

# ZSL

## LET'S WORK FOR WILDLIFE

POLICY AND PROCEDURE  
TO SAFEGUARD  
CHILDREN AND ADULTS  
AT RISK

# Zoological Society of London (ZSL)

## POLICY AND PROCEDURE TO SAFEGUARD CHILDREN AND ADULTS AT RISK

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# Zoological Society of London (ZSL)

## POLICY AND PROCEDURE TO SAFEGUARD CHILDREN AND ADULTS AT RISK

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## Foreword

Founded in 1826, the Zoological Society of London (ZSL) is an international scientific, conservation and educational charity whose mission is to promote and achieve the worldwide conservation of animals and their habitats.

Our mission is realised through our groundbreaking science, our active conservation projects in more than 50 countries and our two Zoos, ZSL London Zoo and ZSL Whipsnade Zoo.

Our belief is that a diverse and healthy natural world is valuable in its own right and is essential for ensuring secure and healthy lives for people. This motivates ZSL's vision and mission, and our other core values follow from this.

By actively 'Working for Wildlife' and showcasing our efforts in the field, we hope to motivate others to take conservation action in their daily lives. This includes all our visitors – families, adults and children; groups of school children and teenagers, and vulnerable adults<sup>1</sup> and their carers.

With this in mind, ZSL is committed to safeguarding the well-being of the children, young people, adults at risk, parents, carers / enablers, staff and volunteers who are involved in our work or visiting our zoos. We recognise that children and vulnerable adults have rights as individuals and should be valued, listened to and treated with respect. We therefore strive to achieve excellent standards of safeguarding in all areas. We recognise that some vulnerable people are especially at risk because of their level of dependency or their communication needs.

ZSL endorses and supports the principles of the UN Convention on the Rights of the Child<sup>2</sup>, in all our activities and in our respect for children as well as national or overseas legislation or guidance to protect adults at risk.

In 1989, governments worldwide promised all children the same rights by adopting the UNCRC. The Convention changed the way children are viewed and to be treated – in other words, as human beings with a distinct set of rights instead of as passive objects of care and charity.

ZSL promotes both the spirit and the practical application of, these rights for all the children with whom we work, or with whom we come into contact, as well as applying the principles for adults at risk. This policy and procedure is therefore a statement of our commitment to ensure their protection.

## Section 1 Policy introduction

This document sets out the policy for all trustees, staff, volunteers and interns when dealing with safeguarding concerns that may arise in relation to children and adults at risk. Some staff or volunteers will have greater day to day contact with potential safeguarding concerns than others, but everyone needs to consider safeguarding when dealing with children or potentially vulnerable adults.

In addition, ZSL also works overseas with numerous projects and activities through its Global reach. The document also provides guidance on how to establish local safeguarding links and how to deal with safeguarding concerns should they arise in overseas activities (Section 2.5 and Appendix D).

The policy and procedures explains precisely what to do if concerns are raised about the safeguarding of children or adults at risk in the zoos and projects in England and will contribute to establishing a safeguarding culture within ZSL. This will be backed up by an induction and training programme to ensure that everyone involved in working with ZSL in whatever capacity, is aware that safeguarding is everybody's business and has access to this policy.

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<sup>1</sup> Now called 'adults at risk' – see Section 1.3 about terminology. The terms 'adult at risk' and 'vulnerable adult' will be used interchangeably in this document

<sup>2</sup> also known as the CRC or UNCRC

ZSL safeguarding policies have been developed with the assistance of the National Society for the Prevention of Cruelty to Children (NSPCC). All policies are kept up to date with changes in legislation, guidance and best practice and will be reviewed every three years.

The policy and procedure is based upon the original ZSL safeguarding policy, a review of all existing related policies and guidance, discussions held with a Project Reference Group, established for this purpose and two comprehensive site visits. The purpose of the reference group was to:

- represent all the key functions of ZSL
- identify any potential situations of harm within their sphere of activity
- become familiar with the existing policy and procedures and give informed feedback on the draft revised documents. This has been done.

The policy also draws upon a range of resources from government sites; the NSPCC; Safe Network, and Keeping Children Safe websites and SCIE<sup>3</sup>. The document is in four sections: the Policy, the Procedures, Appendices and Forms and structured to provide ease of access to the different sections, via the contents page.

### 1.1 Policy statement and values

ZSL fully recognises its responsibility to safeguard and promote the welfare of children and adults at risk on its sites and engaged in any of its activities. ZSL will do this by:

- raising awareness of child and adult at risk protection issues throughout the organisation
- following procedures and disclosure and barring checks or safe recruitment and induction of staff and volunteers
- encouraging good practice amongst its staff and volunteers by providing a clear procedure to follow for reporting suspicions, concerns or incidents of abuse in any of its sites.

### 1.2 Purpose and scope

We are committed to recruiting staff and volunteers safely, ensuring all of the necessary checks are made. We provide effective management for staff and volunteers through supervision, support and training. We recognise and promote that all trustees and staff in paid and voluntary / intern positions have a duty to prevent the abuse of children and adults at risk and must report any safeguarding concerns to the relevant person. ZSL will share concerns with agencies that need to know, involving parents, carers / enablers, children and adults at risk appropriately.

The purpose of this policy and procedure is to provide all Trustees, staff, volunteers, interns and visitors with the guidance they need in order to keep children and adults at risk safe and secure and to inform parents and carers how ZSL will safeguard their children or adults at risk, whilst they are attending its sites. It also applies to any researchers, students or sub-contractors, involved in any of our activities in England or overseas.

Individual parts of the two zoo environments will have particular challenges involving children or adults at risk and some of these will have particular challenges, examples of which are outlined here. You should all be familiar with the projects or activities that apply to your role.

- **Reception, Admissions, Retail, membership kiosks, information kiosks and exits – staff at**

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<sup>3</sup> SCIE – Social Care Institute of Excellence

admissions or exits and security staff who support these areas may notice incidents such as hits, slaps or other physical injury occurring between parents and their children or vulnerable adults and their carers. They may also notice sole visitors who for some reason raise suspicion<sup>4</sup>.

- **Animal enclosures** – parents and children may become distracted and separated. The 'lost child' guidance and flow chart should be followed following advice from security.
- **School and educational visits**<sup>5</sup> (both sites) – behaviour of some children or young pupils, such as bullying, may become evident; there may be poor supervision by members of accompanying school staff, leaving ZSL staff and volunteers to deal with difficulties that may arise. The expected supervision rates and Behaviour Guidelines for schools should be followed and as a last resort, in an aggressive or violent situation, the police may need to be called.
- **Educational visits** (both sites) – as above. Trusting relationships may be established in any educational or learning environment with the possibility of disclosure of abuse or harm to a volunteer or member of staff. In addition there may be access to the internet by children or adults at risk, where they may be vulnerable. The Behaviour guidelines for schools should be followed.
- **Practical learning programmes** – children may become separated from their supervisor/s; may be subject to bullying or other forms of abuse, or may decide to confide worrying personal information. Equally, there may be opportunity for someone with suspicious motives to seek out and target a child
- **Keeper for the day** (London and Whipsnade) – a short but trusting relationship may be formed with the person in charge and the child or young person may decide to disclose or confide information of an abusive nature. Equally, there may be opportunity for someone with suspicious motives to seek out and target a child. One Keeper has oversight for the day and is unlikely to ever be alone with a child apart from briefly when others are collecting their lunch.
- **Meet the animals** (London and Whipsnade) - as above.
- **Bed Bugs** (London) – an overnight experience in the B.U.G.S Den – all of the above may apply but might be exacerbated by the overnight experience, in terms of opportunities for bullying or conversely, opportunities for confiding.
- **Lookout Lodge** (Whipsnade) – although this is primarily aimed at adults or families, children aged between 5 – 13 years can attend on the family friendly nights. Whilst the children will be under the supervision of their parents, there is always the chance that unsuitable people may be amongst the other visitors, or that a child may reveal behaviour within their family that might be abusive or of concern, including domestic violence between their parents. This is now considered as abuse.
- **Carousel, Bouncy Castle and playground at London Zoo** – apart from health and safety risks which will be subject to a risk assessment, this may provide an opportunity for bullying or even physical intervention by a parent towards other children, who is concerned their child is being left out or being bullied.
- **Hullabazoo** (Whipsnade) – as above. Note the age restrictions of 10 years-old maximum age, the rules of play and the expectation that all children will be supervised by their parents or guardians.
- **Water park location** (London) – in particular this may provide an opportunity for youngsters to strip off and enjoy the water, which in turn may attract the taking of photographs, either innocently by friends or relatives or suspiciously by those not known to the child or family who may be seen lurking or hanging around suspiciously. Refer to the Suspicious Behaviour Policy.
- **Fund raising events e.g. sky dive; family festivals; Penguin Waddle** (especially those aimed at children), and Whipsnade Stampede 2 k run - apart from health and safety risk assessments, there may be concerns about the size of the site being used and the risk of children going missing or losing their parents or carers.
- **Hospitality events and stewarding** – as above, much depends on the size of the event and the supervision of the children or adults at risk by their carers
- **Numerous holiday or one day special events at both sites** – as above.
- **Employing external contractors** e.g. catering, retail, first aid – they may represent a risk to

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<sup>4</sup> Sole visitors of themselves do not raise suspicion; however, if past alerts have been raised about a sole visitor and repeat visits are made by this person, this may be noticed at admissions.

<sup>5</sup> Interchangeable terms

*children themselves or be in a position to notice concerns or even witnessing abuse.*

- **Employing new and seasonal staff** – *this may provide an opportunity for casual workers who are evading rigorous recruitment processes.*
- **The Wild Bite café and Terrace restaurant** – *parents leaving children to hold tables for them while they choose the food.*

In addition to the above, staff and volunteers should all be aware of the 'hotspots', for example the summer holidays and other popular times of the year.

Whatever your role in terms of supervision or level of proximity to children or adults at risk, you should all follow this policy. In addition, those children or adults at risk who are wheelchair users will require particular care and supervision. Whilst this is not necessarily the responsibility of ZSL staff or volunteers, it is important to be vigilant and sensitive to their needs.

### 1.3 Legislation, definitions and terminology

The policy is written primarily for England where ZSL's activities are currently carried out, thus it will draw upon English legislation, guidance, language and terminology.

#### **First, what is the underpinning legislation to safeguarding children and adults at risk?**

##### **Safeguarding children**

###### **Children Act 1989**

This currently provides the legislative framework for child protection in England. It establishes the key principles to be followed when local authorities are conducting investigations, including the priority to be given to the child's welfare

###### **Children Act 2004**

This strengthens the 1989 Act. Encourages partnerships between agencies and creates more accountability.

##### **Safeguarding vulnerable adults / adults at risk**

Up until the implementation of the Care Act 2014, protection of vulnerable adults was enshrined in the statutory guidance *No Secrets* (DH 2000). Here it refers to a 'vulnerable adult' as meaning a person aged 18 years or over and who is a person: "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

The guidance lacked the strength of legislation and as a consequence, adult safeguarding services were considered to 'lag behind' services to protect children. This led to:

###### **The Care Act 2014**

The Care Act 2014 introduced new safeguarding duties for local authorities including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern - and other measures to strengthen the local authority's response.

##### **Care and Support Statutory Guidance Issued under the Care Act 2014**

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about

people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The following six principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles may be of help to ZSL should the DSO meet with resistance in responding to a reported concern.

Six key principles underpin all adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

## Next, what is a child and what is an adult at risk?

### A child

As stated in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18<sup>th</sup> birthday. In this document ‘children’ is taken to include young people up to 18.

### An adult at risk

As stated under Section 42 of the Care Act 2014, an adult at risk is someone who, “has needs for care and support (whether or not the local authority is meeting any of those needs); is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.”

### Terminology

The term vulnerable adult has now been replaced in England by ‘adult at risk’. The use of the term ‘vulnerable adult’ was not popular as it may suggest that all people with care and support needs are vulnerable and attaches vulnerability to people rather than looking at the risks that face them. To rectify this, the term ‘adult at risk’ is now being implemented across England, in particular as a result of the Care

Act 2014.

The local authority terminology associated with safeguarding sometimes differs across the UK and may change as legislation or government policy changes. Further notes and signposting about the underpinning legislation, guidance, definitions and terminology can be found in Appendix A.

## 1.4 Developing a culture of safeguarding and related policies

The following internal policies, guidelines or forms are all relevant and linked to this document, forming a basis and framework for establishing a culture of safeguarding within ZSL:

- Safeguarding policy: Children and Vulnerable Adults (now replaced)
- Public Interest Disclosure Act Policy (Whistle blowing)
- Procedures for dealing with a report of suspicious behaviour around children or vulnerable adults
- Volunteer and Volunteer Internship Policy
- Dignity at Work Policy
- Brand Values
- Risk assessment
- Behaviour Guidelines for schools at ZSL Whipsnade and London
- Lost children and Lost children procedure
- Consent form for photography and filming
- Consent form for use of photographs
- ICT policy

To summarise therefore, the aim is for ZSL to prevent abuse and to safeguard children and adults at risk by raising safeguarding concerns in the following ways:

- raise awareness of child protection and safeguarding roles and responsibilities with staff, trustees, volunteers, interns and contractors. A copy of this policy will be provided to everyone on joining ZSL
- implement and regularly review<sup>6</sup> these procedures to enable all staff to identify and report incidents or suspected incidents of harm confidently
- staff to be informed via training about the types of abuse and the signs and indicators (see Appendix B)
- training that is relevant to roles and responsibilities will be provided on a regular basis and specific training provided to those with Designated Safeguarding Officer lead roles (see Appendix C).

## 1.5 Principles for staff and volunteers

- All staff are responsible for establishing and maintaining an environment where children and adults at risk, feel secure, free to talk and be listened to, and know that support is available.
- All staff must follow the procedures set out by ZSL in relation to safeguarding
- All staff must treat disclosures with the strictest confidence and refer on as specified
- All staff must notify the Designated Safeguarding Officer (DSO) /Duty Manager of any concerns.

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<sup>6</sup> Recommended no longer than every three years

In the event of failing to report a safeguarding incident reported promptly and within the terms of this policy and procedure, consideration will be given to disciplinary action. If ZSL removes an employee or volunteer from working with children in a regulated activity, because of a belief that this person poses a risk to working with children or adults at risk, ZSL must make a referral to the Disclosure and Barring Service. The referral will be made by the Director of Human Resources, together with the DSO (unless of course the suspicion involves them).

## Section 2 Procedures

### 2.1 Introduction to the 4 'Rs'

This section will tell you how to deal with a concern about possible abuse of a child or adult at risk. It will describe how concerns might arise in your work at ZSL explaining that there are real barriers to recognition that need to be understood first. It reminds you of our risk assessment policy which now includes safeguarding, and how this forms an essential part of prevention of harm. Using the structure of the 4 'Rs' is a useful way of identifying the key processes of dealing with a concern and guidance is provided for each of these processes and supported with more detail in the Appendices. These steps should be followed in all instances of concern about a child or vulnerable adult:

1. **Recognition**
2. **Responding**
3. **Reporting**
4. **Recording**

### 2.2 How might safeguarding concerns arise?

First consider the nature of the ZSL project/s you are working within (see section 1.2) and then read through the following ways that safeguarding concerns may arise:

- a child or vulnerable adult may **tell you** about something that has upset or harmed them. This is called **a disclosure**
- you may **observe** something in a child or young adult's behaviour that indicates that something is causing them worry or upset
- someone else might **report** that a child or adult at risk has told them, or that they believe, that they have been or are being harmed. This may include what is termed '**historical abuse**' i.e. possibly not occurring now, or the person has moved away, but may have happened in the past. Don't forget that if this is the case then the person causing the abuse may still be causing harm to other children or adults at risk and the matter should still be reported
- a child or adult at risk might **show signs** of physical injury or of chronic neglect for which there appears to be no explanation
- the **behaviour or attitude** of a member of staff, or volunteer (within ZSL or outside the organisation) towards a child or adult at risk, worries you
- you **witness worrying behaviour** from one child or vulnerable adult to another.

Remember that there may be innocent explanations about a change in the behaviour of a child or adult at risk and do not immediately jump to conclusions that abuse has occurred. The main thing to remember is that any suspicion about abuse should be explored sensitively, to follow the procedures in this document

and that unlikely though you may feel it may be, you must always consider that abuse could be a possibility.

Those who seek to abuse children or adults at risk do not 'just find themselves' in a compromising situation – they deliberately seek out situations, organisations or settings which:

- provide easy access to children (or to other vulnerable people – children or adults)
- have little direct supervision of vulnerable groups including children
- have no safeguarding principles, policies or processes in place
- have unsafe recruitment processes and rarely take up reliable references
- have a culture and a belief that, "It couldn't happen here – we know everyone we work with and anyway it's never happened before".

### 2.3 Barriers to recognition

It is worth remembering that it is commonly believed that a child or vulnerable adult would resist abuse at all costs or immediately tell a trusted adult. This is not so and in fact children or adults at risk often need to overcome a number of barriers which are very real for them. Some of the reasons why children or adults at risk frequently don't tell about abuse include that they:

- are scared because they have been threatened
- believe they will be taken away from their home
- believe they are to blame
- think it is what happens to all children / adults at risk and is 'normal' behaviour
- feel embarrassed and guilty
- don't want the abuser to get into trouble
- have communication or learning difficulties
- may not have the vocabulary for what happened e.g. use a different first language
- are afraid they won't be believed.

There are also barriers for us as adults. All of us have a natural revulsion upon hearing someone has maltreated a child or someone vulnerable and must resist the inclination to dismiss it as being true in favour of a more comfortable reason such as, "Oh - she's making it up". Other reasons we as adults find it hard to share our concerns may be that we:

- find it hard to believe what we are seeing or hearing
- cannot believe the suspicion that may be about someone we know and trust
- fear we might 'get it wrong' and fear the consequences of getting it wrong – for the child or vulnerable adult, their family and / or for ourselves and our organisation
- simply 'don't want to be involved'
- don't know what to do or who to contact. That's why this policy is so important.

### 2.4 Risk Assessment

A vital part of safeguarding is prevention and this is best approached by undertaking a risk assessment for each project or activity undertaken in any of our sites, in the UK or overseas. Please refer to your two Risk Assessment guidelines for London and Whipsnade schools' visits for detailed guidance and note the following additions to the document:

It is essential that the accompanying adults/carers understand:

- the itinerary, timings and objective of the visit
- that they are responsible for the behaviour of the children in their charge
- that they are responsible for the safeguarding of the children in their charge and are able to respond appropriately if required.

### **Hazard and Risk: child or adult at risk discloses abuse or non - accidental injury is suspected**

#### Controls

- ZSL safeguarding policy and procedures
- A Designated Safeguarding Officer (DSO) is available to report any concerns
- Safeguarding is part of induction and training

This also applies to any pre-arranged visits for adults at risk.

## **2.5 Overseas projects**

Our role when working in our overseas projects, or when considering setting up a new overseas project should follow the same purpose, principles and values as within this document. However, there are clearly different challenges to safeguarding children or adults at risk overseas, which will influence a risk assessment and our response to concerns, including that:

- protection systems in many countries are often weak, leaving staff and organisations facing complex safeguarding dilemmas
- children or adults at risk, in emergency situations are especially vulnerable to abuse and exploitation
- there is little common understanding across countries or agencies working overseas of safeguarding issues, standards of practice or the organisational implications of vastly different legal, social and cultural contexts and practices
- particular risks are faced by some children or adults at risk who have extra difficulties getting help, because of their race, gender, age, religion or disability, sexual orientation, social background or culture
- children or adults at risk may be vulnerable to abuse not only by their parents, carers or individuals in their communities, but also from the staff, volunteers or representatives of the organisation working with them.

Further information on working overseas can be found in Appendix D and links to the international safeguarding consortium of NGOs, *The Keeping Children Safe*<sup>7</sup> coalition can be valuable. KCS uses a set of Standards as the basis to its work and these can be found at [www.keepingchildrensafe.org.uk/](http://www.keepingchildrensafe.org.uk/)

## **2.6 Recognition**

This is the ability to recognise and identify signs and indicators of harm as they are defined in guidance and as they may present during any of ZSL's activities or projects as described above.

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<sup>7</sup> Keeping Children Safe is a network of organisations working together to ensure children globally are safeguarded and protected from all forms of violence, abuse and exploitation.

Child abuse affects girls and boys, babies and young people of all ages up to 18, including children with special educational needs and disabilities and children from all kinds of family background. It occurs in all cultures, religions and classes. Research<sup>8</sup> shows that disabled children (and adults) are more vulnerable.

Equally, abuse affects adults at risk, including the same categories as above and others such as being an older person; a person with special educational needs or disabilities, including, but not limited to, a physical disability, a learning difficulty or a sensory impairment; someone with mental health needs, including dementia or a personality disorder; a person with a long-term health condition or someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living. But remember that many individuals who do occupy one of the above categories, such as sensory impairment, may well not regard themselves as vulnerable or at risk and do not wish to be treated as such; sensitivity should be shown.

Abuse may be happening in the home, at activities outside of the home or within relationships. It is rarely conducted by a stranger but by someone known and trusted.

Abuse can result in a child or adult suffering significant harm preventing children from achieving their full potential and undermining dignity and rights. The harm it causes can affect them at the time it is happening and in later life. The impact can be educational, emotional, psychological and relational. Therefore historic accounts are to be responded to with the same level of diligence.

## **First 'what is abuse?'**

### **Child abuse**

Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online.

Digital technology such as the internet and mobile phones may be used as a medium for abuse, for example bullying or targeting through phones or social network sites, 'sexting' amongst peers or digitally publishing abusive images of a child (remember that this is a crime).

## **Next, what are the typical signs and indicators of child abuse?**

Appendix B provides comprehensive signs of abuse and aims to help anyone working with or observing children, to distinguish between normal child behaviour and those injuries and behaviours which might indicate abuse. You can refer to this as a checklist for concerns you may have, but in all cases seek advice from your Designated Safeguarding Officer (DSO).

### **Adults at risk of abuse**

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they

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<sup>8</sup> NSPCC Protecting deaf and disabled children [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform)

may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

### **What are the typical signs and indicators of abuse of adults at risk?**

Signs of abuse can often be difficult to detect. Appendix B draws on the SCIE<sup>9</sup> resource, *At a glance* briefing paper, which provides some signs and indicators to help identify abuse and recognise possible indicators. Remember that many types of abuse are also criminal offences and should be treated as such and referred (by the DSO) to the police.

## **2.7 Responding**

All staff and volunteers should have the knowledge and confidence to know how to:

- take immediate or emergency action if required
- respond directly to a child or adult at risk who may tell you that harm has occurred either to them or to someone else
- respond to a child or adult at risk who tells you that he or she has abused another child or adult at risk
- deal with allegations about abuse by a member of staff or volunteer
- report any concerns about possible abuse, within the relevant timescales.

This section also outlines some principles about confidentiality, consent and information sharing although is explained in more detail in Appendix C, in the guidance for DSOs.

### **Immediate or emergency action**

If a situation occurs that involves a serious incident or injury (or a serious threat) which merits immediate emergency action, then this takes priority. Immediately inform a manager and / or First Aid who will dial 999. If it is not possible to contact a manager or First Aid, the person who is alerted to the incident should contact the emergency services. If either the child or adult at risk is in immediate danger and is with you, remain with them and call the police. If a child or adult at risk needs emergency medical attention, call an ambulance and if a first aider is not available, use any first aid knowledge that you may have yourself to help the child or adult at risk. You need to contact your DSO as a matter of priority to let them know what is happening.

### **Responding to a disclosure of abuse and/or taking the first steps of responding.**

In most ZSL activities direct disclosure may be unlikely but children and adults at risk can form trusting relationships in a variety of settings and may choose to talk about worries or abuse that is occurring in other areas of their lives. For example, they may talk about bullying at school or elsewhere or serious abuse at home (including domestic violence) or from another child or individual. Any member of staff or volunteer may themselves observe behaviour that causes concern. It is important to follow the following principles when responding to such incidents.

#### **Immediate response**

- Stay calm.
- Listen carefully to what is said.
- Find an appropriate point early on to explain that it is likely that the information will need to be shared with others – **never promise to keep secrets.**

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<sup>9</sup> Social Care Institute of Excellence (SCIE)

- Allow the individual child, young person or adult, to continue at their own pace.
- Ask questions for clarification only, and avoid asking questions that suggest an answer (leading questions).
- Reassure them that they have done the right thing in telling you.

### **Sharing information**

- Try to gain consent to share information from a child or young person as appropriate to their age and understanding. You may still share information without consent if it is important to their safety and wellbeing or if a crime has been committed.
- If a child or young person refuses permission you still need to discuss this with your designated safeguarding officer (DSO) who will decide if there is an over-riding public responsibility to share the information with the local authority and/or police.
- If an adult at risk refuses to consent to share information, every effort should be made to support them by explaining that it is in their interests (and possibly of others), to share it, but ultimately they have the right to refuse consent unless they or others are at risk.
- If the adult at risk appears not to have the capacity to understand the nature or consequences of the decision to share information this should be assessed by someone qualified to make this assessment. See below for further guidance about an adult at risk who may lack capacity to make decisions.
- Tell the child or adult what you will do next and with whom the information will / or will not be shared.
- If the disclosure or incident relates to recent physical or sexual harm or injury try to preserve any evidence that maybe important to an investigation e.g. bedding or clothing.
- The child or adult may need to be medically examined and consent will usually be required. This will be a decision for the police and/or medical services.
- Make a written record of the incident, including what the child or adult has said, as soon as possible. Use their own words and note their behaviour or demeanor. Include the date, time, any names mentioned, addresses, to whom the information was passed (or the reason if not shared) and who else is aware of it. Note or describe clearly any visible injury, using a sketch of the body showing the location of any injury.
- Contact your designated safeguarding officer (DSO) as soon as possible to discuss your concerns, using the reporting form **and always within 24 hours**.

### **What should you say to a child or adult at risk who says that they are being abused by another child, young person or adult at risk?**

- reassure the child or adult at risk that they have done the right thing by telling someone about it and that you will do everything you can to keep them safe
- explain that you will have to tell someone else in order to protect them, and possibly others
- allow them to tell the whole story but don't ask them too many questions
- if the child's parent is there, explain to them what has happened, if possible in front of the child, so that the issue is discussed openly
- in the case of an adult at risk it is important to seek their consent to the sharing and passing on of any information. Try to seek their views, reassuring them that the main aim is to keep them (and others) safe. If consent is refused, leave this to your DSO who will discuss it with the local authority
- you can ask what the child or adult at risk would like to happen as a result of what they have said, but don't make promises you can't keep.
- give the child the Childline phone number (0800 1111).

### **What should you say to a child or adult at risk who says that they have abused someone else?**

- reassure them that they have done the right thing by telling someone about it and that you will do everything you can to keep the child or vulnerable adult safe – as well as themselves

- explain that you will have to tell someone else in order to protect the child or vulnerable adult who has been abused, but ask their views about what they would like to happen next
- let the child or adult at risk tell their whole story but don't ask too many questions
- if a child has told you about what they have done and there appears to be no risk to them from their parent, then explain to the parent/s what has happened, if possible with the child present so that it can be discussed openly between them
- in the case of an adult at risk it is important to seek their consent to the sharing and passing on of any information. If they object to this and refuse consent, leave this to your DSO who will discuss it with the local authority
- you can ask what the child or adult at risk would like to happen as a result of what they have said, but don't make promises you can't keep
- reassure them that, with help, the problem can be sorted out
- give the child the Childline phone number (0800 1111)
- remember that the child or adult at risk who has behaved in this way is also a child or vulnerable themselves and in need of support.

### **What if the allegation of abuse or harm is about a trustee, member of staff or volunteer?**

If the individual who is alleged to have abused someone is working with or directly responsible for children or adults at risk, the concern needs to be discussed immediately with your DSO (unless of course they are the subject of the allegation). The DSO may involve HR and the most senior (and available) president/chief executive of ZSL. One of these individuals (either a senior manager, HR Director and/or DSO) should then, in a sensitive manner, remove the trustee<sup>10</sup> / staff member/volunteer involved in the allegation from direct contact with children or young adults at risk.

The DSO will then follow the procedures outlined in Appendix C. Your role may be limited to providing information to any enquiry or disciplinary process. You should record the allegation that has been made to you, using the Incident Reporting Form 1 and keep the information confidential.

In respect of children an allegation may relate to a person who works with children who has: (Working Together to Safeguard Children 2015).

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Any allegation against people who work with children should be reported immediately to the DSO. The local authority designated officer, or team of officers, (formally called the LADO) should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police.

There may be three strands of consideration:

1. A police investigation of a possible criminal offence
2. Enquiries and assessment by children's social care about whether a child is in need of protection or in need of services; and
3. Consideration by an employer/organisation of disciplinary action in respect of the individual.

In respect of alleged harm towards an adult at risk, the ZSL DSO should seek advice from the Safeguarding Adult Manager (SAM) within the Local Authority

Keep Records on an individual's file until retirement or 10 years if that will be longer.

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<sup>10</sup> See 'Everyone's Business Safeguarding for Trustees guide' from the Safe Network website [http://www.safenetwork.org.uk/getting\\_started/how\\_we\\_can\\_help/Pages/for\\_trustees.aspx](http://www.safenetwork.org.uk/getting_started/how_we_can_help/Pages/for_trustees.aspx)

Decisions regarding suspension are with the employer. If an organisation removes an individual (paid or unpaid) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service (Appendix C). It is an offence to fail to make a referral without good reason.

### **Malicious allegations**

'Employer should refer to children's social care to determine whether child concerned is in need of services or may be being abused by someone else.' (Working Together to Safeguard Children 2013).

### **Procedure for responding and reporting any concern**

Once any immediate danger or emergency medical need has been dealt with and / or you have responded directly to a child or adult at risk taking account of sharing information, the following general procedure should be followed:

1. Contact your designated safeguarding officer (DSO) as soon as possible to discuss your concerns, using the Incident Reporting form (Form 1) and **always within 24 hours**.
2. If there is uncertainty about whether the allegation or concern constitutes a child or adult at risk protection matter, the DSO should discuss this with the local adult or children's social care department or with the NSPCC Helpline, without disclosing the identity of either child/young person, adult at risk or family, at this stage.
3. If, having discussed the situation fully and taken advice if necessary, the DSO concludes that the alleged behaviour does not constitute a child or adult at risk protection issue, then the school or organisation (if this is with whom the child or adult at risk is visiting) should consider whether their anti-bullying policy and procedure should be used or whether they should be referred elsewhere for other services.
4. If the view is that the concern does indeed amount to a child or adult protection matter, the DSO should refer the child or adult at risk to the local authority adult or children's social care department confirming the referral in writing within 24 hours.
5. The DSO will discuss the concern with child or adult's social care and together will consider whether:
  - the view is that someone may be put in danger by the family being informed
  - informing the family might interfere with a criminal investigation, or
  - in the case of an adult at risk, consent to passing on the information is denied.

If any of these circumstances apply, discussions with the families should only take place after this has been agreed with the adult at risk, local authority adult or children's social care department. **This decision will be taken by them.**

6. The DSO should ask to be kept informed of decisions made in accordance with the referral.
7. The child or adult at risk who is the subject of the allegation should also be informed of what has been said about them if appropriate. The agencies involved (police and/or social care) may have views about what information should be disclosed to the child/young person or adult at risk at this stage.
8. You may be distressed by what has happened and should ask your manager or DSO for support if necessary.

## Confidentiality, consent and information sharing

It is vital that personal information relating to a possible incident of child or adult abuse is treated respectfully and confidentially and this form of trust within an organisation is fundamental to safe practice. Two essential factors should be considered:

- Timely information sharing is essential for safeguarding and promoting the welfare of children or adults at risk. It enables action to tackle problems to be taken at an early stage
- If a child or vulnerable adult is at risk of, or suffering significant harm (see Appendix A), the law supports you to share information without consent. **The Data Protection Act is not a barrier.** This applies both to the UK and overseas practice.

Within ZSL, the decision to share information outside of the organisation will usually be taken by the DSO. Never assume someone else will pass on information about a child, a parent / carer or other adult at risk that may be critical to keeping them safe.

### Consent from a child

If the child is old enough to understand about sharing what they have told you, then you should seek to obtain this either verbally or in writing, making sure that you record this. If consent is being sought for medical intervention then a child of sufficient age and understanding may give or refuse consent. Any refusal of necessary treatment may be challenged by parents, the local authority or a court, but any action or decisions will be not be taken by ZSL.

Further guidance about sharing information about children can be found at:

- HM Government (2015) *Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers* (England)

### Consent from an adult at risk

With safeguarding, it is always essential to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. This may be in relation to an activity that may be abusive; an investigation or enquiry about whether or not abuse has occurred; a medical examination or treatment, or an interview.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is a public interest, for example, not acting will put other adults or children at risk
- there is a duty of care to intervene, for example, a crime has been or may be committed.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.

An adult at risk who appears to lack capacity will be subject to an assessment under the Mental Capacity Act 2005. This is fully explained in the *Mental Capacity Act 2005 Code of practice* but, again, any decisions taken to override an individual's apparent wishes will be subject to assessment by those professionally qualified to do so. This is especially important when it appears that the individual's 'unwise decision' does not necessarily mean that they lack capacity. It is most unlikely that ZSL will be involved in such an assessment but it is important to be aware of the issue of consent, when it comes to safeguarding. Further information can be found at:

- SCIE (2015) *Adult safeguarding: sharing information*: [www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/files/sharing-information.pdf](http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/files/sharing-information.pdf)
- *Care and Support Statutory Guidance* Issued under the Care Act (Department of Health 2014): [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book).

For overseas working these same principles will initially apply to children and to adults at risk, although local or national laws may prevail.

## 2.8 Reporting

The last two sections explained that all ZSL staff, volunteers or interns should be alert to signs that may suggest a child or adult at risk is in need of help and you have learned that deciding whether to report can be a very difficult responsibility. You now know that the first step is to contact your Designated Safeguarding Officer (DSO) and this section will tell you more about their role and what happens after a report has been made to the local authority.

### Reporting to the DSO

Each of the ZSL sites (Whipsnade and London) will have several trained DSOs. Concerns should be reported in the first instance to a DSO at the London site for issues in London and at the Whipsnade site for issues at Whipsnade. In the event that the DSO is absent from the relevant site, a report should be made to the most senior manager on site, plus the DSO on the other site. If this is emailed, the absent DSO should be copied in, in all relevant communications.

The previous section described how this may involve contacting the Local Authority children's or adult's services, the police or the NSPCC Helpline on 0808 800 5000 and that this action will normally be taken by the DSO.

**You should never ignore a concern or do nothing. Your role is to report after responding appropriately; someone else will decide whether the matter is significant or requires action and will also consider the issue of consent and capacity (adults at risk).**

If there is a difficulty in contacting your DSO, then you should contact the Emergency Duty Manager (EDM). It may not be possible for you to remain anonymous during any investigation. If it is necessary to reveal your identity, support will be offered to you.

### Suspicious behaviour around children or adults at risk

In the event that there are concerns about the behaviour or actions of an adult in the vicinity of a child or adult at risk, such as taking photos or watching them, you should follow the reporting *Procedures for dealing with a report of suspicious behaviour around children or vulnerable adults*.

### Overseas reporting

Exactly the same principles apply to working overseas. The first stage is to decide whether the concerns are internal to the organisation or relate to an external situation.

All local reporting procedures need to be developed and agreed with the local community and local staff, preferably before a project is established. If local communities or staff are not comfortable with or confident in the reporting mechanisms, they will not use them. Also consider other barriers facing staff, adults, children or communities reporting abuse and how they might be overcome with appropriate discussions, procedures and training.

**The guiding principle is that the safety of the child or the adult at risk is always the most important consideration.** Any allegation or concern regarding abuse must be treated seriously. For this reason it is

vital that anyone raising a concern should follow reporting procedures. Particular care should be taken in regard to confidentiality and the sharing of information with appropriate people, in the same way as here.

The flow chart at the end of this section, from the *Keeping Children Safe* website is an example of a reporting procedure that can be adapted for any organisation working overseas.

### **The Designated Safeguarding Officer (DSO)**

DSOs have the responsibility for responding to all safeguarding concerns within ZSL and will make referrals to the local authority or Police if appropriate. They are all trained in safeguarding and are the line of accountability and governance within ZSL. Other responsibilities include

- working with Communications Team to ensure all staff and volunteers know the name of the DSOs, their roles and their contact details **(see Reporting card in Appendice)**
- working with management to ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSO
- keeping written records of all safeguarding concerns and ensuring that they are kept securely and in line with internal storage requirements
- ensuring that data protection requirements are adhered to in accordance with the Data Protection Act 1998
- liaising with Training and Development to ensure that DSO training and training delivery on site to internal staff and volunteers, occurs every three years
- working with management to enable every member of staff fulfils their child or adult protection responsibilities effectively and (for educational projects) complies with the requirements set out in the *Keeping Children Safe in Education* guidance (DfE 2015)
- in consultation with the Director of HR ensuring all referrals are made in a timely manner to the local authority as required, and within 24 hours
- in the case of a disclosure by a member of staff about wrongdoing by a colleague or their employer, to the DSO, the DSO should follow the *Public Interest Disclosure Act Policy* should be followed (Whistleblowing) in conjunction with the Director of HR. **Full guidance on dealing with allegations against staff or volunteers can be found in Appendix C**
- depending on the serious nature of the concern and the possibility that it may reach the media, consideration should be given to notifying the Director General of ZSL in advance of any adverse publicity
- working with the Director of HR to ensure the policy and procedures are reviewed annually.

### **The independent person procedure**

Children should have a way of bypassing the adults running activities if they have any concerns about the way they are being treated. When organising events for children, material given directly to children must carry the statement: *'If you would like to talk to someone about the way this event was run and how you were treated, please call Supporter Services on 0344 225 1826.* DSOs should ensure that this statement is included in all relevant materials, web pages etc. to which children have access.

For further information about the role and responsibilities of the DSO, see Appendix C

### **What happens after reporting to adult or children's social care?**

The precise local procedures may vary between areas and differences between adults at risk services and children's services but the following are broadly the steps that will be followed:

1. Once your DSO has made a referral, a social worker should respond within one working day telling you what further action they have decided to take.
2. ZSL might be asked to participate in further assessment of the child or adult at risk or a further enquiry. This will normally be led by a social worker.
3. If the social worker suspects that a child or adult at risk is suffering abuse or harm under the legal definitions, the local authority will hold a strategy discussion to determine the child or adult at risk's welfare and plan future action.
4. A strategy discussion can take place following a referral or at any other time, including during the assessment process. ZSL should be prepared to contribute to these discussions by providing information if requested to do so.
5. If concerns are substantiated, an initial child or adult protection conference is convened to make decisions about the child's/adult at risk's future safety, health and development.
6. ZSL is unlikely to be further involved in the planning stages when decisions about protective action will be made. This usually involves convening a core group which will meet within 10 working days of the conference and formulate a comprehensive plan for the child or adult at risk.

## 2.9 Recording

This section refers to the importance of prompt recording at all stages of your involvement. In all situations, including those in which the cause of concern arises either from a disclosure of abuse or from suspicion of abuse, it is vitally important to record the details as soon as possible, regardless of whether they are shared with a statutory agency. Complete an **Incident Reporting Form 1** with an accurate note being made of the following information which is relevant to the current concern:

- name of person reporting the incident
- date, time and location of the incident, disclosure or suspicious conversation or observation
- name, age and any impairment of the individual about whom there are concerns
- parties who were involved, including witnesses
- what was said, seen or done and by whom
- whether consent to share information has been given and if not, whether there is an over-riding public concern about safety of the individual or others
- distinguishing between facts and opinions
- name of the Designated Safeguarding Officer, whether they have been contacted, and when. If not, has anyone else been informed?
- immediate actions taken
- whether a staff member or volunteer is involved in the allegation and any further action taken, e.g. suspension
- where relevant, reasons why there is no referral to a statutory agency
- what support is required and has been offered to the child, adult at risk, the volunteer or member of staff involved.

The record should be clear and factual as it may be needed by child or adult safeguarding agencies and may, in the future, be used as evidence in court. Records should be kept securely and shared only with those who need to know about the incident.

## Data protection

Names and addresses taken of children should be kept confidential and should strictly only be used for the purposes of the activity in which the children are involved. The lists must be kept securely. No one should have their own private list.

Photographic consent forms should be kept until a child's 18<sup>th</sup> birthday.

## 2.10 Lost children

One of the more common occurrences involving a child, or even an adult at risk, is going missing themselves or losing their parent or carer. We have a revised policy and procedure about this and you can find a copy of the guidance and flowchart at Appendix G. In addition both London and Whipsnade Zoos have a designated 'Lost children' point at each zoo.

Whilst this situation should not of itself, be described as abusive, it could in fact conceal that a child has been abducted or that suspicious behaviour such as targeting for purposes of abuse is being carried out. In all circumstances however, speed but not panic, is of the essence. The guidance will provide further advice about:

- the immediate response i.e. to wait with a lost child (or adult at risk)
- finding another member of staff or volunteer to help locate the missing parent, carer or teacher. Inform the EDM (Emergency Duty Manager) without delay and inform First Aid (London Zoo only)
- exploring whether the child has any information about their parent or carer or teacher
- **emphasising that under no circumstances should the child be taken outside** without the parent's / carer's knowledge or consent (even if the child says that their parent/s are outside the zoo perimeter). Safety cannot be guaranteed outside the zoo when under the supervision of staff who may themselves pose a risk.
- using the radio and coding system to alert other areas of the site
- **never announcing the name of the child over the radio or tannoy**, but you may share information such as boy or girl, age, clothing and what to do if the child or adult at risk is not reunited with their carer; that two of you should take them to the Lost Child Point at either of the two sites
- not releasing a child unless their identity can be confirmed by the person collecting them and that they are over 16 years
- logging all information in the Lost Child book.

For further advice about missing parents or carers, or about lost children, go to Appendix G.

## 2.11 Safe recruitment and induction

It should be noted that in most circumstances, the work of our staff will not fall within the definition of 'regulated activity' and therefore a Disclosure and Barring Service (DBS) check cannot be sought. ZSL recognises however that a DBS check, where available, does not in itself protect a child. ZSL therefore has comprehensive recruitment and selection procedures for staff and volunteers. All managers should adhere to these procedures and all managers should be aware of them. The procedures can be accessed on the ZSL computer system or from the HR or volunteering departments.

Where individuals are undertaking roles which are considered to be 'regulated activity', that is, activity which involves teaching, training, instructing, caring for or supervising children, on a regular, intensive or overnight basis, a DBS check will be sought. The checks will be undertaken before the individual member of staff starts in their role or where the individual previously had a DBS check we will use the portability scheme.

For further information about safe recruitment and the DBS see Appendix E.

Induction of new staff, volunteers and interns should include a discussion about safeguarding and the role and responsibilities of ZSL. A copy of this policy should be given to each new member of staff or volunteer and each individual should sign to indicate that they have read and understood the document. Questions should be invited and answered.

## 2.12 Code of behaviour and fostering good practice amongst staff and volunteers

As well as following this safeguarding policy and procedures, all those working in any capacity with ZSL should behave in accordance with our *Code of behaviour and fostering good practice guidelines* as well as the *Dignity at Work* policy. In order to protect vulnerable children or adults at risk, and protect staff / volunteers from false accusations, staff / volunteers should read and follow these documents. They set out what staff, volunteers, interns and trustees should and should not do in terms of their conduct in carrying out their role and responsibilities within ZSL.

The Code of conduct can be found in Appendix F.

## 2.13 Taking and keeping images and photos

It is important to remember that one of the key purposes of the ZSL two zoo sites, is for members of the public – children, families and individuals - to have a great day out and to enjoy some of the many and varied activities on offer. Part of a family's enjoyment is taking photos of their children, friends or family members and ZSL does not want to impose too many restrictions on this. On the other hand we know that the taking of images can be an abusive activity and if images are circulated on the internet or social media, it is highly unlikely they can be removed and that they can provide a means of targeting young or vulnerable children or young people.

ZSL has revised its guidelines and consent forms on the taking of photographs and everyone should be familiar with the document.

### Photography policy

In addition, ZSL may wish to take photos of children and other visitors for communication and marketing purposes and again, careful procedures must apply. The NSPCC Child Protection in Sport Unit and the NSPCC / Children England SafeNetwork<sup>11</sup> site provide useful guidance which can be adapted for ZSL events and can be found at: [www.thecpsu.org.uk](http://www.thecpsu.org.uk)

The following guidance is drawn from this and provides an outline about the taking of photographs within ZSL activities:

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<sup>11</sup> <http://www.safenetwork.org.uk/Pages/default.aspx>

A policy about taking and using photographs of children and young people should include the following:

- avoid using children's names (first name or surname) in photograph captions. if the child is named, avoid using his or her photograph. if the photograph is used, avoid naming the child.
- use a parental permission form to obtain consent for a child to be photographed/videoed.
- obtain child's permission to use their image.
- only use images of children in suitable dress to reduce the risk of inappropriate use. some activities – swimming, drama, gymnastics and athletics for example – present a much greater risk of potential misuse.
- address the use of images of children on the organisation's website. images accompanied by personal information, eg, this is x who likes to collect stamps – could be used by an individual to learn more about a child prior to grooming them for abuse.
- written expectations of professional photographers or the press who are invited to an event, making clear the organisation's expectations of them in relation to child protection.
- do not allow photographers unsupervised access to children.
- do not approve photography sessions outside the event or at a child's home.

Any photographs obtained by ZSL should be stored in line with the ICT policy and national Data Protection guidance.

## Appendix A Definitions, legislation and guidance (England)

The Department for Education is responsible for child protection in England. It sets out the national policy, legislation and statutory guidance on how the child protection system should work.

### Child

#### Definitions

As stated in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18<sup>th</sup> birthday. 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 does not change their status or their entitlement to services or protection. In this document 'children' is taken to include young people up to 18.

**Safeguarding and promoting the welfare of children** is defined as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring they are growing up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best life chances.

**Child protection** means the activity that is undertaken to protect children who are suffering or are likely to suffer significant harm i.e. following these procedures.

**Significant harm** - there are no absolute criteria on which to rely when judging what constitutes significant harm. For the purposes of ZSL's response to concerns about children, this distinction is the responsibility of children's social care and the police. Any decision about investigating concerns of this nature will therefore be their responsibility.

#### Legislation

##### Children Act 1989

Currently provides the legislative framework for child protection in England. Establishes key principles to be followed when local authorities are conducting investigations, including the priority to be given to the child's welfare

##### Children Act 2004

Strengthens the 1989 Act. Encourages partnerships between agencies and creates more accountability.

There are many other laws which contribute to protecting children and can be found at:

[www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance/](http://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance/)

#### Guidance

##### Working Together to Safeguard Children (2015)

This is the key statutory guidance in England for anyone working with children in England in March 2015. The guidance is revised every few years and forms the basis to all local authority or organisational procedures. The ZSL procedure is compliant with *Working Together*.

## Adult at risk

### Definitions

Under Section 42 of The Care Act 2014, a local authority 'has a duty to make enquiries itself or cause others to make enquiries in cases where it has reasonable cause to suspect that an adult: has needs for care and support (whether or not the local authority is meeting any of those needs); is experiencing, or at risk of, abuse or neglect; as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.'

These distinctions are the responsibility of the local authority to determine whether or not abuse (or risk of abuse) is occurring. ZSL may therefore refer relevant concerns they may have to adult social care or the police and any decision about investigating these concerns will be made by them.

### What is an adult with care and support needs?

An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list and the legislation also includes people who are victims of sexual exploitation, domestic abuse and modern slavery. These are all largely criminal matters, however but if ZSL refer any of these concerns to either the police or social care, they will make these distinctions.

A further element of being defined as an adult at risk may relate to giving consent and an individuals' capacity for understanding both the decision and its consequences. Capacity will always be assessed by someone who is qualified to do so.

### Legislation and guidance

Up until the implementation of the Care Act 2014, protection of vulnerable adults was enshrined in the statutory guidance *No Secrets* (DH 2000). Here it refers to a 'vulnerable adult' as meaning a person aged 18 years or over and who is a person: "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

The guidance lacked the strength of legislation and as a consequence, adult safeguarding services were considered to 'lag behind' services to protect children. This led to:

### The Care Act 2014

The Care Act 2014 introduced new safeguarding duties for local authorities including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern - and other measures to strengthen the local authority's response.

You can find out more at the SCIE website: [www.scie.org.uk/adults/safeguarding/index.asp](http://www.scie.org.uk/adults/safeguarding/index.asp)

### Care and Support Statutory Guidance Issued under the Care Act 2014

The Care Act describes safeguarding as an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

## Overseas projects

In terms of working overseas, definitions of 'child' and 'child abuse' or 'vulnerable adult' or 'adult at risk' may differ according to national and cultural understandings. However, organisations need to be clear that 'children' are defined as anyone less than 18 years of age and that 'abuse' is the range of acts, intentional or otherwise, which harm children.

For those over 18 years who may be vulnerable, it is suggested that the terminology and definitions in this document are used.

The legislation that specifically applies to protecting children overseas is as follows, and can apply in principle to adults:

- **UNCRC – Article 19 about protecting children.**
- **UN IASC Task Force on Preventing Sexual Exploitation and Abuse in Humanitarian Crises 2002**

For more detailed guidance about safeguarding children in overseas settings you are recommended to visit [www.keepingchildrensafe.org.uk/](http://www.keepingchildrensafe.org.uk/) where you can explore the safeguarding standards developed by a consortium of NGO's with the NSPCC.

## Appendix B      Types of abuse and signs and indicators

### Safeguarding of children

#### Definitions, categories and signs and indicators

##### What is abuse and neglect?

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

##### Physical abuse

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

##### Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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 child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

##### Sexual abuse

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

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

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

## **Possible signs and indicators of child abuse**

*Remember that it is not your responsibility to diagnose an injury – this is the responsibility of the community physician, hospital or other medical expert.*

### **Physical abuse**

Most children collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury. A delay in seeking medical treatment for a child when it is clearly necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may be needed.

Patterns of bruising that are suggestive of physical child abuse include:

- bruising in e.g. disabled children who are not independently mobile
- bruising in babies, especially pre-crawling or walking
- bruises that are not on bony prominences, but in soft tissue areas such as abdomen
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters or of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips
- although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. any child who has unexplained signs of pain, illness or loss of consciousness should be seen promptly by a doctor.

Other physical signs of abuse may include:

- cigarette burns (small, red and encrusted circular marks)
- adult bite marks
- broken bones
- burns or scalds
- petechial bruising (tiny bruising dots caused e.g. by hard slap on face).

Changes in behaviour, which can also indicate physical abuse:

- fear of parents or carers
- being approached for an explanation
- aggressive parents or carers or indications of severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves or trousers in hot weather
- depression or withdrawn behaviour
- being bullied (directly, online, by text or social network)
- running away from home.

### **Emotional abuse**

Emotional abuse can be difficult to measure and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from their parents'/carers' care

- sudden unexplained speech disorders or being mute
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour, which can also indicate emotional abuse include:

- neurotic behaviour, e.g. hair twisting, rocking, repetitive sounds
- being unable to play
- fear of making mistakes
- self-harm or attempted suicide
- fear of parent being approached regarding their behaviour.

## **Sexual abuse**

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Both men and women can sexually abuse.

Usually in cases of sexual abuse it is the child's behaviour, which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore that they are listened to, believed and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted infections (stis)
- vaginal or penile discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy.

Changes in behaviour, which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge or actions which are beyond their age or developmental level
- sexual drawings or language
- bedwetting or soiling
- eating problems, such as over eating, anorexia or bulimia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money or possessions
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults.

## **Neglect**

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or smelly

- loss of weight, or being constantly underweight
- inappropriate dress or footwear for the conditions of weather.

Changes in behaviour, which can also indicate neglect may include:

- complaining of being tired all the time or falling asleep in the classroom
- parent not requesting medical assistance and/or failing to attend appointments e.g. dentist, optician
- having few friends
- being teased about their appearance or smelling
- mentioning being left alone or unsupervised.

The above list is not meant to be definitive but is a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other explanations for changes in behaviour, such as the death of a loved one, the birth of a new baby in their family, relationship problems between their parents or even relationship violence, serious parental drug or alcohol misuse or serious and untreated parental mental health problems. In addition, potential and serious mental health problems such as eating disorders may well have other explanations including having a genetic link.

All these should also be taken seriously but remember it is not your responsibility to identify the cause of the concern. Children witnessing **domestic violence** are now also considered to be at risk of significant harm under Section 120 Adoption and Children Act 2002, so if a child reports violence between their parents, this too should be reported.

### **Online abuse**

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

In addition to the categories and signs and indicators above, the following circumstances are also considered to be abusive and government guidance advises as follows (NSPCC):

### **Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) is also known as female circumcision or female genital cutting, and in practising communities by local terms such as 'tahor' or 'sunna'. It is a form of child abuse which can have devastating physical and psychological consequences for girls and women.

Since 1985 it has been a serious criminal offence under the Prohibition of Female Circumcision Act to perform FGM or to assist a girl to perform FGM on herself. In 2003, the Female Genital Mutilation Act tightened this law to criminalise FGM being carried out on UK citizens overseas. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

## Who Practices FGM?

The Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (2014).

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### Risk Factors and Signs to look out for:

- Coming from a community that is known to practice FGM.
- Having a mother, sister or member of the extended family who has been subjected to FGM
- A child being taken back to her family's country of origin at the beginning of the summer holiday. This allows time for her to heal from the procedure before returning to the UK.
- An older female relative visiting from the country of origin who may perform FGM
- Staff should also be aware of girls who ask to be excused from PE or swimming classes and who spend long periods of time in the bathroom (Khalifa, 2013).

**Frontline staff should be alert to a girl talking about a planned visit to her family's country of origin, especially if she mentions a special occasion when she will 'become a woman'.** She may be heard talking about FGM to other children, or she may ask a teacher or other adult for help if she suspects she is at immediate risk.

### What can you do to prevent FGM and help those affected by it?

If you are worried that a child may be at risk of FGM you can make an anonymous call to the NSPCCs free 24-hour FGM helpline on **0800 028 3550** or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk).

## Radicalisation

**Defining Radicalisation** - Radicalisation is a non-specific word and may mean different things to different people. In the public arena, the term can be influenced by the focus of policy and politics. In the government's published **Prevent duty guidance** (HM Government 2015), radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. [www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance)

### Radicalisation as a form of child abuse

There are no statistics available to indicate how many children are at serious risk of radicalisation. Yet, we know that the issue is a real one. A safe assumption is that more children will be at risk as the ongoing threat of international terrorist groups and domestic white extremist groups continue in UK.

Children can be most vulnerable to radicalisation or extremist views during development of adolescence or early teen years when they are exposed to new influences and potentially risky behaviours. These children may in fact be at direct risk of harm or neglect or may suffer emotional abuse. This could be as result of taking part in activities associated with risky behaviours or coming from a household or community setting where they are exposed to extremist views or practices.

Children who display behaviours as a consequence of emotional abuse or neglect may be interpreted by others as a lifestyle choice or 'acting out'. Consequently their behaviour may lead them to enter the criminal justice system rather than the child protection system. Like children who present problems such as alcohol or drug use, practitioners who come into contact with children they suspect are being radicalised should consider neglect or emotional maltreatment and not exclusively address the problems they present.

## **Factors that contribute to young people becoming radicalised**

There is no single path to radicalisation, but these factors are identified in literature as possible contributors:

- Influence from peers, or charismatic individuals or material, including via the internet that can incite animosity and violence.
- Exposure to counter-political movements, ideologies and unorthodox beliefs
- Beginning to explore ideas and issues around their identity
- Rejection by peer, faith or social group or family
- Living in a community where there is social exclusion
- Experience of poverty or ill treatment of their faith/ethnic group in society
- Dissatisfaction with government foreign policy, international disputes, political views etc.
- Exposure to gangs, social/criminal networks (including online), risky institutions/places

It is important to note that the presence of one or more of these factors will not necessarily lead to radicalisation or engagement in violent activity. Every case will need to be considered on an individual basis.

## **What to do if you suspect a young person is becoming radicalised**

It might be very hard to identify behaviours of radicalisation except when you work with people who have these views and you understand it. There may also be reluctance amongst professionals to intervene in the behaviours of a 'protected group' under the Equality Act 2010. However if you suspect that a child/young person is being radicalised you should follow your organisation's safeguarding procedures.

### **If you think a child is in immediate danger**

Don't delay - call the police on **999**, or call NSPCC on [0808 800 5000](tel:08088005000) straight away.

### **If you're worried about a child, but unsure**

Contact [the NSPCC helpline](#) to speak to a trained counsellor - call [0808 800 5000](tel:08088005000)

## **Child Sexual Exploitation**

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.

Violence, coercion and intimidation are common.

<b>Possible Indicators of Child Sexual Exploitation</b>
Bruising consistent with physical or sexual assault
Reports from reliable sources that a child has been seen in localities (hot spots) where those involved in harbouring grooming and abusing children frequent
Being contacted by unknown adults (male or female) in person/mobile phone, text, email/chat rooms
Development of relationships, usually with someone older, who encourages dependence, loyalty & isolation from safe relationships & controls the relationship by manipulation, violence and threats
Persistent absconding or late return with no plausible explanation
Being picked up by unauthorized adults in cars
Returning from absconding looking well cared for, despite having no known base
Estranged from family
Acquisition of money or possessions without plausible explanation
An adult loitering outside the home to meet the child
Self-harming/ offending behaviour
Alcohol and other drug misuse
Persistent truanting from schools
A young person spending long periods of time in 'chat rooms'/given access to inappropriate web sites
Sexually transmitted diseases and/or unplanned pregnancy
Low self-esteem/self-worth
Young gay/bisexual male exploring sexuality in unsupported way

### **If you think a child is in immediate danger**

Don't delay - call the police on **999**, or call NSPCC on [0808 800 5000](tel:08088005000) straight away.

### **If you're worried about a child, but unsure**

Contact [the NSPCC helpline](#) to speak to a trained counsellor - call [0808 800 5000](tel:08088005000)

## **Safeguarding of adults at risk**

### **Definitions, categories and signs and indicators**

#### **What is abuse of a vulnerable adult?**

Any adult who: has care and support needs and is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves because of their care and support needs.

#### **Categories and indicators of adult abuse**

Signs of abuse can often be difficult to detect. The following list is drawn from the SCIE briefing [www.scie.org.uk/publications/atagance/atagance69-adult-safeguarding-types-and-indicators-of-abuse.pdf](http://www.scie.org.uk/publications/atagance/atagance69-adult-safeguarding-types-and-indicators-of-abuse.pdf) which aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators.

The list has been edited down to only include those indicators which may be evident or cause suspicion within ZSL sites and activities. This might mean hearing about some examples, witnessing physical or behavioural concerns or either of these through a third party. Remember that many types of abuse are also criminal offences and should be treated as such.

### **Types of abuse**

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert you to concerns which should possibly be referred to your DSO. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

#### **Types of physical abuse**

- assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- rough handling
- scalding and burning
- physical punishments
- inappropriate or unlawful use of restraint
- misuse of medication (e.g. over-sedation)
- forcible feeding or withholding food
- unauthorised restraint, restricting movement (e.g. tying someone to a chair).

#### **Possible indicators of physical abuse**

- no explanation for injuries or inconsistency with the account of what happened
- injuries are inconsistent with the person's lifestyle
- bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- frequent injuries
- unexplained falls
- subdued or changed behaviour in the presence of a particular person
- signs of malnutrition.

**Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

#### **Types of domestic violence or abuse**

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' based violence, female genital mutilation and forced marriage. It is only likely to present at ZSL by direct disclosure by a child or vulnerable adult but it may be helpful to know what the indicators are.

Coercive or controlling behaviour is a core part of domestic violence.

Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

### **Possible indicators of domestic violence or abuse**

- low self-esteem
- feeling that the abuse is their fault when it is not
- physical evidence of violence such as bruising, cuts, broken bones
- verbal abuse and humiliation in front of others
- fear of outside intervention
- damage to home or property
- isolation – not seeing friends and family
- limited access to money.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

### **Types of sexual abuse**

- rape, attempted rape or sexual assault
- inappropriate touch anywhere
- non- consensual masturbation of either or both persons
- non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- any sexual activity that the person lacks the capacity to consent to
- inappropriate looking, sexual teasing or innuendo or sexual harassment
- sexual photography or forced use of pornography or witnessing of sexual acts
- indecent exposure.

### **Possible indicators of sexual abuse**

- bruising, particularly to the thighs, buttocks and upper arms, marks on the neck
- torn, stained or bloody underclothing
- bleeding, pain or itching in the genital area
- unusual difficulty in walking or sitting
- the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- self-harming
- excessive fear/apprehension of, or withdrawal from, relationships
- fear of receiving help with personal care
- reluctance to be alone with a particular person.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

### **Types of psychological or emotional abuse**

- enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- preventing someone from meeting their religious and cultural needs
- failure to respect privacy
- preventing stimulation, meaningful occupation or activities
- intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- addressing a person in a patronising or infantilising way
- threats of harm or abandonment
- cyber bullying.

### **Possible indicators of psychological or emotional abuse**

- withdrawal or change in the psychological state of the person
- low self-esteem
- uncooperative and aggressive behaviour
- signs of distress: tearfulness, anger.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

### **Types of financial or material abuse**

- theft of money or possessions
- fraud, scamming
- preventing a person from accessing their own money, benefits or assets
- undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- false representation, using another person's bank account, cards or documents
- exploitation of a person's money or assets, e.g. unauthorised use of a car.

### **Possible indicators of financial or material abuse**

- missing personal possessions
- unexplained lack of money or inability to maintain lifestyle
- unexplained withdrawal of funds from accounts
- rent arrears and eviction notices.

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

### **Types of modern slavery**

- human trafficking
- forced labour
- domestic servitude
- sexual exploitation, such as escort work, prostitution and pornography.

### **Possible indicators of modern slavery**

- signs of physical or emotional abuse
- appearing to be malnourished, unkempt or withdrawn
- lack of personal effects or identification documents
- avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- fear of law enforcers.

There is further Home Office information on identifying and reporting modern slavery on their website.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.<sup>1</sup>

#### **Types of discriminatory abuse**

- unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the equality act 2010)
- verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- harassment or deliberate exclusion on the grounds of a protected characteristic
- denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic.

#### **Possible indicators of discriminatory abuse**

- the person appears withdrawn and isolated
- expressions of anger, frustration, fear or anxiety
- the support on offer does not take account of the person’s individual needs in terms of a protected characteristic.

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

#### **Types of organisational or institutional abuse**

- run-down or overcrowded establishment
- authoritarian management or rigid regimes
- abusive and disrespectful attitudes towards people using the service
- inappropriate use of restraints
- lack of respect for dignity and privacy
- failure to manage residents with abusive behaviour
- not providing adequate food and drink, or assistance with eating
- not taking account of individuals’ cultural, religious or ethnic needs
- failure to respond to abuse appropriately
- interference with personal correspondence or communication
- failure to respond to complaints.

#### **Possible indicators of organisational or institutional abuse**

- people being hungry or dehydrated

- poor standards of care
- lack of personal clothing and possessions and communal use of personal items
- absence of visitors
- few social, recreational and educational activities
- unnecessary exposure during bathing or using the toilet.

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

#### **Types of neglect and acts of omission**

- failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- providing care in a way that the person dislikes
- failure to administer medication as prescribed
- refusal of access to visitors
- not taking account of individuals' cultural, religious or ethnic needs
- not taking account of educational, social and recreational needs
- ignoring or isolating the person
- preventing the person from making their own decisions
- preventing access to glasses, hearing aids, dentures, etc.
- failure to ensure privacy and dignity.

#### **Possible indicators of neglect and acts of omission**

- poor personal physical condition and/or personal hygiene
- pressure sores or ulcers
- malnutrition or unexplained weight loss
- untreated injuries and medical problems
- inappropriate or inadequate clothing.

**Self-neglect or self-abuse** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

#### **Types of self-neglect or self-abuse**

- lack of self-care to an extent that it threatens personal health and safety
- neglecting to care for one's personal hygiene, health or surroundings.

#### **Indicators of self-neglect or self-abuse**

- very poor personal hygiene
- unkempt appearance
- lack of essential food, clothing or shelter
- malnutrition and/ or dehydration.

## Appendix C Designated Safeguarding Officer (DSO) responsibilities including managing allegations against staff or volunteers

All organisations that provide activities or other services for children (or vulnerable adults), are expected to have in place a clear line of accountability and governance within and across the organisation for the commissioning and provision of all services or educational projects, including rigorous safeguarding arrangements. The Designated Safeguarding Officer (DSO) is the term often used for those who have lead responsibility and everyone should know who these people are and how to contact them. The role of the DSO is accountable for all the projects and two sites as described above. Arrangements should also be in place for deputies to be contacted if the DSO is unavailable.

The Director of Human Resources is lead manager of all ZSL DSOs

Director of Human Resources: Fiona Evans

DSO Whipsnade Zoo: Cat Hickey, Learning Manager

DSO London Zoo: Rachel Haydon, Senior Learning Manager

Additional (to those outlined in Section 2.8) responsibilities of the designated person are to:

- establish contact with the senior member of children's or adult's services in your relevant local authority *before* an incident occurs in order to introduce yourself, your organisation and safeguarding arrangements
- be aware of and familiar with local safeguarding boards or committees and of relevant local (or national) procedures
- assess information about safeguarding concerns promptly and carefully, consider other relevant ZSL policies or procedures
- consult with a statutory agency such as children's or adult's services or the police, or the NSPCC helpline to test out any doubts or uncertainties as soon as possible
- make a formal referral to the statutory safeguarding agency or the police without delay, ensuring referral information is confirmed (under confidential cover) in writing within one working day
- keep relevant trustees within ZSL informed of any action taken and update as necessary
- consider possible disciplinary action
- ensure a case record is maintained of action taken, liaison with other agencies and outcome deal with the aftermath of an incident within ZSL, in terms of offering support to anyone involved
- advise about any safeguarding children or adult training needs
- provide information and advice on child or adult protection within ZSL
- take personal responsibility for keeping updated on new developments in the subject areas.

The DSOs within ZSL have received basic level awareness training in safeguarding children as well as specific training for the role of designated person.

All concerns must be recorded on the Safeguarding Incident report form (Form 1)

### Allegations against staff or volunteers

If you receive an allegation about a member of staff, trustee or volunteer then your initial role is to explain to the individual, in private, that there has been a complaint made against them, although the details of the complaint should not be given at this stage. The person should be informed that further information will be provided as soon as possible but that, until consultation has taken place with the relevant agencies and

within the organisation, they should not be working with children or young adults at risk. It may be best, under the circumstances, for the person to return home on the understanding that the manager or DSO will telephone them later in the day.

The information provided to them at this stage will need to be very limited. This is because discussions need to take place first with other agencies who may need to be involved, such as the local authority adult or children's social care department, the police or the local authority designated officer or team of officers (previously LADO). This is a local authority role responsible for managing and overseeing concerns, allegations or offences relating to staff and volunteers in any organisation across a local authority area. In respect of adults at risk, concerns should be passed to the safeguarding adult manager (SAM). They will advise you on the steps to take.

## Conducting an investigation

Once these immediate actions have been taken, attention can be given to dealing with the full implications of the allegations.

There are up to three possible lines of enquiry when an allegation is made:

- a police investigation of a possible criminal offence
- enquiries and an assessment by the local authority adult or children's social care department about whether a child or adult at risk is in need of protection
- investigation by the employer and possible disciplinary action being taken against the person in question. This includes implementing a plan to manage any risk posed by the individual to children or adults at risk in the workplace until the outcome of the other investigations and enquiries is known.

## Reporting an allegation or concern

If the allegation is made by a child or family member to a member of staff or volunteer, or if a member of staff observes concerning behaviour by a colleague at first hand, this should be reported immediately to the DSO. You should then report the matter to the local authority designated officer (formerly LADO) or safeguarding adult manager (SAM).

If there is any reason to suspect that a child or adult at risk has suffered, or is likely to suffer, significant harm and there are no obvious indications that the allegation is false, the LA team of officers (previously LADO), in respect of a child and in cooperation with ZSL, will make an immediate referral to the local authority children's social care department to ask for a strategy discussion.

In the case of an adult at risk, it is necessary to gain **consent** from them before raising an alert with the local authority. It is also good practice to gain consent from a young person under the age of 18 years. In any event, if consent is refused, this can be over-ridden if their (or others') safety or well-being are at risk. This decision will be taken by the local authority.

The team of officers (formerly LADO) (or SAM in the case of an adult at risk, who has given consent) and DSO will take part in the strategy discussion. ZSL should cooperate fully with this and any subsequent discussion with the adult or children's social care department.

Adult or children's social care departments should be asked to share any information obtained during the course of their enquiries with ZSL if it has any relevance to the person's employment.

## **When to refer to the DBS**

If a member of the ZSL workforce is dismissed or otherwise removed from regulated activity (or would have been if they had not already left) because they have harmed or posed a risk of harm to vulnerable groups including children, information about them will be forwarded to the DBS.

## **Dealing with a criminal offence or safeguarding matter**

If there is reason to suspect that a criminal offence may have been committed the team of officers (formerly LADO) or the SAM will contact the police and involve them in a similar strategy discussion, which will include the ZSL DSO.

The ZSL DSO should cooperate fully with any discussion involving the police and should ask for similar cooperation from the police in terms of the sharing of information relevant to the person's employment with ZSL.

Discussions with the police and should also explore whether there are matters that can be acted on in an internal disciplinary process while the criminal (or safeguarding) investigation takes place, or whether disciplinary action must wait until the criminal (or safeguarding) process is completed.

## **Talking to parents / carers about the allegation or concern**

If the child's parents/carers do not already know about the allegation the DSO and the team of officers need to discuss how they should be informed and by whom. If the parent or carer of the adult at risk does not already know about the allegation the DSO and the SAM need to address obtaining consent from the adult at risk and whether, how and when the parent/carer should be informed. This will be the main responsibility of the team of officers or SAM, since ZSL are likely to have had limited knowledge of the individual child or adult at risk who has been abused.

## **Talking to the person who is the subject of the allegation**

The person at the centre of the allegation should be informed as soon as possible after the initial consultation with the team of officers or SAM. However, if a strategy discussion with adult or children's social care or the police is needed, this might have to take place before the person concerned can be spoken to in full. The police and adult or children's social care department may have views on what information can be disclosed to the person.

Only limited information should be given to the person in question, unless the investigating authorities have indicated that they are happy for all information to be disclosed or unless there is no need for involvement from these statutory agencies.

The DSO will need to keep in close communication with the team of officers or SAM and the other agencies involved in order to manage the disclosure of information appropriately.

## **Taking disciplinary action**

If the initial allegation does not involve a possible criminal offence, the DSO and manager of the person at the centre of the allegation should still consider whether formal disciplinary action is needed.

If the local authority adult or children's social care department has undertaken any enquiries to determine whether a child or children, or adult/s at risk are in need of protection, the DSO should take account of any relevant information from these enquiries when considering whether disciplinary action should be brought against the person at the centre of the allegations.

- The following timings should be kept to wherever possible, depending on the nature of the investigation. There may be local variations and the processes for children and adults at risk may also differ slightly.
- If formal disciplinary action is not needed, other appropriate action should be taken within three working days.
- If disciplinary action is required, and can be progressed without further investigation, this should take place within 15 days.
- If ZSL decides that further investigation is needed in order to make a decision about formal disciplinary action, the named person for child or adult protection should discuss with the team of officers (formerly LADO) or SAM the possibility of this investigation being carried out by an independent person to ensure that the process is objective. Whether or not the investigation is handled internally or independently, the report should be presented to the DSO within 10 working days.
- Having received the report of the disciplinary investigation, the DSO should decide within two working days whether a disciplinary hearing is needed.
- If a hearing is needed, it should be held within 15 working days.
- The DSO should continue to liaise with the team of officers or SAM during the course of any investigation or disciplinary proceedings, and should continue to use the team of officers or SAM as a source of advice and support.

If a criminal investigation is required, it may not have been possible to make decisions about initiating disciplinary proceedings or about the person's future work arrangements until this is concluded. The police are required to complete their work as soon as reasonably possible and to set review dates, so the DSO should either liaise with the police directly or via the team of officers or SAM to check on the progress of the investigation and criminal process.

The police are also required to inform the employer straight away if the person is either convicted of an offence or acquitted or, alternatively, if a decision is made not to charge them with an offence or to administer a caution. In any eventuality, once the outcome is known, the DSO should contact the team of officers or SAM to discuss the issue of disciplinary proceedings.

If the allegation is substantiated and if, once the case is concluded, ZSL dismisses the person or ceases to use their services, or the person ceases to provide his/her services, the DSO should consult with the team of officers or SAM about referral of the incident to the Disclosure and Barring Service (DBS). This should take place within a month.

### **Managing risk and supporting the person at the centre of the allegation**

The first priority of ZSL must always be the safety and welfare of children, young people or adults at risk. However, as an employee or volunteer, the person who is the subject of the allegation has a right to be treated in a fair, sensitive and non-judgemental manner and to have his or her privacy respected as far as this preserves the safety of the child and other children or adults at risk.

Information about the allegation must only be shared on a need to know basis with those directly responsible for supervising and managing the staff member or volunteer. Any other information (for example, explanations to other staff members as to why the person is not at work or working to different arrangements) should be agreed and negotiated with the individual concerned.

If the person is a member of a trade union or a professional organisation, they should be advised to make contact with that body as soon as possible after being informed that they are the subject of an allegation. Arrangements should also be made for them to receive ongoing support and information about the progress of the investigation.

The possible risk of harm to children, young people or adults at risk presented by the person who is the subject of an allegation needs to be carefully managed both during and after any conclusion to the investigation processes following the allegation. This means that ZSL may need to consider suspending the person if there is cause to suspect that a child or young adult at risk may be at risk of significant harm, or if the allegation is serious enough to warrant investigation by the police, or if it is so serious that it could lead to dismissal. However, a decision to suspend should not be taken automatically, as there may be other ways of managing any risk presented by the person.

The situation should be discussed fully between the DSO, the individual's manager/supervisor and the team of officers or SAM, who will seek the views of the police and the adult or children's social care department on the question of possible suspension. The conclusions of the discussion should also be carefully documented. Grounds for suspension should be clearly set out if this is the conclusion. If suspension is not the conclusion, then a clear plan should be made as to how any possible risk posed by the individual is to be managed. This could involve, for example, changes to the person's duties so that they do not have direct contact with children or adults at risk, and/or increased levels of supervision whilst at work.

If it is decided, once the case has been concluded, that a person who has been suspended or who has taken sick leave due to the stress induced by the allegation, is able to return to work, the DSO and the manager/supervisor of the person who has been the subject of the allegations should consider how best to support the individual in this process. A plan to facilitate a return should be drawn up in consultation with the individual him/herself, and should take into account the need to manage any remaining risks to a child or adult at risk and also to support the person concerned after what will have been and will remain a very difficult experience.

If the decision is that the person cannot return to work and has to be dismissed or chooses to resign, the DSO and the team of officers or SAM should discuss the need for the matter to be referred to the DBS and/or to any professional body to which the person may belong. ZSL should not enter into compromise agreements with individuals who resign following the conclusion of investigations into allegations made against them, and should always comply with its statutory obligations to share information about the individual in the interests of protecting children, young people and adults at risk.

If the allegation is found to be without substance or fabricated, ZSL should consider referring the child or adult at risk in question to the children's or adult's social care department for them to assess whether they are in need of services or whether they may have been abused by someone else. If it is felt that there has been malicious intent behind the allegation, ZSL should discuss with the police whether there are grounds to pursue any action against the person responsible.

## Appendix D Overseas working

ZSL's global reach extends to over 50 countries and is expanding all the time. Projects include: endangered existence programmes; monitoring the health of marine and animal life; fighting illegal hunting; interception of wildlife crime; directly managing protected species; delivering relevant science and research findings; encouraging support for conservation through local communities; running field training courses; tracking poaching, and influencing local attitudes to awareness of conservation – and many others.

Many of these projects come into contact with children, adults at risk and families and safeguarding concerns could arise in any location or within many of the projects. It is therefore advisable for all projects to explore within the local community and other NGOs what, if any, safeguarding arrangements are in place and clearly understood by everyone involved in each project. Most NGOs should be familiar with safeguarding / child protection and have organisational policies and procedures in place, but assumptions should not be made. Arrangements for safeguarding adults at risk may not be as evident as those for children but the same principles should apply and questions asked about the reporting route to follow should concerns arise.

The advice in this section draws upon 'Keeping Children Safe' [www.keepingchildrensafe.org.uk/](http://www.keepingchildrensafe.org.uk/) consortium principles, standards and application in overseas settings and everyone involved in overseas projects on behalf of ZSL, no matter how remote they appear to be from direct contact with children, should read this document and the materials on the website.

The following principles from *Keeping Children Safe* Standard 4 will help you when checking on your local arrangements:

### **The organisation creates a child safe environment through implementing child safeguarding procedures that are applied across the organisation**

- organisations carry out local mapping exercises which provide information on the legal, social welfare and child protection arrangements
- child safeguarding risk assessments and mitigation strategies are incorporated into existing risk assessment processes at all levels
- child safeguarding measures are integrated with existing processes and systems (strategic planning, budgeting, recruitment, programme cycle management, performance management, procurement, partner agreements and management systems etc.)
- a reporting and responding process for incidents and concerns is developed which is locally appropriate.

The following questions may also help in the early stages of commissioning with partner agencies but can equally be used to review arrangements:

### **Questions to ask of other organisations working with or for ZSL:**

- *In what ways do you come into contact with children?*
- *What is the age range of the children in your project?*
- *Do you have a safeguarding policy?*
- *Do you have a designated safeguarding person or someone to whom everyone knows to report concerns?*
- *Do you have a clear reporting line?*
- *Do you know the local safeguarding arrangements?*
- *Are your staff or volunteers trained in safeguarding of children (and adults at risk)?*

If the answers are mostly negative then it is recommended that you signpost them to the KCS website and suggest that they begin the process of identifying safeguarding arrangements. ZSL may then wish to

reconsider their own arrangements with this organisation on the basis that they are not providing evidence of whether and how they would respond to concerns of a safeguarding nature.

Ideally you should be given a copy of the safeguarding policy of the host organisation or local NGO involved and this should be translated into local languages and be signed off by a senior board member.

In terms of the procedure to be followed in the event of concerns, the sections on the **4 'Rs'** (above) will apply in principle. The precise reporting procedure will depend on local arrangements, but in all situations, the volunteer, intern or student working on behalf of ZSL, should inform the DSO of concerns at the earliest opportunity. If a proper mapping exercise has been carried out before the start of the project (or at the last review), then the reporting procedures should be in place and should be followed.

## Appendix E Code of good behaviour and safe boundaries

At the point of induction and during safeguarding training, staff and volunteers will be informed that responsibility for safeguarding children and adults at risk is everyone's responsibility.

The following guidelines are intended to guide staff and volunteers:

- while respecting the need for privacy and confidentiality, try never to be alone with a child
- when it is appropriate to work one-to-one, make sure that others are within earshot and preferably within vision
- never touch a child in a way that could be misunderstood but provide reassurance when it is obvious the child is distressed and seeking help
- make sure children stay in sight of approved leaders or teachers, if they are part of a school or group visit
- never resort to corporal punishment for bad behaviour
- do have the agreed ratio of adults to children for the activity
- do check out significant hazards and risk assess what you will do to manage them
- remember that you are a role model for young people, so take care about what is said and the way in which it is said
- only take on practical caring responsibilities, for example, taking a child to the toilet, where this is unavoidable, and ensure another person is present – within earshot or vision for the member of staff's protection
- never give out your personal contact details, and do not 'friend' or 'follow' children you are working with on social networking sites
- use behaviour and language appropriate to children
- do not favour some children over others – treat all fairly.

Staff and volunteers working with children and vulnerable adults should also:

- ensure teachers on school visits have a record of all children/young adults at risk on an activity
- ensure teachers on school visits have parental/ carer consent forms received in respect of each child / adult at risk
- ensure photographic consent forms are received, if photographs are taken ensure the department involved have a log of the photos taken
- assess activities and sites to take account of the specific risks to children / adults at risk
- ensure that all people in supervisory roles have had appropriate checks and training
- plan to avoid any situation in which an individual is alone (1:1) with a child / adult at risk
- plan to have at least two approved adults for every event where children or families are the main audience unless the sessions are for school groups where the teacher will be present.
- always know how many children there are throughout the activity and where they all are
- know what to do in the event that a child / adult at risk goes missing, or if one is found (see section 2.10)
- know what to do in the case of an accident or if abuse is reported, and how to get support
- report any incident using ZSL reporting procedures.

The Code of behaviour also applies to the behaviour between staff and volunteers and the *Dignity at Work Policy* should be followed.

## Appendix F Safe recruitment

Where individuals are undertaking roles which are considered to be 'regulated activity', that is, activity which involves teaching, training, instructing, caring for or supervising children, on a regular, intensive or overnight basis, a Disclosure and Barring Service (DBS) check will be sought. The checks will be undertaken before the individual member of staff starts in their role or where the individual previously had a DBS check we will use the portability scheme.

It should be noted that in most circumstances, the work of our staff or volunteers will not fall within the definition of 'regulated activity' and therefore a DBS check cannot be sought. ZSL recognises however that a DBS check, where available, does not in itself protect a child. ZSL therefore has comprehensive recruitment and selection procedures for staff and volunteers. All managers should adhere to these procedures and all managers should be aware of these. The procedures can be accessed on the ZSL computer system or from the HR or volunteering departments.

This section provides guidance on how to recruit safely, ensuring appropriate checks are made. It includes brief guidance on the DBS and additional guidance on recruiting for overseas projects.

Finding and recruiting the right people to work in settings with children or vulnerable adults can be difficult. The following safer recruitment checklist will help make sure that you recruit appropriate candidates as Trustees, employees or volunteers. (You are advised to use the relevant section on the SafeNetwork website since it contains pro formas of all the following requirements. [www.safenetwork.org.uk/help\\_and\\_advice/employing\\_the\\_right\\_people/Pages/default.aspx](http://www.safenetwork.org.uk/help_and_advice/employing_the_right_people/Pages/default.aspx))

### The Safe Network checklist for safer recruitment

- write a clear job description (what tasks the applicant will do) and a role profile (what skills the person will be expected to have)
- use application forms to assess the candidate's suitability for the role. This makes it easier to compare the experience of candidates and helps you to get all of the important information you need to ask.
- make it clear that your organisation has a commitment to safeguarding and protecting children and adults at risk. You could include this in a job application pack
- have a face-to-face interview with pre-planned and clear questions
- include a question about whether they have any criminal convictions, cautions, other legal restrictions or pending cases that might affect their suitability to work with children
- check the candidate's identity by asking them to bring photographic ID
- check the candidate actually holds any relevant qualifications they say they have.
- apply for a Disclosure and Barring Service (DBS) check if relevant to the proposed role
- take up references. Ask specifically about an individual's suitability to work with children
- provide a copy of the ZSL safeguarding procedures together with our code of behaviour (Appendix E).

### The Disclosure and Barring Service (DBS)

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) as part of the Protection of Freedoms Act 2012.

The DBS are responsible for:

- processing requests for criminal records checks

- deciding whether it is appropriate for a person to be placed on or removed from a barred list placing or removing people from the
- DBS children's barred list and adults' barred list for England, Wales and Northern Ireland

**Criminal record checks** – the DBS searches police records and, in relevant cases, barred list information, and then issue a DBS certificate to the applicant.

**Referrals** – these are made to the DBS when an employer or organisation (e.g. a regulatory body) has concerns that a person has caused harm, or poses a future risk of harm to vulnerable groups, including children.

**Barring** - the DBS aim to make fair, consistent and thorough barring decisions that are an appropriate response to the harm that has occurred, as well as the risk of harm posed.

The DBS website has detailed information on each of these areas as well as helpful reports and guidance on particular topics which are regularly updated.

The DBS also provides information and help via

- email – [customerservices@dbs.gsi.gov.uk](mailto:customerservices@dbs.gsi.gov.uk)
- DBS helpline 03000 200 190 and minicom 03000 200 192

### How to get a DBS check?

- Individuals cannot request a DBS check for themselves.
- Applicants must be 16 years old or over
- The request for a DBS check must come from the organisation recruiting the individual or smaller organisations can obtain DBS checks by going through an umbrella body. ZSL uses an umbrella body Called South East Employers.

### Types of criminal records check

The employer or organisation running the check should provide the applicant with more information about the level of check required.

There are 3 types of check:

#### Standard

This checks for spent and unspent convictions, cautions, reprimands and final warnings, and will take about 2 weeks.

#### Enhanced

This includes the same as the standard check plus any additional information held by local police that's reasonably considered relevant to the workforce being applied for (adult, child or 'other' workforce). It takes about 4 weeks.

'Other' workforce means those who don't work with children or adults specifically, but potentially both, e.g. taxi drivers. In this case, the police will only release information that's relevant to the post being applied for.

#### Enhanced with list checks

This is like the enhanced check, but includes a check of the DBS barred lists, and takes About 4 weeks.

## **Volunteers**

DBS checks are free of charge to volunteers who meet the eligibility criteria. This includes anyone who spends time helping people and is:

- not being paid (apart from for travel and other approved out of pocket expenses)
- not only looking after a close relative

A DBS check has no official expiry date. Any information included will be accurate at the time the check was carried out. It is up to an employer to decide if and when a new check is needed.

The DBS also provides information and help via:

- email – [customerservices@dbs.gsi.gov.uk](mailto:customerservices@dbs.gsi.gov.uk)
- DBS Helpline 03000 200 190 and minicom 03000 200 192

For specific advice about regulated activity for working with vulnerable groups including children, you are advised to go to the DBS website.

[www.disclosuresdbs.co.uk/?gclid=Cl\\_A5qbMj8cCFsJlwgoda2qDgA](http://www.disclosuresdbs.co.uk/?gclid=Cl_A5qbMj8cCFsJlwgoda2qDgA)

## Appendix H      Photographing and Filming Children or Adults at Risk at ZSL

There have been concerns about the risks posed directly and indirectly to children and vulnerable adults through the use of images on ZSL's websites, social networks and other publications. Personal information can be used to identify children and vulnerable adults and this can place a child or vulnerable adult at risk to an individual who may wish to contact and start to 'groom' them. It is therefore important for ZSL to be aware of the risks posed by taking and using images and to take reasonable precautions to prevent unauthorised taking of and limit how images may be used.

The following principles apply:

- The interest and welfare of children and vulnerable adults is paramount
- The parents / carers of children and vulnerable adults have a right to decide whether their images are taken and how these may be used
- The parents / carers of children and vulnerable adults must provide written consent for the images of the child or vulnerable adult to be taken and used
- Consent is only meaningful when ZSL ensure that the parents and carers of children and vulnerable adults understand how ZSL will use the images or videos in the future, how these images or videos will be stored by ZSL and agree to this use and storage.
- Such consent should be obtained using the current ZSL "Consent form - use of video and photographs of children and vulnerable adults" (the "Consent Form")

Remember:

- Where possible do not include the name of the child or vulnerable adult, or any other personal identifiers, in the image or video
- If naming a child or vulnerable adult or group in an image or video, only use their first names, as this will reduce the risk of identification
- Avoid the inclusion of other detailed personal information about individual children or vulnerable adults
- Images should always portray positive images of the child or vulnerable adult
- If the image is taken in any environment where swimwear or other light attire might be worn, take care to avoid close body shots or close ups of face or body.
- Make sure that any photographer or film-maker who is not a ZSL employee has been provided with a copy of this policy and has completed and signed the "ZSL Stills and Video Release Form"
- Be vigilant for other visitors (who are not the parents / carers of the children or vulnerable adults) who appear to be taking photographs or videos of a child or vulnerable adult.
- Any concerns about inappropriate or intrusive photography, or unauthorised photography, should be reported to the organiser of the activity.
- If you are particularly concerned about the activities of any individual who appears to be taking photographs or images of a child or vulnerable adult, ask a colleague to monitor their activities and report your suspicion immediately to [*identify suitable manager or officer who should be informed*]
- Complete the "Description of activities to be recorded and purpose" section of the Consent Form in as much detail as possible, to ensure that the parent or carer of the child or vulnerable adult is aware of ZSL's purpose in taking the images or videos and how ZSL will use the images.

- Ask the parent or carer of the child or vulnerable adult for their permission to use the images by completing and having signed the current Consent Form, ensuring that the relevant boxes are ticked, the name of the child or vulnerable adult has been included and the parent or carer has then printed their name, signed and then dated the Consent Form.

## ZSL 'What to do' card

