

**The Rehab Group**  
**UK Child Protection Policy**

**Applies Jurisdiction:**  UK

**Division:**  ALL

**Reference Number:** COR-OPS-006

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## 1.0 POLICY STATEMENT

The Rehab Group is committed to actively safeguarding the welfare and protection of children who have contact with the organisation and the staff that provide our services.

The Rehab Group promotes the welfare of all children who access its services by means of education, staff training and those we come into contact with via our services<sup>1</sup> and the implementation of a process for staff to act on any concerns they may have for a child's welfare in a timely manner.

The Rehab Group considers it the duty of all those employed or involved with the organization to take all reasonable measures to prevent or reduce the risk of abuse of all children with whom they come into contact. We acknowledge our responsibility to ensure that all legislation and statutory guidance concerning protection, including The Children Act 1989, The Children Act 2004, the Laming Report into the death of Victoria Climbié, The Children and Young People (Scotland) Act 2014 is adopted, including reporting any protection issues alleged, suspected or disclosed. In fulfilling our responsibility Rehab group adopts the "Working Together to Safeguard Children 2015" (A guide to inter-agency working to safeguard and promote the welfare of children)

([www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/592101/Working Together to Safeguard Children 20170213.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf)) as the overarching guide for the policy that staff must follow in England and Wales and Scottish Government (2014) National Guidance for child protection in Scotland

(<http://www.gov.scot/Resource/0045/00450733.pdf>) as the overarching guide for the policy that staff must follow in Scotland. Rehab Group will seek to establish reasonable grounds for onward reporting but does not carry out investigations into alleged, suspected or disclosed child protection issues. Rehab Group will only proceed to investigate an alleged, suspected or disclosed child protection issue when it has been reported to the relevant statutory body and the relevant statutory body has requested we do so.

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<sup>1</sup> Service Users children in Care

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In adapting the above good practice procedures the Rehab Group hope to minimize the possibility of false allegations against service users and or staff and volunteers

## 2.0 PURPOSE

The purpose of this policy is to make sure that we put practices in place to promote and uphold the rights of all children in our services and to manage any allegations of abuse. The Rehab Group endeavours to safeguard the welfare and protection of all children who access Rehab services by protecting them from all forms of abuse and neglect. Rehab Group also endeavours to protect staff from false allegations of inappropriate behaviour. The Group Safeguarding Lead produces monthly anonymised details of any incidents which are included in the Board report and risk register respectively.

## 3.0 SCOPE

This policy applies to all staff and volunteers who work for the Rehab Group. This policy also extends to all contractors, students on placements and agency staff.

## 4.0 DEFINITIONS

**4.01 *Child*** The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier" (Office of the High Commissioner for Human Rights, 1989).

In Scotland legislation states "Young people between the age of 16 and 18 who are still subject to a supervision requirement by a Children's Hearing can be viewed as a child. Young people over the age of 16 may still require intervention to protect them".

**4.02 *Abuse*** may be defined as any act, or failure to act, which results in a breach of a child's human rights, physical, sexual and

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mental integrity, dignity or general well-being, whether intended or through negligence. Abuse may take a variety of forms.

### 4.03 Types of Abuse

**Physical abuse** includes hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.

**Sexual abuse** includes rape and sexual assault, or sexual acts.

**Psychological/Emotional abuse** includes emotional abuse, threats of harm or abandonment, isolation, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Neglect and acts of omission** includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating. (For a full list of the types of abuse and indicators of child abuse see National Society for the Prevention of Cruelty to Children).

**Financial/Material** abuse includes having money or property stolen, being defrauded or “scammed”, being put under pressure in relation to money or property, or having money or other property misused.

**Institutional abuse** includes neglect and poor care practices within an institution or specific care setting, or in relation to care provided in a child’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practices as a result of the structure, policies, processes and practices within an organisation.

(For a full list of the types of abuse and indicators of child abuse see National Society for the Prevention of Cruelty to Children

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

### 4.04 Who may abuse?

Anyone can abuse a child, but examples include:

#### **Family Abuse**

Abuse of a child by a family member.

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## **Professional Abuse**

Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practices, and/or neglect.

## **Peer Abuse**

Abuse, for example, of one child with/without a disability by another child with/without a disability.

## **Stranger Abuse**

Abuse by someone unfamiliar to the child.

## **On Line Abuse**

Abuse by peers and people using false identities on line for various purposes including grooming

For a full list see <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

## **5.0 PREVENTION**

In order to fulfil its commitment to actively safeguarding the welfare and protection of children who access our services, Rehab Group fosters an environment that promotes prevention and early interventions. This is achieved by a number of measures, such as the examples listed below.

### **All Rehab Group Divisions will have the following in place:**

- A recruitment process in line with the Rehab Group recruitment and selection process that ensures that all reasonable steps are taken to actively safeguard the welfare and protection of children who have contact with the organisation
- A staff induction process to ensure that newly recruited staff members read understand and accept the child protection policy & procedure
- Abuse and neglect awareness training and ongoing education for all staff in the dynamics of abusive and neglectful behaviour towards children and in the operation of the child protection

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policy & procedure, as relevant to their role and based on a training needs analysis

- A code of practice that outlines acceptable and unacceptable practice for Rehab Group staff in respect to their interactions with children (*Please see Appendix 1*)
- A system to raise awareness of child protection welfare issues in an accessible manner through supervision, support, training, assistance and advice
- A system to periodically review child protection issues in order to identify additional training needs
- A system whereby Rehab Group’s child protection policies and procedures are readily available in an accessible format to children and young people accessing our services and their parents

## 6.0 PROCEDURE

A concern regarding a child may come to light in a number of ways. It can be through direct observation, disclosure, reported anonymously or arise as a complaint. It can also come to light through the Rehab Group Whistleblowing Policy. Regardless of how the concern comes to light the staff member or volunteer must take immediate steps in response to this concern.

### 6.1 Consider the possibility.

The process begins by considering the possibility and looking out for signs of neglect or abuse. (*A process map outlining these steps is included in Appendix 2*).

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## **6.2 Immediate Protection.**

The welfare and safety of the child is the primary consideration. The staff member/volunteer must take immediate action to safeguard any child at immediate risk of harm including seeking medical assistance or the assistance of the Police, if deemed appropriate. Where there is concern that a serious criminal offence may have taken place, or may be about to be committed, contact the Police immediately.

## **6.3 Receive the information.**

Listen, reassure and support.

## **6.4 Report & record.**

As soon as possible on the same day report the concern to the line manager or manager on duty. Make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. If the concern is acted upon, for example informing the Police and/or the Safeguarding Children Board, it is important to establish the grounds of concern by obtaining as much information as possible. *(Please see Appendix 3 "Body Map" and any relevant local documentation).*

## **6.5 Referring to Safeguarding.**

On receipt of the details of the allegation/disclosure or suspected child protection issue, the Manager should consider all relevant documentation/information in order to establish if reasonable grounds for concern exist. The Manager will consult with the Safeguarding Lead, and local Safeguarding Children Board duty social worker. A local notification form will be completed by the Manager and sent to local Safeguarding Children Board who will determine that reasonable grounds for concern exist.<sup>2</sup>

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<sup>2</sup> Only Safeguarding Children Board makes this decision, not us or any other agency. Newcastle and Gateshead forms accompanying this return. In Scotland notify duty social worker.

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## **6.6 SAFEGUARDING CHILDREN BOARD**

Any concerns in England/Wales must be reported immediately to the Safeguarding Children Board in the area the incident happened. In Scotland it must be reported immediately to the Safeguarding Children's Board on telephone number 0141 287 0555.

## **6.7 Informing the parents.**

The parent or guardians of the child should be informed of any reports made, as long as it is believed that informing them doesn't put a child in any danger. An appropriate communication strategy with timeframes will be agreed by the Manager (in consultation with the Safeguarding Lead).

## **6.8 Allegations against staff.**

Where an allegation or concern of abuse concerns a member of staff or volunteer of Rehab Group, the most important consideration is the protection of the child. Any concern should be reported to the line manager, who in turn will report to Senior Management and the Safeguarding Lead. A screening will take place immediately to establish if reasonable grounds for concern exist. The line manager and will also consult with HR to establish if an investigation is deemed necessary.

## **7.0 ROLES & RESPONSILBITIES**

Key to the successful safeguarding of children is an open culture with a genuinely child-centered approach to care and support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that service providers create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership and modeling good practice is essential in determining the culture of services.

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**7.1** It is the responsibility of **the Rehab Group** to ensure that:

- An induction process is in place to ensure that newly recruited staff/volunteers read, understand, and accept the Child Protection Policy and Procedures.
- Appropriate supervision, support, training, assistance and advice are provided for staff/volunteers in the operation of the Child Protection policy and procedures.
- A system is in place for senior management to continuously monitor safeguarding needs so that they can match these needs with training plans.
- Copies of this policy and procedures are available in an accessible format for all who use our services and for their parents/advocates.

**7.2** It is the responsibility of **all staff & volunteers** to:

- Protect all children who have contact with our services and report any suspected allegations/incidents of abuse to their line manager.
- Know where you can get help and support.
- Staff can also refer to Rehab Groups Whistleblowing Policy.
- Know the process for taking a disclosure/concern (*Please See appendix 4*).
- Know that all concerns or allegations of abuse must be reported to the line manager, regardless of the source or date of occurrence (retrospective & historic abuse). Staff may receive anonymous allegations of abuse and these must be reported and assessed. However the quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. A retrospective allegation will require a notification to the local Safeguarding Children Board immediately and this can be discussed with the line manager and Safeguarding Lead.
- Attend training in child protection.

**7.3 Senior Management.** Rehab Group protects the dignity and welfare of children who use our services and support staff through the following measures:

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- Ensure insofar as is reasonably practicable that sufficient resources are available to enable best practice standards of care to be delivered.
- Provide safe systems of work to minimise the potential for abuse.
- Provide people with the opportunity to share concerns, positive experiences in a transparent and open way.
- Recruitment: selection and vetting procedures are in line with Rehab Groups policy and procedures. This ensures that all employees have the required skills and attributes required.
- Provide effective supervision, support and training for all staff so that they are aware of their responsibilities. Ensure that shortfalls in standards are dealt with promptly under Rehab Group Policies.
- Communicate to all staff so that they are fully aware that the welfare of the child is of paramount importance and that they know the action to be taken if abuse is suspected or alleged.

### 7.4 Line Managers

The line Manager will receive reports of suspected or alleged incidents of abuse/neglect. They will ensure the immediate safety of the child and record the views of the child where possible. The line manager will report all incidents/allegations to either the Safeguarding Children Board or duty social worker, and gather all necessary information.

### 7.5 Lead Safeguarding Officer (National Support)

The Safeguarding Lead oversees the implementation of the policy at national level, provides advice and guidance to staff and managers as required. The list of safeguarding contacts for the UK is listed in appendix 5.

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## 8.0 EVALUATION & AUDIT

**8.1** There will be quarterly reviews of incident management. This is in line with the “lessons learned” approach adopted by Rehab Group.

## 9.0 REFERENCES

**Child Protection in the UK** (<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/> )

**Child Protection in the UK** (<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/scotland/legislation-policy-guidance/>)

**Working together to safeguard children A guide to inter-agency working to safeguard and promote the welfare of children**  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/592101/Working\\_Together\\_to\\_Safeguard\\_Children\\_20170213.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf)

**National Guidance for Child Protection in Scotland 2014**  
<http://www.gov.scot/Resource/0045/00450733.pdf>

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance/>

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/scotland/legislation-policy-guidance/>

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/legislation-policy-guidance/>

### 9.1 Related PPPGs

Managing Behaviours that Challenge  
Management of Work-related Violence and Aggression

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Missing Service User  
Personal Care  
Risk Management  
Positive Risk Enablement  
Data Protection  
Pre-employment Background Checks  
Whistleblowing  
Complaints & Compliments  
Restrictive Practices  
Medication Management

## **10.0 APPENDICES**

**Appendix 1** Code of Practice

**Appendix 2** Process Map

**Appendix 3** Body Map

**Appendix 4** Procedures for taking a disclosure/reporting a concern

**Appendix 5** Safeguarding Contacts

**Appendix 6** UK Legislation on Safeguarding Children

**Appendix 7** List of Reviewers

**Appendix 8** Read & Understood

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## **Appendix 1** Rehab Group Standards of Best Practice in Protection.

### **Overview**

This Code of Practice is designed to set acceptable and unacceptable practice for Rehab Group staff in respect to their interaction with children who have contact with Rehab Services. Its aims to put in place a system of best practice in this regard and to protect staff members and service users from unfounded allegations.

If you find during the course of your work difficulty adhering to this code please raise these issues with your line manager.

The goal of this code is to:

- Promote the welfare of children and the children of service users' who have contact with Rehab's Services.
- Safeguard the children and the children of service users' who have contact with Rehab's Services at all times.
- Ensure the protection of staff from false allegations.
- Encourage and develop best practice among staff at all levels of the organisation.

Rehab Group expects that all of our staff will approach their work, perform their duties and conduct themselves in a professional and ethical manner at all times. As a general rule staff should treat service users with the same degree of courtesy and respect with which they themselves would wish to be treated.

### **Guiding Principles in Child Protection and Welfare**

- The welfare of children is of paramount importance.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents / carers and families; but where there is conflict, the child's welfare must come first.
- Children have a right to be heard, listened to and to be taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions which may affect their lives.

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- Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.
- Parents / carers have a right to respect and should be consulted and involved in matters which concern their family.
- Actions taken to protect a child, including assessment, should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs of the child.
- Intervention should not deal with the child in isolation; the child must be seen in a family setting.
- The criminal dimension of any action cannot be ignored.
- Children should only be separated from parents / carers when all alternative means of protecting them have been exhausted. Re-union should always be considered.
- Agencies or individuals taking protective action should consider factors such as the child's gender, age, stage of development, religion, culture or race.
- Effective prevention, detection and treatment of child abuse or neglect, requires a co-ordinated multi-disciplinary approach to child care work and effective inter-agency management of individual cases. All agencies and disciplines concerned with the protection and welfare of children must work co-operatively in the best interests of children and their families.
- In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.

### **Service Users Must Be:**

- Recognised as individuals, addressed by their own names, encouraged to do things for themselves and be given an opportunity to understand and be understood.
- Treated with respect, addressed with respect, included in conversation, and involved in making decisions about themselves.
- Offered choices, listened to and ensured access to communication equipment, if required.
- Provided with a safe environment.

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- Assured confidentiality except where there is a risk to themselves or others or concern that a child is at risk. In this instance confidentiality cannot be guaranteed and issues arising should be reported to the local manager in the first instance, who will then notify the local Safeguarding Children Board immediately. If staff feel there is an immediate risk to a child the local Safeguarding Children Board should be notified first.

### **Staff Must:**

- Ensure that relations with children who have contact with Rehab's Services should be on a professional basis at all times and within the requirements of the job. While the development of friendly, trusting relationships is important, professional boundaries must be maintained at all times.
- Always refer to service users by name.
- Treat all information confidentially, except for those who have a need to know.
- Respect the wishes and choices of children who have contact with Rehab Services and their families. Seek advice from your manager if you need it.
- Intervene as and where appropriate if they witness any abusive behaviour.
- Always seek advice from supervisors or another appropriate manager if they are unsure or have any concerns about appropriate behaviour to children who have contact with Rehab Services.

### **Staff Must Not:**

1. Do things for service users, which they can safely do and wish to do for themselves.
2. Take service users to their, or another staff member's home.
3. Engage in rough, physical or sexually provocative games, including horseplay.
4. Engage in inappropriate touching of any kind.
5. Use inappropriate language.
6. Make sexually suggestive comments about or to a person, even in jest.
7. Develop personal relationships with an individual service user outside the professional boundary of their role.
8. Involve themselves in ambiguous situations where the service user is uncertain of his/her role.
9. Favour one service user over another.

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10. Engage in sexual or suggestive conversations/activities.
11. Divulge your personal opinion about other service users or staff members.
12. Discuss service users in front of other service users.
13. Give detailed personal information (e.g. address, phone numbers, and social website presence) about yourself or other staff members.
14. Offer accommodation to service users in a crisis.
15. Ask service users to undertake jobs for them outside of work (for example, babysitting).
16. Borrow money or accept hospitality outside the remit of agreed service provision from a service user.
17. Loan money or property to service users.
18. Indulge in dangerous behaviour leading to injury or risk of injury to a service user.
19. Use any restrictive practice with a service user without applying the restrictive practices policies and procedures.
20. Give service users lifts in your own private car, except in absolute emergencies or unless it is part of a programme and with the knowledge of the manager of the service.
21. Allow unnecessary situations to arise whereby you may be alone in the company of a service user for reasons not related to the provision of services.
22. Staff must not arrange or participate in personal or social activities with service users outside the professional remit of their role.

This list is not exhaustive and you should seek guidance from your manager if you wish to discuss any specific situations further. We would actively encourage all Rehab Group staff to be alert in helping to identify and prevent situations which may cause or lead to problems for either colleague or service users.

### **Staff Supports**

Where serious emotional or personal difficulties arise with service users, staff should avoid becoming personally over-involved. Staff should initially talk to their service manager who may recommend they access Rehab Group supports such as Regional Psychologists and Employee Assistance Programmes (EAP) in line with divisional practices. In such cases these supports will provide support for both staff and service users.

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## Best Practice

- If you become the recipient of inappropriate advances from a child who has contact with Rehab Services you should inform your manager immediately.
- In the main, a service user's wish for privacy must be respected except where, notwithstanding a service user's wish for privacy, it may be unsafe or even dangerous to leave him/her alone, unattended or unaccompanied.
- Where a number of service users are being driven in a Rehab Group vehicle, or contracted vehicle, (i.e. van/minibus) it is recommended that the last service user remaining in the vehicle be of the same sex as the driver, even if this means a longer journey.
- In a learning environment, where it is necessary to deal with a service user in a on a one-to-one basis during the course of your work, the meeting should be conducted in a quiet but observable area. Where this is not possible one or a combination of the following safeguards are advised:
  - Use an office or room with inside and outside windows.
  - Blinds or curtains should be open and the room well lit. If possible the door should be left open.
  - Inform a colleague that the meeting is taking place, its location and likely duration.
  - The meeting should not be any longer than is necessary.

## **Risk features to which staff are required to have consideration for.**

There are a number of risk features pertaining to service users, of which staff members need to be aware. These include:

- Limited life experience and social contact means that some service users may not have had the chance to acquire the 'streetwise' behaviour and judgement of their non-disabled peers.
- Because of their dependency, some service users may be particularly at risk in understanding inappropriate behaviour.
- A person with an intellectual disability and/or poor communication skills may appear to be a 'safe victim', because he/she is less likely to complain or disclose.
- Because they are more likely to have a number of service providers, service users may be exposed to greater risk.

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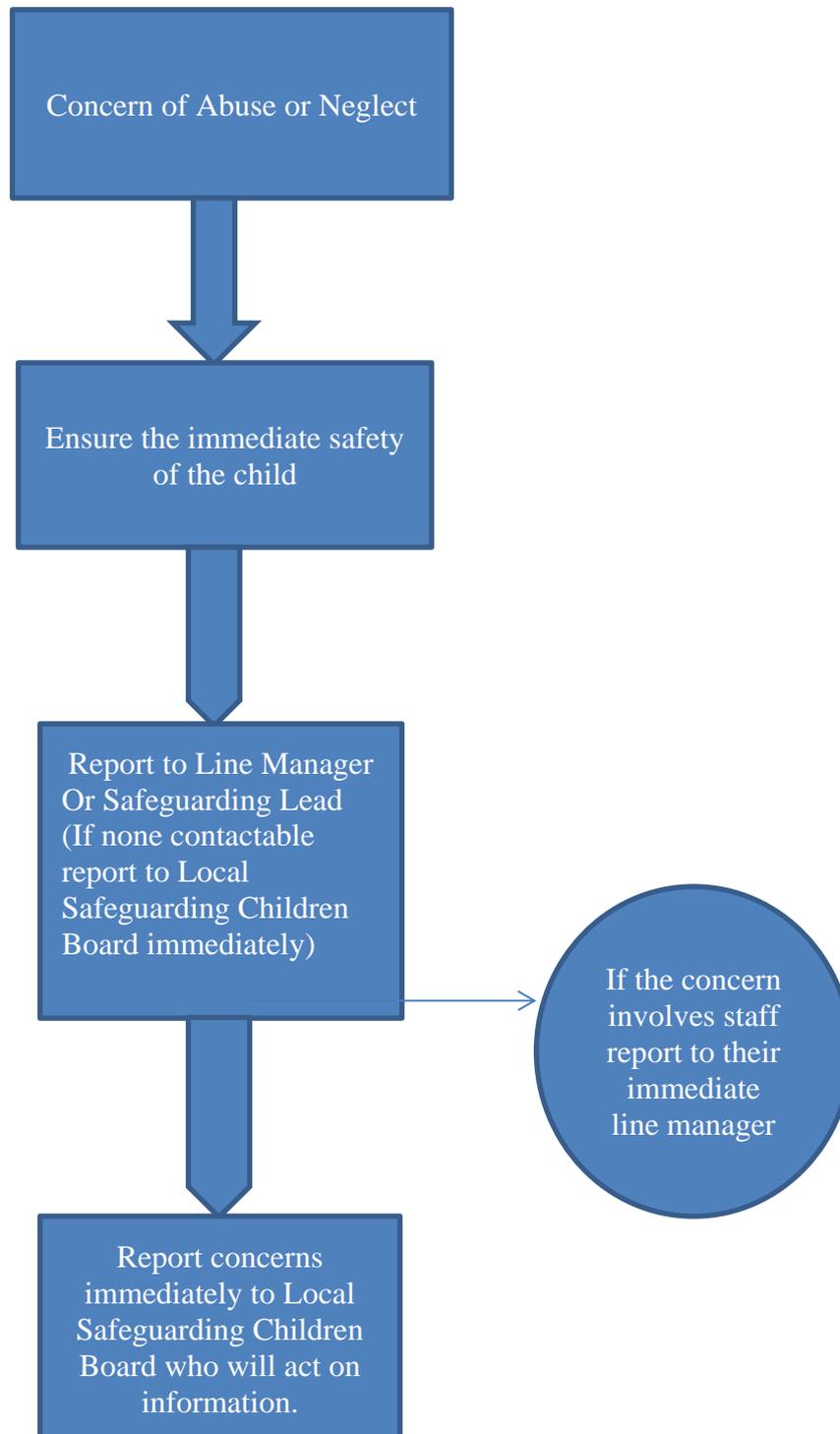
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- Since it may be necessary to provide services of a personal nature, there are additional occasions where abuse may occur.
- Issues of power/powerlessness are particularly pertinent as many service users depend on our staff.
- Service users may demonstrate inappropriate behaviour towards other service users and the above principles apply in such cases, as one service user may be in a position to lead or coerce another service user.

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## Appendix 2 Process Map



## Appendix 3 Body Map

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Name of Individual	:	_____			
H&S Incident Form No.:		_____			
Name of Staff Member 1:		_____			
Job Title of Staff Member 1:		_____			
Name of Staff Member 2:		_____			
Job Title of Staff Member 2:		_____			
Service	Details,	address	&	telephone	no.
_____					
_____					
_____					
Date marks observed/Body map completed: ___/___/___ (date, month & year)					
Signature of Manager: _____				Date: ___/___/___ (date, month & year)	

### Instructions for completing the body map:

Please only use this body map if you have been trained to do so and in a manner that maintains the dignity of the Service User.

When you notice an injury on a service user/staff member record as accurately as possible the following information for each injury by drawing on the body map in black ink:

1. Indicate the exact site of the injury (using arrows if necessary)
2. Use the following key to indicate the different types of injury i.e. (A) bruising (B) etc.

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3. Use the space provided to make a 'close-up' drawing(s) of body parts/injuries highlighting and indicate where they appear on the body map.

4. Provide brief details for each injury e.g.

(a) measurements of the injury (a ruler is provided to assist with measurement),

(b) approximate shape of the injury e.g. round, square, straight line

(c) colour of the injury - if more than one colour say so

(d) is the skin broken?

(e) is there any swelling at the site of the injury or elsewhere?

(f) is there a scab? / any blistering? / any bleeding?

(g) is the injury clean? or is there grit / fluff etc?

(h) does the site of the injury feel hot?

 A - pressure ulcer:  
broken down) 

D - scratches, red areas (not

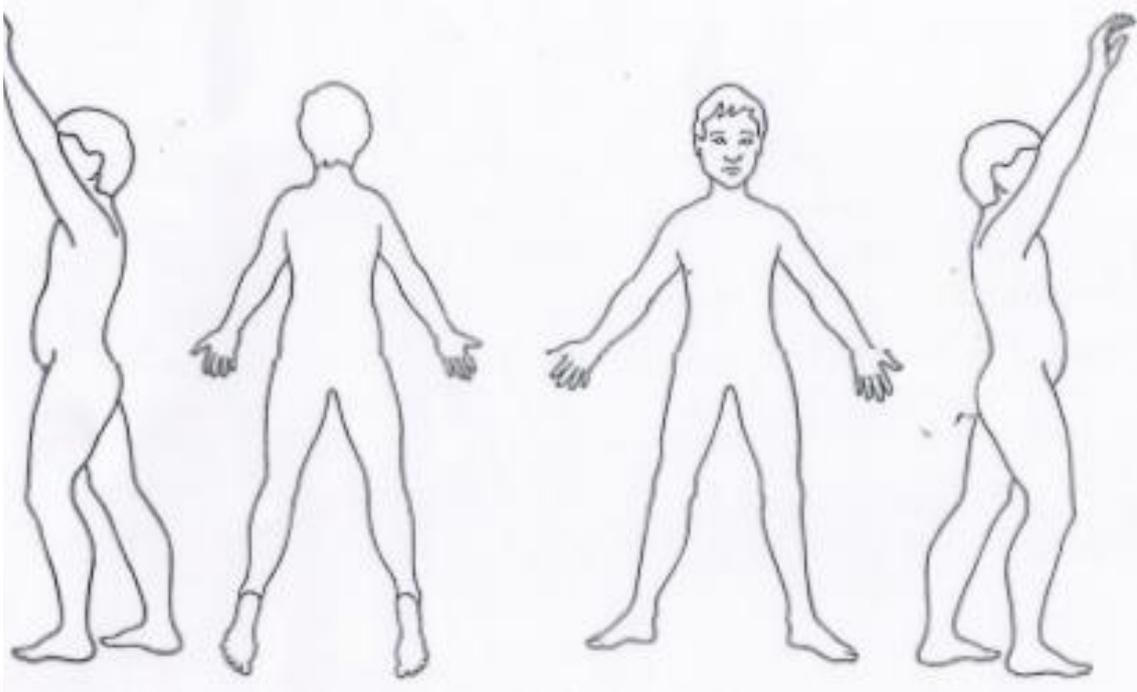
 B - bruising 

E - scalds, burns

 C - cuts, wounds   
bites/scratches)

F - other (specify e.g.

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Please use the space below to make "close up" drawing(s) of each injury. Please indicate where each injury is located on the body and provide brief details of each injury.

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## Appendix 4 Procedures for taking a disclosure/reporting a concern

### Procedures for taking a disclosure/reporting a concern.

1. Listen, reassure and support an individual who has made a disclosure – do not promise confidentiality, or say that you can keep a secret.
2. Do not press the individual for information. As soon as possible, preferably on the same day, report what you have seen/been told or have concerns about to your line manager and/or Lead Safeguarding Officer.
3. Write this up in a report and include to whom you have reported – keep it factual and as far as possible use the person’s own words not your interpretation. Make sure that you include your name, signature, and date on this report.
4. The report will need to include:
  - a. When the disclosure was made, or when you were told about/witnessed this incident.
  - b. Who was involved and any other witnesses, include service users and other staff.
  - c. Exactly what happened or what you were told, using the person’s own words, keeping it factual and not interpreting what you saw or were told.
  - d. Any other relevant information e.g. previous incidents that have caused you concern.
  - e. Include as much detail as possible.
  - f. Make sure the written report is legible and of a quality that can be photocopied.
  - g. Keep the report/s confidential, storing them in a safe and secure place until needed.

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## Appendix 5 List of Safeguarding Contacts

### List of Managers/ Lead Safeguarding Officer

Company / Division	Name	Contact Details
Momentum England	Gemma Armstrong	<a href="mailto:Garmstrong@Momentumskills.org">Garmstrong@Momentumskills.org</a>
Momentum England	Paul McKay	<a href="mailto:PMcKay@MomentumCare.Org.Uk">PMcKay@MomentumCare.Org.Uk</a>
Momentum Care & Skills Scotland	Steve Black	<a href="mailto:SBlack@MomentumUK.org.uk">SBlack@MomentumUK.org.uk</a>
Momentum Scotland	Allison Clark	<a href="mailto:aeclark@momentumskills.org">aeclark@momentumskills.org</a>
Group Safeguarding Lead (UK)	Mark Bibby	<a href="mailto:MBibby@rehabgroup.eu">MBibby@rehabgroup.eu</a>
Safeguarding Lead Ireland	Sarah Mahon	<a href="mailto:Sarah.mahon@rehab.ie">Sarah.mahon@rehab.ie</a>
Rehab JobFit	Paul Dunphy	<a href="mailto:PDunphy@RehabJobFit.com">PDunphy@RehabJobFit.com</a>
Rehab JobFit	Beth Davies	<a href="mailto:BDavies@RehabJobFit.com">BDavies@RehabJobFit.com</a>
Rehab JobFit	Andre Irwin	<a href="mailto:AIrwin@RehabJobFit.com">AIrwin@RehabJobFit.com</a>

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## Appendix 6 UK Legislation

### England

Children Act 1989  
Children Act 2004  
Safeguarding Vulnerable Groups Act 2006  
Protection of Freedoms Act 2012  
Children and Families Act 2014  
Education Act 2002  
Digital Economy Act 2017  
Adoption and Children Act 2002  
Female Genital Mutilation At 2003  
Children and Adoption Act 2006  
Children and Young Persons Act 2008  
Borders, Citizenship and Immigration Act 2009  
Apprenticeships, Skills, Children and Learning Act 2009  
Education Act 2011

### Wales

Children Act 1989  
Children Act 2004  
Safeguarding Vulnerable Groups Act 2006  
Protection of Freedoms Act 2012  
Social Services and Well-being Act 2014  
Education Act 2002  
Adoption and Children Act 2002  
Female Genital Mutilation At 2003  
Digital Economy Act 2017  
Children and Adoption Act 2006  
Children and Young Persons Act 2008  
Borders, Citizenship and Immigration Act 2009  
Apprenticeships, Skills, Children and Learning Act 2009  
Education Act 2011  
Well-being of Future Generations (Wales) Act 2015

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## Scotland

Children (Scotland) Act 1995  
Adoption and Children (Scotland) Act 2007  
Protection of Vulnerable Groups (Scotland) Act 2007  
Sexual Offences (Scotland) Act 2009  
Children’s Hearings (Scotland) Act 2011  
Children and Young People (Scotland) Act 2014  
Digital Economy Act 2017

## Northern Ireland

The children (Northern Ireland) Order 1995  
Addressing Bullying in Schools Act (Northern Ireland) 2016  
Children’s Services Co-operation Act (Northern Ireland) 2015  
Safeguarding Board Act (Northern Ireland) 2011  
Safeguarding Vulnerable Groups (Northern Ireland) Order 2007  
Criminal Law Act (Northern Ireland) 1967  
Digital Economy Act 2017

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# Rehab Group – UK *Child Protection Policy*

## Appendix 7 List of Reviewers

The following names individual authors/ reviewers to this policy are:

Momentum England	Paul McKay
Momentum Scotland	Alison Clark
Rehab Group UK	Caron Bozdugan
Rehab Group Ireland	Sarah Mahon

\*Note that it is not obligatory for each division to be involved in a new policy/ review if the policy is not relevant; this should be decided by each division on a case-by-case basis.

## Appendix 8 – Read & Understood

I have read, understand and agree to adhere to the UK Child Protection Policy, Procedure, Protocol/ SOP or Guideline:

Print Name	Signature	Date