



# Glasgow Life

## Safeguarding Policy

***'In Glasgow Life we will ensure that children, young people and vulnerable adults feel safe and protected at all times.  
We will support their rights, wishes and feelings and encourage an atmosphere of mutual respect.'***

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## 1. Introduction

This Policy sets out the guidelines and procedures to be followed in relation to Safeguarding and Child Protection by all Glasgow Life staff & volunteers and in the management of its facilities. This will ensure that everyone involved in Glasgow Life activities is safe, comfortable and able to participate in a relaxed, protective environment. This policy focuses on our procedures to ensure that children, young people and vulnerable adults are protected from harm when engaging with Glasgow Life. It sits alongside all other relevant Glasgow Life policies which cover the safe delivery of our services.

All staff should be made aware of this Policy and it should be read in conjunction with the company's Code of Conduct, Social Media Policy and any other relevant documents. This Policy provides staff with the operational procedures to be followed in the event of abuse being discovered or suspected.

## 2. Purpose and aim of the safeguarding policy

The purpose of this policy is to ensure that Glasgow Life staff and volunteers are aware of the principles of Safeguarding and Child Protection. We will ensure that our services are designed and delivered in a way that is free from harm and upholds participants rights. We will ensure

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that everyone working on behalf of Glasgow Life knows how to act on our procedures if there are signs of potential harm.

Glasgow Life has an appointed lead for Safeguarding (including child protection). The Safeguarding lead is responsible for this policy and associated training as well as representing Glasgow Life at relevant forums. Glasgow Life's Safeguarding lead can be contacted at any time for advice and guidance in relation to this policy and our procedures. (see section 10)

The following points underpin this Policy:

- **All children, young people and vulnerable adults have the right to protection from abuse.**
- **The child's and/ or vulnerable adult's welfare is the paramount concern.**
- **All participants should feel safe and secure while using Glasgow Life facilities and/ or when in the care of its staff.**
- **Everyone under the age of 18 will be considered a child.**
- **A vulnerable adults is someone who is unable to safeguard their own wellbeing, property, rights or other interests and are at risk of harm.**
- **All suspicions and allegations of abuse will be taken seriously, reacted to appropriately and actioned without delay.**
- **Staff working with children, young people and vulnerable adults will have an understanding of the issues surrounding Child Protection and Safeguarding, are aware of good practice in relation to this work.**
- **Every effort should be made to enable the vulnerable adult to express their wishes and make their own decisions to the best of their ability recognising that such self-determination may involve risk.**
- **Where it is necessary to override the wishes of the vulnerable adult or make decisions on his/her behalf for their own safety (or the safety of others) this should be proportionate and least restrictive. • IF IN DOUBT – SPEAK UP!**

### **3. Legal and policy basis**

This policy is written in accordance with the West of Scotland procedures for Adult Protection and Child Protection.

Following the Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014 all Local Authorities are required to protect children and anyone acting on their behalf, such as Glasgow Life, is expected to have policies and procedures in place to promote, support and safeguard the wellbeing of all children. Local Authorities must investigate any concerns or allegations of abuse regarding children using their services. Policies should outline the responsibilities of all staff in relation to Child Protection and the organisations must ensure that staff are sufficiently trained and resourced to carry out these responsibilities.

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The Adult Support and Protection (Scotland) Act 2007 was introduced to protect Adults at risk of harm. Each local authority in Scotland set up an Adult Protection Committee. The Committee is a multi-agency committee and they ensure that all local agencies involved work together and produce reports on the work that they do.

This Policy is in line with the core principles of the national guidance and is underpinned by GIRFEC; the UN Convention on the Rights of the Child and the Children's Charter.

Getting It Right For Every Child (GIRFEC):

- puts children's needs first
- ensures that children are listened to and understand decisions that affect them
- ensures that they get the appropriate co-ordinated support needed to promote, support and safeguard their wellbeing, health and development.

These principles, enshrined in legislation and practice in Child Protection, are derived from Articles of the UN Convention on the Rights of the Child, ratified by the UK Government and endorsed by the Scottish Government.



## 4.

### Definitions

Safeguarding is the action that an organisation takes to promote the welfare of children and vulnerable adults to protect them from harm including physical, emotional, sexual and financial harm and neglect. This includes making sure that the appropriate policies, practices and procedures are put in place. Safeguarding includes child protection but goes further and extends to all vulnerable beneficiaries.<sup>1</sup>

Child protection - means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient to have identified a likelihood or risk of significant harm from abuse or neglect.<sup>2</sup>

Child Abuse - The Scottish Government's national guidance for Child Protection in Scotland 2014 defines abuse and neglect as follows:

*Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur.*

Child/Young Person - In this document we refer to children and young people – this is considered to be anyone under the age of 18 years of age.

Vulnerable Adult – The Adult Support and Protection Act 2007 defines adults at risk as those aged 16 years and over who:

- are unable to safeguard their own wellbeing, property, rights or other interests
- and are at risk of harm
- and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected

It places a duty on local councils to inquire and investigate cases where harm is known or suspected. The presence of a particular condition does not automatically mean an adult is an adult at risk of harm. Someone could have a disability but be able to safeguard their wellbeing, property, rights and other interests.

Participants – In this document we refer to participants. This means anyone engaging with Glasgow Life services including but not exclusively, children, young people and vulnerable adults.

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<sup>1</sup> OSCR <https://www.oscr.org.uk/guidance-and-forms/safeguarding-guidance-keeping-vulnerable-beneficiaries-safe/what-is-safeguarding/>

<sup>2</sup> National Guidance for Child Protection in Scotland - <https://www.gov.scot/publications/national-guidance-child-protection-scotland/pages/3/>

## 5.

Staff - Throughout this document reference will be made to 'staff'. This applies to employees, self-employed contractors who provide services on behalf of Glasgow Life and volunteers.

### **Responsibilities**

It is everyone's responsibility to work within the company's Safeguarding Policy and to ensure you do everything you can (in your role) to safeguard children, young people and vulnerable adults. Concerns about someone should always be reported either to a line manager or the most senior person on site. (information on the referral process is contained in section 8) Where necessary, concerns should be recorded as soon as possible.

In relation to Adult Protection, we all have responsibilities to ensure that adults who may be at risk of harm in our communities are safe, respected and included, with clear communication routes and fully involved in all decision making. Our aspiration, for all adults who may be at risk of harm in our communities is that they are empowered, to be free from harm and enabled to make decisions and choices about their lives and to live as independently as possible in relation to their personal circumstances.

Managers should ensure staff:

- understand their role and responsibility in relation to Safeguarding
- are familiar with the Safeguarding Policy
- know who the Child Protection/Safeguarding Lead for the company is
- receive a Child Protection/Safeguarding briefing
- receive relevant training
- notify the Lead Child Protection Lead/Safeguarding Lead Officer of action.

Where possible, staff should avoid:

- spending time with a child/young person or small group of children/young people away from others
- taking sessions alone
- taking children/young people on a journey alone in their car.

Staff should not:

- use any form of physical force on anyone
- exercise undue influence over a child/young person or vulnerable person in order to obtain personal benefit or reward
- engage in rough physical games
- make sexually suggestive comments about, or to, a child/young person or vulnerable person in the context of physical activity

## 6.

- take physical measurements or engage in testing without the presence of another adult.

### **Mitigation and Implementation**

This section details how Glasgow Life will seek to mitigate the risk of harm to children, young people and vulnerable adults and how this policy will be implemented. It also provides staff with guidelines and good practice.

#### **Training**

Each new member of staff will receive Safeguarding Awareness training, without which they will not be permitted to work unsupervised with children, young people and vulnerable adults. If staff will be working online, they will also need to complete the Online Safeguarding course prior to delivering any online work on behalf of Glasgow Life. This also applies to volunteers. Safeguarding Awareness will be included in volunteer training.

Managers are responsible for ensuring that staff and volunteer training is kept up to date and to brief all staff on updated information as and when required. Safeguarding training will be tailored to the service in which staff work and their participation in that training will be logged with the Learning and Development Section.

Staff must receive training prior to taking up each new appointment or annually, whichever is appropriate to their work schedule. Staff should undertake training on a three-year cycle. A GOLD course is available as well as a manager's resource to allow manager's to deliver the course. Glasgow Life's Learning and Development will programme Safeguarding Awareness courses throughout the year.

The Lead Safeguarding Officer will ensure that training materials, policies and procedures are up to date and that managers are informed of all available training opportunities.

#### **Recruitment**

All staff will be recruited appropriately in accordance with Glasgow Life's recruitment policy. Where required for the role a PVG check will be carried out prior to a person commencing employment with Glasgow Life. Volunteers will be recruited as per Glasgow Life's Volunteer policy and if a PVG membership is required Glasgow Life will make arrangements for a check to be carried out. Induction training to Glasgow Life will include Safeguarding Awareness information for both staff and volunteers.

#### **Health & Safety**

Risk Assessments are carried out as required for sessions engaging children, young people and vulnerable adults. Risk Assessments include reference as to whether a PVG check is required (i.e. it is regulated work) and confirmation that all necessary training and qualifications are in place for the session to take place, including any requirements for Safeguarding Awareness. This process is governed by the Glasgow Life's Health & Safety policies and procedures.



## 7.

### **Good Practice**

Staff should be properly recruited and managed and appropriate training should be given. In addition to tackling abuse it is good practice to ensure that children feel safe and comfortable while engaging in activities. To this end this Policy also includes direction regarding issues such as bullying, name-calling and horseplay either between children or between adults and children. The more secure and safe participants feel within Glasgow Life facilities or whilst participating in its programmes, the more likely they are to realise that any form of abuse is unacceptable.

This approach is based on the following underpinning principles:

- Staff should be properly recruited; managed and appropriate training should be made available.
- The development of all programmes should encourage and foster the empowerment of children.
- All activities which involve children, young people and vulnerable adults should recognise their needs and be person-centred.
- Staff should ensure an environment in which everyone can enjoy their participation.
- All adults have a responsibility to be aware of Safeguarding as an issue.

Positive adult-child interactions are characterised by an open and encouraging atmosphere which recognises young people's voluntary engagement in activities and shows an awareness of the child's autonomy. This is set in an atmosphere which promotes the protection and rights of children, displays an awareness of the development stages of childhood and fosters the promotion and encouragement of individual progress.

Those working with children should:

- always be accessible to others when working with children
- avoid situations where they and a child are completely unobserved
- ensure that male and female staff jointly supervise mixed activities, where possible
- wear ID and, where issued, uniform at all times.

Those working with children should never:

- engage in activities which could be considered physical or sexually provocative, even in horseplay
- allow or engage in any form of inappropriate touching
- allow inappropriate language to remain unchallenged, including remarks between children
- make sexually suggestive comments to a child or in the presence of a child
- allow allegations by a child to go unreported, unrecorded or not acted upon
- do things of a personal nature that a child can do for themselves.

Working with vulnerable adults:

Engaging with vulnerable adults is similar and in fact all these principles apply as good practice with everyone. When working with vulnerable adults it is important that staff take a person-centred approach, allowing the vulnerable adult to be empowered and engaged in the process.

### **Incident Reporting Log**

From time to time incidents will occur which may upset a participant. An adult's actions or language may be misinterpreted or may be a cause for concern. These incidents must be reported as soon as possible to the most senior member of staff available and noted. Parents or carers should also be informed of the incident as soon as possible. An Safeguarding Incident Log is included as Appendix A with this document. This process is one that safeguards and protects staff. The completion of an incident form should be viewed as a Quality Assurance and Safeguarding issue and as such, reporting should be encouraged and supported by Managers. This form may be used to record incidents where action has been taken but the

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Social Work referral form has not been completed (see Appendix D)

**7. Recognising concerns**

Types of harm can affect both children and vulnerable adults. The table below gives an indication of the types of harm which may affect both groups. These are exhaustive nor exclusive and in the case of vulnerable adults, the types of harm that affect children, may also be experienced by them:

Child Harm/Abuse	Adult Harm/Abuse
Physical Abuse Sexual Abuse Child Sexual Exploitation Emotional Abuse Neglect	Physical Abuse: conduct which causes physical harm, Emotional Abuse: conduct which causes psychological harm (for example by causing fear, alarm or distress), unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion), conduct which causes self-harm another person's conduct is causing (or is likely to cause) the adult to be harmed, or the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause)self-harm.

**What is child abuse?**

Abuse can be physical, sexual or emotional. It may be acute or involve a long-term pattern of physical neglect, and often children are abused in more than one way. These categories of abuse are detailed below with examples of how abuse may manifest itself. The intention of this Policy is to produce a safe and comfortable environment for young people. Therefore, all other forms of harm to children must be dealt with including bullying and name-calling.

In most, but certainly not all cases, the abuse is perpetrated by an adult, usually by someone known to and trusted by the victim. It should be remembered that children can abuse other children. Staff must remain alert to these issues and also ensure that bullying and name-calling are always challenged.

Child abuse can occur in any situation in which children are involved. Training in Child Protection procedures and sharing of best practice will lead to staff being properly equipped to provide safe and enjoyable experiences for children. These Child Protection procedures must be followed at all times to ensure the safety of children and staff.

**Categories of abuse**

All staff should be familiar with the ways in which abuse manifests itself. The lists below are by no means exhaustive but are designed to give employees and people involved with the

organisation some guidance on how to recognise child abuse. Any information has to be seen in the context of the child or young person's whole situation and circumstances.

Different types of abuse may overlap or co-exist. The following definitions are all taken from National Guidance for Child Protection in Scotland 2014.

### **Physical abuse**

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Signs of possible physical abuse:

- unexplained injuries or burns, particularly if they are recurrent
- improbable excuses given to explain injuries
- refusal to discuss injuries
- untreated injuries or delay in reporting them
- excessive physical punishment
- arms and legs kept covered even in hot weather
- fear of returning home
- aggression towards others
- running away
- administration of toxic substances.

### **Sexual abuse**

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

### **Child sexual exploitation (CSE)**

Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse.

In practice, the sexual exploitation of children and young people under 18 might involve young people being coerced, manipulated, forced or deceived into performing, and/or others performing on them, sexual activities in exchange for receiving some form of material goods or other entity (for example, food, accommodation, drugs, alcohol, cigarettes, gifts, affection). Sexual exploitation can occur through the use of technology and without the child's immediate recognition. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

Below are some indicators of sexual abuse. This list is not exhaustive, nor are all the behaviours exclusive to this type of abuse:

- self harm;

- excessive sexual awareness or knowledge of sexual matters inappropriate for the child's age;
- acting in a sexually explicit manner
- sudden changes in behaviour or school performance or school avoidance;
- displays of affection in a sexual way inappropriate to age;
- tendency to cry easily; to cling or need constant reassurance
- regression to younger behaviour, such as thumb-sucking, playing with discarded toys, acting like a baby;
- distrust of a familiar adult, or anxiety about being left with a someone
- unexplained gifts or money;
- secretive behaviour;
- eating disorders;
- fear of undressing for gym; • phobias or panic attacks.

### **Emotional abuse**

Emotional abuse is persistent emotional neglect or ill-treatment that has severe and persistent adverse effects on a 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 involve the imposition of age – or developmentally – inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill-treatment of a child; it can also occur independently of other forms of abuse.

Signs of possible emotional abuse:

- low self-esteem
- continual self-deprecation
- sudden speech disorder/refusal to speak
- fear of carers
- severe hostility/aggression towards other children • significant decline in concentration span • self-harm.

### **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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from, 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time

Signs of possible physical neglect:

- constant hunger or inappropriate/erratic eating patterns
- poor personal hygiene
- constant tiredness

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- lack of adequate clothing
- failure to seek appropriate/necessary medical attention
- unhygienic home conditions
- children left without supervision
- lack of care or supervision during activities.

## **Recognising Abuse**

A vulnerable person may be a child or adult who is at risk of, or experiencing abuse. These may be complex situations and abuse may not be immediately apparent.

Staff are not expected to be experts in this area. However, any concerns with respect to the welfare of a child or vulnerable adult should be notified immediately to the most senior member of staff available. The procedures for recording and reporting a concern should then be implemented. It is not the responsibility of staff to decide that abuse has occurred, but it is their responsibility to follow through on any concerns that they have, or are raised with them.

As outlined above, signs of abuse can be physical, behavioural or developmental. Below is a list which details some indicators of abuse. It should be remembered that these indicators can occur in other, non-abusive, situations and that the list is not exhaustive.

Indicators of child abuse may be as follows:

### **Physical Indicators**

- Unexplained bruising in soft tissue areas
- Repeated injury
- Black eye(s)
- Injuries to mouth
- Torn or blood-stained clothing
- Burns and scalds
- Bites
- Fractures
- Marks from implements

### **Behavioural Indicators**

- unexplained changes in behaviour – becoming withdrawn or aggressive
- regressive behaviour
- difficulty in making friends
- distrustful of adults or excessive attachment to adults
- sudden drop in performance
- change in attendance pattern
- inappropriate sexual awareness, behaviour or language
- inconsistent stories/excuses relating to injuries
- unusual reluctance to remove clothing where activities require it
- reluctance to go home

As noted in the good practice section, Child Protection is more than recognising and combating child abuse. Children should be able to participate in activities free from concerns for their personal safety and in comfort. To this end, staff are required to consider all issues which would make young people uncomfortable and take steps to combat bullying, name-calling or any other form of harassment which would limit young people's involvement and participation in Glasgow Life programmes.

### **Vulnerable Adult Abuse**

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Most adults, who might be considered to be at risk of harm, manage to live their lives without experiencing harm. Often this is with the assistance of caring relatives, friends, paid carers, professional agencies or volunteers. However, some people will experience harm such as physical harm, psychological harm, sexual harm or exploitation of their finances or property.

#### Physical

- ▶ (hitting, shaking, punching, pulling hair etc., locking them in a room or limiting their freedom)
- 

#### Emotional / psychological

- ▶ (made to feel scared or embarrassed, being intimidated or bullied, constantly criticised, not being allowed to see or talk freely to other people)
- 

#### Neglect

- ▶ (not given the correct medication or care, not allowed to see a doctor or other health professional, not allowed enough food or have proper heating, lack of privacy and dignity)
- 

#### Financial

- ▶ (stealing, fraud, forcing to hand over money or goods, misuse of property or benefits or stopping someone getting their own money or possessions)
- 

#### Sexual abuse

- ▶ (any sexual activity that the person does not understand or want; degrading or inappropriate photographs)
- 

#### Undue Pressure -

- ▶ An adult at risk can be considered to be under undue pressure if they are refusing consent and:
    - The person causing the harm, that the order or action is intended to prevent, is someone in whom the adult at risk has confidence and trust.
    - Pressure applied by the person that the adult is afraid of, or threatening them and the adult does not trust them.
    - Pressure applied by person not causing harm (e.g. a relative not suspected of causing harm) but does not want the council to intervene.
- 

### **Bullying**

Bullying is behaviours such as teasing, taunting, threatening, hitting or extortion by one or more children against another. It is an act or series of acts designed to aggravate and intimidate. It is the responsibility of staff to deal immediately with bullying whenever it takes place.

Many children are reluctant to tell adults that they are being bullied, more particularly older children. The risk of bullying and harassment by adults and children should be anticipated by taking active steps to prevent it occurring. Bullying is not to be tolerated under any circumstances.

Examples of bullying include:

- physical aggression
- verbal bullying
- intimidation
- damage to property
- isolation
- repeated gestures or expressions of a threatening or intimidatory nature
- comments intended to degrade the child • initiation rituals • cyber bullying.

### **Combating bullying and abuse**

Bullying and abuse can be reduced by the following measures:

- raising awareness of bullying and abuse as unacceptable forms of behaviour
- creating an ethos which encourages children, staff and parents/guardians to report bullying and abuse and to use these procedures to address these issues
- ensuring the supervision of children during all activities
- ensuring a supportive environment for victims of bullying and abuse • securing the support of parents/guardians to counter bullying and abuse • removing persistent bullies from activities.

**Bullying will not be tolerated within Glasgow Life activities or facilities.**



## **8. Reporting procedures and process**

The decision to respond to allegations of, or suspicions about, abuse can be a very difficult one. There is a responsibility to protect the child/vulnerable adult in order that appropriate agencies can then make enquiries. Staff should not be afraid to refer concerns, particularly as others may have previously raised similar concerns. All referrals will be considered thoroughly by the statutory agencies prior to action being taken. Guidance can be sought from the Lead Safeguarding Officer on any matter relating to Safeguarding or the implementation of Glasgow Life's procedures, however, this should not delay implementing the procedures where there is an immediate concern. Issues relating to a Glasgow Life member of staff should be progressed as per the company's Code of Conduct.

As noted previously, it is not the responsibility of Staff to investigate concerns, simply to report those concerns to the agencies charged with responsibility to conduct investigations. Social Work Staff are available to discuss concerns prior to submitting a report and staff should avail themselves of the support offered by Social Work to discuss their concerns in advance of making a formal report. A list of Social Work telephone numbers is provided at the end of the section.

Should a situation arise where an immediate place of safety is required, such as a child fearing to return home because of the risk of further abuse, or if staff suspect that further abuse would occur, it may be appropriate to contact the police. See the end of this section for contact numbers.

The principles of raising a concern for a child or vulnerable adult are the same. However, there are two different processes in place. With regards to vulnerable adults, due care and consideration should be given to the adult's own rights and capacity to make decisions about their situation.

### **Safeguarding Incident Reporting Form**

Not every incident will result in a referral to Social Work Services. There will be occasions when the matter is referred to the Police or where relevant action is taken by Glasgow Life. In these instances, staff should complete the Safeguarding Incident Reporting Form (Appendix A).

### **Referrals concerning Children**

Referrals to Social Work should be completed using the yellow Shared Referral Form. (See Appendix C for guidance and Appendix D for the form). Referrals to Police Scotland should be followed up with the completion of the Safeguarding Incident Reporting Form (Appendix A). Any other actions relating to a child protection concern or incident should be recorded on the Safeguarding Incident Log. This is an internal document only, which should then be forwarded to the Lead Safeguarding Officer at [childprotection@glasgowlife.org.uk](mailto:childprotection@glasgowlife.org.uk)

### **Referrals concerning vulnerable adults**

Raising a concern for an adult can be done by contacting Social Care Direct on 0141 287 0555. If the referral is out with office hours Emergency Social Work Services can be contacted on 0300 343 1505. An Adult Protection Referral Form (AP1) can be completed and emailed to social care direct. The AP1 Form can be found as Appendix B. Where there is an immediate risk of harm it may be appropriate to contact Police Scotland on 101 or 999

### Does the adult need to consent to the referral?

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The adult's consent is not required for you to make a referral under the Act. If possible, inform the adult that their concerns will be reported to your line manager or the most senior person on site and the police where a potential crime has been committed and that these will be recorded. While the adult's consent should usually be sought before the police are contacted, remember that adults at risk of harm are individuals in their own right and must be allowed to exercise their right to choose the way they live their life, unless:

- The adult is at immediate risk of significant harm.
- The adult does not have capacity to understand his/her choice or consequences.
- There is concern the person is being unduly pressured to withhold their consent.
- The situation involves a service provider and other adults may also be at risk of harm.
- There is a public safety concern and it is in the public interest to override consent because of the seriousness of the incident or allegation and/or risk to other people.
- Any member of staff from any agency witnessed a crime being committed.

When making a referral to the Police or Social Services they should be advised if the adult has consented to the referral or not.

### **What to do in the event of disclosure**

If a child or vulnerable adult discloses or suggests that they have been abused, or information is obtained which gives concern that a child or vulnerable adult is being abused, the staff member receiving this information should:

- stay calm and not rush into any inappropriate action
- reassure the child/vulnerable adult that they are not to blame and that they have done the right thing by telling
- listen to what the child/vulnerable adult has to say and show them that you take them seriously
- keep questions to an absolute minimum – the child/vulnerable adult should be allowed to speak freely without any undue interruption or questioning, but a clear account should be ensured
- reassure the child/vulnerable adult but do not make a promise of confidentiality (confidentiality might not be possible, given that a report may have to be prepared)
- make a full written record of what was said, heard and/or seen as soon as possible
- record full details of the allegation
- if a referral form is not immediately available these details should be written on plain paper and transferred to a form later, retaining the original record.

### **Reporting to Senior Staff**

- Any information regarding abuse of a child or vulnerable adult by a member of the public, staff or a volunteer should be reported to the most senior person on site.

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- For staff working in a non-Glasgow Life venue, e.g. school facility/hall/non-supervised outdoor facility, the first point of contact is the most senior person on site or immediate line manager.
- The most senior person on site should discuss the issue with Social Work immediately or contact Police Scotland, if appropriate.
- If the most senior person on site is the subject of the report or suspicion, the report must be made to the Lead Safeguarding Officer (Andrea McMillan) on 07833 047337 or by email to [childprotection@glasgowlife.org.uk](mailto:childprotection@glasgowlife.org.uk) .
- If the most senior member of staff is unavailable then direct contact must be made with the local Social Work office (of where the child lives) through Social Care Direct or the Glasgow and Partners Emergency Social Work Services, if out with normal business hours.
- Discussion should be with only one senior member of staff and not with any other colleagues/friends.

### **Reporting to Lead Safeguarding Officer**

- The lead Safeguarding Officer will normally acknowledge receipt of all Safeguarding Incident Logs and Referral forms within two working days of receipt, and may request further information from time to time.
- The Lead Safeguarding Officer can be contacted for advice and guidance, HOWEVER, staff should not delay raising a concern with the relevant agencies and should follow the procedures as outlined above.
- Copies of Safeguarding Incident Logs, Shared Referral forms and any other noted actions relating to child protection concerns should be emailed to [childprotection@glasgowlife.org.uk](mailto:childprotection@glasgowlife.org.uk)

### **Referral Forms**

As soon as possible after an incident a comprehensive report of everything that was said, heard and/or seen should be recorded on the Safeguarding Incident Log (See Appendix A). Where it is decided that a referral to Social Works Services is appropriate, the Shared Referral Form (Appendix D) should be completed. For Adult protections referrals form AP1 should be used (Appendix B)

All forms and guidance notes are attached to this document. Copies of the current Policy and forms are also available on Glasgow Life's Intranet pages:

### **What happens next?**

- The most senior person on site will refer the allegation to the Social Care Direct team
- A copy of the referral form should be sent to Social Care Direct.

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- Social Work may involve the Police. This will result in a Social Work inquiry and a separate Police inquiry to investigate any allegations. All possible assistance will be given to Social Work and Police Officers investigating the allegations.
- The parents/carers will be contacted as soon as possible following advice from Social Work and or the Police.
- Managers (or most senior person on site) do not have the right to veto or further investigate allegations prior to referring.
- Within five days of receiving a referral form, Social Work Services should return the final page of the referral form acknowledging receipt and indicating outcomes.

### Out of Hours Reporting

Across the range of services provided by Glasgow Life, there are a number of times when individual members of staff or small groups are working out with the normal hours. All staff working in this way need to be aware of their role regarding Safeguarding & Child Protection and the reporting procedure in the case where action is required.

Where it is not possible to speak with a line manager, staff should not delay making a referral to the Police or Social Work as appropriate. The line manager and the Safeguarding Officer should be contacted at the earliest opportunity.

Staff should use the attached Safeguarding Incident Log (Appendix A) to note the details of the incident and action taken. This should be forwarded to the line manager and the Safeguarding Officer – [childprotection@glasgowlife.org.uk](mailto:childprotection@glasgowlife.org.uk), by the morning of the first working day following the incident.

There may be incidents of such a serious nature that it is appropriate to contact a member of the Glasgow Life directorate. In this case, the Lead Safeguarding Officer should be contacted on 07833 047337. The Officer will then refer to the Company’s Emergency Contact List to inform relevant senior managers.

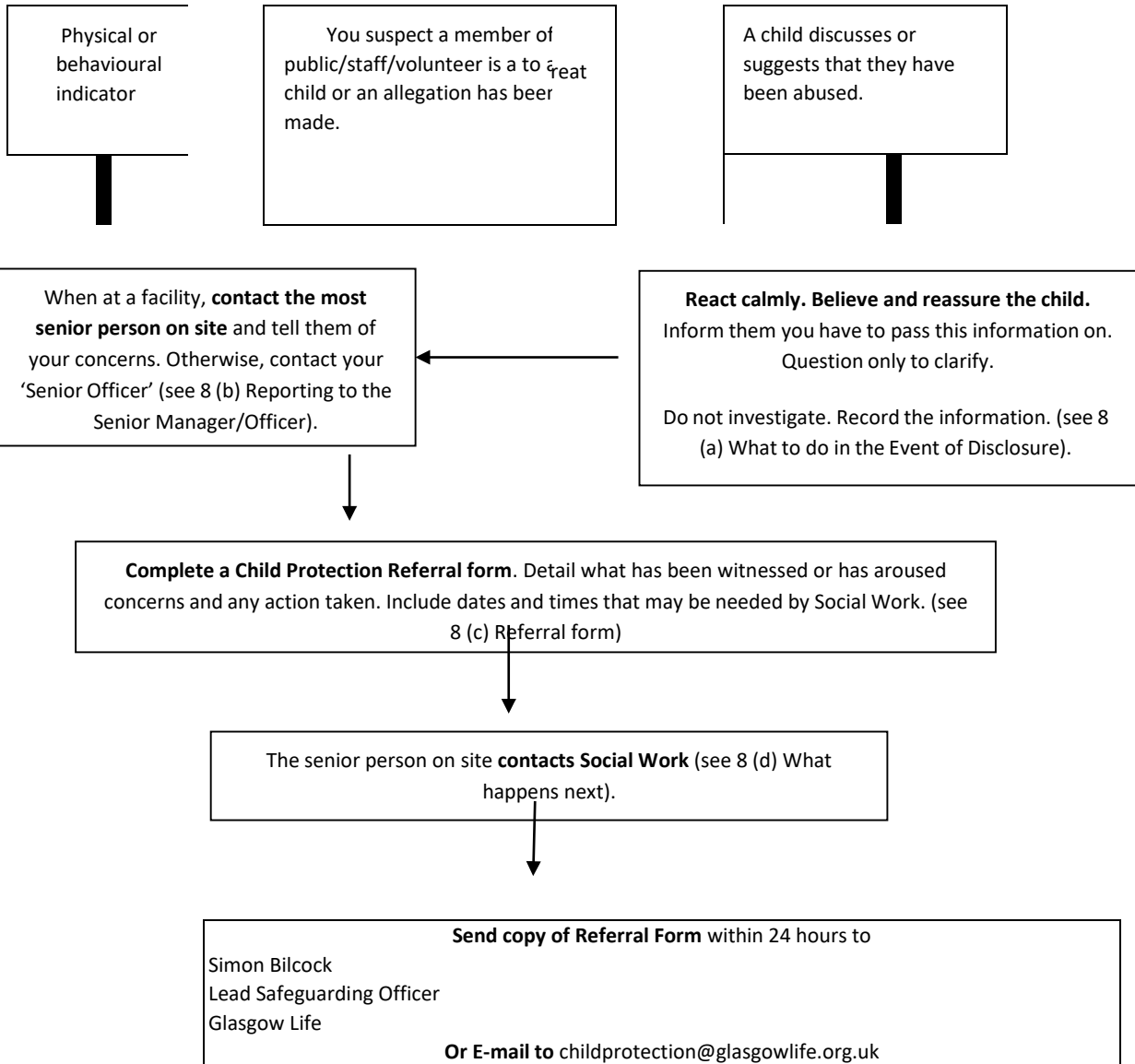
Out with normal office hours on weekdays, over weekends and Public Holidays, the Out Of Hours system will be in place. Any member of staff making a Safeguarding or Child Protection report to Social Work or the Police will follow the report by calling their line manager and, if appropriate, the Safeguarding Officer.

Having allocated any follow-up work required from the report, the Lead Safeguarding Officer will attach the reporting form to the file copy of the Referral Form.

### Referral procedure - Children

Suspicion of abuse

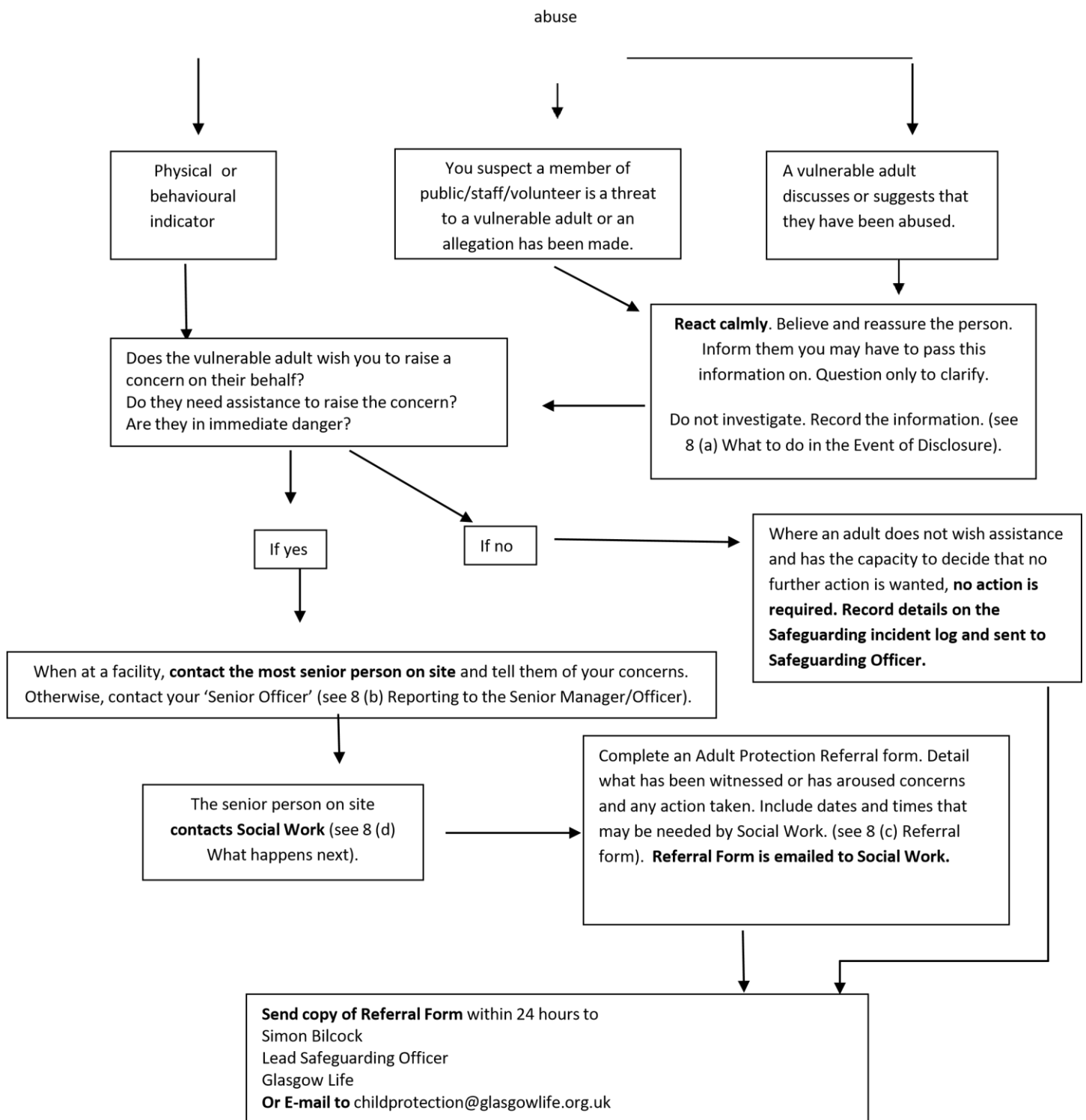




\* At any point in the process above, guidance can be sought from the Lead Safeguarding Officer.

**Referral procedure - Adults**

Suspicion of



\* At any point in the process above, guidance can be sought from the Lead Safeguarding Officer.

### Contact Numbers

The first point of contact for all staff is the most senior member of staff in the facility they are working in, or the immediate line manager. However, you will receive information or advice from a number of agencies, including Social Work and the Police.

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**If immediate help is required phone 999**

<b>During office hours - Social Care Direct</b>	Phone 0141 287 0555 Textphone 18001 0141 276 4710 Email <a href="mailto:socialcaredirect@glasgow.gov.uk">socialcaredirect@glasgow.gov.uk</a>
<b>Outwith office hours - Glasgow and Partners Emergency Social Work Services</b>	Phone 0300 343 1505

**Police**

Police Scotland was formally established on 1 April 2013 and is responsible for policing across the length and breadth of Scotland. Greater Glasgow is divided into 11 Area Commands, 9 of which comprise Glasgow city.

In an emergency you should always dial **999** to get an immediate response. This should be considered where a child or vulnerable adult is in immediate danger.

All other referrals to the Police should be made through the non-emergency number **101**.

The Public Protection Unit, lead on Safeguarding and Child Protection matters and your call will either be directed to this unit or the local police office.

**9. Monitoring, review and complimentary polices**

This Policy will be subject to a review annually, following a reported incident and/or changes in legislation, whichever comes first.

Glasgow Life also has an Online Safeguarding Policy and procedure for all staff who will be working online with children, young people and/or vulnerable adults. This is also accompanied by a training course. Staff must have completed the Safeguarding Awareness course before progressing to the Online Safeguarding Policy.

This policy is complimentary to the following Glasgow Life Policies, which are available on the intranet.

Code of Conduct

Health & Safety

Recruitment

Volunteering

Social Media Policy

## 10. Further Information and Resources

### Glasgow Life Safeguarding Contact

**Simon Bilcock, Lead Safeguarding Officer, Tel 07467685691**

**Email: [simon.bilcock@glasgowlife.org.uk](mailto:simon.bilcock@glasgowlife.org.uk) [childprotection@glasgowlife.org.uk](mailto:childprotection@glasgowlife.org.uk)**

(Phone rather than email if the concern is urgent)

- **Glasgow City Council, Public Protection, 0141 420 5665**

<https://www.glasgowchildprotection.org.uk/>

Glasgow City Council – Public Protection Information page

<https://www.glasgow.gov.uk/index.aspx?articleid=17236>

Glasgow City Council Adult Protection Leaflet

<https://www.glasgow.gov.uk/CHttpHandler.ashx?id=39241&p=0>

Glasgow Adult Protection Committee

<https://www.glasgowadultprotection.org.uk/> Glasgow Child Protection Committee

- Safeguarding in Sport is a partnership between CHILDREN 1ST and **sportscotland**. Further information is available at <http://www.children1st.org.uk/services/87/safeguarding-in-sport>
- **sportscotland**, for publications on working with and coaching children and Child Protection for sports coaches, 0141 534 6500 <http://www.sportscotland.org.uk/>
- Scottish Government – National Guidance <http://www.scotland.gov.uk/Publications/2010/12/09134441/0>
- West of Scotland Child Protection Procedures – the contents of this site are compliant with the National Guidance for Child Protection in Scotland (2010) and also contain an intelligent search facility. This means that you can search for any issue but the engine will only look at accredited sites. This reduces the irrelevant content that you may find on popular search engines and makes your research much easier. <http://www.online-procedures.sc.gov.uk/westofscotland>
- 'Protecting Children – A Guide for Sports People' and 'Code of Ethics and Conduct for Sports Coaches' are available from sports coach UK , 01132 311310, <http://www.sportscoachuk.org/>

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- Creative Scotland - Creating Safety Publication. Creating Safety provides guidance on Child Protection for individuals and organisations involved in delivering artistic, cultural and creative projects for children and young people in Scotland.  
<https://www.creativescotland.com/resources/professional-resources/guidance-and-toolkits/creating-safety>
- Contact your own sport's National Governing Body which may have recommended guidelines.
- Childline Scotland – 0800 1111
- NSPCC Child Protection Helpline – 0808 800 500
- Parentline Scotland – 0808 800 2222
- Children 1<sup>st</sup> 0131 446 2300

## Appendices

<b>A</b>	<b>Safeguarding Incident Log</b>	Form: Used to record any Safeguarding concern and action taken by Glasgow Life, including referrals made to Police Scotland. This form is NOT required if the Social Work Shared Referral form has been used.
<b>B</b>	<b>Adult Protection Form (AP1)</b>	This is the multi-agency form used to record concerns for a vulnerable adult.
<b>C</b>	<b>Shared Referral Guidance Notes</b>	Guidance notes to accompany the Shared Referral Form that is used to share information with Social Work in relation to child protection concerns.
<b>D</b>	<b>Shared Referral Form</b>	Multi-agency form that is used to share information with Social Work in relation to child protection concerns.



Date..... Time... .. Contact number.....

**Line Manager's name, Section and contact number**

Name..... Section ..... Contact number.....

**Please discuss this completed form with your Line Manager. The completed form to be filed in the facility/centre.**

<p><b>Please send a copy of this form (marked Private and Confidential) to:</b>          Simon Bilcock          Lead Safeguarding Officer          Glasgow Life  <b>E-mail to</b>          childprotection@glasgowlife.org.uk</p>	<p><b>Incident Reporting Log</b>          From time to time incidents will occur which may upset a child, young person or vulnerable adult, or an adult's actions or language may be misinterpreted. These incidents must be reported as soon as possible to the most senior member of staff available and noted. Parents or carers should also be informed of the incident as soon as possible. This process is one that safeguards and protects staff. The completion of an incident form should be viewed as a quality assurance and safeguarding issue and as such should be encouraged and supported by managers.</p>
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## Appendix B

### ADULT PROTECTION REFERRAL FORM (AP1)

A word copy of this form suitable for typing and printing can usually be found on the Local Authority/HSCP and NHS Adult Support and Protection webpage.

ADULT AT RISK DETAILS (please PRINT details, thank you)					
NAME			DOB		
HOME ADDRESS			CURRENT WHEREABOUTS		
POSTCODE			POSTCODE		
TEL NO:			TEL NO:		
GENDER		ETHNIC ORIGIN		RELIGION	
COMMUNICATION NEEDS (please provide details including communication aids by the adult and specify first language if not English)					
GP NAME / ADDRESS					

REFERRER DETAILS (please PRINT details, thank you)				
NAME			DESIGNATION	
AGENCY			DIRECT DIAL TEL NO:	
EMAIL ADDRESS				
RELATIONSHIP TO ADULT BEING REFERRED:				
SIGNATURE				
DATE				

IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED AND HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.)

--

**DETAILS OF CONCERN** (please PRINT details, thank you)

1) IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS? (If **no**, please state reason)

--

2) IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if **yes**, please state reason)

--

3) IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (if **yes**, please specify)

--

GIVE DETAILS OF HARM (SUSPECTED / WITNESSED / DISCLOSED / REPORTED). DATES, PROTECTIVE ACTIONS TAKEN INCLUDE DETAILS OF ANY PREVIOUS CONCERNS. (please use separate sheet if required)

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HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE SHARED WITH SOCIAL WORK OR OTHER RELEVANT AGENCIES	YES / NO (delete as appropriate) If <b>NO</b> please state reasons
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**DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details, thank you)**

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

**DETAILS OF MAIN CARER / RELATIVE / POA / GAURDIAN (please PRINT details, thank you)**

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

We will now share data based on the relevant legal basis under the current Data Protection legislation with effect from 25<sup>th</sup> May 2018. Consent for data sharing is no longer required. The relevant privacy statement is available which confirms these details: [www.glasgow.gov.uk/index.aspx?articleid=22836](http://www.glasgow.gov.uk/index.aspx?articleid=22836)

If you are providing anyone else's details, where appropriate please make sure that you have told them that you have given their information to Glasgow City Council.

## **APPENDIX C**

### **CHILD PROTECTION REFERRAL GUIDANCE NOTES**

These are the guidance notes to be used when completing the Shared Referral Form.

#### **Shared Referral Form to Social Work Services**

##### **Introduction**

The following form, with minor alterations, is used by all Council Departments and other agencies (Health, Police, Voluntary Organisations, Glasgow Life and others) which operate under Glasgow Child Protection Committee.

The form will form part of the integrated assessment process for each child who has been harmed or at risk of harm.

##### **Reason for a Shared Referral Form**

This form has been produced by Glasgow Child Protection Committee to encourage a consistency in practice across agencies when dealing with concerns about a child's welfare, including Child Protection concerns. Often, understanding about a child's circumstances does not become fully apparent until information is shared between agencies and the purpose of introducing this referral system is to ensure that concerns about children are passed to Social Work at the earliest opportunity. It may be that the information passed is not sufficient to require a response from Social Work. However, this information will be retained on record and can be used if further concerns are identified in the future, thus building a fuller picture of the child's circumstances.

When workers are concerned about a child, as well as providing the reasons for their concern, workers should provide a view on how they believe the concern has impacted on the child. For example, if the parents are known, or believed to be drug users, the referral should attempt to outline how this has affected the child e.g. lack of care, poor health or development etc. This will allow agencies to consider what supports or interventions may best support the child.

##### **When to use the referral form**

When workers are concerned about a child's welfare, contact should be made with Social Work, (usually via the Social Care Direct number) in the first instance to discuss the concern and the possible action that may be taken. The referral form should be completed subsequent to this discussion and passed to Social Work, as well as a copy kept for the child's records.

##### **How to complete the referral form 1. Who should complete the form/make the referral**

The form should be completed by the staff member reporting the issue of concern or their most senior member of staff, whoever is best placed to make an immediate and comprehensive report.

##### **2. Providing information**

While the form provides for comprehensive details regarding the child to be recorded, a referral should not be delayed to gather information which you do not currently have.



### **3. Copies**

Wherever possible the electronic form should be completed and emailed to [childprotection@glasgowlife.org.uk](mailto:childprotection@glasgowlife.org.uk) and a copy posted to Social Work at the office contacted. If an electronic version is not available the form should be completed and posted/delivered to: Simon Bilcock, Lead Safeguarding Officer, Glasgow Life, Mitchell Library, North St, Glasgow, G3 7DN (marked Private and Confidential) **and** to Social Work.

#### **What happens next**

During the referral phone call, discussion will take place about the nature of the staff member's concerns, the impact on the child and what action, if any, is required. Action points should be agreed and be included in the written copy of the referral form.

On receipt of the referral form, (whether electronic or hard copy), Social Work will complete and return an acknowledgment of the referral to the referring agency, indicating the response made by Social Work.

Referrals about concerns over a child's welfare will not always require a response under Child Protection procedures. Instead, the child and family may be in need of general support, advice and guidance or may require a comprehensive multi-agency assessment to determine their needs.





**1a. REFERRAL DETAILS**

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax
	Glasgow Life					

**1b. DESIGNATED CONTACT PERSON (IF DIFFERENT FROM 1a)**

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax
	Glasgow Life					

**2. REFERRAL TO**

Date of Referral	Time of Referral (am or pm)	Name of worker spoken to	Designation	Is the parent/carer aware of this referral? Yes/No?		Is the young person aware of this referral? Yes/No?	

<b>Social Work Team</b> <small>GLASGOW LIFE SAFEGUARDING POLICY  ISSUE NUMBER 2  DATE OF ISSUE: May 2022  REVIEW DATE: M a y 2 0 2 3</small>	<b>Responsible Local Authority</b>	<b>Phone</b>	<b>Is this a re-referral from your service? Yes/No</b>	<b>If yes, please enter date(s) of previous referral(s)</b>

### 3. SUBJECT OF REFERRAL

<b>Child's Name</b>	<b>Other name known by</b>	<b>DOB dd mm yy</b>	<b>Age</b>	<b>Gender (M/F)</b>	<b>Home Address (include Postcode)</b>	<b>Ethnicity (see list on page 7)</b>	<b>Religion (see list on page 7)</b>
1							
2							
3							

<b>Preferred Language (see list on page 6)</b>	<b>Interpreter Required (specify)</b>
1	
2	
3	

### Child Affected by Disability

<b>Description (see list on page 7)</b>	<b>Communication Assistance Required (specify)</b>

#### 4. FAMILY DETAILS

Mother's Name	DOB (If Known)	Other name known by	Current Address (If different from child)

Father's Name	DOB (if known)	Other name known by	Current Address (if different from child)

#### 4. FAMILY DETAILS (cont'd)

#### Principal Carer's Details (if different from Mother/Father)

Family Address (include postcode)	Phone (if known)	Is Child Currently Resident at this Address? Yes/No	If No, state Address (include postcode)

Name	DOB (if known)	Relationship to Child	Address (including postcode)	Type of Residence (if not at home)

**Other Adults in Household**

**Any Other Significant Adult(s) (if known, please include contact details)**

Name	DOB (if known)	Relationship to Child	Name	DOB (if known)	Address	Phone	Relationship to Child

**Siblings not subject to referral**

Child's Name	Other name known by	DOB dd mm yy	Age	Gender	If in relation to unborn baby or mother is pregnant – Estimated Date of Birth

## 5. SUMMARY OF CONCERNS

IF CHILD PROTECTION, PLEASE INDICATE  
CATEGORY OF CONCERN APPLIES

FOR ALL REFERRALS PLEASE COMPLETE THE FOLLOWING WHICH

Suspicion/risk of (Child Protection)		Suspicion/risk of (factors relating to the child)		Suspicion/risk of (factors relating to parents/ carers)	
Physical Injury		Absconding		Alcohol Abuse	
Emotional Abuse		Child Safety		Asylum Seekers/Refugees	
Physical Neglect		Education		Domestic Abuse	
Non-Organic Failure to Thrive		Emotional Care/Development		Drug Abuse	
Sexual Abuse		Health – Illness/Disability		Housing/Accommodation	
		Outwith Parental Control		Learning Disability	
		Physical Care/Neglect		Mental Illness	
		Self harm		Parenting	
		Sexual Exploitation		Physical Illness	
		Offender Behaviour		Poverty/Financial	
		Substance Misuse		Other (please specify below)	

		Other (please specify below)	
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**6. REASON FOR REFERRAL/REQUEST FOR SERVICES:** (please record reason for concern and how this impacts on child. If applicable, please indicate alleged abuser. Indicate what action, if any, you have taken prior to the referral).

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**7. AGREED ACTIONS** (Actions agreed during phone referral)

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**8. AGENCY INVOLVEMENT**

<b>Health</b>	<b>GP's Name</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Health Visitor/School</b>	<b>Name of Health Visitor/School Nurse</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Education</b>	<b>Name of School and Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Any Other Agencies (if known)</b>	<b>Name of Agency and Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>

GLASGOW LIFE SAFEGUARDING POLICY  
 ISSUE NUMBER 2  
 DATE OF ISSUE: May 2022  
 REVIEW DATE: M a y 2 0 2 3

Signature of Referrer .....

Please print name .....

Date .....

Signature of manager (if applicable) .....

Copies of this form to be sent to: Social Work Department as per section 2 of this form and to the Glasgow Life Lead Safeguarding Officer, Simon Bilcock, Mitchell Library, North Street, Glasgow, G3 7DN or preferably by email to [childprotection@glasgowlife.org.uk](mailto:childprotection@glasgowlife.org.uk)

**Pick Lists**  
GLASGOW LIFE SAFEGUARDING POLICY  
ISSUE NUMBER 2  
DATE OF ISSUE: May 2022  
REVIEW DATE: M a y 2 0 2 3

<u>ETHNICITY</u>	<u>PREFERRED LANGUAGE</u>	<u>RELIGION</u>	<u>DISABILITY</u>
Bangladeshi	Albanian	Agnostic	Autism
Black Caribbean	Arabic	Bahai	Hearing Impairment
Black African	Bengali	Buddist	Language/Communication Disorder
Chinese	Cantonese	Christian Catholic	Learning Difficulties
Declined Information	Eastern European	Christian Protestant	Mental Health Problems
Indian	English	Christian Other	No Disabilities but Affected by Disability of Family Member
Pakistani	European	Declined Information	No Disabilities not affected by disability
White Irish	Farsi	Hindu	Physical/Motor Impairment
White Scottish	Gaelic	Jainism	
White Other British		Jehovah's Witness	

Any Mixed Background Any Other Asian Background Any Other Black Background Any Other Ethnic Background Any Other White Background Not Known	Gujarati Hindi Kurdish Sorani Mandarin Mirpuri Persian Punjabi Sign Language Swahili Urdu Unknown Other Language	Jewish Mormon Muslim Shia Muslim Sunni Non Believer Sikh Taoist Unknown	Social, Emotional, Behavioural Difficulties Visual Impairment Other Disability (please specify)  <b><u>TYPE OF RESIDENCE</u></b> Children's Unit Foster Placement Friend Pre-Adoptive Placement Residential School Respite Relative Secure Accommodation
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