



ICENI PARTNERSHIP

SAFEGUARDING POLICY

Protecting a persons 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 a persons wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that people sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

Date of Change:	Changed By:	Comments:	Review date:
January 20	CC	Policy from 2018 reviewed, errors found, corrected, and updated	January 21
01 February 21	CC	Policy reviewed. Added 4.4 policy adopted in accordance with NCC Safeguarding children Partnership.	January 22
Jun 21	CC	Policy addition. 5.3.1 deputy contact details. 5.3.2 further contacts. 5.4 Display of CADS. 5.6 add LADO procedure. 11. Further reading, 12. Guidance to protect children & YP.	January 22
Jun 21	CC	Appendix added: use of mobile phones and devices.	January 22
January 22	CC	Policy Reviewed. No changes	January 23
January 23	CC	Policy Reviewed – No changes	January 24

1. INTRODUCTION

Safeguarding is at the heart of all our work with children, young people, and adults at risk.

2. SCOPE OF THE POLICY

2.1. The policy is to be used by any member of staff or volunteer working directly with children and young people, and adults at risk, and to any other support staff or Trustee of the organisation. Children, young people, adults at risk and parents/carers are informed of the policy as appropriate.

2.2. The policy applies to anyone with whom we are in contact in the course of our work, who is a child, a young person, or vulnerable adult. Where the policy or procedure refers to a 'child' or 'young person' we mean anyone who has not yet reached the age of 18 years. Where the policy refers to an 'Vulnerable Adult', we mean anyone who is 18 years or older and who is vulnerable according to the definition: As defined in the psychology, sociology, social work and legal fields, a **vulnerable adult**, or an **adult at risk**, is a person over the age of 18 who is unable to take care of him or herself OR unable to protect him or herself against significant harm or exploitation. It is important to note that this does not necessarily mean that the adult lacks competency. To be classed as vulnerable, the adult's circumstances must be unable to be altered or improved by the adult's own individual actions without direct assistance. This may be a permanent or temporary vulnerability.

2.3. This policy is reviewed, endorsed, and approved by the board of trustees annually, or when legislation changes.

3. Safeguarding Statement

3.1. Icen Partnership is committed to safeguarding children, young people, and vulnerable adults.

3.2. Icen partnership takes safeguarding seriously, & ensures that all organisations using Swaffham Community Centre & Assembly Rooms are similarly committed to safeguarding children, young people, and vulnerable adults.

3.3 Provide the Centre Manager with the name of their designated safeguarding person

3.4. Icen Partnership is committed to:

3.4.1 valuing, listening to and respecting children, young people, and vulnerable adults, as well as promoting their welfare and protection.

3.4.2 the safe recruitment, supervision, and training of staff & volunteers

3.4.3 implementing a procedure for dealing with concerns regarding safeguarding.

3.4.4 signposting, referring to and maintaining effective partnerships with statutory childcare authorities and other safeguarding organisations.

4. Safeguarding Policy

4.1 As an organisation we recognise the need to provide a safe and caring environment for children, young people, and adults. We acknowledge that children, young people, and adults can be the victims of physical, sexual and emotional abuse, and neglect. We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to “all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”.

4.2 We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child.”

4.3 As an organisation we have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to build constructive links with statutory and voluntary agencies involved in safeguarding.

4.4 The policy is based on the Norfolk Safeguarding Children’s Partnership’s Multi Agency Safeguarding Arrangements.

5. Recognising and Responding Appropriately to an Allegation or Suspicion of Abuse

5.1 Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution, or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

5.2 Detailed definitions, and signs and symptoms of abuse, as well as how to respond to a disclosure of abuse, are included here in our policy.

- Definitions of abuse:
- Signs and symptoms of abuse:
- How to respond to a child wishing to disclose abuse:

5.3 The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to Claire Cotterill (hereafter the "Safeguarding Co-ordinator") Tel no: 07825 160028 who is nominated by Icen Partnership to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities. The role of the safeguarding co-ordinator is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies which have a legal duty to investigate.

5.3.1 In the event that Claire Cotterill is not available, Jonathan Reed (Deputy Manager) 07860 631500 or Dennis Tallon (Chairman) 07810 773601 can be contacted for reporting purposes.

5.3.2 Should any allegation be made involving the individuals to whom reporting is made, our director dealing with Health and Safety matters should be contacted. Judy Anscombe 07827 289777

5.4 It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies.

CADS contact details are displayed on the notice board in the foyer of the community centre.

5.5 Where the concern is about a child the Safeguarding Co-ordinator should contact Children's Advice and Duty Service (CADS) which is part of Norfolk County Council safeguarding team. Where the concern is regarding an adult in need of protection contact Adult Social Services

Contact Numbers:

CADS

Office telephone number (24hrs) is: 0344 800 8021

Or in an emergency 999

Norfolk's Adult Social Services

Office telephone number (24hrs) is: 0344 800 8020

Or in an emergency 999

5.6 When an allegation of abuse is made against an adult working with children, this is reported to the Local Authority Designated Officer (LADO). Every local authority must have a LADO in place who is responsible for co-ordinating the response to the allegation. Contact information can be found on the notice board next to the CADS details at the Community Centre or here <https://www.norfolkscb.org/wp-content/uploads/2020/05/Guidance-for->

[consulting-and-making-a-referral-to-LADO.pdf](#). Email referrals can be made to LADO at LADO@norfolk.gov.uk

5.6.1 The purpose and duties of the role are set out in the HM Government statutory guidance [Working Together to Safeguard Children \(2018\)](#). Chapter 2, Organisational Responsibilities, lays out the procedures for managing allegations against people who work with children, for example, those in a position of trust, including volunteers.

5.6.2 These procedures for managing allegations against adults who work or volunteer with children are to be used in respect of all cases in which it is alleged that a person who works with children has:

- 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.
- Behaved towards a child or children in a way which indicates they may pose a risk of harm to children.
- Behaved in a way that indicates they may not be suitable to work with children.

5.6.3 The LADO:

- Manages and oversees individual cases ensuring independent scrutiny.
- Liaises with police and other agencies and ensures the appropriate agencies are involved in the investigation.
- Ensures that child protection procedures are initiated where the child is at risk of significant harm.
- Provides advice and guidance to employers in relation to the adult's suitability to remaining in post over the course of the investigation, considering risk assessments, completing investigations, proceeding with disciplinary procedures.
- Ensures issues of sharing information with parents and other relevant individuals and organisations are considered.
- Monitor's progress of investigations to ensure timely responses.

5.7 Practice Guidelines

As Iceni Partnership manage a venue which lets out rooms to organisations working with children, young people, and vulnerable adults we wish to operate and promote good working practice. This will enable workers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusation. As well as a general code of conduct for workers we also have specific good practice guidelines for every activity that takes place at our venue:

5.7.1 The diversity of organisations means there can be great variation in practice when it comes to safeguarding children, young people, and adults. This can be because of cultural tradition, belief and religious practice or understanding, for example, of what constitutes

abuse. We therefore have clear guidelines regarding our expectations of all groups that use our venue.

5.7.2 Iceni Partnership will always strive to uphold and promote good practices in the protection of children and vulnerable people.

5.7.3 It is Iceni Partnership's policy that no activities will involve unsupervised access to children or vulnerable people by either workers or volunteers.

5.7.4 We will always have a nominated Child Protection Coordinator and provide information to users about this.

5.7.5 We will insist that all organisations which use our venue DBS check all volunteers and staff who work with children and vulnerable people.

5.7.6 We will recommend that all organisations offer parents and carers the opportunity to complete an induction form which outlines permissions for involvement in activities, information regarding data protection regulations and the need for consent to be included in photographs or film.

6. WHO IS A CHILD, YOUNG PERSON, ADULT AT RISK?

6.1. Child/Young Person

6.1.1. A child or young person means someone who is under 18 years of age, that is, has not reached their 18th birthday.

6.1.2. For Iceni Partnership, this could refer to the child/young person we are working with directly, or the child of one of these young persons, or of another person, with whom we are in contact in the course of our work.

6.1.2. When concerns are raised about the child of a service user (child or vulnerable adult), the needs of the youngest take's precedence.

6.2. Adult at Risk

6.2.1. This policy applies to any 'Adult at Risk', defined by the following:

Any person aged eighteen or over who –

- a) Is or may need community care services by reason of mental or other disability, age or illness; and
- b) Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

6.2.2. Iceni partnership will sometimes be working with a Vulnerable adult where a child/young person has reached 18 years and support is continuing, usually short term.

6.2.3. In all instances, our approach to safeguarding vulnerable adults we are in contact with follows the same principles, and safeguarding processes as we do for safeguarding children.

7. WHAT IS CHILD ABUSE OR NEGLECT?

7.1. 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. Abuse means a child's rights and needs are not being met as defined in The Children's Act 2004 and the United Nations Convention on the Rights of the Child (1989). 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. Abuse may occur through the actions of an adult or adults, or another child or children.

7.2. Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child. Safeguards for all children and young people are the same regardless of disability or ethnicity.

7.3. Physical Abuse

7.3.1 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 or causes ill health to a child whom they are looking after. This situation is called Induced Fabrication Illness by a Carer (formerly known as Munchausen's by proxy).

7.4. Emotional Abuse

7.4.1 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 feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Witnessing the harm of another person, such as in the case of domestic violence, is a form of emotional abuse. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

7.5. Sexual Abuse & Sexual Exploitation

7.5.1 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including sexual exploitation, whether or not the child is aware of

what is happening, and whether it is for money or reward or not. The activities may involve physical contact, including penetrative contact (e.g. rape and buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

7.6. Neglect

7.6.1 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 because of maternal substance abuse during pregnancy. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

7.7. Abuse of Disabled Children

7.7.1 Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a few reasons including:

- a) Having fewer social contacts than other children.
- b) Receiving intimate personal care from a larger number of carers.
- c) Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser.
- d) Having communication difficulties resulting in difficulties in telling people what is happening.
- e) Being reluctant to complain about fear of losing services.
- f) Being particularly vulnerable to bullying or intimidation.
- g) Being more vulnerable to abuse by peers than other children.

7.8. Disability is defined as:

7.8.1 A major physical impairment, severe illness and/or a moderate to severe learning difficulty;
An ongoing high level of dependency on others for personal care and the meeting of other basic needs.

7.9. Bullying

7.9.1 Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (eg hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (eg isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be taken seriously.

7.10. Self-Harming Behaviour

7.10.1. Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm.

7.10.2. Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

7.11. Female Genital Mutilation (FGM)

7.11.1. Female genital mutilation is a collective term for procedures that include the removal of part or all the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 -13 years but may be performed on newborn babies or on young women. FGM can result in death.

7.11.2. FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid, or abet female genital mutilation. Parents/carers may be liable under this act.

7.11.3. It is also an offence to allow the procedure to be undertaken in another country.

7.11.4. Where agencies become aware that a girl is at risk of FGM a referral should be made to Children's Social Care.

7.12. Domestic Violence as Abuse

7.12.1. Domestic Violence is defined by the Home Office as: 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings.'

7.12.2. The term domestic violence is used to include any form of physical, sexual, or emotional abuse between people in a close relationship. It can take several forms such as physical assault, sexual abuse, rape, threats, and intimidation. It may be accompanied by other kinds of intimidation such as degradation, mental and verbal abuse, humiliation, deprivation, systematic criticism, and belittling.

7.12.3. The term domestic violence includes the term domestic abuse.

7.13. Internet Harm

7.13.1 Sexual exploitation (see above) also includes non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

7.14. Trafficking

7.14.1. Children can be trafficked into, within and out of UK for many reasons and all different types of exploitation. Trafficking is a form of child abuse and needs an appropriate safeguarding response. Any child who is recruited, transported, transferred, harboured, or received for exploitative reasons is a victim of trafficking, whether they have been forced or deceived. This is because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adult. It is important these children are protected too.

7.14.2. Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud, forced marriage, begging and involvement in criminal activity such as pick pocketing, theft and working on cannabis farms. They are likely to be subjected to other forms of abuse, as a means of coercing and controlling them.

7.14.3. Trafficking is carried out by individual adults and organised crime groups.

7.14.4. Sexual activity with child/young person under the age of 18, or living away from home

7.14.5. Consensual sexual activity involving a young person under 18 years is not abusive, but it may be. A child's or young person's ability to consent can be impaired due to lack of freedom, capacity or choice; for example because of an age/power imbalance; because it is leading into sexual exploitation; because one person is in a position of trust with the other (e.g. a teacher); where one person is vulnerable because of disability or capacity; where the child/young person is in the care of another away from home. No child under the age of 13 or under can consent to any sexual activity according to the Sexual Offences Act (2003).

8. WHAT IS ABUSE OF AN ADULT AT RISK?

8.1. Abuse is a violation of a person's rights or dignity by someone else. It can be done by anyone including relatives and family members, professional staff, paid care workers, volunteers, other users of services, neighbours, friends and associates or strangers. There are many kinds of abuse including:

8.2. Physical

8.2.1 This could be hitting, slapping, pushing, and kicking.

8.3. Sexual

8.3.1 This includes rape and sexual assault or sexual acts to which the adult at risk:

- a) has not consented
- b) could not consent
- c) was pressured into consenting

8.4. Emotional/Psychological

8.4.1 This could be:

- a) emotional abuse
- b) threats of harm or abandonment
- c) depriving the person of contact
- d) humiliating
- e) blaming
- f) controlling
- g) intimidating
- h) coercing
- i) harassing
- j) verbally abusing
- k) isolating
- l) withdrawing a person from services or support networks

8.5. Financial or material

8.5.1 This includes:

- a) theft
- b) fraud

- c) exploitation
- d) pressure in connection with wills, property, inheritance, or financial transactions misusing or misappropriating property, possessions, or benefits

8.6. Neglect or acts of omission

8.6.1 This includes:

- a) ignoring medical or physical care needs
- b) failing to provide access to appropriate health care, social care or education services.
- c) misusing medication
- d) inadequate nutrition or heating

8.7. Discriminatory

8.7.1 This includes:

- a) racist behaviour
- b) sexist behaviour
- c) harassment based on a person's ethnicity, race, culture, sexual orientation, age, or disability.
- d) other forms of harassment, slurs, or similar treatment

9. RECOGNISING SIGNS & SYMPTOMS OF ABUSE

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

9.1 PHYSICAL SIGNS OF ABUSE

- 9.1.1 Any injuries not consistent with the explanation given for them
- 9.1.2 Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc
- 9.1.3 Injuries which have not received medical attention
- 9.1.4 Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc
- 9.1.5 Reluctance to change for, or participate in, games or swimming
- 9.1.6 Repeated urinary infections or unexplained tummy pains
- Bruises, bites, burns, fractures etc which do not have an accidental explanation*
- 9.1.7 Cuts/scratches/substance abuse*

9.2 INDICATORS OF POSSIBLE SEXUAL ABUSE

- 9.2.1 Any allegations made by a child concerning sexual abuse
- 9.2.2 Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- 9.2.3 Sexual activity through words, play or drawing
- 9.2.4 Child who is sexually provocative or seductive with adults
- 9.2.5 Inappropriate bed-sharing arrangements at home
- 9.2.6 Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotations
- 9.2.7 Eating disorders - anorexia, bulimia*

9.3 EMOTIONAL SIGNS OF ABUSE

- 9.3.1 Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depression/aggression, extreme anxiety.
- 9.3.2 Nervousness, frozen watchfulness
- 9.3.3 Obsessions or phobias
- 9.3.4 Sudden under-achievement or lack of concentration
- 9.3.5 Inappropriate relationships with peers and/or adults
- 9.3.6 Attention-seeking behaviour
- 9.3.7 Persistent tiredness
- 9.3.8 Running away/stealing/lying

10. HOW TO RESPOND TO A CHILD WISHING TO DISCLOSE ABUSE

10.1 GENERAL POINTS

- 10.1.1 Above everything else listen, listen, listen
- 10.1.2 Show acceptance of what the child says (however unlikely the story may sound)
- 10.1.3 Keep calm
- 10.1.4 Look at the child directly
- 10.1.5 Be honest
- 10.1.6 Tell the child you will need to let someone else know - do not promise confidentiality
- 10.1.7 Even when a child has broken a rule, they are not to blame for the abuse
- 10.1.8 Be aware that the child may have been threatened or bribed not to tell
- 10.1.9 Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen.
- 10.1.10 As soon as possible write down what has been shared

10.2 HELPFUL RESPONSES

10.2.1 You have done the right thing in telling

10.2.2 That must have been hard

10.2.3 I am glad you have told me

10.2.4 It is not your fault

10.2.5 I will help you

10.3 DON'T SAY

10.3.1 Why didn't you tell anyone before?

10.3.2 I cannot believe it!

10.3.3 Are you sure this is true?

10.3.4 Why? How? When? Who? Where?

10.3.5 Never make false promises

10.3.6 Never make statements such as "I am shocked, don't tell anyone else"

10.4 CONCLUDING

10.4.1 Again reassure the child that they were right to tell you and show acceptance

10.4.2 Let the child know what you are going to do next and that you will let them know what happens (you might have to consider referring to Social Services or the Police to prevent a child or young person returning home if you consider them to be seriously at risk of further abuse)

10.4.3 Contact the person in your organisation responsible for co-ordinating child protection concerns or contact an agency such as for advice or go directly to Social Services/Police/NSPCC

10.4.5 Consider your own feelings and seek pastoral support if needed

10.5 MAKING NOTES

10.5.1 Make notes as soon as possible, preferably within one hour of the child talking to you. Write down exactly what the child said and when s/he said it, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity). Record dates and times of these events and when you made the record. Keep all hand-written notes, even if subsequently typed. Such records should be kept for an indefinite period in a secure place.

11. Further Reading on Legislation to protect children, young people and vulnerable adults.

The Children Act 1989 and 2004

Rehabilitation of Offenders Act 1974 (UK wide)

Protection of Children Act 1999 (POCA)

Human Rights Act 1998 and The United Nation's Convention on the Rights of the Child (signed up to by the UK Government in 1991)

The Protection of Children Act 1999 and The Police Act 1997

Criminal Justice and Court Services Act 2000

Sex Offenders Act 1997

Sexual Offences (Amendments) Act 2000 (Abuse of trust)

The Data Protection Act 1984 & 1998 (UK wide)

Health and Safety at Work Act 1974

Public Interest Disclosure Act 1998

All available from: www.legislation.hmsso.gov.uk/acts.htm

12. Guidance to protect children and young people:

Keeping it Safe —A young person-centred approach to safety and child protection
(NCVYS Publication)

Working Together To Safeguard Children (Department of Health) – July 2018

What to do if you are worried a child is being abused (Department of Health)
Safeguarding Children and young people in Norfolk. www.norfolkscb.org