence when an individual is present • withdrawal or change in the behaviour and temperament of the person. • uncooperative and aggressive behaviour. • signs of distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain



Financial Abuse	
<p>Financial or material abuse includes: theft, fraud, internet scamming; coercion about finances including about wills, property, inheritance or financial transactions; misuse or theft of property, possessions or benefits; moving into a person’s home without agreement</p>	<ul style="list-style-type: none"> • fear of particular people • unable to make reasonable purchases • in debt • unable to pay bills • unkempt looking • hungry
Modern slavery	
<p>Modern slavery encompasses: Slavery; human trafficking; forced labour and domestic servitude, sexual exploitation, debt bondage</p>	<ul style="list-style-type: none"> • physical, emotional abuse or sexual abuse signs as above • malnourishment • withdrawn and / or fearful of others • poor living or work conditions • lack of identification documents • fear of police or authorities
Discriminatory Abuse	
<p>Discriminatory abuse includes: Harassment; slurs or similar treatment because of:</p> <ul style="list-style-type: none"> ○ race ○ gender and gender identity ○ age ○ disability ○ sexual orientation ○ religion 	<ul style="list-style-type: none"> • withdrawn and isolated • anger, frustration, fear or anxiety
Organisational	
<p>Organisational abuse includes: neglect and poor practices in organisations and care settings, including care provided in one’s own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices in an organisation.</p>	<ul style="list-style-type: none"> • lack of policy, procedures, supervision and management to support staff to complete their work effectively • low numbers of staff or poorly trained staff to undertake the tasks effectively • denying service users access to meet basic needs, eg food, water, warmth • disrespectful or abusive attitude towards service users and families



Neglect	
<p>Neglect and acts of omission includes:</p> <ul style="list-style-type: none">• ignoring emotional or physical needs such as food, water, shelter, guidance• failure to provide access to appropriate medical, health, care and support or educational services• withholding of the necessities of life, such as medication, adequate nutrition and heating	<ul style="list-style-type: none">• unkempt appearance• poor personal hygiene• malnutrition and dehydration• infections• illness

Important Rule

It is important to remember that many children and adults may exhibit the signs and indicators at some time, and the presence of one or more should not be taken as evidence that abuse is occurring. There may well be other reasons for changes in behaviour such as a death, or bad news from home, an asylum case or post-traumatic stress disorder etc.

You should however report anything that causes you concern.

5. Other Types of Harm

Sexual Exploitation

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial advantage or increased status of the perpetrator or facilitator.

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

Adults can also be sexually exploited. Even though they have reached the age of consent to sexual contact, they may have been groomed or coerced into sexual activity.



Extremism

Extremism goes beyond terrorism and includes those who target vulnerable people by seeking to sow division between communities on the basis of race, faith or denomination; or argue against the primacy of democracy and the rule of law in society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Calls for the death of members of our armed forces are also termed extremist.

Signs and indicators of radicalisation and extremism include:

- Isolation from groups and spending time alone via social media
- Expression of feelings that they have no purpose in life; don't belong
- Low self esteem
- Changes in emotions and behaviour
- Change of routines, in appearance or online activities
- Fixated on an ideology, belief or subject (this could be related to political ideology, animal welfare, faith etc)
- Change in language or use of words; closed to new ideas; 'scripted' speech
- Sense of grievance or injustice (eg, anti-West, anti-Muslim, anti-capitalist); sense of 'them and us'
- Conflict with family and friends over views

County lines

This term is used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Female Genital Mutilation (FGM)

FGM is when a female's genitals are cut, injured or changed without a medical reason. It is a practice carried out in certain parts of the world for cultural reasons, although it is outlawed in many countries. Those that practice it may indicate that it



benefits the woman/girl, but in fact it causes extreme pain, infection, and life-long physical and psychological damage to the healthy functioning for women and girls.

It is a criminal offence in the UK and an offence to perform FGM (including taking a child abroad for FGM) or to enable/facilitate FGM on a British National or a permanent British resident. FGM is considered a form of child abuse in the UK.

Additional types of harm

- Faith or religious abuse
- Alcohol and substance misuse
- Breast ironing
- Concealed pregnancy
- Criminal exploitation
- Discriminatory “Honour” based abuse
- Exploitive use of technology

6. Particular Vulnerabilities

Abuse and Disability

A number of studies indicate that children and adults with disabilities are at increased risk of abuse.

Various factors contribute to this, such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves, or being unable to communicate that abuse has occurred. Due to their increased vulnerability, children with disabilities may be cared for by parents and carers who are under considerable stress thus impeding their ability to offer safe care, or they may be targeted by carers who choose to act in harmful ways.

Children from ethnic minorities, who may also be experiencing racial discrimination, may be doubly powerless.

Abuse and Racism

People from black and minority groups may have experienced harassment, racial discrimination and institutionalised racism. Racism causes significant harm to children, adults and families including for those that ICN works with who are trying to settle in a new country. Their circumstances are exacerbated by the potential that they may not be fluent in the English language or have British status. ICN is against all forms of racism and will investigate any incidents. ICN is well placed to



collaborate with local authorities in order to investigate incidents of racism amongst those under our care.

Abuse and Age

All those under age 18 years, by virtue of being children, are vulnerable. Research tells us that babies, due to their complete dependence on parents/carers, are especially vulnerable. Adolescents are also particularly vulnerable due to their becoming more independent.

For adults, the elderly is a vulnerable age group, due to the potential for reduced ability related to becoming frail or having ill health.

In the work that ICN does, the age of our service users may not be known exactly and we may be dependent on the outcomes of age assessments. We will need to remain mindful of the dynamics of age, including that someone we are responding to is in fact a child, but has been assessed to be an adult, and vice versa. We will also be aware that many children may appear to be more mature given their previous experiences of abuse and trauma or the different cultural expectations of childhood and the transition to adulthood.

7. How Concerns Might Emerge at ICN

Safeguarding concerns at ICN could include but are not limited to the following examples:

- Incidents of abuse/trauma reported by children/adults that occurred in country of origin, that negatively affect day to day life.
- Incidents of abuse/trauma reported by children/adults that occurred in transit to UK or in the country of arrival.
- Incidents of abuse/trauma reported by children/adults that occurred in arrival country.
- Peer abuse, whether due to traumatic experiences, or prejudices.
- Incidents of Race/Hate crime.
- Cultural behaviours and parenting styles that is considered harmful under UK law.
- Female Genital Mutilation.
- Children being treated as adults due to incorrect age assessments.
- Children being kidnapped by trafficking or other gangs for exploitation.
- Staff members in lone working situations with vulnerable children and/or adults. Other situations include overnight stays, unsociable hours, home visiting and physical intervention.



8. Barriers to reporting

Children and adults face numerous barriers to speaking out about their experiences of abuse or neglect. The reasons for this are complex and the list below shows the enormous difficulties that people face and why there is so little disclosure, given the amount of abuse and neglect that is actually experienced.

Examples can include:

- Shame, embarrassment.
- Guilt, feeling it's their fault, they are/were responsible.
- Dependency on the person who is harming them (eg they are a carer).
- Feeling they won't be believed.
- No language, e.g., pre-verbal, not speaking English, having speech and language difficulties.
- Abuse/neglect is normalised so don't know it is wrong.
- Not wanting to cause problems – for themselves or others – in the context of not having leave to remain in the UK.
- Not knowing who to tell or having any confidence or knowledge of the UK safeguarding system.
- Being transient, due to lack of status and being unsettled in the UK.

Sometimes staff may find it hard to believe what they are hearing, cannot believe the suspicion that it may be about someone known, fear getting it wrong or fear of making things worse. As staff in the organisation, it is important we have a listening culture and are responsive. It is important that we are clear about our roles and responsibilities in safeguarding work and can get access to support in the organisation to address the concerns we have.

9. Confidentiality, Consent and Information Sharing

ICN has a general principle of working confidentially with service users and to abide with the law on data protection and information sharing.

However, it should be noted that confidentiality is not absolute. ICN has a duty to report any matters when there is a crime understood to have been committed or if it is in the public interest, i.e., a safeguarding concern. In these circumstances, the data protection laws and GDPR do not prevent information sharing but offer a framework to help us to share information legally and effectively (see the links below).

When there is a concern, it is best practice to seek consent to share information from the child/their parent/carer and the adult at risk to share that information. This information will be shared on a need-to-know basis.



However, consent to share information should not be sought (nor the person be advised that information will be shared) if this will place the child or adult at further risk. This might include situations where for example there has been an allegation of familial sexual abuse or fabricated/induced illness when the risk to the individual may be increased or when the detection of the crime may be jeopardised.

For adult safeguarding concerns, it is important to decide with adults if information is shared or empower them to make own decisions about information sharing. The law does not prevent the sharing of information without consent and this is required when an adult is at risk/has experienced abuse/neglect. Where an adult does not have capacity to consent to share information, and is experiencing or at risk of abuse/neglect, information can be shared.

The Designated Safeguarding Officer or Lead at ICN will make the decision about information sharing, with or without consent of the individual. However if there is uncertainty about whether information can be shared with other agencies or what information can be shared internally or with service users and their families, advice can be sought e.g., from adults or children's social care.

Where information is not shared or cannot be shared due to lack of consent, advice, signposting and guidance can be given to child/adult. Further opportunities to discuss the matter, to re-visit the concern and possibly to share information in the future should be offered.

Decisions made about not sharing safeguarding information, or overriding the service users lack of consent and sharing regardless, must be recorded fully in the agency notes to clarify the reasoning for doing so.

The links below give an overview about the law and good practice in relation to confidentiality, seeking consent to share information in the children's and adults sector.

For Adults sector: <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

For Children's sector:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf See the 7 Golden Rules for Information Sharing.



10. Roles and Responsibilities

This section sets out the specific roles and responsibilities of those in the organisation and their specific safeguarding responsibilities.

Board of Trustees

Trustees are ultimately responsible for good governance at ICN. This includes safeguarding.

Trustees will:

- Have a Designated Safeguarding Trustee. This is currently Kate Palka.
- All trustees complete safeguarding training for trustees.
- Ensure the management team have established and maintain sound systems and processes that result in good practice.
- check that ICN is legally compliant, periodically receiving reports and asking pertinent questions of the leadership team about the effectiveness of safeguarding.
- Foster a culture of effective thinking about safeguarding that flows from the top down.
- Be fully briefed and involved when serious cases arise, particularly where a member of staff is involved as either a perpetrator or victim, or whenever there is media involvement.
- Review a risk register regularly, at least yearly, that includes safeguarding.
- Have safeguarding as a standing agenda for their meetings.

No individual case referrals should be made to trustees; and any case brought to them by the leadership team should ensure the anonymity of the individual involved, unless it is an allegation against a staff member.

CEO and Department Managers

ICN has a number of staff with specific responsibilities for safeguarding. The CEO is the Designated Safeguarding Lead and is responsible for the strategic management of safeguarding and its effective resourcing; also appointing the Department Managers as the Designated Safeguarding Officers. The CEO is the case manager if there are allegations made against the Designated Safeguarding Officers.

The Designated Safeguarding Officers and Lead will develop and oversee operational aspects. They will:

- Promote a safeguarding culture at ICN.



- Ensure that relevant policy is up to date, easily accessible and that staff have read, understood and are aware of its content.
- Ensure that arrangements are made for all identified staff to have relevant safeguarding training and refresher training.
- Receive the appropriate training for the role of Designated Safeguarding Officer or Lead.
- Ensure they are aware of Dorset Council and BCP procedures for managing allegations.
- Receive information from staff and service users who have concerns, and ensure they are properly managed, forwarded as needed and recorded.
- Monitor and assess risk.
- Liaise with the relevant external agencies.
- Refer and co-ordinate any allegations of abuse led by Social Care or Police on behalf of ICN.
- Manage allegations, including against staff/volunteers.
- Ensure there is robust recording and storage of information that is compliant with data protection laws.
- Ensure staff support during and in the aftermath of any allegations of abuse and neglect that ICN have handled.

(See Appendix 3 for Useful Contacts)

Staff, Volunteers, Consultants, Visitors etc

All are required to:

- Read, understand, and apply ICN safeguarding policy and procedures.
- Sign relevant safeguarding forms to say they follow Designated Safeguarding Officer / Designated Safeguarding Lead guidance.
- Refer and follow up safeguarding concerns independently if this is not taking place or cannot take place through the Designated Safeguarding Officer / Designated Safeguarding Lead.
- Promote a safeguarding culture through observation, vigilance and modelling etc.

11. Responding to Disclosures, Allegations, Suspicions and Concerns

ICN clients should be made aware at introduction or an appropriate point in support, that if they are being abused or have concerns about their safety or wellbeing, they can talk to their Support Worker or any member of staff they feel comfortable talking to.



Responding to Disclosure

Children and vulnerable adults at risk are more likely to disclose their concerns to someone they trust and with whom they feel safe. By listening and taking seriously what the child or adult is saying, you are in the best position to support a person to speak with you. The following points are a guide to help you respond appropriately.

- React calmly and try not to show your feelings e.g. shock, distress, panic, disbelief - which may silence the person trying to tell you.
- Take what the person says seriously. You can do this in your verbal and non-verbal responses and by giving them appropriate time to speak. Never dismiss allegations or disclosures of abuse.
- Recognise the difficulties inherent in interpreting what is being said by a person who has a speech impairment or differences in language. You may need to get support from an interpreter, so to understand the disclosure being given, and not to use this to question the person. Ensure to do this before they start disclosing, if you're given the impression the person wants to say or disclose something to you, rather than stop them half way through their disclosure to get an interpreter on the phone.
- Don't ask leading questions. Avoid other types of questioning also except those that seek to clarify your understanding of what the person has said – don't probe for more information than is offered.
- Don't ever ask to look at injuries or marks, especially if this entails removing clothing.
- Don't speculate or make assumptions about what has been said. Avoid making negative comments about the alleged abuser.
- Remember it is not the job of any member of ICN to undertake investigations. The child/adult may be formally interviewed by the police or social workers, they should not have to repeat their account on several occasions. Also, those formal interviews will stand the best chance of success if there are no concerns that the person's testimony has been led or confused by previous interviews.
- Reassure the child or adult and try to make sure they are comfortable. For example, tell them people are never to blame for being victims of abuse and that they were right to tell you.
- Don't promise anything you are not certain of – never promise confidentiality.



- Explain that you will have to share your concerns with someone who is in a position to act. For example, Designated Safeguarding Officer. Then follow the process outlined below.
- Ensure you record the conversation, and any follow up actions immediately afterwards. When recording on ICN's Safeguarding Report Form, include all details, wherever possible use the child or adult's own words.
- If the disclosure is of self-harm or suicidal ideation due to their circumstances or mental health issues rather than from abuse, then still follow the above and below guidance including informing a Designated Safeguarding Officer/Lead immediately after the disclosure but complete the Serious Wellbeing Concern Report Form, (see Appendix 4) rather than the Safeguarding Report Form.

Responding to Suspicions

If you have any suspicions or concerns of abuse regarding a child or adult at risk, speak immediately to a Designated Safeguarding Officer, who would be your Department Manager or another Manager if they are not available. If no Designated Safeguarding Officers are available speak to the Designated Safeguarding Lead. Speak to someone, even if you are not sure, as it is better to be 'overcautious' than to let something go unreported. Any incident or suspicion needs to be recorded on the Safeguarding Incident Report Form (see Appendix 2) and e mailed to or given to the ICN Designated Safeguarding Officer following the process outlined below.

Procedure

What a member of staff should do when abuse or neglect is suspected:

i. Ensure safety

The first priority is always to ensure the safety and protection of the child or adult. If there is immediate danger, urgent action should be taken to ensure their safety including calling the appropriate emergency services.

ii. Reporting

If staff become aware that a client has been, is being or is likely to be abused then they must report this immediately to the relevant Designated Safeguarding Officer. If the relevant Designated Safeguarding Officer is unavailable or on leave, then staff must report it to an available Designated Safeguarding Officer. If there isn't a Designated Safeguarding Officer available, then staff must report it to the Designated Safeguarding Lead.

Staff should take advice on the next steps in conjunction with the Designated Safeguarding Officer/Lead, who will oversee who is told what and the actions that ICN will take.



Once the relevant Designated Safeguarding Officer is available/back from leave, the Designated Safeguarding Officer/Lead who the concern was reported to will update them regarding the concern and if agreed will do a handover of the concern over to the relevant Designated Safeguarding Officer, who would take the lead on ensuring appropriate actions are taken going forward.

During this update discussion it may be decided that the Designated Safeguarding Officer/Lead who the concern was originally reported to would continue taking the lead over it. A note must be made on the Safeguarding report form of the handover discussion and what decision was made regarding who would be responsible for the concern going forward.

In a minority of circumstances, staff may take action without any communication with the relevant Designated Safeguarding Officer or Lead including reporting to Police or Social Care or using the Whistleblowing Policy.

If a disclosure is made out of office hours, the worker should decide if there is an immediate concern from either the situation or state of the person. If so, social services or even the emergency services can be contacted or advice sought from the on-call Designated Safeguarding Officer/Lead. In any event advice and support can be sought from the on-call Designated Safeguarding Officer/Lead.

iii. Recording

The member of staff should then complete a Safeguarding Report Form (See appendix 2) as soon as possible that day, or take and record the following information as is known:

- Who has been abused / suspected of being abused - name/s, address and date of birth.
- Who is the alleged perpetrator/s.
- Date, time/circumstances of the report being made to the ICN member of staff.
- Who has raised the concern/reported the incident.
- Details of incident / allegation, using, as far as possible, the words and language of the person reporting it, including; nature of the abuse/allegation, where and when it took place (if known), whether there are any witnesses.
- Your own comments / observations including: the emotional state and behaviour of anyone involved, any visible marks or injuries, any relevant circumstances or background information, any action taken.
- Name and signature of person completing the form.
- Time and date of form completion.

When including names in the form, (for example: the victim, alleged abuser, support workers, managers social workers etc), the member of staff will input the full name and then in brackets put the initials which they'll be referred to throughout the rest of the document. For example: Joe Bloggs (Support Worker) (JB).



Once the staff member completes this form, it should be saved within the relevant department's Safeguarding Incidents Folder, for only relevant staff to see, and then scanned and sent to or given to the Designated Safeguarding Officer within 8 hours.

The Designated Safeguarding Officer will continue the recording, including all relevant information obtained, decisions made, reasons for the decisions and actions taken. They will ensure that all relevant professionals, both ICN, including UASC Supported Lodgings Providers, and external, are informed and sent the report form on the first occasion, after all relevant updates and when the concern is closed.

The Designated Safeguarding Officer will also update the Central Safeguarding Log in the Managers folder and keep this up to date with any new developments included in the Safeguarding Incident Report Form.

iv. Decision Making

The Designated Safeguarding Officer will consider the information provided and will make decisions on behalf of ICN, including in consultation from another Designated Safeguarding Officer or the Designated Safeguarding Lead as needed.

Decisions will be case specific and depend on several factors including: the individual situation that has been reported, the wishes and feelings of victims, issues of consent to share information, the safety of the alleged victim and others and implications for ICN staff and service users.

The Designated Safeguarding Officer may, on behalf of ICN, make these types of decisions:

- Take no action and record why not.
- Put in place a support plan for the service user by ICN staff.
- Ensure there is continuing monitoring of the matter and review the circumstances on an on-going basis.
- Refer to other support agencies and/or signpost.
- Seek further specific details to help to make decisions.
- Refer to Children's or Adults Social Care.
- Refer to Police.

At any point, the Designated Safeguarding Officer may ask for advice by consulting with Social Care or other agencies. It is not for the Designated Safeguarding Officer to decide whether abuse has taken place. They would refer to Social Care who are charged with making multi-agency inquiries and conduct investigations; or Police if a crime has been committed and where this will not be done by Social Care. Where the Designated Safeguarding Officer is making a referral, this must be done as soon as possible and within the day the concern is raised; matters must not be left to the end of the day to allow safeguarding inquiries and action plans to be made.



If the alleged abuser is also a service user of ICN, then the Designated Safeguarding Officer will need to quickly explore and put in place arrangements to ensure that other service users, both children and adults, are safeguarded. This may include living arrangements of for example the alleged abuser lives in an ICN property with others.

Sharing Concerns with Parents, Carers, Guardians or Other Relevant Establishments

Where possible, the person raising the concern should be informed that the matter is being addressed. Children and adults who are the subject of the concern should be kept updated of the decisions made and action taken.

In most cases, the service users of ICN are already separated from their parents, carers and family members and therefore there are often no contactable people with whom to work together.

Where there are parents, carers or family members and it is in line with confidentiality arrangements, it is important to talk with them to clarify concerns, seek possible views or explanations etc. These conversations may be led by Social Care as part of their inquiries or they may advise ICN on this matter, including what information to share.

There are certain circumstances when children or adults might be placed at greater risk if information is shared with parents or carers who may be the alleged abuser or an unprotective person. If there are any concerns about informing parents or carers, then advice must be sought from Social Care about whether and what to share with them. However parents and carers should not be contacted if there are concerns about intra-familial sexual abuse, FGM, forced marriage and so called 'honour' based violence or fabricated and induced illness.

In line with KCSiE 2024, as and when a secondary school chooses ICN as an Alternative Provision provider of ESOL, the school continues to be responsible for the overall safeguarding of that student. As of this the Designated Safeguarding Officer / Lead will include the relevant contact at the school into any safeguarding communications regarding the student, including any Safeguarding or Serious Wellbeing Incident Forms completed.

Serious Wellbeing Concerns

For Serious Wellbeing Concerns follow the same procedure as outlined above but instead, the Serious Wellbeing Concern Report Form and the Central Serious Wellbeing Concern Log will be used. The same as safeguarding concerns, social services referrals can still be made if required and local authority staff, for example Social Workers and Personal Advisors should be informed if the individual or family are already under social services care and referrals to relevant health and mental



health support services completed where appropriate. The only difference between Safeguarding incident and serious wellbeing concern will be to differentiate between abuse and self-harm and suicidal ideation.

12. Concerns and Allegations about Staff/Volunteers

Staff may be concerned about reporting allegations about their colleagues behaviour which may be harmful to children or adults who are using ICN services. However, staff who report such concerns in good faith and without malicious intent, should feel confident that they will be supported, with the matter taken seriously and investigated.

For allegations all staff should follow ICN's Whistleblowing and Allegations procedures and the Designated Safeguarding Officer should seek advice from the Local Authority Designated Safeguarding Officer (LADO). See appendix 3 for LADO contact information.

The Pan-Dorset Multi Agency Safeguarding Procedures, [Allegations Against Staff - Pan-Dorset Safeguarding Children Partnership \(pdscp.co.uk\)](https://www.pdscp.co.uk), should be used when there is an allegation or concern that any person who works with children or vulnerable adults, in connection with his/her employment or voluntary activity, has:

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

In any of these cases the LADO should be contacted.

This could include breaches of ICN policies or poor workplace practices, and can also include behaviours in settings outside of ICN, including online.

These behaviours should be considered within the context of the categories of abuse. These include concerns relating to inappropriate relationships between members of staff and children, young people or vulnerable adult at risk.

For allegations regarding abuse towards adults, Dorset Safeguarding Adults Board can be contacted and their website used for information, [Dorset Safeguarding Adults Board - Dorset Council](https://www.dorset.gov.uk). ICN's Whistleblowing policy would also be followed and the LADO would not be involved unless the individual also works with children.



After following the above procedures the Designated Safeguarding Officer would follow this guidance, [Making barring referrals to the DBS - GOV.UK \(www.gov.uk\)](http://www.gov.uk), regarding referring the person who has had the allegation(s) made against them. If the allegation is found to be malicious, the referrer could be dealt with through disciplinary process. There will be no consequence for those who have made allegations in good faith, even where the concerns are considered unfounded.

13. Safer Recruitment

ICN is committed to ensuring that all steps are taken to recruit staff and volunteers who are safe to work with children/vulnerable adults and have their welfare and protection as the highest priority. The CEO and Management Team at ICN are responsible for ensuring that the charity follows safe recruitment processes outlined within statutory guidance.

ICN maintain a Single Central Record (SCR) of appointments; and an application, vetting and recruitment process which places safeguarding at its centre, regardless of employee or voluntary role.

The CEO/Designated Safeguarding Lead will ensure that they and one or two Managers/Designated Safeguarding Officers responsible for recruitment and one trustee complete accredited Safer Recruitment Training in line with government requirements.

ICN is committed to developing a safe culture and that all steps are taken to recruit staff and volunteers who are safe to work with our service users and staff.

- ICN will follow relevant guidance in Keeping Children Safe in Education (Part Three, 'Safer Recruitment') and from The Disclosure and Barring Service (DBS).
- The Designated Safeguarding Lead and Management team are responsible for ensuring that the organisation follows safe recruitment processes as outlined within guidance.
- The Designated Safeguarding Lead and Management team will ensure that there is at least one of the persons who conducts an interview has completed safer recruitment training.

As part of the recruitment process for roles that require an enhanced or standard DBS, due to working with vulnerable adults and/or children, applicants are required to complete a declaration of offences form, (See Appendix 5). To confirm what type of DBS should be used this tool can be used, [What type of role is it? - Find out which DBS check is right for your employee - GOV.UK \(www.gov.uk\)](http://www.gov.uk). If still unsure, the Designated Safeguarding Lead can contact DBS Customer Services (See Appendix 3).

ICN are committed to ensure that appropriate staff and volunteers are recruited with checks, verifications, relevant qualifications (CELTA / CertTESOL required for ESOL teachers) and references undertaken including with the Disclosure and Barring Service (DBS), and that applicants are suitable to work with our service user group. Staff or volunteers who are not required to complete a DBS application will be those



who have minimal contact with vulnerable adults or children and will always be accompanied by an ICN member of staff who has had a DBS check completed and the individual will not be left alone with service users.

We will also refer to DBS any person who has harmed a child or adult or who poses such a risk during their work at ICN, including if we remove them from their duties or would have done so had they not left.

ICN may use the services of independent contractors, consultants or have students within the workplace and our safer recruitment practices will also apply to these groups of people. This will include for example, obtaining written notification from any agency or training provider that it has carried out the necessary safer recruitment checks that we would otherwise perform and that the person has been judged by the agency or training provider to be suitable for work for our service user group. We will check that the person presenting themselves for work is the same person on whom the checks have been made. Those people who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances. Where we need to use the services of repairs contractors, the responsible manager will ensure that the contractor is accompanied and not left alone with service users.

In line with KCSiE 2024, as and when a secondary school chooses ICN as an Alternative Provision provider of ESOL, the school continues to be responsible for the overall safeguarding of that student.”

14. **Training, Support and Supervision**

All staff are required to be aware of safeguarding and its possible signs; the duty to safeguard adults and children, the methods of doing so at ICN and all staff will be supported in this work. We will achieve this by:

- Emphasising these safeguarding responsibilities from the point of recruitment onwards, including in any interview and selection process.
- Ensuring safeguarding is addressed during the induction process.
- Ensuring staff and volunteers are aware of the expectation to read this policy upon commencing their role, that they are familiar with its contents and they agree to adhere to it; the same applies to ICN’s Code of Conduct.
- Providing regular training, learning and development opportunities, dependent on the role:
 - All staff, UASC Supported Lodgings Providers and relevant volunteers will have to complete relevant safeguarding training with refresher updates every two years. They will be given time to regularly update their skills and knowledge.
 - Designated Safeguarding Officers will have training on their specific responsibilities and will have refresher updates every two years. They will be given time to regularly update their skills and knowledge.



- The Designated Safeguarding Trustee and CEO/Designated Safeguarding Lead will receive training on their safeguarding governance responsibilities at ICN, with refresher updates every two years.

Training may be provided online, face to face, through briefings and staff meetings.

Safeguarding will be discussed as part of the agenda at departmental, staff and manager meetings.

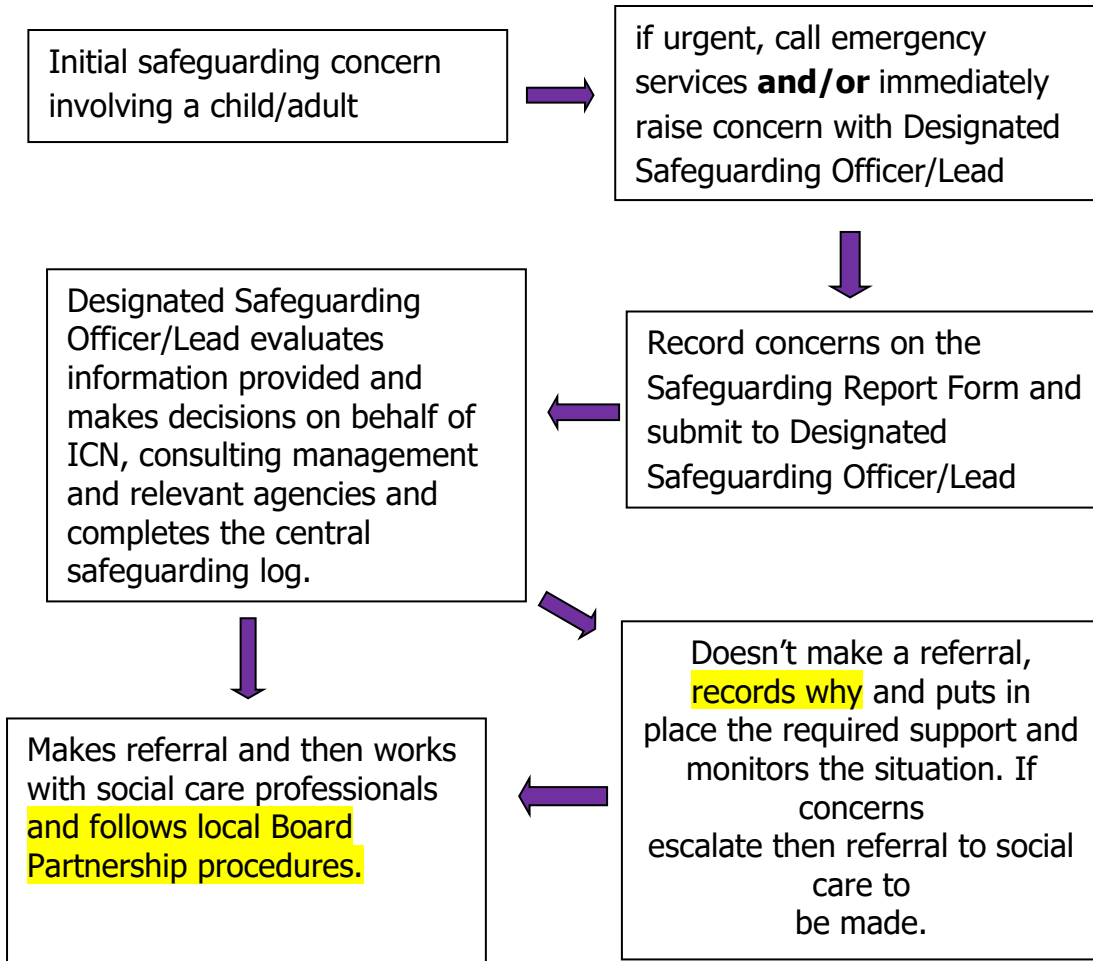
Outside of formal supervision or meetings, staff are welcome to seek out support from the relevant Designated Safeguarding Officer/Lead in relation to safeguarding matters.

After any safeguarding incidents or concerns are raised, we will always seek to ensure that there are debriefing opportunities and learning undertaken so that we continue to improve our safeguarding practices.



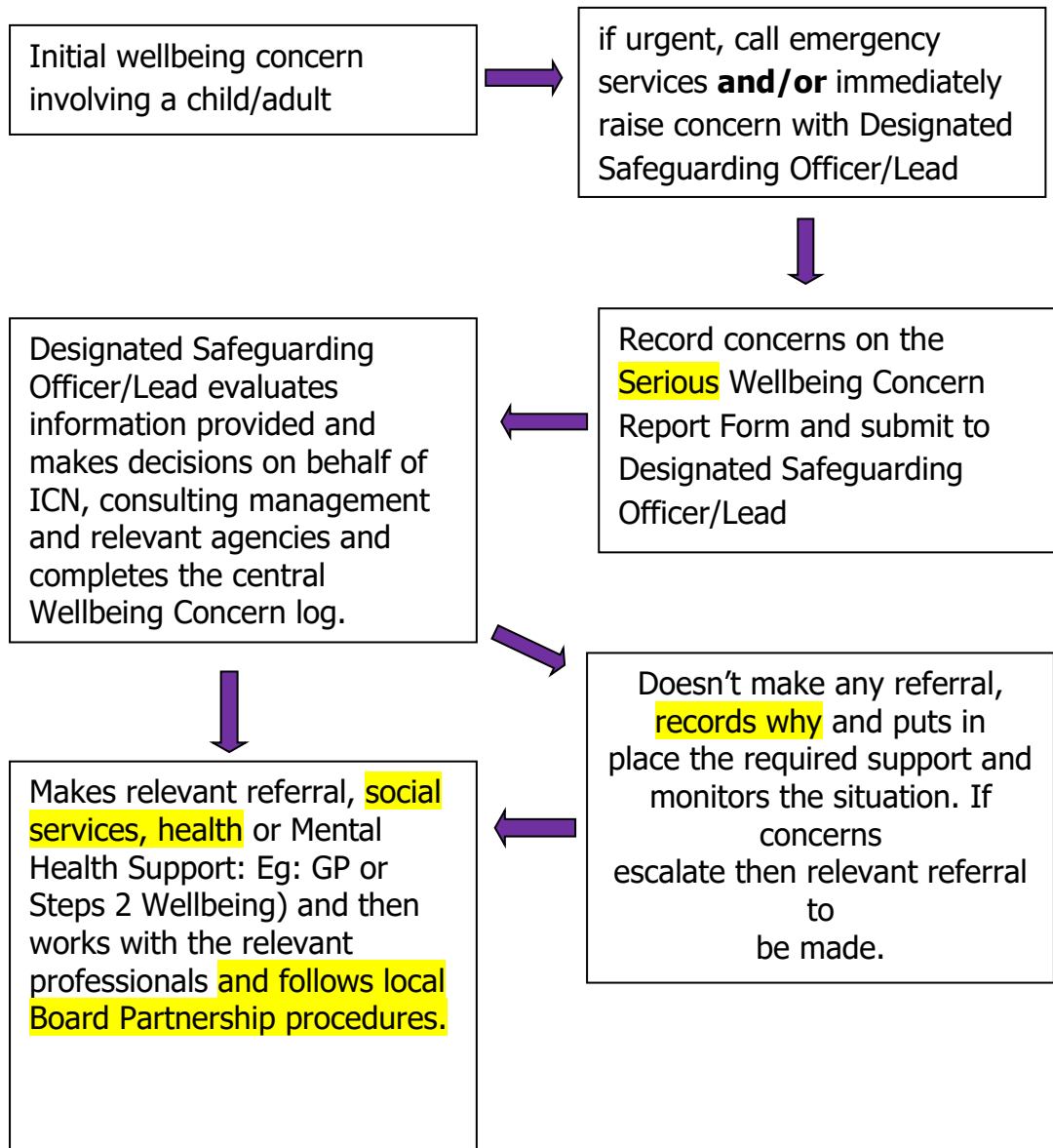
Appendix 1: Safeguarding and Serious Wellbeing Concern Procedure Flow Charts

Safeguarding Concern Procedure Flow Chart





Serious Wellbeing Concern Procedure Flow Chart





Appendix 2: Safeguarding Report form

Safeguarding Report
HIGHLY CONFIDENTIAL

To be completed by staff member/volunteer who first heard, received or observed the concern.

Incident / Reported Suspicion / Concern (delete as appropriate)	
Name of staff member or volunteer reporting and role:	
Date & time of the concern coming to light:	
What is the concern, or the incident?	
Who is the alleged or potential victim/s? Include full name/s, dates of birth, address if known.	
Who is the alleged person/s who has (or may) caused harm? Include full name/s, dates of birth, address if known.	
What is the nature of the concern or incident of abuse? Provide as much factual detail as you have, including dates and times:	



Explain how you came to be aware of this? Include where and dates and times:	
Are there any other people involved? Consider if there are any other alleged victims, any other alleged perpetrators, any witnesses? Provide details; names, dates of birth & addresses where you have them.	
Staff member's or volunteers comments or observations: <i>Including: the emotional state and behaviour of anyone involved, any visible marks or injuries and any relevant circumstances or background information.</i>	
What actions have you taken? Include: what you have said to the person telling you of the incident, how you have left it with them. (Please date and time all actions.)	

Signed:

Date and time:

This next section to be completed by ICN Designated Safeguarding Officer or Designated Safeguarding Lead

Name of Designated Safeguarding Officer/Lead completing the form:	
--	--



<p>Actions taken (also record if no action is taken) and reasons, both for actions or not taking action. Has the concern or incident been reported?</p> <p>Internally (to whom and when):</p> <p>Externally (to whom and when):</p>	
<p>Has consent to share / report been addressed with and/or obtained from the alleged victim(s)?</p>	
<p>Result:</p> <p>(Include comment on whether the concern is considered "closed" or whether it remains open/ongoing. If remaining open, record what further action is to be taken and any deadlines to be aware of)</p>	

Signed:

Date and time:



Relevant additional updates/developments and actions taken following the incident report form being completed the first time:	
Result following the updates: (Include: comment on whether the concern is considered "closed" or whether it remains open/ongoing. If remaining open, record what further action is to be taken and any deadlines to be aware of)	



Appendix 3 – Useful Contacts

Name		Phone	E-mail
Internal (ICN)			
<i>Rebecca Fell</i>	<i>CEO (currently on maternity leave)</i>	<i>07759 299861</i>	<i>r.fell@icn.org.uk</i>
Stephen Foster	COO	07838 223905	s.foster@icn.org.uk
Rachael Sawers	Resettlement Manager and Office and Communications Manager	07902 895079	r.sawers@icn.org.uk
Mel Kerour	UASC Manager (cover)	07309 723140	m.kerour@icn.org.uk
Caroline Greaves	ESOL Manager	07742 986150	c.greaves@icn.org.uk
Mike Harle	Advisory & Community Support Manager	07742 988767	m.harle@icn.org.uk
External			
Emergency Services		999	
Police (Non Emergency)		101	101@dorset.pnn.police.uk
Protecting Vulnerable People (PVP)	Dorset Police	101	101@dorset.pnn.police.uk
Childrens Social Care (BCP)	Concerns about child abuse or wellbeing BCP (bcpcouncil.gov.uk)	01202 123 334. Out of Hours: 01202 738 256	childrensfirstresponse@bcpcouncil.gov.uk Out of Hours: childrensOOHS@bcpcouncil.gov.uk
Adult Social Care (BCP)	Bournemouth, Christchurch and Poole Safeguarding Adults Board (BCPSAB) - Bournemouth, Christchurch and Poole Safeguarding Adults Board (BCPSAB) (bcpsafeguardingadultsboard.com)	01202 123654 option 1 for Bournemouth and Christchurch and option 2 for Poole.	asc.contactcentre@bcpcouncil.gov.uk
Local Authority Designated Officer		01202 456744	LADO@BCPcouncil.gov.uk



DBS Customer Services	Monday to Friday, 8am to 6pm Saturday, 10am to 5pm	Telephone: 03000 200 190 Minicom: 03000 200 192	customerservices@dbs.gov.uk
Women's Aid		07960 720326	info@womensaid.org.uk
Rape Crisis		0808 2000 247	rcewinfo@rapecrisis.org.uk
Children's Advice and Duty Service (ChAD)	Reporting Concerns and Continuum of Need - Pan-Dorset Safeguarding Children Partnership (pdscp.co.uk)	Professional's Telephone Number: 01305 228558 Families and Members of the Public Number: 01305 228866	
External Further			
NSPCC helpline (for adults to use)		020 7825 2505	help@nspcc.org.uk
Childline		0800 1111	
NSPCC whistleblowing line		0800 028 0285	help@nspcc.org.uk
NSPCC fgm helpline		0808 800 5000	help@nspcc.org.uk
Foreign office, forced marriage unit		+44 (0) 20 7008 0151	fm@fco.gov.uk
Prevent helpline (NSPCC)		0808 800 5000	help@nspcc.org.uk
FORWARD – FGM support		020 8960 4000	support@forwarduk.org.uk
NAPAC		0808 801 0331	support@napac.org.uk
Counter-Extremism		0203 741 0188	info@extremismcommission.independent.gov.uk



Appendix 4 – Wellbeing Concern Report Form

Wellbeing Concern Report

HIGHLY CONFIDENTIAL

To be completed by staff member/volunteer who first heard, received or observed the concern.

Date & time of the concern coming to light:	
What is the wellbeing concern?	
Who is the concern regarding? Include full name/s, dates of birth, address if known.	
What is the nature of the concern? Provide as much factual detail as you have, including dates and times:	
Explain how you came to be aware of this? Include where and dates and times:	
Has consent been given to share by the individual involved?	
What are ICN's concerns?	



<p>What actions have you taken? Include: what you have said to the person telling you of the incident, how you have left it with them.</p> <p>(Please date and time all actions.)</p>	
<p>Date and time Designated Safeguarding Officer/Lead (DSO/DSL) informed:</p>	
<p>DSO/DSL Notes:</p>	
<p>Result (Include comment on whether the concern is considered "closed" or whether it remains open. If remaining open, record what further action is to be taken and any deadlines to be aware of).</p>	

Name of the staff member/volunteer and role:.....

Signed: Date and time:

Name of DSO/DSL informed:

Signed: Date and time:



<p>Relevant additional updates/developments and actions taken following the incident report form being completed the first time:</p>	
<p>Result following the updates:</p> <p>(Include: comment on whether the concern is considered "closed" or whether it remains open/ongoing. If remaining open, record what further action is to be taken and any deadlines to be aware of)</p>	



Appendix 5 – Declaration of Offences Form

Declaration of Offences Form – Please complete

Before completing this form, please read the following notes carefully.

Rehabilitation of Offenders Act 1974

Due to the nature of ICN’s work with children and vulnerable adults, all roles including the post you are applying for is exempt from the Rehabilitation of Offenders Act 1974. You are required to reveal any information concerning spent or unspent convictions, cautions, reprimands or warnings in the table below.

If the post involves working with or has access to children or vulnerable adults and/or their records, we will require an enhanced Disclosure from the Criminal Records Bureau for the successful candidate.

Have you ever been cautioned or convicted of a criminal offence?	Yes / No (Delete as appropriate)
Have you ever been disqualified from working with children or vulnerable adults?	Yes / No (Delete as appropriate)
Do you have any unspent criminal convictions or cautions?	Yes / No (Delete as appropriate)

If you fail to disclose any criminal convictions or cautions, including those spent, it could result in withdrawal of the job offer, dismissal or disciplinary action by ICN.

If you do not have any, please write none.

Details of Offence(s)	Place and date of Judgement(s)	Sentence(s)

Possession of a conviction or caution will not necessarily mean that you won’t be appointed, each case is considered on its merits. All information given will be treated in the strictest confidence and will be used for this job application only.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way it will automatically disqualify me from appointment or may, after appointment, lead to disciplinary action which could lead to my dismissal without notice.

Name:	
Signature:	
Date:	