


Manual	Safeguarding	 Gatwick IRCs
Document No.	1	
Document Name	Safeguarding Policy	
Issue	9 May 2013	

Safeguarding Policy

DATE EFFECTIVE FROM: May 2013

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Amended By:	Nathan Ward	Date:	9 May 2013
Amended By:	Nathan Ward	Date:	17 March 2014
Amended By:	Michelle Brown	Date:	October 2016
Amended By:	Michelle Brown	Date:	April 2017
Approved By:		Date:	

Safeguarding children, adults at risk and vulnerable persons policy statement – Gatwick IRCs

Legislative and policy requirements

1. These are as follows:

Children Act 1989 duties of local authorities with social services responsibilities continue to apply where children are detained, subject to the necessary requirements and constraints of detention.

Section 55 of the Borders, Citizenship and Immigration Act 2009 places a duty on the Secretary of State to make arrangements to ensure that specific functions of the UK Border Agency are discharged with regard to the need to safeguard and promote the welfare of children and that services contracted out to others are provided having regard to that need. Statutory guidance under Section 55 sets out how the safeguarding/promoting welfare provisions will be implemented.

The detention of minor children, together with their families takes place under Immigration Act powers - as such it is an “immigration” function and is covered by the duty.

Statutory guidance under Section 55 requires Home Office staff participation in Local Safeguarding Children Boards where appropriate and invited to do so. In the case of removal centres holding families with children, this means the Centre Manager and Home Office Manager or nominated deputies.

Detention Services Order 19/2012, Detention and Escorting Safeguarding Children Policy, identifies the duty to have regard to the need to safeguard and promote the welfare of children while carrying out the Home Office core function of ensuring the return of families with children. The DSO recognises the additional responsibility on removal centres by virtue of the fact that children are almost totally dependent on the centre for all their day to day needs.

Care Act 2014 - The Care Act 2014 sets out a legal framework for local authorities and other parts of the system of how we should protect adults at risk of abuse or neglect – this includes victims of torture, trafficking, self harm or bullying. Section 2, Well-being references the following -

(2)“Well-being”, in relation to an individual, means that individual’s well-being so far as relating to any of the following—

- (a)personal dignity (including treatment of the individual with respect);
- (b)physical and mental health and emotional well-being;
- (c)protection from abuse and neglect;

- (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- (e) participation in work, education, training or recreation;
- (f) social and economic well-being;
- (g) domestic, family and personal relationships;
- (h) suitability of living accommodation;
- (i) the individual's contribution to society.

Detention Services Order 08/2016 – Adults At Risk – “An adult suffering a condition, or in who has experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention”

2. This policy is drawn up in recognition that there is an ever present risk of harm happening to young people and vulnerable adults.

It is our duty to prevent harm and take effective action when harm is suspected or disclosed in a timely manner.

G4S fully recognises its responsibilities for safeguarding vulnerable adults and children. Safeguarding is paramount and it is the duty of all employees, visitors, agencies and volunteers working with, or in contact with children and vulnerable adults.

The policy sets out the steps that G4S takes/will take to safeguard individuals who are at risk of harm or neglect and the responsibilities of all associated with Gatwick IRCs in the recognising, reporting and investigating of suspected abuse or neglect.

Safeguarding is defined in the Government publication ‘Working Together to Safeguard Children’ (2010) as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully

3. Within this broader definition, safeguarding is about taking steps to ensure that children, young people and vulnerable adults are kept safe from harm. This includes protecting children, young people and vulnerable adults from:

- harm from self (self-harm and suicide)
- harm from peers who bully or are violent
- harm from adults
- detrimental impact on wellbeing whilst in detention.

4. A child is defined by 'Working Together' as anyone who has not yet reached their 18th birthday. "Children" therefore means children and young people throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Responding to concerns and disclosures regarding the safeguarding and welfare of vulnerable adults has changed since the policy Safeguarding Vulnerable Groups Act (2006) due to the Protection of Freedoms Act (2012) and such the definition is different from that of children and young people under 18.

Adults are not categorically longer deemed vulnerable because of their personal attributes, characteristics or abilities. An adult is considered 'vulnerable' if they receive a health, personal or social care service from a professional, however, in detention should a detainee require help with accessing facilities, feeding, washing or dressing, be a victim of torture, trafficking, unwanted attention or abuse, they may be deemed as vulnerable.

The definition of an abuse of adults is – "Abuse is a violation of an individual's human and civil rights by another person or persons" Abuse can be displayed the the following forms -

Definition of abuse/harm

- ☐ Physical
- ☐ Emotional
- ☐ Neglect
- ☐ Sexual

Other forms of abuse are applicable (financial/discriminatory/bullying including cyber bullying) but the main areas are the ones below. The following are examples of indicators that would fall under each of the definitions but are not the complete list.

Physical – Hitting, slapping, punching, rough handling or unnecessary physical force. Misuse of medication restraint or inappropriate sanctions is also within this category

Emotional – Verbal, psychological, threats of harm, intimidation, deprivation of contact, humiliation, controlling, harassment, isolation or withdrawal from services or supporting networks.

Neglect – Ignoring medical or physical needs including warmth and food, failure to provide access to appropriate health or social care.

Sexual – Any sexual act that a person has not consented to, could not consent to or was pressured into consenting. Sexual abuse can occur to those in relationships

In addition to the above, other factors that will classify as an Adult At Risk include –

- Being aged 70 or over
- Being pregnant
- Being transsexual or intersex
- Suffering a serious mental health condition
- Suffering a serious mental impairment (or serious learning difficulties)
- Suffering from PTSD
- Suffering a serious disability
- Having been a victim of modern slavery or human trafficking
- Having been a victim of torture

Status of the policy statement

5. Detention Services Order 19/2012 requires each detention facility, including the escort process, to produce and publish a safeguarding policy statement along the lines of a template provided for that purpose.

This policy statement is based on the template and has been agreed with the Local Safeguarding Children Board (LSCB). It will be reviewed annually in consultation with the LSCB and Home Office.

Detention Services Order 06/2008 recognises detainees at risk of self harm. Please refer to Self Harm and Suicide prevention policy for information.

Detention Services Order 08/2016 recognises Adults at Risk.

Strategic policy

6. The management of G4S recognises and accepts the requirements placed on them by section 55 of the Borders, Citizenship and Immigration Act 2009.

G4S understands its contribution to safeguarding and promoting the welfare of all detainees held in their care, in practice, to be primarily in the development and implementation of policies and arrangements designed to:

- minimise the impact of stay on parenting ability; (for families)
- normalise the environment;
- clarify and help children and vulnerable adults prepare for onward arrangements;
- protect the children resident and vulnerable adults from significant harm, including self-harm or suicide, harm from other residents (bullying and other

potential forms of abuse which may occur), and harm from staff and other adults, e.g. visitors;

- safeguard the children who are not held in their care but with whom staff have routine contact – when in contact with those children, e.g. visiting children;
- minimise the risks of harm to children or vulnerable adults in the community by detainees who have been identified as presenting such a risk, which could occur during any form of contact with a child, including, telephone, internet and visits; and
- contribute to Home Office decisions to detain or to continue detention with the aim of ensuring that children or vulnerable adults are not detained in the centre if their needs cannot reasonably be met such that the assessed impact of detention on the person.

All staff have the duty to contribute to the implementation of the above policies and arrangements. The role of all staff will be made clear in job specifications, through day to day unit and supervision management, through one to ones and through performance management reviews.

Core component policies/arrangements

7. The **core** component policies/arrangements are as set out below. Each policy will demonstrate operational links and integration with other safeguarding areas.

(i) Child Protection

A written policy has been published and is at annex A. G4S regards child protection as essential as part of its wider work to have regard to the need to safeguard and promote the welfare of children detained in their care. All staff will therefore aim to safeguard and promote the welfare of children, both proactively and in response to concerns, so that the need for specific action to protect children from harm, within detention and outside, is reduced.

G4S recognises that children will also visit the Centres – staff will be aware of identified risks and ensure the safety of the child is before, during and after the visit is paramount

(ii) Minimising impact of stay on parenting ability

G4S recognises the importance of supporting distressed parents in their care to enable them to continue effective parenting of their children.

The primary safeguarding responsibility rightly remains with parents during their stay.

G4S will provide appropriate support to parents, who are distressed, whilst held in their care, aimed at encouraging and enabling them to focus on their children and to plan jointly with parents to meet identified needs. Where concerns about a parent's ability to meet a child's needs continue after advice has been given and support offered, then a family support plan will be drawn up by key personnel, including the on-site independent social workers, if any.

Arrangements will be made to endeavour to ensure a continuation of the existing pattern of care between parents and their children. The role of the parents as the main providers of communication, care and reassurance to their children must be recognised.

(iii) Normalising stay in the centre

G4S will aim to normalise children's stay in Gatwick IRCs as far as is possible. The aim will be to create a positive, family-friendly environment. Families will be accommodated in dedicated family rooms/apartments to ensure that members are not separated and, so far as possible within the constraints of detention, are able to maintain family life. Families will be accommodated separately from single adults. Children will be able to maintain voluntary personal links with their former school if they wish and to maintain contact with friends they have made. There will be opportunities to participate in a range of activities and play.

Children should, where practicable, have access to discussion forums and counselling services to help them to articulate and address concerns.

Arrangements to protect children from distressing situations will be offered to parents e.g. crèche, leisure facilities.

Staff should avoid any unnecessary intrusion into families' daily routines, which might reinforce the fact that they are in a custodial environment.

(iv) Clarifying onward arrangements

G4S recognises that families or individuals may be anxious about what the future holds or require practical assistance with preparations for returning home.

G4S will ensure that families or individuals who are anxious about their future, or require practical assistance with preparations for returning home, are directed to an appropriate person for help. Depending on the particular circumstances, this may be the centre's welfare officer(s) or staff of a partner organisation providing welfare support at the centre who, for instance, could help with advice on: closing bank accounts; gathering personal belongings; arranging for transportation of excess baggage; help a child research the intended country of destination, or contact the child's former school to have exam results forwarded.

In cases where there are welfare concerns for a child, a social worker will relay these to the Local Authority's Children's Social Care if the child is being returned to the community. If such a child is being returned to his/her country of origin, staff can support the Home Office case holder in contacting International Social Services.

(v) Information sharing protocol

A written protocol has been published and is at annex B. The protocol has been drafted to facilitate compliance with the Data Protection Act 1998 and Freedom of Information Act 2000, the Human Rights Act 1998, any duty of confidentiality which may be owed and the cross-Government guidance 'Information Sharing: Practitioners' Guide'. G4S recognises that professional and lawful sharing of information is essential to enable early intervention and to safeguard children or adults at risk of significant harm. [Note: The cross-Government guidance identifies six key points for practitioners which need to be built into local protocols. These are at Appendix 1, paragraph 10].

Information gathered at the initial screening and during the individuals stay will be shared with Case Workers via Part C submission, Social Services or Healthcare referrals.

(vi) Staff training strategy

Staff working with children or vulnerable detainees will receive suitable training. A staff training strategy will set priorities for training in safeguarding and provide access to the internal training programmes, e.g. ACDT, First Aid, Diversity, Adults at Risk and to relevant LSCB and multi-agency training.

Other component policies/arrangements

8. The other component policies/arrangements are:

(i) Effective inter-agency working

G4S recognises that safeguarding and promoting the welfare of children or vulnerable adults detained in their care – and in particular protecting them from significant harm - depends on effective joint working between agencies and professionals that have different roles and expertise; and that individual children, especially some of the most vulnerable children, may need co-ordinated help from a number of different sectors (e.g. health, education, children's social care). The centre will contribute to these shared responsibilities by:

- being alert to potential indicators of abuse or neglect;
- being alert to the risks which individual abusers, or potential abusers, may pose to children;
- sharing and helping other agencies to analyse information so that a

shared assessment can be made of the child or vulnerable adults needs and circumstances; for example prolonged detention

- contributing to whatever actions are needed to safeguard and promote the individuals welfare; adoptions
- taking part in child protection and other relevant external planning meetings as required; and
- working co-operatively with parents, unless this is inconsistent with ensuring the child's safety.
- Ensuring information is passed to correct authority to investigate and manage ie victims of torture, trafficking, abuse, disability.
- Creation of effective Careplans to support individuals

(ii) Work with individual children **Error! Bookmark not defined.** / vulnerable detainees

G4S will work with each of the children or vulnerable person held in their care to help safeguard and promote their welfare. In particular:

- a health-led initial assessment, informed by advance information, on admission will be made to identify their needs, and a plan will be formulated to address these;
- there will be ongoing assessment of the welfare needs of all children and vulnerable person and in the event of any concerns, appropriate referrals will be made;
- all vulnerable persons will have access to other members of staff (including managers of religious affairs team, counsellors and social workers) and to the Independent Monitoring Board;
- all vulnerable persons will be valued and respected, they will be listened to and their views and concerns responded to; they will be encouraged to take an active part in the planning process, so that they can influence and help shape decisions affecting their stay in the centre.

(iii) Consultation **Error! Bookmark not defined.**

The children and vulnerable persons held within Gatwick IRCs will, as far as practicable, be involved collectively in decisions about regime provision and facilities and about the physical environment by means of liaison with the Safeguarding team, including Healthcare, that will organise activities for them that are tailored to individual needs.

(iv) Involvement of the family/carers

For detained children, every effort should be made to ensure parents' rights and wishes in relation to their children are respected and to maintain the family routines and the interaction to which they are accustomed. Even though these arrangements are being made, parents still retain full parental responsibility for their children.

Staff should be vigilant for any deterioration in the capacity or willingness of parents to care for their children. If a parent is unwell, physically or mentally, then staff must be extra vigilant in looking out for any health problems in a child, both physical and mental.

In dealing with children and their parents, staff must see the family as a unit but, at the same time, as individuals affected in different ways by the issues of concern. In particular, it is important not to lose sight of the child as an individual, as well as part of a family, and to be vigilant and responsive to the child's needs.

Where a child held at the centre unexpectedly becomes unaccompanied as a result of the lone parent/carer being admitted to hospital the Local Authority Children's Social Care/Social Work should be contacted immediately about arrangements for the care of the child. Where a lone parent's/carer's admittance to hospital is known in advance, contact should be made with the Local Authority's Children's Social Care/Social Work in good time to plan appropriate care arrangements for the child.

All staff working with children and vulnerable adults (including young people who are vulnerable adults) must:

- give highest priority to their safety and welfare
- recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people
- respond appropriately to a disclosure by a child, or young person, of abuse
- respond appropriately to allegations against staff and/or other adults
- understand and implement safe practice in carrying out their duties
- be alert to the risks which abusers, or potential abusers, may pose
- deterioration in an adults welfare / wellbeing

Supported Living Plan documents will be used to monitor vulnerable detainees within detention. The plans will reflect any reported claims of abuse / torture. Detainee Custody Managers will attend multi agency reviews to ensure the vulnerable person's needs are still being met.

(v) Escorted Travel

G4S acknowledges that the safety and comfort of everyone involved in an escorted journey is paramount and that extra care must be taken to ensure that children's needs are looked after. Caged vehicles will **not** be used for the transportation of children or families with children.

Food and drink will be provided during travel when the child needs it, as well as comfort breaks and any other necessary breaks. Refreshments provided will be culturally appropriate.

Suitable and correctly positioned child seats and or restraints will be available for all babies and children in line with the relevant legislation.

(vi) Diversity

G4S will respect and celebrate diversity and show sensitivity to the race, culture, religion, sexuality and disability of every person held in their care. We will do so in the following ways: communicate with all detainees, ensure that they are listened to and that responses are provided to their views and concerns.

(vii) Complaints procedures

A complaints procedure that is age appropriate and ensures that each child feels safe from repercussions when making a complaint is a critical part of safeguarding and promoting the welfare of detained children.

Arrangements for dealing with complaints, formal requests and incidents requiring investigation will ensure that they are dealt with proactively, rigorously, fairly and promptly. Staff will seek to ensure that the procedures are clearly understood by all and that they are given any necessary help to avail themselves of the procedures.

(viii) Whistle-blowing

G4S will ensure that staff are aware of their contractual duties and of their professional obligation to raise legitimate concerns about the conduct of colleagues or managers; and will have in place clear procedures and support systems for dealing with expressions of concern by staff and carers about other staff or carers in ways which do not prejudice the "whistle-blower's" own position and prospects.

(ix) Record keeping and use of IT

Private and secure records on each individual child will be maintained, containing all relevant personal information, contact numbers and details of relevant occurrences. The effectiveness of the centre's IT systems in enhancing the effectiveness of its work with children and vulnerable persons will be kept under review.

(x) Children who are visitors

Visitors under the age of 18 are allowed to visit detainees if they have a close relationship with the detainee, such as the detainee is their parent, sibling, step-parent, parent's partner, other close family relationship or a family friend. A record must be kept of the minor's name and date of birth. No visitor under the age of 18 years old is allowed to visit a detainee unless they are accompanied by an adult. No detainee with a known history of being a risk to children will be allowed a visit by anyone under the age of 18 years old. If centre staff have any concerns regarding the welfare of any visitor under 18 years encountered trying to visit a detainee, they should always refer the information to their local social services for advice and information.

(xi) Minimising the risk by detainees to children not resident in the centre

G4S will follow the policies set out in DSO 12/2007, or its successor, for minimising the risk by detainees at Gatwick IRCs to children in the community.

Taking an integrated approach

A. At the strategic level

Safeguarding Manager

9. A Safeguarding Manager will be appointed as part of the centre operator's Senior Management Team to:
 - (i) coordinate the development of an integrated safeguarding children and safeguarding policy, monitor its operation across the centre and arrange for it to be reviewed annually;
 - (ii) ensure that policy and practice guidance in the centre encourage and enable a focus on each individual child or vulnerable person and their particular needs as well as providing for the whole population of the centre, in particular, involving individuals appropriately in decisions being made about their care at the centre.
 - (iii) ensure that the development of policy and practice guidelines and other planned changes at the centre are appropriately informed.

- (iv) monitor other local policies to help ensure that they take due account of, and are consistent with, the safeguarding policy, for example Anti Bullying Policy, Self Harm and Suicide prevention, Supported Living Plans.
- (v) promote effective information sharing about risk and vulnerability within the centre and with external agencies; including submission of Part Cs and centralised registers
- (vi) develop other multi-disciplinary approaches at operational level such as a daily interdisciplinary meeting involving healthcare, chaplaincy and Home Office to review vulnerable persons that are in residence.
- (vii) develop links with external statutory and voluntary agencies to help ensure that all safeguarding and welfare needs are well supported while the individual is held and that plans are made for this support to be continued in the community, where relevant; and
- (viii) represent the centre, where appropriate, at Home Office/Detention Operations and external forums.

Safeguarding Committee

10. A Safeguarding Committee, (including Children) reporting directly to the Centre Manager and chaired by a Senior Manager, will be established to help ensure that the safeguarding policy is implemented efficiently and effectively by staff in all disciplines. The committee will meet quarterly and include, in addition, the Home Office Centre Manager or nominated deputy, the Safeguarding Manager and co-ordinators, representatives from the healthcare team, Chaplaincy, Residential, Home Office, IMB, Police and Social Services. Any social worker(s) based in the centre or representatives of partner organisations with direct involvement in the operation of the centre, the on-site Home Office Centre Manager or nominated deputy and a representative from the LSCB / LSB will also be invited.

Local Safeguarding Children Boards / Safeguarding Boards

11. The Director will develop appropriate links with the Local Safeguarding Children Board / Safeguarding Board (West Sussex)

The Director or representative will represent the centre at LSCB / LSB meetings, where appropriate and invited. Home Office will be represented by a Detention Operations Assistant Director at Safeguarding strategic meetings and an Area Manager at operational level meetings.

The centre and the Safeguarding Board will help and support each other in the development of safeguarding and promoting welfare policy and practice through the sharing of best practice, training, and the provision of advice and guidance where necessary. The Safeguarding Board will be involved in the review and updating of the centre's own local safeguarding policy.

The Safeguarding Board will help and support the centre enabling centre staff to access in the delivery of multi-agency training in the local area.

The Safeguarding Board will monitor and evaluate the effectiveness of safeguarding and promoting welfare activity within the centre through Gatwick Social Services, and the centre will enable this by regular meetings and granting access to families when requested.

If there are issues that cannot be resolved by the Centre and Safeguarding Board then this will in the first instance be escalated within the authority (Home Office).

B. At the operational level

12. At the local operational level, all staff will be trained in the safeguarding policies. Family Suite staff will have specific training in relation to minimising the impact of detention on parental ability and child protection protocols and how to liaise with Gatwick Social Services where there may be concerns.

Annex A - Appendix 1

Guidance note

The component safeguarding policies

The component policies in the template represent the minimum requirement for a local safeguarding policy. Individual centres may wish to develop particular policies further, or include additional policies, to reflect local circumstances and best practice.

2. Of the component policies, there are six (the 'core' policies) which are pivotal to effective safeguarding arrangements. These are:
 - child protection
 - minimising impact of stay on parenting ability
 - prompt a review of impact of detention
 - normalising persons stay
 - clarifying and helping individuals prepare for onward arrangements
 - information sharing
 - staff training – recognising victims of torture, trafficking, bullying and abuse

An integrated approach

3. *Effective safeguarding means avoiding a model of working with individuals in isolation from other areas and ensuring that work to protect them is integrated and co-ordinated effectively across the core business areas.*
4. This involves working across areas within a centre to develop integrated and co-ordinated practice at both operational and strategic level, and also in partnership with external statutory and voluntary agencies.
5. It is likely that when working with an individuals on a specific area of concern, such as anti bullying issues, there may be other factors actively impacting on that individual, such as concerns or self-harm. Or conversely, a self-harm issue may be related to a previous experience of abuse in the community that may or may not have been disclosed, or experience of bullying within detention that may or may not have been reported, or other related issues such as lack of provision or uncertainty around community / issues like accommodation or living arrangements. To effectively safeguard and promote the welfare of individual, their care needs to be managed in a co-ordinated way. If links are not made at an operational level, the interventions are less likely to be effective, and services risk being duplicated or run in parallel.
6. The local safeguarding policy should ensure that an integrated approach is taken at both strategic, i.e. SMT, structural, committee, and organisational level; and operational level, i.e. sign-posting across business areas and having operational links in place.

Co-ordination at the strategic level

7. The local policy statement should set out how the various policy areas are connected and ways in which they may be integrated. Quality assurance of safeguarding children policies from the LSCB can be obtained via participation in that body, where appropriate and invited. The DSO requirement for LSCB agreement and annual review of the policy should ensure buy in and engagement from the Local Authority. Audits of Adults at Risk DSO will provide assurance of compliance with requirements

The Safeguarding Committee/Manager

8. The Safeguarding Committee should deal on a strategic level with trends, and policy issues identified which cannot be resolved at operational level, and which may require action from SMT and external partnership agencies. The Safeguarding Manager – will appropriately chair the Safeguarding Committee. He or she should certainly have a pivotal role in driving, monitoring and maintaining the safeguarding children and vulnerable persons agenda locally. The work of the Safeguarding Committee and the Safeguarding Manager will normally focus on the core component policies and their effective integration.

Representation on the LSB

9. DSO 19/2012 details requirements around representation on the LSB, and the range of matters on which the centre and LSB must reach agreement, including arrangements for reviewing and development of policy, training, monitoring and evaluation of safeguarding activity, contribution to serious case reviews, and escalation of unresolved issues. The local policy statement should set out the agreement that has been reached with the LSB on these various matters.

Improving information sharing

10. It is likely that various departments within a centre e.g. Healthcare and Security, and also external agencies, may be working to different protocols and this may lead to barriers in information sharing about risk and vulnerability within the centre and with external agencies. DSO 19/2012 requires that information sharing local policies be developed in line with the Data Protection Act 1998, Freedom of Information Act 2000, the Human Rights Act 1998, any duty of confidentiality which is owed, and the cross-Government guidance 'Information Sharing: Practitioners' Guide'. The latter provides guidance on how information should be shared across departments within the centre and between the centre and external stakeholders. It also identifies six key points for practitioners which need to be built into local protocols. Practitioners should:
 - explain to individuals at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child or others at

increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention or detection of a crime. It should be noted that a refusal to give consent to share information is not in itself a barrier to disclosure (see below);

- always consider the safety and welfare of the individuals when making decisions on whether to share information about them. Where there is concern that they may be suffering or is at risk of significant harm, the persons safety and welfare must be the over-riding consideration;
- where possible, respect the wishes of the individuals who do not consent to share confidential information. Information may still be shared if, in the practitioner's judgment on the facts of the case, there is sufficient need to over-ride that lack of consent;
- seek advice when in doubt, especially where the doubt relates to a concern about possible significant harm to the individual or serious harm to others;
- ensure that the information being shared is accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely; and
- always record the reasons for the decision – whether it is to share information or not.

Co-ordination at the operational level

11. Consistent with the objective of moving away from working with individuals in isolation from other areas, links and signposts between the core business areas are required at operational level.
12. An example of making operational links between suicide prevention and self harm management (DSO 6/2008), Adults At Risk (DSO08/2016) and child protection protocols (DSO 19/2012 Annex B) is the requirement to refer to the safeguarding co-ordinator when an ACDT document is opened on any member of a detained family or individual. This means viewing any incident in which a child is harmed, or witnesses someone self-harming or needing suicide prevention measures, as a child protection/welfare concern against the significant harm threshold, and requires that a joined up approach is taken to a child's care.
13. The concepts of children in need and the significant harm threshold can provide a good guide to identifying when action should be taken and how urgent it should be. This safeguarding policy is based on working jointly with all agencies and professionals involved with the child or Adult at Risk. This will ensure that a joined up approach is taken to: assessing the level and impact of harm to the child / individual; planning their care; and determining whether

the criteria are met for an external referral to Local Authority Children's Social Care, Social Services, Healthcare support

14. This implies the use of the integrated screening and referral process described below, which can be used as a framework to assess the impact of detention (including its impact on parents/family), bullying behaviour, or other issues of possible concern. This is not to suggest that centres will be required to make external referrals in every case where there is concern about an individual – however, a Care plan will be created for all children and adults deemed at risk.

There are a range of services available to meet individual needs within the centre and they should be able to provide an appropriate response in most cases. A consensus should be established between these agencies, statutory children's services, the LSCB, Social Services or Healthcare so that there is a consistent and appropriate framework against which to consider concerns.

15. This approach will provide opportunities to support individuals and the work of the centre, such as family contact, potential information / advice from external agencies (e.g. Social Services, Healthcare) about risk factors and previous coping strategies, and to ensure external agencies exercise any statutory responsibilities they may have for a child or vulnerable person such as:

- Information sharing
- Provision of advice and support
- Needs assessment for welfare, mental health issues etc
- Investigating concerns around significant harm

This may require some changes to operational structure but can be achieved more easily where strategic elements such as information sharing are in place. Examples of ways to achieve improved operational level integration are given below.

Integrated referral systems and screening processes

16. Integrated child protection, suicide and self harm, Healthcare screening and anti-bullying referral will help to identify individuals who may be presenting more than one need.

In these cases, it may be appropriate to consider a case conference type approach in managing an individual's care, where the different interventions may be considered alongside each other.

An option to consider is a "one stop/integrated" process whereby staff who identify any concerns make a referral which is considered in an integrated way by the Safeguarding team/manager and a decision is made on the most appropriate way of working with the individual across the various policy areas.

Thought should be given to developing frameworks against which to consider referrals including concept of “significant harm”, evidenced based and multi-disciplinary approaches.

Sign-posting across operational policies

17. The practice of sign-posting will ensure that explicit links are made between policy areas, e.g. responding to child protection considerations around disclosure/allegations of abuse that may arise during the course of assessment of suicide/self harm risk or disability , torture screening.

Cross membership of separate committees for child protection, vulnerable adults, adults at risk, anti-bullying and suicide and self-harm

18. This will help develop understanding of connections across the areas, and develop ways of working in an integrated way with children.

Training

19. It may well be beneficial to obtain access to Local Authority child protection training for centre staff via Social Services and LSCB participation; and to consider locally how to support safeguarding links to ACDT training, i.e. reinforce response via existing protocols to potential disclosures/allegations arising from the ACDT assessment process.
Adults At Risk will be delivered to all staff completing an ITC (Initial Training course), existing staff will refreshed annually. Stakeholders and partner agencies will be encouraged to attend.
20. Home Office staff must also be appropriately trained in the duty to have regard to the need to safeguard and promote the welfare of children and detainees, especially those working in centres that hold families with children.
Appointments of Home Office staff must be subject to the satisfactory completion of comprehensive pre-appointment checks carried out by Human Resources, Security and Anti-Corruption Unit and Departmental Security Unit. Furthermore, Home Office staff whose job involves regular contact with children must undergo an enhanced Criminal Records Bureau check, which must be refreshed on a regular basis.

G4S will ensure Disclosure and Barring Service (DBS) checks for all new and existing G4S staff and agencies. Updated checks for all current staff including those of providers who may have regular unsupervised contact with vulnerable adults and children are completed via the online system and ensure the Single Central Record holding these DBS checks is regularly monitored & updated accordingly

Extending Safeguarding Children and Vulnerable Persons beyond the Core Areas

21. Having regard to the need to safeguard and promote the welfare of children and vulnerable adults represents and requires a whole centre approach and has important parallels and contributions to make towards other related Detention Services agendas such as safety and creation of a positive culture for those who live and work in immigration removal centres. It is difficult to define where a whole centre approach to having regard to the need to safeguard and promote the welfare of children and vulnerable adults starts and finishes. As a general rule, it should run as a constant theme through all functions. It is recognised, however, that different centres are working at different levels of sophistication and achievement of safeguarding outcomes, and will be subject to varying local factors that both promote and constrain safeguarding work.
22. Developing safeguarding approaches locally runs parallel with developing the roles and responsibilities of the Safeguarding Committee and Safeguarding Manager. While there has to be an element of flexibility in response to local needs, these roles and responsibilities should not be extended beyond the core business areas to wider roles if the core business is inadequate. When this core business is secure, it may be appropriate to consider extending the roles and responsibilities to cover non-core areas, including perhaps more preventative approaches.
23. All this suggests the appropriateness of devising a staged local strategy. Initially, policy and practice within the centre, and with local stakeholders, may well focus on reviewing current performance and securing the core business areas. There is no reason why medium and longer term strategic aims and objectives should not be identified at an early stage, but action to achieve them should wait until core business is secure.

ANNEX B

CHILD PROTECTION AND VULNERABLE PERSONS / ADULTS AT RISK POLICY STATEMENT – Gatwick IRCs

Statutory Framework

Section 55 of the Borders, Citizenship and Immigration Act 2009 places a duty on the Secretary of State to make arrangements to ensure that specific functions are discharged having regard to the need to safeguard and promote the welfare of children who are in the UK.

Status of the Policy Statement

2. Detention Services Order 19/2012 requires each centre (includes pre-departure accommodation) that holds families with children to produce and publish a child protection policy statement and along the lines of a template provided for that purpose. This policy statement, with the accompanying child protection procedure, is consistent with the template. It has been agreed with the Local Safeguarding Children Board (LSCB) and forms an important part of the centre's wider safeguarding children policy. It will be reviewed annually, as part of the review of the safeguarding policy, in consultation with the LSCB.

Safeguarding Vulnerable Persons will work within the Detainees at Risk DSO 06/2008 but not restricted only to self harm and suicide. DSO 08/2016 Adults At Risk considers trafficking, abuse, bullying, disability and victims of torture will also be considered as vulnerability. Below is a list but not exhaustive -

Evidence-based risk level 3

Detention is likely to lead to a risk of significant harm or detriment to the individual as corroborated by relevant professional evidence (eg medical report, social worker report).

Should be considered for detention only if:

- removal has been set for a date in the immediate future, there are no barriers to removal, and escorts and any other appropriate arrangements are (or will be) in place to ensure the safe management of the individual's return and the individual has not complied with voluntary or ensured return; OR
- the individual presents a significant public protection concern, or if they have been subject to a 4 year plus custodial sentence, or there is a serious relevant national security issue or the individual presents a current public protection concern

Compliance issues, on their own, would not warrant detention of individuals falling into this risk category – though non-compliance should be taken into account if there are also public protection issues or if the individual can be removed quickly.

Evidence-based risk level 2

Relevant professional evidence (eg medical report, social worker report) confirms that the individual falls into one of the protected categories of 'at risk'.

Should be considered for detention only if:

- the date of removal is fixed, or can be fixed quickly, and is within a reasonable timescale and the individual has failed to comply with reasonable voluntary return opportunities, or if the individual is being detained at the border pending removal having been refused entry to the UK; OR
- they present a higher level of public protection concerns than would justify an individual considered to be at level 1 of risk (on the basis of the evidence available) – for example, if they meet the criteria of foreign criminal as defined in IA 2014 (see below) or there is a relevant national security or other public protection concern; OR
- there are negative indicators of [non-compliance](#) which suggest that the individual is highly likely not to be removable unless detained.

Less compelling evidence of non-compliance should be taken into account if there are also public protection issues. The combination of such non-compliance and public protection issues may justify detention in these cases.

Evidence-based risk level 1

Self-declaration of vulnerability or trauma without supporting professional evidence

The individual will be suitable for consideration for detention if:

- the date of removal can be forecast with some certainty and if this date is within a reasonable timescale given the logistics involved; OR there are any indicators of [non-compliance](#) with immigration law which suggest that the individual will not be removable unless detained

Principles

3. G4S understands that effective protection is an essential part of the wider work to safeguard and promote the welfare of children and adults at risk and refers to the activity which is undertaken to protect specific individuals who are suffering or are at risk of suffering significant harm. All staff in the centre will therefore aim to proactively safeguard and promote the welfare of the children and vulnerable adults so that the need for action to protect them from harm is reduced.
4. It is recognised that detained children and adults are inherently vulnerable by virtue of having lost the support networks that sustained them in the community, and that staff must be able to recognise, and know how to act upon, evidence that a child's health or development is or may be being impaired, and especially when they are suffering, or at risk of suffering, significant harm.
5. Where staff become aware that a person has suffered or may be at risk of suffering significant harm at Gatwick IRCs / PDA, or information about/allegations of previous significant harm come to light from other sources, appropriate action will be taken to safeguard the individual and to make appropriate enquiries. The procedure at Appendix 1 will be followed.
6. G4S will work together with the LSCB / Social Services, Healthcare, Safeguarding team to establish and maintain a common understanding of the purpose of the child protection and safeguarding procedures and their respective roles. They will agree the detail of the procedure, including:
 - the criteria for assessing circumstances which may lead to a referral to local authority Children's Social Care (LACSC); or Adult Social Services, forensic services
 - the detailed arrangements for making a referral, including the identity of a named LACSC / Social Services officer whom the centre will contact ; and
 - who should attend the post-referral strategy discussion and meet/liaise at the various stages in the procedure.
7. G4S will take a 'whole centre' approach to safeguarding, ensuring that every aspect of the individuals management and treatment takes account of the need to protect them from harm and that staff of all disciplines work together to contribute to that aim. Self harm and suicide prevention, Anti Bullying, policies and activity will not develop or proceed in isolation but will be integrated within the centre's wider safeguarding and promoting welfare agenda, however, upon identification, all individuals deemed "At Risk" will have a multi agency Care plan created.

Implementation

8. To provide for the effective implementation of Gatwick Safeguarding policy, G4S will:
 - (i) ensure that all staff working with detainees receive adequate training in Safeguarding ; are acquainted with the procedure at Appendix 1; and know where to turn to for guidance and support
 - (ii) assign to the Safeguarding Manager (or another member of the senior management team) the duty of maintaining an overview of the operation of the Safeguarding policy and ensuring that both the policy and the practice are properly integrated within all areas of the centre and practice, in particular suicide and self-harm prevention;
 - (iii) include Safeguarding as a standing agenda item at Senior Management meetings and a children / vulnerable adults are discussed daily at operational meetings.

ANNEX B - APPENDIX 1

The Child Protection, Vulnerable Adult and Adult At Risk Procedure

G4S has put in place a procedure for managing concerns relating to significant harm, either current or historical. The procedure prescribed below and summarised in the flow chart at Appendix 1(A) is consistent with established procedures as set out in 'What To Do If You're Worried a Child Is Being Abused' (DfES 2006), 'Working Together to Safeguard Children' (DfES 2010), and DfES guidance to Local Authorities (DfES LAC 2004). Key definitions and concepts (such as 'significant harm' and 'abuse and neglect') are contained in Appendix 1(B).

2. Where a member of staff becomes aware that an individual is believed to have suffered or is believed to be at risk of suffering harm physically, emotionally, sexually or through neglect while at Gatwick IRCS; or that a person is believed to have suffered or was at risk of suffering harm before they arrived, or meets the Adults At Risk criteria, the member of staff will immediately refer the matter to the Detainee Custody Manager (Oscar One) or, if the latter is unavailable, to the Duty Director.
3. In deciding on the appropriate course of action at this and every subsequent stage, the Detainee Custody Manager or Duty Director, will consult any independent agencies ie Home Office, police, Social Services, Healthcare, wherever possible.
4. The Detainee Custody Manager or Duty Director will first clarify with the referrer the nature of their concerns; how, when and why they have arisen; what appear to be the immediate needs of the person; and whether urgent action (e.g. hospitalisation) is required to protect them from further harm. The DCM or DD will make an assessment on behalf of the centre. This preliminary assessment – which should clearly identify the foundations of the concerns, drawing from available evidence – will take place as soon as possible and, in any event, within 12 hours. All information will be appropriately recorded at this and every subsequent stage. These needs will form a Care plan in keeping the child / adult at risk safe. Part C's will be submitted for relevant information sharing inclusive of risk factors.
5. It will also need to be established whether the alleged perpetrator of the harm can immediately be identified and what action, without prejudice to any later internal or external assessment, should be taken. There may be child protection considerations in respect of the alleged perpetrator and in respect of other children within the centre who may be at risk of harm ie social visits. Where the alleged perpetrator is a member of staff, G4S will act in accordance with approved internal investigation and disciplinary procedures.

This could include that a member of staff has:

- Behaved in a way that has harmed an adult or young person
 - Possibly committed a criminal offence against or related to an adult or young person
 - Behaved in a way that is inappropriate or indicates that they are unsuitable to work with adults or young people.
6. If, on the basis of the available information, the DCM or DD has reasonable cause to suspect that the child or vulnerable adult may have suffered or is likely to suffer significant harm, or if one or more of the other referral criteria agreed with the LSCB / Social Services are met, then the concerns will be referred to Local Authority Children's Social Care (LACSC) via the arrangements agreed with the LSCB. Referrals will be made by telephone in the first instance, with written follow-up within 24 hours. This should provide sufficient information to enable LACSC to carry out their enquiries. It will be good practice to communicate all concerns to LACSC - including those that do not meet formal referral threshold criteria – as information only.
 7. Where the DCM / DD or Healthcare decides that there is no evidence to support a referral, internal action may nonetheless be appropriate to safeguard and promote the welfare of the children or adult at risk
 8. On receipt of the referral, LACSC will complete an Initial Assessment; and, at its completion, they (together with the Home Office Manager, G4S and the police, if appropriate) will decide whether criteria are met for a strategy discussion.
 9. A strategy discussion will take place where LACSC / Social Services, Healthcare, police, or Home Office has reasonable cause to suspect a child or vulnerable adult is suffering or is likely to suffer significant harm. The discussion – which will be held within 24 hours of the decision to initiate it (and which may be conducted by telephone where appropriate) – and should involve the following locally agreed contacts

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Safeguarding Manager, Detainee Custody Manager, Residential Manager, Healthcare, police, Home Office, any independent social worker, and other personnel (deemed to be appropriate by the Chair)

The discussion will be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;

- decide whether a core assessment under section 47 of the Children Act 1989 (s47enquiries) should be initiated, or continued if it has already begun;
 - plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
 - agree what action is required immediately to safeguard and promote the welfare of the individual at risk, and/or provide interim services and support.
 - determine what information from the strategy discussion will be shared with the family or individual, unless such information sharing may place a person at increased risk of significant harm or jeopardise police investigations into any alleged offence(s); and
 - determine if legal action is required.
 - Creation of a Careplan and actions.
10. The Independent Monitoring Board will be informed at this stage by the DCM. All information given to that Board is bound by the general terms and conditions of confidentiality.
 11. In order to progress the enquiries, neither the alleged victim nor the alleged perpetrator will be moved out of Gatwick IRCs unless absolutely necessary for the safety and protection of either party, or to protect the integrity of the process.
 12. Where it is decided to undertake a section 47enquiry, this will be done by means of a core assessment. G4S will contribute to this assessment as required.
 13. A section 47 enquiry may result in the convening of a child protection conference and, if the conference so decides, the preparation of a child protection plan. Even if the child is judged not to be at continuing risk of harm, LACSC may still need to agree a plan with the family and relevant professionals for ensuring the child's future safety and welfare. G4S and Home Office will be represented at any child protection conference and subsequent review conferences as required and will also contribute as required to the development of any child protection plan or any other plan or assessment necessary under the statutory procedures.
 14. Where police investigation of an allegation of abuse against a member of G4S staff at Gatwick IRCs results in a decision not to prosecute, the Centre Manager will decide whether internal disciplinary action or other action should be taken. He/she will follow G4S's disciplinary

procedures and will also have regard to the guidance given in Chapter 6 of 'Working Together'.

15. On receipt of a referral about concerns surrounding the welfare of a child, LACSC are responsible for leading on taking action to safeguard and promote their welfare by: undertaking an initial assessment of the child's situation and deciding what to do next; taking urgent action to protect the child from harm, if necessary; holding a strategy discussion where there are concerns that a child may be suffering significant harm, and where appropriate convening a child protection conference; deciding whether a child is at continuing risk of significant harm and therefore should be the subject of a child protection plan, implementing the plan and reviewing it at regular intervals.
16. If a child in detention makes an allegation of abuse that happened before they entered the immigration detention estate, or it becomes clear that they may be at risk of significant harm on leaving the centre (other than for removal), the local authority in whose area the removal centre is located will need to initiate s47 enquiries, and negotiate transfer to the local authority in whose area the child was living, or will be living, or where the abuse is alleged to have taken place, where appropriate.

Further guidance on the process and range of possible outcomes is contained in the 'Working Together' Chapter 5 guidance. While LACSC have responsibility to lead on assessment, investigation and planning, the role of centres is to consult with and work in partnership with LACSC. This may include facilitating attendance at meetings, and sharing information etc.

ANNEX B – APPENDIX 1(A) - Child Protection Procedure
Flow Chart

ANNEX C – APPENDIX 1 (A) - Sexual Assault Procedure
Flow Chart

ANNEX B – APPENDIX 1(B)

Key Definitions and Concepts

Safeguarding and promoting welfare

1. Safeguarding and promoting welfare is defined as:
 - protecting individuals from maltreatment
 - preventing impairment of individuals health, development or wellbeing
 - ensuring that all children are growing up in circumstances consistent with the provision of safe and effective care
 - undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

There are no absolute criteria on which to rely when judging what constitutes significant harm to self or others. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm or condition, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Equally, consideration should be given to ability to cope and live as comfortable as possible within a secure environment.

Each of these elements has been associated with more severe effects on the individual, and/or relatively greater difficulty in helping the person overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the person's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

2. To understand and establish significant harm, it is necessary to consider:
 - the nature of harm, in terms of maltreatment or failure to provide adequate care
 - the impact on the persons health, welfare and development
 - the child's development within the context of their family and wider environment
 - any special needs, such as a medical condition, communication impairment

- or disability that may affect the persons ability to access facilities or care for themselves
 - the capacity of parents to meet adequately the child's needs
 - the wider and environmental family context
- 3. The individual at risks reactions, his or her perceptions, and wishes and feelings should be ascertained. If a minor, consideration should been taken account of according to the child's age and understanding.
- 4. To do this depends on effectively communicating with the child or adult at risk including those who find it difficult to do so because of their age, impairment or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from the person at risk are as accurate and complete as possible. Accuracy is key, for without it, effective decisions cannot be made and equally inaccurate accounts can lead to the individual remaining unsafe, or to the possibility of wrongful actions being taken that affect

What is Abuse and Neglect?

- 5. Abuse and neglect are forms of maltreatment of a person. Somebody may abuse or neglect an individual by inflicting harm, or by failing to act to prevent harm. Anyone may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults or another child or children.

Physical Abuse

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

Emotional Abuse

- 7. Emotional abuse is the persistent emotional maltreatment to a person such as to cause severe and persistent adverse effects on the individual's emotional state and development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the individual opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. These may include overprotection and limitation of exploration and learning, or social interaction. In addition, emotional abuse can involve seeing or hearing the ill-treatment of another. It may

involve serious bullying, including cyber bullying, causing the individual to frequently to feel frightened or in danger.

Sexual Abuse

8. Sexual abuse involves forcing or enticing a person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the person is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. They may include non-contact activities, such as involving individuals to look at, or in the production of, sexual images, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming a child or vulnerable adult in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

9. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. G4S has a statutory duty to ensure all detainees are provided with adequate food, clothing, shelter in a safe, secure environment

The Impact of Maltreatment on Children

10. The maltreatment of individual physically, emotionally, sexually or through neglect can have major long-term effects on all aspects of a persons health, development and well-being. The immediate and longer term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviour, offending and anti-social behaviour. Maltreatment is likely to have a deep impact on the individual's self-image and self-esteem, and on his or her future life. If maltreatments occurs in early years, then it is believed difficulties may extend into adulthood: the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in work, and to extra difficulties in developing the attitudes and skills which are necessary to be an effective parent.

11. It is not only the stressful events of maltreatment that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context to assess the extent of harm to a individual and decide on the most appropriate intervention. Often, it is the interaction between a number of factors that increase the likelihood or level of significant harm.
12. There may be factors that aggravate the harm caused to the person, and those that protect against harm. Relevant factors include the individual means of coping and adapting, support from a family, G4S employees and agencies and the impact of any interventions by Healthcare.
13. Physical abuse can lead directly to neurological damage, physical injuries, disability or at the extreme, death. Harm may be caused to the individual both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexperienced use of physical restraint. Physical abuse has been linked to aggressive behaviour in children and adults, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic violence.
14. Emotional abuse. There is increasing evidence of the adverse long term consequences for a person's development, welfare and health where they have been subject to sustained emotional abuse, including the impact of serious bullying. Emotional abuse has an important impact on developing mental health, behaviour and self-esteem. . Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the person. Domestic violence is abusive in itself. Adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.
15. Sexual abuse may result in disturbed behaviour including self-harm, inappropriate sexualised behaviour, depression and a loss of self-esteem. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A person's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult supports who believes the individual, helps the person understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the person's ability to cope with what has happened, and his or her feelings of self worth. A proportion of adults who sexually abuse children have themselves been sexually abused as children.

They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are sexually abused will inevitably go on to become abusers themselves.

INFORMATION SHARING POLICY STATEMENT

Basis of the policy

This statement is based on the six key principles set out in the cross- government guidance 'Sharing Information on Children and Young People'.

Strategic

2. G4S will comply with the Data Protection Act 1998 and Freedom of Information Act 2000, Environmental Information Regulations 2004 and DSO 19/2012 (Detention and Escorting Safeguarding Children Policy), DSO 06/2008(Detainees at risk), DSO 16/2012 Handling Information about detainees, DSO 08/2016 (Adults at risk) and have regard to the above mentioned cross-Government guidance.
3. We will ensure, through our Safeguarding Manager, that effective information sharing about risk and risk of harm are promoted within the centre and with external agencies through clear systems, standards and protocols. Including Whistleblower, Self and Suicide Prevention and Violence Reduction strategy
4. We will ensure, through training and the dissemination of the cross-Government guidance and DSO 19/2012, & 08/2016 that relevant staff within the centre understand what to do and the most effective ways of sharing information if they believe that a child or person may be suffering or at risk of suffering harm, or may require particular services internally or from external agencies.

Operational

5. We will explain to every person on admission, and again during induction, what and how information will, or could, be shared and why, and seek their agreement - except where to do so would put that child or others at increased risk of significant harm, or an adult at risk of serious harm, or if it would undermine the security of the centre or the prevention/detection of a crime. It should be noted that a refusal to give consent to share information is not in itself a barrier to disclosure (see point 7 below).
6. We will always consider the safety or welfare of the individual when making decisions on whether to share information about them. Where there is concern that the person may be suffering, or is at risk of, significant harm, the individual's safety and welfare will be the over-riding consideration. These factors, along with any adjustments, will be reflected in the child's / adults at risk careplan.
7. We will, where possible, respect the wishes of the child or individual where they do not consent to share confidential information. However, we will still share information if, in our judgement on the facts of the case, there is sufficient need to over-ride that lack of consent.
8. We will ensure that arrangements are in place for providing advice and support to any members of staff who may have doubts about whether to share information in an individual case.

9. We will ensure that the information we share is accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely.
10. We will always record the reasons for our decision – whether it is to share information or not.

Glossary of Abbreviations

ACDT – Assessment Care in Detention and Teamwork

DfES – Department for Education and Skills, now

DCSF – Department for Children, Schools and Families

DH – Department of Health

DSO – Detention Services Order

IRC – Immigration Removal Centre

LACSC – Local Authority Children’s Social Care

LSCB – Local Safeguarding Children Board

PDA – Pre-Departure Accommodation

STHF – Short-term holding facility

HOME OFFICE – UK Border Agency